

YOUNG PEOPLE'S CONSUMPTION OF ALCOHOL-FREE AND LOW ALCOHOL DRINKS IN FAMILY SETTINGS



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Alcohol Change UK

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Funding statement

This project was funded by Alcohol Change UK (ACUK) between January 2025 and 2026. ACUK received <0.6% of its funds in 2024-5 from Lucky Saint, an organisation that produces and sells non-alcoholic drinks, and owns a pub that sells standard alcoholic drinks. In March 2025, Lucky Saint became an associate member of The Portman Group, a self-regulatory organisation that is fully funded and controlled by the alcohol industry. To ensure this research remained independent from industry influence, methods and analyses were planned and pre-registered, independent of the funder. An independent advisory board was appointed to oversee the process and comment on the research process (statement below). ACUK reviewed the final report. Suggested edits and responses are documented in the supplementary materials.

Statement on independence

The Independent Advisory Board was established to safeguard the integrity of this research. As Chair, I can attest that the Board provided independent scrutiny at each stage of the project. All methodological decisions were made by the research team without input from the funder, and any suggested edits to the final report were transparently documented to maintain accountability. This report describes young people's and adults' views on how alcohol-free and low-alcohol ('no/low') drinks are perceived and used among adolescents and young people in Great Britain, with a particular focus on family contexts. Using a convergent mixed-methods design that combined nationally representative survey data with in-depth qualitative interviews with a sample of family dyads, the study found that no/low drink use occurred among a minority of young people (around 15% monthly use reported among 16–25-year-olds) and was typically viewed by survey and interview participants as having limited relevance for adolescents. Attitudes towards adolescent no/low consumption appear context-dependent, with greater acceptability reported in family settings compared to other social settings. The study's multi-method approach is a notable strength: the survey component provides population-level estimates, trend data, and subgroup analyses, while the qualitative work adds depth by capturing family dynamics, meanings, and contextual decision-making processes. The integration of these components enables triangulation of findings, allowing patterns observed in the quantitative data (e.g., relatively low usage prevalence and context-specific acceptability) to be interpreted alongside detailed accounts of how and why these behaviours occur in everyday family settings. In particular, the use of ethnographic and participatory techniques (such as intergenerational interviews and visual tasks) enhance ecological insights by providing a more detailed understanding of how parental roles and home environments shape young people's exposure to and use of no/low drinks.

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EXECUTIVE SUMMARY

Purpose / aim of the report

Little research in Great Britain (GB) has examined young people's use of no/low drinks or parents' acceptance or facilitation of adolescents consuming no/low drinks in a family setting. The overarching aim of this project was to examine how no/low drinks are perceived, used, and shaped within family and social contexts in GB. This was achieved by examining adults' attitudes toward adolescent consumption, alongside adolescents' and young people's patterns, motivations, and experiences of consuming no/low drinks, to clarify the role families play in influencing these behaviours.

Background / context

Alcohol-specific deaths increased to a record high in 2023¹, and alcohol is a leading risk factor for ill health². Several uncertainties remain regarding the potential positive and negative impacts of more widespread consumption of no/low drinks³. Crucially for this report, little is known about the ways in which young people (for this project defined as 16–25-year-olds) and adolescents (12–17-year-olds) consume and experience no/low drinks, particularly in GB. There is also little known about how no/low consumption amongst young people interacts with alcohol consumption trends.

Methods

Throughout this project we took a convergent mixed methods approach. We added questions to an existing nationally representative survey, the Alcohol Toolkit Study (ATS). By adding new questions to the ATS in April, June and August 2025 we collected new data on i) adults' (aged 18+) attitudes towards adolescent use of no/low, ii) young people's (aged 16-25) use of no/low and iii) temporal sequencing of no/low and alcohol drinks for young people. We also conducted semi-structured interviews with 14 dyads made up of primary carers and their adolescent children aged 13-17 about their perspectives on and experiences of the consumption of alcoholic and no/low drinks in and beyond family settings.

Key findings

Around half and a third of surveyed adults in GB thought it was acceptable for young people to drink alcohol-free and low alcohol drinks respectively, with the rest remaining unsure or finding it unacceptable. Most parents interviewed viewed adolescent use of no/low as broadly acceptable.

Despite this, no/low drink use was low in GB among young adults and adolescents. Only ~15% of 16-25-year-olds consumed them in the last month in 2022-2025, and few interviewed adolescents

reported either use or interest in use. Largely, adolescents and primary carers felt that no/low were irrelevant to adolescents. No/low were viewed as an alternative to alcohol for adults who were choosing not to drink alcohol.

Judgements around the acceptability of adolescent use of no/low were dependent on context. In the survey, for both alcohol-free and low alcohol drinks, family settings were considered the most acceptable (64% and 56% respectively) and settings with friends were considered the least acceptable (44% and 28% respectively). Primary carers who provided their adolescent children with no/low drinks tended to report doing so within the family home or at family events or meals.

There was no evidence of a no/low gateway effect. Young adults who drank no/low first did not report significantly lower ages at which they first consumed alcohol or greater alcohol consumption. However, there was not convincing evidence that no/low have public health benefits either; young people first drinking no/low did not report significantly delayed age of initiation for alcohol or less alcohol consumed. Young people reporting first drinking no/low also reported delays in first drunkenness, though these findings were uncertain.

Conclusions

No/low consumption amongst young adults is currently relatively rare, ~15% of 16–25-year-olds had used them in the last month. In that context, no/low drinks currently appear to have limited influence, either positive or negative, on young people's drinking behaviours. It will be important to continue monitoring this as the market and product popularity evolves. Furthermore, research using designs that allow more robust testing of causal gateway effects, for example longitudinal data from cohort studies, would be of value.

BACKGROUND

In many high-income countries, more adolescents and young people are abstaining from alcohol than in previous years^{4,5}. In England, ever use of alcohol fell from 61% of 11–15-year-olds in 2003, to 37% in 2023⁶. In the UK in 2011, 19% of 16-24-year-olds in England did not drink alcohol in the last 12 months, rising to 26% in 2022⁷. Amongst young people who do drink alcohol, an increasing proportion drink less often and in smaller volumes than in earlier decades⁵⁻⁷. In parallel, the marketing, availability, and purchasing of alcohol-free ($\leq 0.05\%$) and low alcohol drinks ($\leq 1.2\%$ ABV; hereafter referred to as no/low drinks or no/lows) has increased rapidly in Great Britain (GB) over the last decade⁸. Within this definition are alcoholic or alcoholic-type drinks (e.g. beer, cider, wine, premixed drinks) that specifically aim to taste and look like the standard strength version. Fruit-based mocktails do not meet these criteria.

No/lows could have a transformative impact on public health if they facilitate alcohol reduction through substitution, given the scale of alcohol harm^{1,2}. Alcohol-specific deaths increased to a record high in 2023¹, and alcohol is a leading risk factor for ill health². However, several uncertainties remain regarding the potential positive and negative impacts of more widespread consumption of no/low drinks³. Crucially for this report, little is known about the ways in which young people (for this project defined as 16–25-year-olds) and adolescents (12–17-year-olds) consume and experience no/low drinks, or the views of their primary carers, particularly in GB. There is also little known about how no/low consumption amongst young people interacts with alcohol consumption trends.

In GB, the legal age for purchasing alcohol is 18. Under the 2003 Licensing Act, 16 and 17-year-olds are permitted to consume beer, wine, or cider (but not spirits) with a substantial meal when accompanied by an adult in licensed premises. The UK Chief Medical Officers strongly recommend an alcohol-free childhood until at least age 15⁹, but parents may legally allow children over the age of five to drink alcohol in their own home. There are currently no regulations for alcohol-free drinks (the Licensing Act only applies to low alcohol products over 1.2% ABV). However, both the Government and industry groups state these products are for adults^{10,11}, and many retailers apply a "Challenge 25" policy to alcohol-free drinks voluntarily. This is consistent with the approach to alcohol, whereby anyone appearing under the age of 25 will be asked to provide proof of age. As part of its 10 Year Health Plan for England¹², the UK government has proposed aligning no/low licensing and sale restrictions with standard alcohol. Some stakeholders have criticised this proposal, given "Challenge 25" is already applied to many no/low products, with others feeling legislative focus should be on alcohol products.

Most 18-24-year-olds in GB report trying alcohol before their eighteenth birthday¹³. Family life provides the settings and occasions in which many children and young people first encounter and drink alcohol, and most alcohol consumed by adolescents in the UK is supplied by parents and consumed in a home setting¹⁴. Recent qualitative research suggests that family meals and social

occasions are key contexts in which young people encounter and consume (or avoid) no/low drinks^{14,15}.

As such, research exploring adults' views on adolescents' consumption of no/low is important, including whether they believe it is acceptable to provide adolescents with no/low products in family settings and beyond. In an Australian survey, 58% parents of 12–17-year-olds did not plan to provide no/low drinks to their children whilst they were under 18¹⁶. However, data from Australia¹⁵, Taiwan¹⁷ and Japan¹⁸ indicate that ~20-35% of adolescents have tried no/low drinks. Whilst no equivalent data exists for under-18s in GB, in 2022, 26% of 18-24-year-olds had consumed a no/low drink in the past year and approximately 7% did so weekly⁸.

It is also important to consider young people's perspectives on, and experiences with, no/low drinks. In an Australian study of 15–17-year-olds¹⁵, participants acknowledged that there was a social expectation to drink in social settings, both for them and for adults. Participants described no/low as an alternative for adolescents and adults, enabling them to feel like they belong in social settings whilst avoiding drinking alcohol. Conversely, some focus group participants described alcohol-free drinks as 'pointless' and too expensive. Equivalent studies do not yet exist for GB.

The impact of no/low drinks on public health, if there is any impact at all, depends on whether they reduce or increase alcohol consumption at the population level. It is currently unclear whether no/low will have positive, negative, or neutral impacts on young people's alcohol consumption. Some public health researchers^{3,19} and parents²⁰ have expressed concerns that no/low drinks might introduce children and young people to the taste, rituals and branding associated with alcohol at younger ages, which could be a gateway to increased alcohol consumption in the longer term. Research from Japan suggests that whilst consumption of no/low drinks by 13–19-year-olds is associated with a greater likelihood of alcohol use, it is alcohol use that tends to precede no/low drink consumption, which does not support this gateway hypothesis²¹. Some Australian parents thought that providing no/low drinks to adolescents in 'appropriate contexts', such as a celebration at home, was a way to facilitate a symbolic progression towards adulthood for adolescents, while delaying the initiation of alcohol consumption²⁰. It is also possible that the consumption of no/low drinks has neither a harmful nor protective effect on alcohol consumption in young people at the population level. This could be true if they are infrequently replacing one or two soft drinks with no/low drinks. It is also possible that there are benefits and risks of no/low that cancel each other out at the population level. The order in which adolescents try no/low versus alcohol drinks, and any impact of no/low on alcohol consumption has not been examined in GB.

AIMS AND RESEARCH QUESTIONS

The overarching aim of this project is to examine how no/low drinks are perceived, used, and shaped within family and social contexts in Great Britain by examining adults' attitudes toward adolescent consumption, alongside adolescents' and young people's patterns, motivations, and experiences of consuming no/low drinks.

We adopted a convergent mixed methods approach. We collected data by adding questions to an existing nationally representative survey (Work Package (WP) 1) and undertook ethnographic interviews with families (WP2). After describing the methods and results of each Work Package, we synthesise key findings.

This project addresses the following research questions (RQ) examining attitudes to adolescents (aged 12-17) consuming no/low drinks in GB:

- 1. How do adults in GB perceive the consumption of no/low drinks by adolescents, overall and in family settings, and how does this vary across different sociodemographic groups? (WP1)**
- 2. How do adult family members perceive the consumption of no/low drinks by adolescents in their own family? (WP2)**

This project also examines the following research questions, focused on how and why adolescents (aged 12-17) and young people (aged 16-25) in Great Britain consume no/low drinks:

- 3. What are the trends in no/low drinks consumption by young people in GB overall, and by different sociodemographic groups between 2022 and 2025? (WP1)**
- 4. What are adolescents' drinking practices of no/low drinks in family settings? (WP2)**
- 5. How do adolescents and young people's consumption of no/low drinks relate to consumption of alcohol overall and in family settings? (WP1, WP2)**
- 6. How and why are no/low drinks consumed by adolescents in family settings in GB? (WP2)**
- 7. What role do families play in the consumption of no/low drinks by adolescents? (WP2)**

QUANTITATIVE RESEARCH (WP1)

The quantitative element of this research focused on RQs 1, 3 and 5. RQ1 focused on how adults perceive the consumption of no/low drinks by adolescents. RQ3 focused on recent trends in no/low drinks consumption by young people in GB. RQ5 set out to explore how adolescents and young people's consumption of no/low drinks is associated with their consumption of alcohol.

Methods

For the quantitative part of this work, we used data from the Alcohol Toolkit Study (ATS). The ATS is a long-running project in GB that tracks how people drink. Each month, thousands of people aged 16 and over are surveyed about their alcohol use, attempts to cut down, and the support they use to do so. The study protocols and analysis plans for all the quantitative analyses are available on Open Science Framework ([here](#) and [here](#)).

Data and design

We collected new data on adults' (aged 18+) attitudes towards adolescent use of no/low and young people's (aged 16-25) use of no/low by adding new questions to the ATS in April, June and August 2025. We also used existing data from questions funded by a separate project led by Professor John Holmes. These questions captured information on frequency of no/low use amongst all adults across 14 months in 2022, 2023, 2024 and 2025. For more information on this other project, you can look [here](#).

The ATS surveys 2,450 adults in Great Britain each month using a mixture of random probability and quota sampling. Full details of the sampling procedure are provided elsewhere^{22,23}.

For RQ1 we used data collected from adults aged 18+ collected in April, June, and August 2025. This provided a sample size of 5890 participants.

For RQ3 we used data from young adults aged 16-25 who took part in survey waves in 2022 (August and October), 2023 (February, April, August and October), 2024 (February, April, August and October) and 2025 (February, April, June and August). This provided a sample size of 3,652 participants.

For RQ5 we used data from young adults aged 16-25 collected in April, June, and August 2025. This provided a sample size of 604 participants.

Weights are used to make sure the survey results reflect the population of GB as accurately as possible. The people who take part in the ATS each month are not a perfect miniature version of the

country. As such, weights are used to adjust the data so that groups who are under-represented count a bit more, and groups who are over-represented count a bit less. All the data presented below is weighted.

Measures

Alongside demographic and drinking characteristics already collected in the ATS, we added new questions. Below we outline the questions added and how they were operationalised for this report.

All adults (18+) were asked:

No/low alcohol consumption frequency

All participants were asked ‘How often do you have an alcohol-free or low alcohol drink (beer, wine, cider, spirits or other type of alcoholic drink under 1.2% ABV)’. Responses of ‘once or twice a month’ or more frequently were classified as consuming no/low at least monthly.

No/low alcohol consumption frequency alongside standard alcohol

Those who consumed no/low at least once or twice a year were asked ‘How often do you have an alcohol-free or low alcohol drink (under 1.2% ABV) during the same occasion that you also drink standard alcoholic drinks?’. Responses of ‘once or twice a month’ or more frequently were classified as consuming no/low alongside standard alcohol drinks at least monthly. We examined trends in this as a proxy measure of potential substitution (e.g. drinking alongside alcohol could mean that no/low were being used as a substitute for some drinks that would have otherwise been standard alcohol or that no/low were being used in traditional drinking contexts).

Alcohol consumption level

The Alcohol Use Disorders Identification Test–Consumption (AUDIT-C)²⁴, is a brief three-item screening tool that focuses specifically on alcohol intake: how often someone drinks, how much they typically consume, and how frequently they engage in heavy drinking episodes. Each of the three questions is scored from 0 to 4, giving a total possible score of 0–12. These scores can be used continuously or categorically. Scores of >4 indicate higher risk drinking.

Acceptability of 13–17-year-olds using no and lows

Participants were asked to respond to how acceptable they found each of six statements, on a 5-point Likert scale from very acceptable to very unacceptable. The statements were:

- 13–17-year-olds drinking alcohol-free versions of alcoholic drinks
- 13–17-year-olds drinking alcohol-free versions of alcoholic drinks with their family
- 13–17-year-olds drinking alcohol-free versions of alcoholic drinks with their friends
- 13–17-year-olds drinking low alcohol versions (under 1.2% ABV) of alcoholic drinks
- 13–17-year-olds drinking low alcohol versions (under 1.2% ABV) of alcoholic drinks with their family
- 13–17-year-olds drinking low alcohol versions (under 1.2% ABV) of alcoholic drinks with their friends

Participants could also answer ‘don’t know’ or ‘prefer not to say’. Participants responding prefer not to say were coded as missing.

First drink

Participants aged 16-25 were asked to ‘Think about the time you first had a drink like beer, cider, wine, spirits or alcopop, a whole drink, not just a sip. Was it...’ Response options were: ‘A standard alcoholic drink (e.g., standard- or high-strength beer, wine or spirits)’, ‘A low-alcohol drink (e.g., a beer, cider or wine up to 1.2% alcohol by volume or ABV)’, ‘An alcohol-free drink (e.g., an alcohol-free or non-alcoholic beer, wine or spirit)’, ‘I haven't tried any of these’ or ‘I don’t know’.

Age of first alcoholic drink, Age of first no/low alcohol drink and Age of first drunkenness

Participants aged 16-25 were asked: ‘How old were you when you had your first standard alcoholic drink? By standard we mean an alcoholic version of a drink, such as beer, cider, wine, spirits or alcopops, rather than an alcohol-free or low alcohol version. Please think about the first time you had a whole drink, not just a sip’, ‘How old were you when you had your first alcohol-free or low alcohol version of an alcoholic drink? Please think about the first time you had a whole drink, not just a sip’ and separately ‘How old were you when you first got drunk?’. These were treated as continuous variables with age capped at 25 (given age of sample). Those who responded with “I’ve never been drunk” to the question on age of first drunkenness were categorised as having never been drunk. All other respondents who indicated an age that they were first drunk or responded with ‘prefer not to say (n=3)’ were categorised as having ever been drunk.

We also asked people the following demographic questions:

- **Age** - categorised as 18–24, 25–34, 35–44, 45–54, 55–64 and ≥ 65 years.
- **Gender** - people were asked to say whether they identified as women, men, or in another way.

- **Ethnicity** - people were asked to report whether they were White, Black African, Black Caribbean, Mixed, Asian, and Other.
- **Social grade** - a classification system used in the UK to group people based on their occupation and, by extension, their typical level of income, education, and social status²⁵. The system divides the population into categories such as A, B, C1, C2, D, and E, ranging from higher managerial and professional roles at the top to casual or unemployed individuals at the lower end. It is not a measure of personal worth or character, just a practical way of analysing broad social trends. People in categories ABC1 would be considered more advantaged and C2DE as less advantaged.
- **Nicotine use** - We also asked participants about their nicotine use, as this can serve as a useful marker of broader risk-taking tendencies. Nicotine behaviours often cluster with other risky habits, so including this measure helps us capture a more general underlying vulnerability to engaging in such behaviours. People were classified as nicotine users if they reported being a current smoker, current vaper, or a nicotine pouch user.

Time

This was the quarter of the year in which the data collection wave occurred (recorded automatically).

Analysis

RQ1: How do adults in GB perceive the consumption of no/low drinks by adolescents, overall and in family settings, and how does this vary across different sociodemographic groups?

For each outcome statement we report the proportion of participants reporting each level of support, alongside 95% Confidence Intervals (CI). We also report the proportion of acceptability for each statement alongside 95% CI within population subgroups for living with children, gender, age, ethnicity, social grade, and personal level of alcohol and no/low consumption. Confidence intervals indicate whether differences between groups are meaningful, as limited or no overlap between intervals suggests that the underlying levels of support are likely to differ.

RQ3: What are the trends in no/low drinks consumption by young people in GB overall, and by different sociodemographic groups between 2022 and 2025.

We assessed trends in the prevalence of at least monthly consumption of a no/low drink among 16-25-year-olds using logistic regression. First, we conducted an unadjusted model. Time was included as a continuous predictor variable, modelled non-linearly using restricted cubic splines with three knots. Knots divide the time variable into segments, and within each segment the model fits a smooth cubic curve. This allows for flexible and non-linear changes over time, while avoiding categorisation. At least monthly no/low drink consumption was the outcome variable.

Then, to assess changes in at least monthly no/low drink consumption by key subgroups, we conducted further adjusted models including an interaction term between survey year and each of age, gender, social grade, ethnicity, risky drinking status and nicotine use in turn.

To explore possible evidence of substitution, among those who indicated at least yearly no/low use, we assessed trends in no/low consumption alongside standard alcohol consumption. We did not report adjusted models for demographic variables due to smaller sample size.

RQ5: How do adolescents and young people's consumption of no/low drinks relate to consumption of alcohol overall and in family settings?

For RQ5, we ran four regression models. The independent variable across all four models was sequencing of the first drink (3 levels: first drink was standard alcohol [reference category], first drink was no/low, never tried a no/low drink).

The outcome variables were:

- Current alcohol consumption (as measured at time of survey by AUDIT-C score)
- Age of first trying alcohol
- Age first experienced drunkenness
- Having never been drunk

First unadjusted models are presented. Models were then adjusted for: Age (16-25, modelled non-linearly using restricted cubic splines with three knots placed at the 0th, 50th, and 100th percentiles of the data), Gender (woman or man; those who identified in another way were excluded from analyses by gender due to low case numbers), Ethnicity (White vs. Other ethnicity for regression models due to low cell counts), occupation-based social grade (ABC1 and C2DE), and any nicotine use. Sixteen cases categorised as drinking a no/low as their first drink were subsequently classified as having never had a no/low drink in response to the question at the age they first tried a no/low. Because we are unable to identify the reason for this inconsistency, these cases were excluded.

Results

RQ1: How do adults in GB perceive the consumption of no/low drinks by adolescents, overall and in family settings, and how does this vary across different sociodemographic groups?

5890 adults aged 18 plus responded to the relevant waves, resulting in a weighted sample of n=5897.

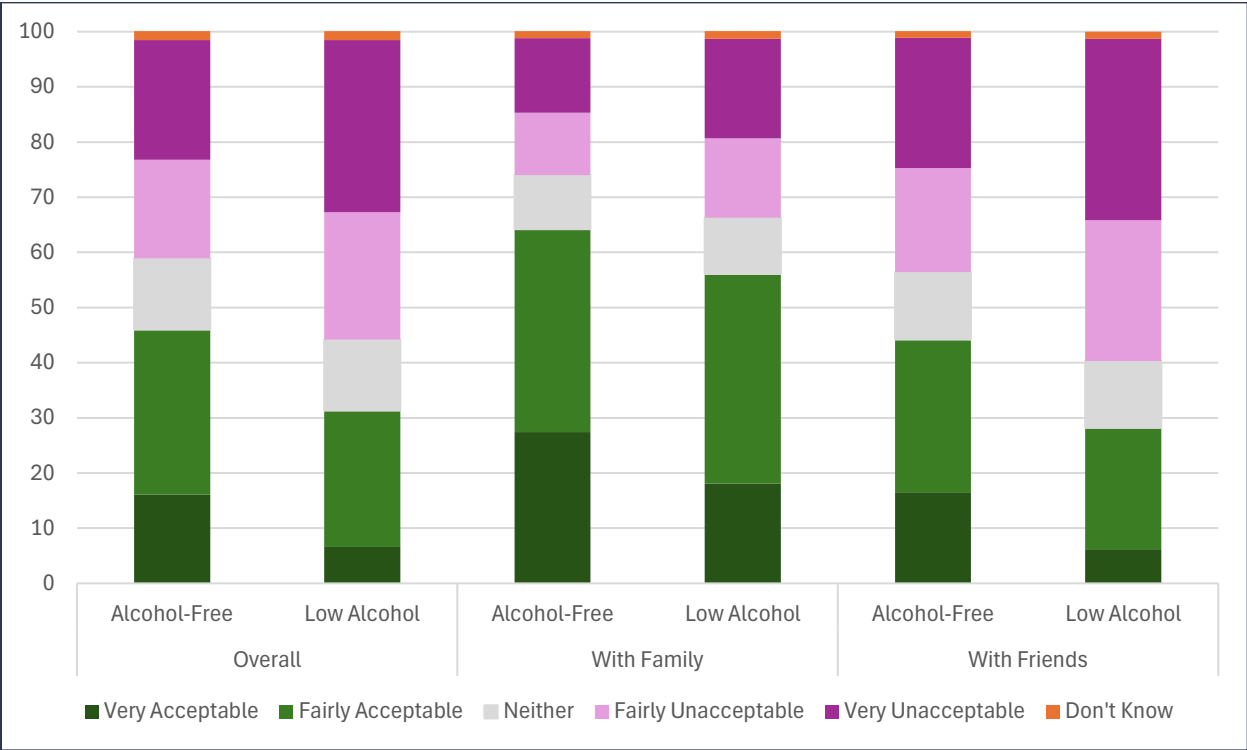


Figure 1: Proportions of adult participants rating adolescent use of alcohol-free and low alcohol overall and with family and with friends (unweighted n=5890).

When looking at acceptability judgements, 46% of adults thought it was acceptable (combining very and fairly acceptable) for 13–17-year-olds to drink alcohol-free drinks, whilst 31% thought it was acceptable for 13–17-year-olds to drink low alcohol drinks up to 1.2%. For both alcohol-free and low alcohol drinks, family settings were considered the most acceptable (64% and 56% respectively), though fewer participants rated low alcohol in family settings as being very acceptable compared to alcohol-free. For both alcohol-free and low alcohol drinks, lower proportions rated settings with friends as acceptable (44% and 28% respectively). See Figure 1 and Table 1.

	Very Acceptable % (95%CI)	Fairly Acceptable % (95%CI)	Neither % (95%CI)	Fairly Unacceptable % (95%CI)	Very Unacceptable % (95%CI)	Don't Know % (95%CI)
Alcohol-Free						
Overall	16.1 (15.1, 17.0)	29.9 (28.7, 31.1)	12.9 (12.0, 13.7)	17.9 (16.9, 18.9)	21.7 (20.6, 22.8)	1.6 (1.3, 1.9)
Family	27.4 (26.2, 28.5)	36.8 (35.6, 38.0)	9.8 (9.0, 10.5)	11.3 (10.5, 12.2)	13.5 (12.6, 14.4)	1.3 (1.0, 1.6)
Friends	16.5 (15.5, 17.4)	27.7 (26.6, 28.9)	12.2 (11.3, 13.0)	18.9 (17.9, 19.9)	23.6 (22.5, 24.6)	1.2 (0.9, 1.5)
Low-Alcohol						
Overall	6.6 (6.0, 7.2)	24.7 (23.5, 25.8)	12.9 (12.1, 13.8)	23.1 (22.0, 24.1)	31.2 (30.0, 32.4)	1.6 (1.3, 1.9)
Family	18.1 (17.1, 19.1)	38.0 (36.7, 39.2)	10.2 (9.4, 10.9)	14.4 (13.5, 15.3)	18.0 (17.0, 19.0)	1.4 (1.1, 1.7)
Friends	6.2 (5.6, 6.8)	22.0 (20.9, 23.0)	12.1 (11.2, 12.9)	25.5 (24.4, 26.6)	32.9 (31.7, 34.2)	1.3 (1.0, 1.6)

Table 1: Proportion and 95% CIs of participants reporting each response option for each statement (unweighted n=5890).

We also examined the proportion of adults who thought it was acceptable for 13–17-year-olds to use no/low across drink types and settings within population subgroups for living with children, gender, age, ethnicity, social grade, and personal level of alcohol and no/low consumption (Table 2).

Acceptability ratings between those living with and without children were similar across drink types and settings, with slightly higher acceptability ratings amongst those not living with children on some outcomes.

In terms of gender, acceptability ratings were similar between men and women across locations, though a slightly smaller proportion of women than men reported acceptability across drink type and settings. Those who reported identifying their gender in ‘another way’ consistently reported higher acceptability across drink type and settings, however the confidence intervals were wide (likely due to small sample size: n=61; 1%) and often overlapped, meaning these differences should be treated with caution.

Larger proportions of respondents aged 18-24, and to a lesser extent those aged 25-34, reported adolescent no/low use as acceptable than all other age groups. There were no differences in acceptability judgements amongst those 35+.

	Alcohol-Free			Low-Alcohol		
	Overall	Family	Friends	Overall	Family	Friends
Living with children						
Yes	44.6 (42.1, 47.0)	61.1 (58.7, 63.5)	42.8 (40.3, 45.2)	28.5 (26.2, 30.7)	50.2 (47.7, 52.6)	25.3 (23.1, 27.4)
No	46.5 (45.0, 48.0)	65.3 (63.9, 66.7)	44.7 (43.2, 46.2)	32.3 (30.9, 33.7)	58.3 (56.8, 59.8)	29.2 (27.9, 30.6)
Gender						
Male	48.0 (46.1, 49.8)	65.1 (63.4, 66.9)	45.9 (44.1, 47.8)	35.5 (33.7, 37.3)	58.0 (56.1, 59.8)	31.3 (29.6, 33.1)
Female	44.0 (42.2, 45.8)	63.1 (61.4, 64.9)	42.4 (40.6, 44.2)	27.3 (25.7, 28.9)	54.1 (52.3, 55.9)	25.1 (23.5, 26.7)
Other	55.7 (42.9, 68.6)	77.1 (66.2, 87.9)	59.0 (46.3, 71.7)	31.2 (19.2, 43.1)	73.8 (62.4, 85.1)	36.1 (23.7, 48.5)
Age						
18-24	66.3 (62.8, 69.7)	78.6 (75.6, 81.6)	63.5 (60.0, 67.0)	46.5 (42.9, 50.2)	67.9 (64.5, 71.3)	42.9 (39.3, 46.6)
25-34	48.9 (45.8, 52.0)	64.9 (61.9, 67.8)	47.7 (44.6, 50.8)	31.2 (28.4, 34.1)	56.2 (53.2, 59.3)	28.3 (25.5, 31.1)
35-44	42.8 (39.6, 45.9)	57.3 (54.1, 60.5)	39.0 (35.9, 42.2)	27.0 (24.1, 29.8)	47.4 (44.2, 50.7)	23.5(20.8, 26.2)
45-54	40.1 (37.0, 43.2)	61.5 (58.3, 64.6)	38.3 (35.2, 41.4)	26.7 (23.9, 29.6)	53.9 (50.8, 57.1)	24.0 (21.3, 26.8)
55-64	39.3 (36.1, 42.5)	62.3 (59.1, 65.4)	38.1 (35.0, 41.3)	29.0 (26.0, 31.9)	55.0 (51.8, 58.3)	27.0 (24.1, 30.0)
65+	43.8 (41.1, 46.4)	63.8 (61.2, 66.4)	43.2 (40.5, 45.8)	30.8 (28.3, 33.3)	57.9 (55.3, 60.6)	27.1 (24.7, 29.5)
Ethnicity						
Asian	35.0 (29.6, 40.4)	45.2 (39.6, 50.9)	34.5 (29.1,39.9)	13.4 (9.5, 17.2)	27.3 (22.2, 32.3)	9.9 (6.5, 13.3)
Black	40.4 (34.6, 46.1)	51.3 (45.5, 57.2)	39.8 (34.1, 45.6)	18.5 (14.0, 23.1)	31.3 (25.9, 36.7)	15.8 (11.5, 20.1)
Mixed	42.3 (35.0, 49.6)	60.3 (53.0, 67.5)	44.3 (37.0, 51.6)	27.9 (21.3, 34.5)	51.6 (44.3, 59.0)	27.1 (20.6, 33.7)
Other	31.3 (22.4, 40.1)	43.5 (34.1, 53.0)	29.3 (20.6, 37.9)	13.6 (7.1, 20.1)	35.7 (26.6, 44.9)	10.8 (4.9, 16.7)
White	47.5 (46.2, 48.9)	66.8 (65.5, 68.1)	45.5 (44.1, 46.9)	33.7 (32.4, 35.0)	60.1 (58.8, 61.5)	30.5 (29.3, 31.8)
Social grade						
ABC1	47.9 (46.2, 49.6)	65.4 (63.8, 67.1)	45.8 (44.1, 47.5)	32.9 (31.3, 34.5)	57.3 (55.6, 59.0)	30.0 (28.5, 31.6)
C2DE	43.5 (41.6, 45.5)	62.5 (60.6, 64.4)	42.1 (40.2, 44.1)	29.2 (27.4, 30.9)	54.5 (52.6, 56.4)	25.8 (24.1, 27.5)
Alcohol consumption						
Low Risk	42.4 (40.9, 43.9)	61.1 (59.6, 62.6)	40.8 (39.3, 42.3)	26.6 (25.3, 28.0)	50.8 (49.3, 52.4)	23.7 (22.4, 25.0)
High Risk	54.6 (52.2, 57.0)	71.6 (69.4, 73.8)	52.7 (50.3, 55.1)	42.8 (40.4, 45.2)	68.8 (66.6, 71.0)	38.9 (36.6, 41.2)
At least monthly no/low						
Yes	57.2 (54.3, 60.2)	74.0 (71.4, 76.6)	53.6 (50.6, 56.5)	42.7 (39.8, 45.6)	67.9 (65.2, 70.7)	39.3 (36.4, 42.2)
No	43.4 (42.0, 44.8)	61.9 (60.5, 63.3)	42.1 (40.7, 43.5)	28.6 (27.3, 29.9)	53.4 (51.9, 54.8)	25.6 (24.4, 26.8)

Table 2: Proportion of respondents who think no/low use amongst 13-17 year olds is acceptable (and 95% CIs) by living with children, gender, age, ethnicity, social grade and alcohol and no/low consumption (unweighted n=5890).

Regarding ethnicity, larger proportions of respondents who were white reported adolescent no/low use as acceptable, compared to Asian, black, or ‘other’ ethnicity. Confidence intervals mostly

overlapped for acceptability rates for participants who were Asian, black, mixed or reported ‘other’ ethnicity, which may suggest limited differences between these groups. However, the sample was predominantly white (84%), the smaller proportion of respondents from ethnic minority groups (Asian = 5%, Black = 5%, Mixed = 3%, Other = 2%) resulted in wider confidence intervals and more potential for overlap.

In terms of social grade, a slightly higher proportion of those who were more advantaged reported higher acceptability across drink type and settings, relative to those who were less advantaged.

A higher proportion of people drinking at higher risk levels (AUDIT-C>4) and at least monthly no/low users reported acceptability across drink types and settings.

RQ3: Trends in no/low drinks consumption by young people in GB overall, and by different sociodemographic groups between 2022 and 2025

The overall prevalence of at least past month no/low consumption was 15.3% (95% CI 14.0 to 16.7) for any consumption and 26.7% (95% CI 24.0-29.4) alongside standard alcohol (only asked of those who used no/lows at least yearly). Trends remained stable, with no evidence of an increasing or decreasing trend in prevalence between 2022 and 2025 (Figure 2).

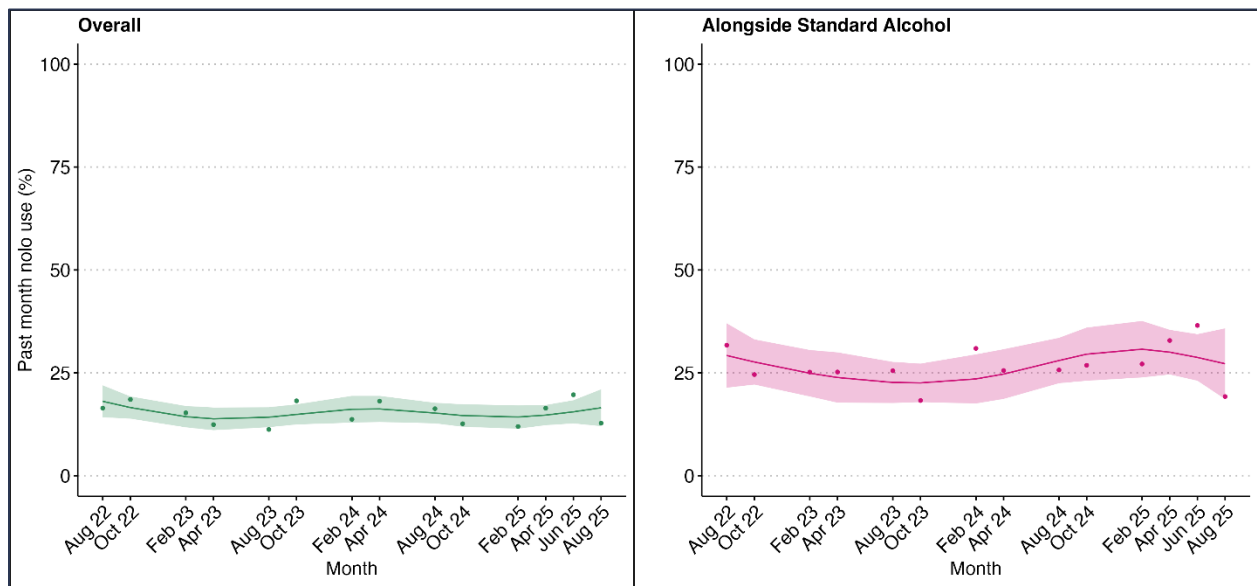


Figure 2: Trends in past month no/low alcohol consumption overall, and alongside standard alcohol (unweighted n = 3652).

Lines represent modelled weighted prevalence by month from generalised linear regression model (logit link). Shaded bands represent 95% confidence intervals. Points represent unmodelled weighted prevalence data by month. Alongside standard alcohol prevalence is higher as only asked of people who reported using no/lows yearly or more.

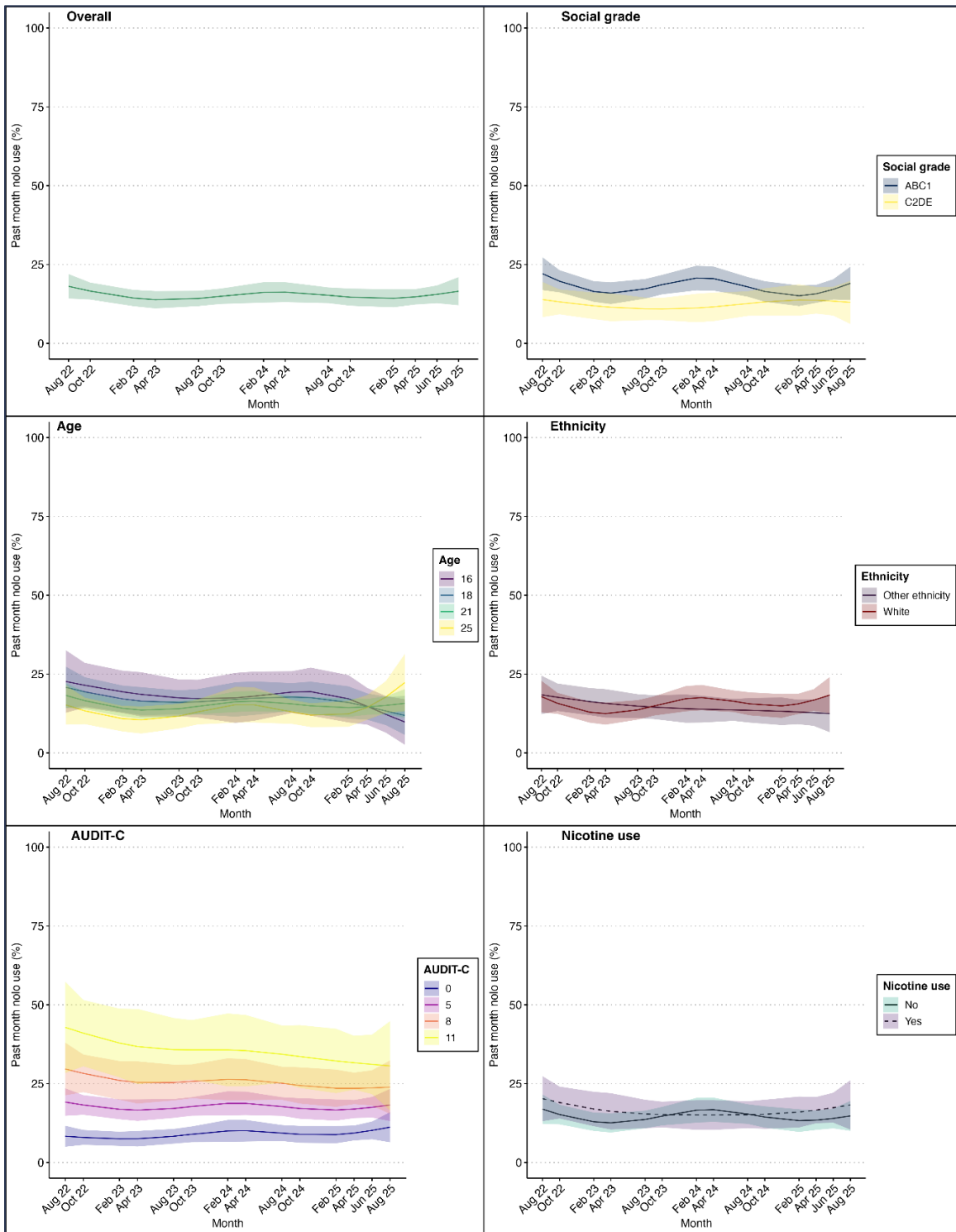


Figure 3: Past month no/low alcohol consumption among 16–25-year-olds according to pre-specified characteristics (unweighted $n = 3652$).

Lines represent modelled weighted prevalence by month of survey from generalised linear regression models including an interaction term between survey wave and each respective characteristic. Shaded bands represent 95% confidence intervals.

We also examined whether there were differences in the modelled trends by demographic characteristics (Figure 3). There was an uncertain difference in trends by social grade, with substantial overlap in the estimated trends. There was generally higher use among group ABC1 (more advantaged) until early 2024, after which prevalence of use declined slightly among more advantaged drinkers and increased slightly among C2DE (less advantaged) participants, resulting in similar prevalence estimates in August 2025. There were no clear differences in trends of at least monthly no/low use over time by age, ethnicity or nicotine use. No/low use was more common among those with higher AUDIT-C scores. This gradient persisted across the period (Figure 3).

RQ5: How do adolescents and young people's consumption of no/low drinks relate to consumption of alcohol?

We used data from the ATS to examine the association between someone’s first ever drink being a no/low and four potential outcomes: i) their current alcohol consumption level, ii) the age of first drinking alcohol, iii) the age of first being drunk and iv) having never been drunk. Approximately 11% of responses for age of first alcoholic drink and age of first being drunk, and 8% for timing of first drink were missing. For analyses using these variables, missing data were imputed. The number of imputed data sets were based on previous recommendations (i.e., n=20)²⁶ and results combined using Rubin’s Rules²⁷. All the independent variables used in the analysis were included in the imputation models.

Among the 16–25-year-olds surveyed, the most common first drink type was standard alcohol (62%), followed by low alcohol (13%) and alcohol-free drinks (4%). 18% of 16–25-year-olds had never had a standard alcohol or no/low drink and 4% did not know (Figure 4).

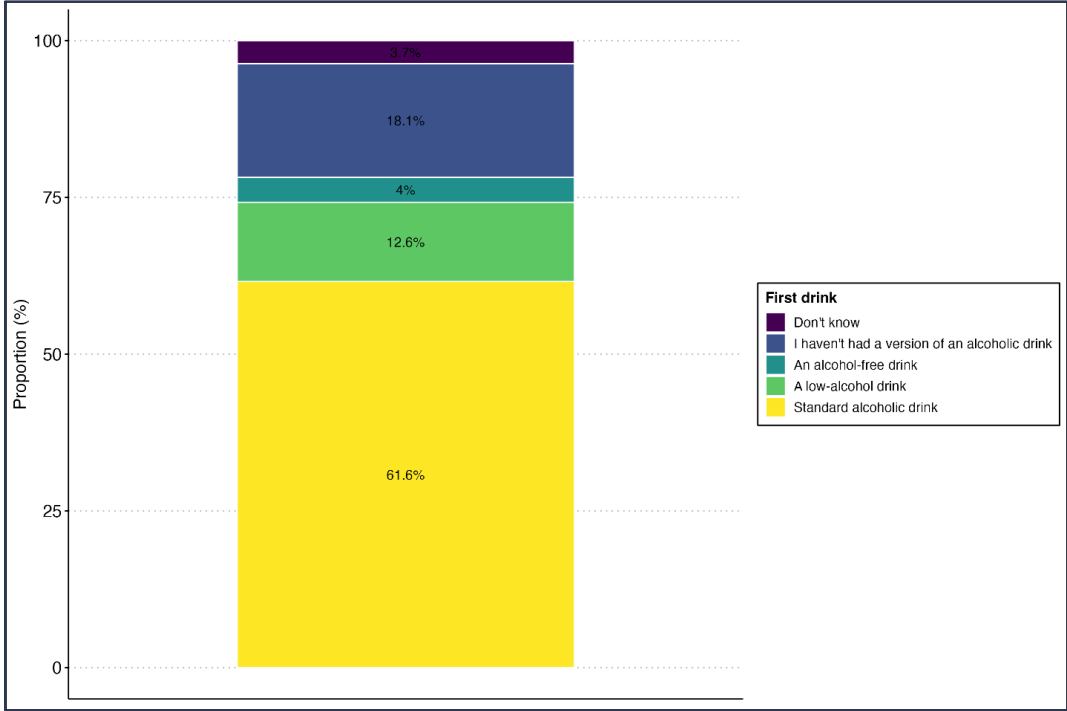


Figure 4: Proportional breakdown of responses to question on first drink.

First drink being a no/low and current alcohol consumption

In the adjusted and unadjusted models, there was no significant association between first drink being a no/low and current alcohol consumption. See Table 3.

	Unadjusted			Adjusted		
	Beta	95% CI ¹	p-Value	Beta	95% CI ¹	p-value
First drink						
Alcohol first	—	—	—	—	—	—
No/low first	-0.60	-1.31, 0.12	0.10	-0.41	-1.12, 0.30	0.26
Never no/low	-0.05	-0.79, 0.68	0.89	-0.26	-0.96, 0.44	0.46
Age						
Age	-	-	-	-0.08	-0.19, 0.03	0.15
Gender						
Men	-	-	-	—	—	—
Women	-	-	-	-0.86	-1.43, -0.29	<0.01
Social Grade						
ABC1	-	-	-	—	—	—
C2DE	-	-	-	-0.47	-1.05, 0.12	0.12
Ethnicity						
Other ethnicity	-	-	-	—	—	—
White	-	-	-	0.82	0.21, 1.43	<0.01
Nicotine use						
No	-	-	-	—	—	—
Yes	-	-	-	1.34	0.78, 1.90	<0.001

OR = Odds Ratio; CI = Confidence Interval.

Table 3: Association between order of first drink and AUDIT-C score.

First drink being a no/low and age of first drink

The mean age at which young people reported having their first drink was 14.6 (SD=2.4). In the unadjusted and adjusted model examining age of first alcoholic drink, there was no association between first drink being a no/low and trying alcohol at a younger age (Table 4).

	Unadjusted			Adjusted		
	Beta	95% CI ¹	p-Value	Beta	95% CI ¹	p-value
First drink						
Alcohol first	—	—	—	—	—	—
No/low first	0.45	-0.19, 1.10	0.17	0.41	-0.21, 1.20	0.19
Never no/low	0.19	-0.38, 0.75	0.51	0.30	-0.23, 0.83	0.26
Age						
	-	-	-	0.15	0.07, 0.24	<0.01
Gender						
Men	-	-	-	—	—	—
Women	-	-	-	-0.21	-0.64, 0.22	0.33
Social Grade						
ABC1	-	-	-	—	—	—
C2DE	-	-	-	-0.11	-0.59, 0.37	0.65
Ethnicity						
Other ethnicity	-	-	-	—	—	—
White	-	-	-	-0.72	-1.31, -0.15	<0.01
Nicotine use						
No	-	-	-	—	—	—
Yes	-	-	-	-1.06	-1.51, -0.61	<0.01

OR = Odds Ratio; CI = Confidence Interval.

Table 4: Association between order of first drink and age first tried alcohol

Estimates were obtained from survey-weighted generalised linear regression models across 20 imputed datasets. Missing values were imputed using multiple imputation with the Amelia package in R. Model results were combined across imputed datasets using Rubin's rules. Reported odds ratios (ORs) and 95% confidence intervals (CIs) reflect the pooled estimates, accounting for uncertainty due to missing data and survey weighting.

First drink being a no/low and age of first being drunk

In unadjusted and adjusted models, drinking no/low as a first drink was not significantly associated with age of first drunkenness. However, p-values approached significance.

On their own, these numbers do not tell us whether there truly is no relationship, whether our data simply were not strong enough to detect one (e.g. because our sample was not big enough), or whether there is an effect. To get a better sense of this, we used Bayes factors, which allow us to compare how much the data support different possible effect sizes. We tested a range of possible effects, looking only in one direction at a time (either a positive or a negative relationship), and assumed that age of first drunkenness followed a normal distribution.

The Bayes factors changed depending on both the size and the direction of the effect we tested. When we tested a positive effect ($\beta = 0.5$), the Bayes factor (BF = 3.22) suggested moderate evidence that

having a no/low drink first was associated with first being drunk approximately half a year later than those whose first drink was a standard alcoholic drink. But when we tested larger or smaller positive effects, the data were not strong enough to clearly support or reject them. When we tested negative effects (e.g. starting with a no/low drink would lead to earlier drunkenness), the Bayes factors showed either moderate evidence against those effects or indicated that the data were simply not sensitive enough to draw a conclusion. The data moderately supported the idea that starting with a no/low drink is associated with a delay in first drunkenness by about six months, but the evidence was not strong enough to say much about other possible effect sizes.

	Unadjusted			Adjusted		
	Beta	95% CI ¹	p-Value	Beta	95% CI ¹	p-value
First drink						
Alcohol first	—	—		—	—	
No/low first	0.51	-0.08, 1.10	0.09	0.49	-0.05, 1.03	0.08
Never no/low	-0.02	-0.55, 0.51	0.94	0.05	-0.45, 0.55	0.85
Age						
	-	-	-	0.06	-0.02, 0.13	0.13
Gender						
Men	-	-	-	—	—	
Women	-	-	-	-0.32	-0.69, 0.06	0.10
Social Grade						
ABC1	-	-	-	—	—	
C2DE	-	-	-	0.27	-0.14, 0.67	0.18
Ethnicity						
Other ethnicity	-	-	-	—	—	
White	-	-	-	-0.73	-1.20, -0.27	<0.01
Nicotine use						
No	-	-	-	—	—	
Yes	-	-	-	-1.24	-1.63, -0.86	<0.001

OR = Odds Ratio; CI = Confidence Interval.

Table 5: Association between order of first drink and age first being drunk.

Estimates were obtained from survey-weighted generalised linear regression models across 20 imputed datasets. Missing values were imputed using multiple imputation with the Amelia package in R. Model results were combined across imputed datasets using Rubin's rules. Reported odds ratios (ORs) and 95% confidence intervals (CIs) reflect the pooled estimates, accounting for uncertainty due to missing data and survey weighting.

First drink being a no/low and never being drunk

The prevalence of having never been drunk was lower for those who drank a standard alcoholic drink as their first drink and later had a no/low (4.1% [1.8–6.4]) compared with first drink being no/low (9.7%

[4.1-15.3]) and never having had a no/low (7.9% [3.4-12.5]). In unadjusted and adjusted models, drinking no/low as a first drink was not significantly associated with never being drunk. However, p-values approached significance.

As such, we calculated Bayes Factors to explore whether our analyses were sensitive to detect effects. For the binary outcome of having never been drunk, two-tailed Bayes factors indicated that the data were insensitive to detect an effect across a range of plausible hypothesised effect sizes. The data were not strong enough to tell whether: no/low as a first drink increases the chance of never being drunk, decreases it, or has no effect. The study cannot draw any meaningful conclusions about whether starting with a no/low drink affects the likelihood of never having been drunk.

	Unadjusted			Adjusted		
	OR	95% CI ¹	p-Value	OR	95% CI ¹	p-value
First drink						
Alcohol first	—	—		—	—	
No/low first	2.24	0.91, 5.49	0.08	2.23	0.88, 5.66	0.09
Never no/low	1.15	0.42, 3.15	0.78	1.28	0.46, 3.57	0.64
Age						
	-	-	-	0.93	0.79, 1.08	0.34
Gender						
Men	-	-	-	—	—	
Women	-	-	-	0.79	0.37, 1.74	0.57
Social Grade						
ABC1	-	-	-	—	—	
C2DE	-	-	-	0.37	0.11, 1.16	0.09
Ethnicity						
Other ethnicity	-	-	-	—	—	
White	-	-	-	0.37	0.18, 0.78	0.01

OR = Odds Ratio; CI = Confidence Interval.

Table 6: Association between order of first drink and never being drunk.

Estimates were obtained from survey-weighted logistic regression models across 20 imputed datasets. Missing values were imputed using multiple imputation with the Amelia package in R. Model results were combined across imputed datasets using Rubin’s rules. Reported odds ratios (ORs) and 95% confidence intervals (CIs) reflect the pooled estimates, accounting for uncertainty due to missing data and survey weighting. Nicotine use variable was dropped due to complete separation with the outcome (0 nicotine users had never been drunk).

QUALITATIVE RESEARCH (WP2)

Qualitative research was conducted to complement the quantitative analyses by providing rich and contextualised insights into parents' and young people's perspectives, experiences and practices around no/low drinks. The qualitative element addressed RQs 2, 4, 5, 6 and 7. RQ2 concerns the perspectives of adult family members on the consumption of no/low by adolescents in their families. RQ4 focuses on adolescents' drinking practices of no/low drinks in family settings. RQ5 asks how adolescents' consumption of no/low drinks relates to their consumption of alcohol, both overall and in family settings. RQ6 addresses how and why no/low drinks are consumed by adolescents in family settings in GB. Lastly, RQ7 focusses on the role of families in the consumption of no/low drinks by adolescents.

Design

The research team interviewed 14 mother/father-adolescent child dyads. Ten dyads were interviewed in their homes. Four dyads were interviewed in private rooms of a public venue to accommodate primary carers who had expressed concerns about holding the interviews in their own homes. Three interviews were conducted with members of each dyad: one-to-one interviews with the adolescent and the primary carer, and an intergenerational interview with both the adolescent and the primary carer.

WP2 consisted of the following methods of data collection:

i) Intergenerational interviews with one primary carer and one adolescent that explored their understandings of no/low drinks and who no/low drinks are for (i.e. who is likely to consume them, and why); the practices that adult members of the family and the adolescent participated in together (e.g. watching films together in the family home, family meals); and what types of drinks (i.e. no/low, alcoholic and/or soft drinks) they were likely to consume while engaging in these practices. Understanding of no/low drinks were elicited through an image sorting exercise, in which participants were asked to work together to sort images of products into three piles: no/lo, alcoholic and soft drinks. Participants were then asked who they believed products they had correctly identified as no/low drinks are for. To elicit accounts of practices, participants were asked to write a list of the different activities they take part in as a family, and to then write these on post-it notes. Participants were then asked to place post-it notes onto a Venn diagram consisting of three overlapping circles labelled 'alcohol', 'no/low drinks' and 'soft drinks' to indicate what type(s) of drink(s) they are most likely to consume when engaging in a given activity. See Figure 5 for a fictionalised example of a completed Venn diagram.

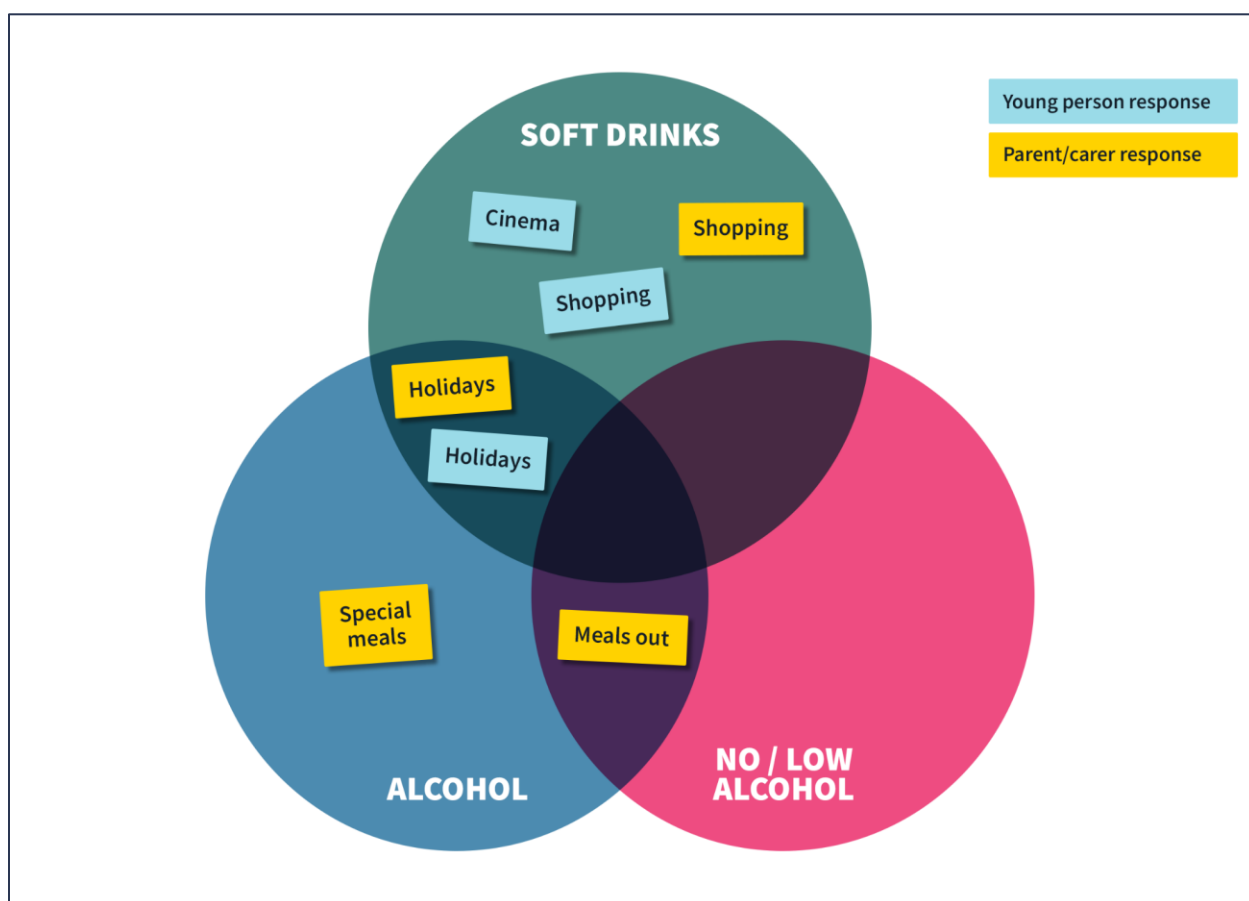


Figure 5: A fictionalised example of a Venn diagram from an intergenerational interview

ii) A separate one-to-one interview with the primary carer. Held after the intergenerational interview, these interviews explored primary carers’ perspectives on the consumption of no/low drinks by their adolescents in greater depth. A digital photograph of the Venn diagram from the intergenerational interview was used as a stimulus. Interviews were held at the same time as iii).

iii) A separate one-to-one interview with the adolescent. These interviews addressed the adolescent’s practices and experiences with no/low, alcoholic and/or soft drinks in family settings, using the Venn diagram from the intergenerational interview as a stimulus. The adolescent was then asked to write a list of how they spend their time with friends, peers and/or others beyond their families, to write these activities on post-it notes, and to place them on the Venn diagram. They were then encouraged to explain and discuss why they had placed the post-it notes in a given location on the diagram.

Interviews conducted in family homes involved two additional methods:

iv) Informal conversations were held before, in between and after interviews on the topics of no/low and alcoholic drinks to enable researchers to sensitively check on any discrepancies between, for example, what was said during the interviews and what was observed in the homes, and to ask for follow-up information regarding points raised in the interviews.

v) Ethnographic observations concerning interviews, informal conversations, and related points (e.g. non-verbal communication) were written up in field notes both during and after the visits to family homes.

Conducting interviews in family homes held significant methodological advantages, including providing sensory and material aids to memory, such as photographs and objects. Situating data collection in family homes also provided opportunities to observe family dynamics and routines in real-time. Interview and ethnographic observation guides can be found in the supplementary materials. The image sorting and Venn diagram activities were adapted from an earlier study conducted by members of the research team (LF, IK, JH) as part of a larger NIHR-funded project on no/low drinks²⁸. For this current study, the Venn diagram activities and the interview guide topics were tested and discussed with public involvement groups of young people aged 15-17 (n=4) and primary carers (n=5) in online meetings, using Lucid Chart, a free internet-based tool.

Recruitment and sampling

Adolescent participants were recruited via their primary carers, using a professional market research agency that operates a panel of over 250,000 UK residents. This recruitment pathway has been validated in previous studies²⁹ as an effective method for securing diverse samples within condensed timeframes. A purposive quota sampling strategy was employed to ensure a range of social grades (ABC1 and C2DE). Panel members were screened based on three primary criteria: that they resided in the North West, South Yorkshire or nearby areas of England, were a primary carer of at least one adolescent aged 12–17, and that this adolescent had prior awareness of no/low alcohol products. Our intention was to gather a range of young people’s perspectives on no/low drinks and not limit the study to those who either consumed alcohol or abstained from it.

In addition to screening panel members, the study was advertised by the recruitment agency on a market research website (<https://www.researchopinions.co.uk>). Following initial screening, interested families were provided with Participant Information Sheets and given a minimum of 72 hours to consider participation and ask clarifying questions. Each family unit was represented by one primary carer and one adolescent aged 13–17 (n= 28 individuals). While the protocol allowed for the inclusion of a non-biological primary carer, second parents or a peer companion for the adolescent to ensure comfort, no participants opted for these additional attendees. Interviews were scheduled by the agency and confirmed by the lead researcher (LF) prior to conducting home visits. Before starting data collection, the researcher described the study and answered any outstanding questions. Informed written consent was obtained from all primary carers and adolescents aged 16-17. Written assent was obtained from the adolescents aged under 16, along with written consent obtained from their primary carers on their behalf. The home visits each lasted approximately 90 minutes. Following participation, the primary carer received £100 via bank transfer from the market research company as a thank you for their time. Ethical approval was granted by the University of Sheffield (Reference 067663). Pseudonyms are used throughout this report to protect the confidentiality of participants.

Participants' and primary carers' characteristics

Adolescent participants consisted of 8 girls and 6 boys. Three adolescents (1 girl and 2 boys) were from ethnic minority backgrounds. Ages ranged from 13-17, with a mean age of 15. No data were collected on disability, sexual orientation or gender identity (that is, whether reported gender matched gender assigned at birth). All but one adolescent had older or younger siblings. While all adolescents were aware of the existence of no/low products, the sample was mixed with respect to whether they had consumed them and/or alcohol. See Table 7 for further details on adolescent participants' characteristics.

Primary carers consisted of 13 mothers and one father. Three were from ABC1 social grades and seven reported C2DE social grades. Ages ranged from 35 to 50, with a mean age of 44. No data were collected on primary carers' sexual orientation or disability; however, we know from the interviews at least one primary carer had a disability. The majority (13, 93%) drank alcohol at least occasionally, and a minority (4, 29%) drank no/low drinks at least occasionally.

All families lived in England, with 10 residing in the North West, three in South Yorkshire and one in Derbyshire. Four families lived in city suburbs, with the remaining living in towns. Local area deprivation data were available for nine families, with family homes ranging from being in the least (n=3) to the most deprived quintiles (n=4) on the index of multiple deprivation. The index of multiple deprivation is the official measure of relative deprivation in England, ranking small neighborhoods based on seven combined domains of deprivation, including income, employment, health, and education.

P pseudonym	PC pseudonym	Age	Gender (M/F)	Ethnicity	PC social grade	Alcohol	No/low
Jack	Zafira	14	M	South Asian and White	C1	Yes	Yes
Ruby	Terri	17	F	White British	C2	Yes	No
Charlotte	Phillipa	15	F	White British	C1	Yes	No
Mollie	Helen	15	F	White British	B	Yes	No
Annabel	Jennifer	13	F	White British	D	No	No
Matilda	Peter	17	F	White British	B	Yes	Yes
Aiden	Joanne	14	M	White British	C1	Yes	No
Alfie	Vicky	15	M	White British	B	Yes	Yes
Abigail	Sharon	14	F	White British	D	Yes	No
William	Julia	17	M	White British	C2	Yes	Yes
Saoirse	Francesca	15	F	Black African and White	D	Yes	No
Jamal	Salma	16	M	Black British	E	Yes	Yes
Jessica	Marie	14	F	White British	D	No	No
Oliver	Faye	17	M	White British	C1	Yes	No

Table 7: Adolescent participants (P) and their primary carers (PC), and demographic characteristics and at least occasional alcohol and no/low consumption of adolescent participants.

Analysis

All interviews were audio-recorded and transcribed verbatim, complemented by ethnographic field notes from informal conversations and observations to provide contextual depth. The qualitative research team took the lead analysing different interviews (LB=Intergenerational, LF=Parent, Young People) using their preferred software to manage the data and facilitate the analytical process (e.g. NVivo 14). We used the Framework Method³⁰, employing a systematic approach to compare perspectives across diverse family compositions. A hybrid coding strategy was adopted³¹; initial codes were derived deductively from the research objectives, while inductive codes captured emergent themes regarding barriers and facilitators to consuming no/low drinks in family settings. A second coder independently reviewed a subset (14%) of the transcripts. Discrepancies were resolved through collaborative discussion to ensure inter-coder agreement.

Results

RQ2: How do primary carers perceive the consumption of no/low drinks by adolescents in their own family?

No/low drinks are for adults

Most primary carers regarded no/low drinks as broadly acceptable for consumption by adolescents in their families, but several questioned whether their child would find such drinks appealing in the first place. They regarded no/low drinks as beverages for adults who were avoiding alcohol for situational reasons, principally because either they were driving or pregnant. While most were broadly positive about the prospect of their children consuming no/low drinks if these were to be consumed in place of alcohol, the majority of those whose children drank alcohol did not believe that their child would choose to consume no/low drinks instead of alcoholic drinks, particularly when socialising with friends. This also applied to those whose children did not currently drink alcohol on a regular basis, but who it was believed would start to do so soon.

To understand primary carers' perspectives on no/low drinks, it is first important to briefly consider their perspectives on their children's consumption of alcohol, and their role in relation to this. Several primary carers believed that they played an important role in teaching their child to manage their alcohol consumption to avoid intoxication, as they believed it was inevitable that they would be exposed to alcohol. As Joanne explains:

...they're going to try it regardless, whether they're with me or not, so I think sometimes it's just erm, normalise it a little bit, and you know, there's nothing wrong with having one or two drinks. I don't want it to be like 'you can't taste it or you can't touch a drop until you're 18' because I think kids get their hands on it somehow, and I think if they've never tried it I think it's like, you know, I've got a friends don't let them ever have sweets

or chocolate, and then when they get it's like they want to try as much as they can. And I think, sometimes if you put those boundaries in, I think they're more likely to then be like, 'well what's the big thing about alcohol?' – Joanne, Mum of Aiden (14)

The type of alcoholic drink they provided for their child was regarded as crucial, with most regarding ciders, beers and alcopops as preferable to spirits:

I think the alcopops is potentially, especially for a child of his age, a good start and there's no harm in that as long as they don't overdo it. Like I said before, 'know your limits' and that's what I keep teaching my boys. [...] as they get older and friends could be like 'yeah let's do this' but they would be like that 'You know what? I've already had that with my mum'. I want them to be confident because peer pressure has got very bad at the moment. – Zafira, Mum of Jack (14)

No/low drinks are primarily viewed as harmless

No/low drinks were widely viewed as harmless alternatives to alcoholic or soft drinks. Primary carers repeatedly emphasised that it was the alcohol in alcoholic products that they believe made them inappropriate for regular and/or excessive consumption by under 18s. Unlike alcoholic and energy drinks, no/low products were seen as not containing active ingredients. In Zafira's terms, "there's nothing in it".

However, there were a few qualifications to the view of no/low drinks as harmless alternatives to alcoholic or soft drinks. Zafira imagined that purchasing no/low drinks would mean that her younger son would also want to try them:

[Jack's] never asked for them, and I don't think if he did it would actually bother me, but then I think [my younger son] would want it as well you see because he's six going on 26. [...] So I think my only concern would probably be the little one. – Zafira, Mum of Jack (14)

Jennifer (Mum of Annabel, 13) stated that she would consider buying her daughter alcohol-free beer instead of a soft drink when the family was visiting a pub, but qualified this with the following:

I wouldn't want her to think it was something she could always have. And I think I'd be quite conscious about knowing how much alcohol is even in [the drink].
– Jennifer, Mum of Annabel (13)

While Jennifer had not previously considered providing her daughter with no/low drinks, if she was to do so, she would prefer to do so at home, where she can read the packaging more easily than in a pub and “try the products and get to know the percentages”.

While no/low drinks were typically viewed as harmless, several primary carers voiced concerns about energy drinks, positioning their child's consumption of these as more of a concern than consumption of either no/low or alcoholic drinks because of the high levels of caffeine and sugar, as well as uncertainty about other ingredients:

...I don't like him drinking all those, you know the Monsters and all that sort of stuff [...] it's the caffeine and the, you don't really know what's in them sometimes like, the Red Bulls and, you don't really know what's in them, and you hear that many stories about kids on them [...] they're having them before school and things like that, and I just think, I just don't think it's great for, for the younger ones to drink to be honest.
– Joanne, Mum of Aiden (14)

While few primary carers whose children drank alcohol had provided their children with no/low drinks instead of alcoholic drinks, some saw the potential value of doing so:

...it's an interesting one that actually - if your child wants something alcoholic, then you can give them the free version. That's not been our experience [but] that makes sense.
– Peter, Dad of Matilda (17)

However, as mentioned, some parents believed that it was their responsibility as parents to teach their children to drink sociably and to manage the intoxicating effects of alcohol. This was because they believed that their children would inevitably encounter alcohol beyond family settings (for example, at unsupervised house parties with other young people), and they wanted their children to be able to look after themselves when this occurred³². For a few of these parents, alcohol-free products were viewed as ‘pointless’ because they do not contain alcohol and therefore could not serve the function of supporting their child to learn how to manage the effects of drinking alcohol. For example, Joanne occasionally provided her son Aiden (14) with one or two fruit-flavoured lagers or alcopops while on holidays or at family parties. Asked if she would consider providing alcohol-free

drinks instead, she replied:

... there's no point if there's no alcohol in it so it's not of any interest.
– **Joanne, Mum of Aiden (14)**

Most parents did not believe that their child would choose to consume no/low drinks during occasions beyond those involving family, but that they would instead opt for alcoholic or energy drinks. Asked if she was aware of her son, Aiden, consuming no/low drinks beyond family settings, Joanne replied:

I don't think he'd bother to be honest. I think if he was in a shop, he would pick the energy drink over the Zero WKD [0 % alcopop] – **Joanne, Mum of Aiden (14)**

Vicky found out through the intergenerational interview that her son had consumed a 0% lager while with his cricket team. Asked how she felt about this, she replied:

I think good for him. [...] because it was no alcohol. [...] It is really the same as a soft drink, isn't it? – **Vicky, Mum of Alfie (15)**

As we have seen, primary carers regarded no/low drinks as products designed for consumption by adults for situational reasons, such as because they were driving, pregnant or had a health condition. The majority did not believe their child would be interested in consuming no/low drinks but typically viewed them as harmless and therefore acceptable for consumption by their own child and other adolescents. For those who believed that parents play a valuable role in supporting their children to manage the effects of drinking alcohol, 0% products were seen as not helping them, as parents, to fulfil this role. Several parents were more concerned about their children consuming energy drinks than they were about them consuming either no/low or alcoholic drinks.

RQs4-7: Adolescents' consumption of no/low drinks in family settings, how these relate to their alcohol consumption and the role of families in no/low consumption

While reported as being relatively uncommon in family settings, no/low drinks were occasionally consumed by adolescents at family events and celebrations, as well as in other intergenerational settings, namely a school fair and sports clubs. Most primary carers and adolescents were familiar with products such as Heineken 0% and Guinness 0%, which many had seen advertised, particularly at televised football matches, and Gordon's 0% which was reported to have a strong social media presence. However, there was lower awareness of Lucky Saint, a low-alcohol beer that has no

standard strength parent product, and Kopparberg 0%, an alcohol-free fruit cider with a standard strength equivalent.

In relation to alcohol consumption, participants aged 13-14 rarely reported consuming alcohol. Annabel (13) had occasional sips of parents' drinks; Jessica had a glass of Bucks Fizz (a premixed sparkling wine and orange juice cocktail that is ~4% ABV) at Christmas, alongside occasional sips of wine and gin at special meals; Jack (14) and Aiden (14) both had an alcopop on special occasions. Most participants aged 15-17 typically consumed alcohol on a more regular basis, though how much and how often alcohol was consumed varied amongst this group. For the adolescents in our sample, alcohol consumption was associated with family activities, and the presence or absence of particular family members. It was not just part of the everyday, despite its availability in most of the adolescents' family homes. For William (17), Oliver (17), and Alfie (15), drinks such as beer or cider were commonly consumed when watching football, either at home (William), or when travelling to and during the matches (Oliver and Alfie). Parents of older adolescents were happy to buy alcoholic drinks on behalf of the child, particularly in familiar places, such as local restaurants or pubs, or when they were on holiday, especially abroad in warmer climates, which parents perceived to go hand in hand with drinking alcohol.

...it's definitely weather dependent. I'll go all year without having a drink and then it, we'll go out in the summer and like 'yeah, I'll have one now'. – Terri, Mum of Ruby (17)

The consumption of no/low drinks was more opportunistic than the consumption of alcohol. That is, it was dependent on the availability of no/low drinks in the home. In every case where a participant had consumed no/low products at home, their primary carer also consumed them. Given voluntary restrictions on sales of alcohol and no/low drinks to under-18s in the UK, parents were the primary 'gatekeepers' of no/low and alcohol products. Amongst those parents who bought no/low drinks, it was not specifically purchased for their adolescent children, but rather for their own consumption to provide non-alcoholic alternatives during celebrations and to accommodate visitors who were driving or not consuming alcohol for other reasons. This contrasted with what they perceived as lower-strength alcoholic products, such as alcopops and fruit ciders with an ABV of around 4%, which were sometimes purchased specifically for adolescent children's consumption.

At the time of the interviews, opportunistic consumption was the primary way that adolescents accessed no/low products, although a few participants recalled parents purchasing alcohol-free rather than standard alcohol prior to their child drinking alcohol. William (17) recalled having alcohol-free ciders on a family holiday before trying standard strength ciders. Ishmael's mum, Salma, bought Guinness 0% to make Jamaican Guinness punch, which traditionally includes standard Guinness, after Ishmael (16) had expressed an interest in trying the punch when he was younger. Salma recalls that while the punch she drank as a child contained standard strength Guinness, she felt it was more appropriate to use the alcohol-free equivalent when replicating the recipe for her own child:

You know better, you do better – Salma, Mum of Ishmael (16)

While these instances suggest that some primary carers believed that providing no/low drinks is more appropriate than providing alcohol for adolescents, this 'safer' introduction did not appear to accelerate a transition toward alcohol. For this group, alcohol was the default 'adult drink', with no/low drinks an occasional alternative, rather than a starting point that leads to alcohol. Apart from the youngest participants, primary carers were already allowing their children to consume alcoholic products. Parents perceived that they were minimising risk by providing lower-strength products, like alcopops with an ABV of around 4%, in an environment where they could observe the effects on their child, or where they knew there would be a trusted adult in the form of a friend's parent nearby.

Nearly all the adolescents had previously drunk alcohol in family settings; ranging from sips of parents' drinks amongst younger participants, to regularly drinking alcohol at home for some of the older adolescents. Two older participants, aged 15-17, drank alcohol beyond family settings with friends on a regular basis, while some others did so only occasionally. Unlike no/low consumption, which was predominantly in the home, some parents bought their adolescent children alcoholic drinks when out for family meals, with covert purchasing occurring in settings where it is not legal to buy under-18s alcoholic drinks (e.g., at the pub, concerts and football matches).

Primary carers marked special occasions by providing their adolescent children drinks like Schloer, a sparkling grape-based soft drink, which would be poured into celebratory glassware like champagne flutes, or less often Bucks Fizz, which, despite its alcohol content, was provided by some parents who perceived it as a lower-strength drink for adolescents during celebrations. This replicated traditions that many parents fondly recalled from their own childhoods that they wished to continue.

A flute, a plastic flute, a plastic flute to make them feel like they were special [laughs] and they were partaking. – Salma, Mum of Ishmael (16)

Similarly, fruit juice-based mocktails were seen as more appealing alternatives for adolescents, either where it was not the norm for them to be drinking alcohol or they were not interested in the taste of no/low drinks that were explicitly imitating specific alcohol products. Several young people reported drinking mocktails during special occasions such as meals out with family or family holidays. Like Schloer and Bucks Fizz, these drinks would be served in glassware that imbued a special sense of occasion. During these occasions, parents, family members, and friends would typically be drinking alcohol.

It's on holiday isn't it, you'll get the big glasses, the sparkling bits on it and 'come on you're on holiday, get a mocktail' [laughs]. Money's kind of, doesn't matter does it on holiday, so it's like 'mocktails, cocktails, the lot!' [laughs] – Marie, Mum of Jessica (14)

While fruit-based soft drinks and juices were offered to younger adolescents, some older adolescents reported drinking no/low drinks in a celebratory capacity. Matilda drank Nosecco (an alcohol-free sparkling drink) at home during family celebrations, preferring it to prosecco, and Ishmael had drunk Kopperberg 0% with his mum to celebrate his sixteenth birthday.

The family settings in which adolescents reported drinking alcohol were largely similar to those in which no/low drinks were consumed, including family meals, celebrations, meals out, evenings out, holidays, and football matches. There were fewer examples of parents buying no/low drinks for their adolescent children outside the home than there were examples of parents buying them for consumption in the home. Several parents commented on wanting to avoid judgement from others, whether that was avoiding future embarrassment of being refused a drink for their child, or from other patrons in the pub or restaurant. Whilst William's parents were happy for their 17-year-old son to drink both alcohol and no/low drinks at home, following an experience during a meal out where they had been refused to be served an alcohol-free drink for their son who was 17 at the time, they now typically ordered him soft drinks, unless they were in a familiar local restaurant where they knew he would be served. Other parents also reserved purchasing of both alcohol and no/low drinks to familiar places where the family knew the owners, or on holiday abroad, where parents felt more relaxed about providing their adolescent children 'adult' drinks:

I: How would you feel about ordering, Mollie ordering, alcohol for her at a restaurant?

Helen: I'd feel like I was being judged. I don't, I don't really feel like. I mean, on holiday, we're ordering half a carafe of rosé, which is tiny for me and Paul, and Mollie would occasionally have a small glass as well. But we're on holiday, it just felt a bit different.

- Helen, Mum of Mollie (15)

Beyond the family home and occasions with parents, the wider social setting also provided opportunities for no/low consumption. Some adolescents reported being offered no/low products by extended family members or within familiar local establishments. However, without implicit reinforcement through parental purchasing, or the personal preference for taste, the novelty did not transition into regular practice.

While one older participant had tried alcohol-free gin his mum had received as a present without her knowledge, no/low drinks were typically consumed in the company of family, with drink preference influenced by who they were with. William reflected on the fact that his dad would drink a beer when watching the football as a prompt to have an alcoholic or no/low drink too, although there was no suggestion that this was overtly encouraged by his dad.

I: So do you think the fact that your dad's having a beer, does that make you kind of more likely to have the alcoholic cider, do you think?

William: Erm, I think it probably makes me think 'oh he's having a drink, yeah I'll have one then', but like between the non-alcoholic and the alcoholic, they taste the same so I'm really not bothered whichever one, it's all taste isn't it so, if it tastes nicer, whichever one really, not bothered. – William (17)

While what his father drinks influences William's decision to drink, he does not differentiate between no/low and alcoholic options. Similarly, whether Matilda chooses an alcoholic, no/low or soft drink depends on who she was with. Alcohol-free cocktails were enjoyed as a treat, but Matilda equally perceived Pepsi as 'treat drink', typically preferring soft drinks during family occasions including her younger brother. This sentiment was echoed amongst other participants with younger siblings and relatives, who were happy to switch roles between one of the 'kids' and one of the 'grown-ups', depending on who was present.

Matilda and William reported taste being more important than alcohol content, which made them indifferent to alcohol content. Before the interview, Matilda had been unaware of Kopperberg 0%, but considered choosing that instead of standard strength in the future.

*I don't drink the cider for the alcohol, I drink it for the cider, because I like the taste.
– Matilda (17)*

However, this was not a commonly held view. When adolescents were drinking alcohol, they were more likely to be seeking its intoxicating effects.

*If I wouldn't like to drink, like get drunk, I'd probably just drink like Coke or something.
– Ruby (17)*

Additional considerations: the symbolic value of no/low drinks

There was little evidence to suggest that the participants perceived no/low drinks as having symbolic value, that is, they were not perceived as 'cool'. Apart from Charlotte (15), who recalled having taken a selfie for Snapchat with what she believes was a 0% alcopop when she was on holiday aged around 13, there was little evidence that adolescents perceived them as a status drink. Looking back on this two years later, Charlotte felt embarrassed. Unlike no/low drinks, energy drinks were particularly

valued by some participants, particularly (though not exclusively) by male participants, with reports of primary carers setting boundaries to limit the consumption of energy drinks.

On more than one occasion, no/low drinks were compared to vegan meat substitutes. Saoirse reported an ‘all or nothing’ mindset. Her Mum agreed, explaining that, for her daughter, it is the alcohol she wants, not the taste of the drink. Lacking the possibility of enabling intoxication, no/low products were perceived as lacking value:

Saoirse: I don't think I'd ever choose to have like a no alcohol drink. Like when I was a vegetarian, I wouldn't eat any substitutes just because I wasn't eating meat. If that makes sense. Like I either have a drink or I won't.

Francesca: I think it's probably the alcohol she wants, not the taste of the alcohol.

— Exchange between Saoirse (14) and her Mum, Francesca

As we have seen, no/low consumption principally occurred in family settings, with primary carers providing no/low drinks in a variety of contexts, typically if not exclusively within the home. No/low consumption tended to be occasional and opportunistic, depending on primary carers having purchased drinks in advance for themselves or other adults.

DISCUSSION

Research questions

Below we briefly answer the seven research questions, before going on to outline and discuss the three main points to take away from this project, with reference to previous literature.

RQ1: How do adults in GB perceive the consumption of no/low drinks by adolescents, overall and in family settings, and how does this vary across different sociodemographic groups? (WP1)

46% of surveyed adults thought it was acceptable for 13–17-year-olds to drink alcohol-free drinks, whilst 31% thought it was acceptable for 13–17-year-olds to drink low alcohol drinks up to 1.2%. For both alcohol-free and low alcohol drinks, family settings were considered the most acceptable (64% and 56% respectively) and settings with friends were considered the least acceptable (44% and 28% respectively). Subgroup differences were seen amongst respondents; those who were aged 16-35, white, risky drinkers or at least monthly no/low consumers were more likely to find adolescent no/low use acceptable than comparator groups.

RQ2: How do adult family members perceive the consumption of no/low drinks by adolescents in their own family? (WP1, WP2)

Although interviewed primary carers did not see adolescent use of no/low drinks as unacceptable, they largely thought no/low drinks were irrelevant for young people. In relation to acceptability, a few primary carers stipulated qualifications. For example, Jennifer (Mum of Annabel, 13) expressed concerns about knowing the difference between alcohol-free and low alcohol drinks, as she did not want to provide her child with the latter. Another primary carer (Zafira, Mum of Jack, 14) voiced the concern that her youngest child would also want to try no/low drinks if they were present in family settings. A few other primary carers who had started providing their child with alcoholic drinks in family settings questioned the value of providing no/low drinks instead of alcoholic drinks, as they believed providing alcoholic drinks was a means of teaching their child to drink ‘sociably’ and to manage the effects of drinking alcohol. They believed such lessons would prove useful when their child was introduced to alcohol in contexts beyond family settings. Alcohol-free drinks were regarded as ‘pointless’, as they could not fulfil this function.

RQ3: What are the trends in no/low drinks consumption by young people in GB overall, and by different sociodemographic groups between 2022 and 2025? (WP1)

At least monthly no/low consumption among 16–25-year-olds was stable at ~15% across 14 survey waves between August 2022 and August 2025. No/low use is more common among risky drinkers. This corresponds to the trend for all adults in GB, where at least monthly consumption has remained at 18% since 2022 and is more common among heavier drinkers³³⁻³⁵.

RQ4: What are adolescents' drinking practices of no/low drinks in family settings? (WP2)

While relatively uncommon, in interviews adolescents described how they occasionally and opportunistically consumed no/low drinks in family settings, including family celebrations, holidays and meals, as well as more casual occasions, like watching television. For celebrations and holidays, no/low drinks performed a similar function to mocktails: 'special' drinks served in vessels reserved for specific occasions. However, it was more common for mocktails and drinks like Schloer (which would not be considered a no/low) to be served in this way.

RQ5: How do adolescents and young people's consumption of no/low drinks relate to consumption of alcohol overall and in family settings? (WP1, WP2)

We were also interested in exploring possible gateway or delaying effects of no/low consumption on alcohol consumption amongst young people. In the cross-sectional survey, there was no evidence of a no/low gateway to alcohol consumption, whereby young adults who first drank no/lows did not report significantly lower ages at which they first consumed alcohol or greater alcohol consumption. However, there was not convincing evidence that no/lows have public health benefits either; young people first drinking no/lows did not report significantly delayed age of initiation for alcohol or less alcohol consumed. Young people reporting first drinking no/lows also reported delays in first drunkenness, though these findings were uncertain. Most young adults' first drink was a standard alcohol one. Similarly, in the qualitative study, there were very few examples of participants who had consumed no/low drinks who had not already started consuming alcoholic drinks prior to consuming no/low products. No/low consumption amongst adolescent and young adults currently seems to be relatively rare. It will be important to continue monitoring this as the market and product popularity evolves.

RQ6: How and why are no/low drinks consumed by adolescents in family settings in GB? (WP2)

No/low drinks are occasionally consumed in family settings to mark special occasions or as part of family activities like meals. For younger adolescents interviewed, 'inclusion' in adult rituals was achieved more commonly through 'special' soft drinks like Schloer or mocktails served in celebratory glassware. For these families, the 'specialness' of a drink is determined by the drinking vessel and ritual rather than how like alcohol the drink was. Consequently, no/low drinks were viewed as having a limited functional role for adolescents who were interviewed.

RQ7: What role do families play in the consumption of no/low drinks by adolescents? (WP2)

In our study, no/low consumption by our adolescent participants was occasional and opportunistic. It depended on no/low drinks having been purchased by primary carers. For every instance where an adolescent consumed no/low products at home, the parents were also consumers, suggesting a relationship between adult purchasing patterns and adolescent behaviour. No/low products tended not to be purchased specifically with adolescents in mind, but for the primary carer and/or their

partner or guests to the home. Our adolescent participants' access to no/low drinks at home appears to be largely dependent on what is available at home.

Main takeaways and links to previous research

1. No/low drinks are for adults, not adolescents

Like parents in Australia²⁰, parents interviewed perceived alcohol-free drinks as a potentially useful way to avoid the harmful effects of alcohol for adults and largely unnecessary for adolescents. Our qualitative data also suggest that no/low drinks are largely unappealing to adolescents, who perceive them as 'adult drinks'. For those adolescents who did drink alcohol on a regular basis with friends, a primary purpose was at least mild intoxication. Therefore, the absence of this effect when drinking no/low products makes them a poor substitute. Even in family settings, where intoxication may be less desirable than in peer settings, most of the adolescents we interviewed would have preferred to drink either a standard alcoholic drink, or a traditional soft drink. International studies from the Netherlands and Australia have indicated that alcohol-free drinks may be *perceived* by adolescents to function as a status symbol or to circumvent social expectations to drink alcohol^{15,20,35}. However, there is little evidence of this occurring in practice, particularly among older adolescents. Whilst a few adolescents in the current study could imagine others consuming no/low drinks at parties to avoid intoxication and remain congruent with the image of the adolescent partygoer, it was not a behaviour that any reported themselves.

2. Absence of evidence of a gateway effect

While no/low drinks have potential as a way to reduce alcohol-related harm by allowing people who want to consume less alcohol to switch to a no/low alternative, there have been concerns that their increased availability may lead to a 'gateway' effect, encouraging consumption by adolescents prior to when they would have typically drunk alcohol and potentially encouraging younger and increased alcohol consumption³⁶. We found little evidence to validate this concern in the GB context.

In the qualitative study, for most families alcohol was already an established cultural default for both parents and their older adolescent children. Rather than no/low products serving as a precursor to drinking, we found that parents typically managed their child's transition to adulthood through the provision of standard strength alcohol in limited, supervised quantities of what they perceived to be lower-strength products (e.g., sips of beer, alcopops or fruit ciders). This aligns with Valentine et al.'s work³⁷, where parents viewed the home as a safe training ground for 'inevitable' alcohol consumption in adolescence. In the present study, where no/low drinks were offered prior to standard alcohol, they did not appear to accelerate the trajectory towards standard alcohol consumption as this was already culturally embedded, with several primary carers stating they believed it was inevitable that their child would drink alcohol as they progressed into later adolescence.

This was also borne out in the quantitative survey data. Alcohol initiation tended to occur around the age of 14. As with international literature²¹, most young people's first drink was reported to be alcohol, as opposed to no/low. The quantitative analysis showed no clear evidence that no/low consumption was harmful for young people, it was not significantly associated with the age at which they consumed alcohol or how much alcohol they drank. However, this was observed in a context in which no/low consumption was relatively rare - it will be important to continue monitoring as the market evolves or product popularity increases.

There was uncertain evidence that drinking no/low as a first drink was associated with a delay in the first experience of drunkenness by half a year, relative to those who drank a standard alcoholic drink as their first drink or who had never tried a no/low. It could be that drinking no/low first is indicative of substitution for some standard alcohol drinks in contexts that could otherwise have led to drunkenness. However, research using designs that enable the testing of causal relationships (e.g. longitudinal, time series) tracking trajectories of no/low and alcohol usage alongside potential confounding variables would be required to fully explore this finding.

Further, when looking at young adults, a quarter of respondents aged 16-25 who drank no/low in the last year indicated that no/low were consumed alongside standard alcoholic drinks. No/low consumption alongside standard alcohol could represent substitution of standard alcohol and thus possible harm reduction. However, we did not collect data on how much standard alcohol people drank in settings where they were also consuming no/low versus not, and we are not able to infer substitution from these data alone. It may be that no/low drinks are replacing soft drinks rather than alcoholic drinks among some respondents.

3. Parenting practices

Both the quantitative and qualitative components examined adults' and parents' views of adolescent use of no/low and how this differed across occasions that were in family settings and those outside of that family setting (e.g. out with friends). Across both the quantitative and qualitative components, adolescent no/low use was seen as being more appropriate for family settings.

Most of the primary carers interviewed thought it was acceptable for young people to drink some alcohol within the family home, with some believing it was their role to introduce their adolescent children to alcohol so that they could learn to avoid drinking excessively when they began drinking alcohol with friends. For some, reservations were held about the use of alcohol outside of the home, likely due to a perception of reduced supervision/control. In general, such concerns were not widely expressed about no/low drinks, as they were believed to be 'harmless' because they did not lead to intoxication. While most primary carers viewed no/low drinks as broadly acceptable for adolescents, they were understood as having limited appeal for this age group. Parents' views on the acceptability of providing no/low drinks varied, depending on the age of their adolescent child. For younger adolescents aged 13-14, rather than providing no/low or alcoholic products, parents preferred products such as Schloer or fruit-based mocktails which do not imitate the taste of alcoholic drinks, to provide a sense of occasion, in drinking accoutrements mimicking those used for alcohol. This may be

because these products themselves had a nostalgic quality, as they were products that they had also consumed with their families when younger.

Implications

Children and young adults are drinking less alcohol than in previous decades^{5,38}. If this persists across current and future cohorts of young adults as they age, it could contribute to a reduction in alcohol harm and alcohol-specific deaths in future. This would be particularly welcome given recent steep increases in alcohol-specific deaths in England¹. It is unclear how the growing market of no/low^{8,39} might interact with declining youth consumption of alcohol. This project does not provide any evidence that no/low are currently having a substantial negative impact on adolescents or young people, in terms of drinking earlier or more. The survey data demonstrate that most young people's first drink is alcohol, as opposed to no/low. However, this project also does not offer convincing evidence that no/low are having a substantial beneficial impact on adolescents or young people on age of initiation or alcohol consumption. Qualitative evidence collected for this study suggests that adolescents may have limited interest in consuming no/low drinks in place of alcoholic drinks.

In 2026, the UK government is considering tightening regulations to ensure that adolescents cannot buy no/low, bringing them in line with alcohol licensing restrictions. This has received backlash from some industry stakeholders but aligns with the views of many adults surveyed that no/low are not suitable for consumption by adolescents. Based on this report, a ban on no/low for adolescents may not have a substantial impact on behaviour. However, given recent and forecasted growth in the no/low market^{8,39}, combined with our finding that 15% of young people aged 16-25 are consuming no/low at this relatively early stage of market evolution, continued monitoring of the impact of no/low on adolescents and young people is recommended and a cautious approach recommended. It will be important to investigate no/low sales across generational cohorts in the future and use national longitudinal surveys and experimental data from naturalistic settings to examine the presence and extent of substitution, and whether it varies across different social grades.

Strengths and limitations

Our mixed methods research provided richer, more reliable, and more actionable understanding than using qualitative or quantitative approaches alone. This is the first study in the UK to focus on adolescent no/low use. It is also one of the few studies internationally to provide representative survey data. We added questions and used existing data from the ATS, a nationally representative survey, which allowed us to explore the presence of demographic differences in views towards, and actual use of, no/low among adolescents. Access to existing ATS questions of relevance to this project also expanded the focus of the research, enabling us to look at trends in consumption between 2022 and 2025. The combination of intergenerational and one-to-one interviews allowed for adolescents' and their primary carers' perspectives to emerge both in dialogue with one another and separately. Setting interviews in family homes created the conditions for a more grounded

understanding of family practices to emerge than would otherwise have been possible. Opportunities for informal conversations during the visits enabled the research team to check their interpretations with participants as these developed. Harnessing learnings from multiple rounds of public involvement, we included visual and participatory methods particularly well suited to adolescents. The Venn diagram exercise enabled a focus on practices, as well as beliefs and opinions and acted as oral catalysts. Taken together we could triangulate findings across approaches to provide fuller answers to the complex questions.

However, the study contains important limitations. In the ATS, participants were asked to recall and report the ages they first drank no/low alcohol or became drunk. This relied on participants' memories to accurately recall temporal sequencing and has the added limitation that no/low use may not have been common at the time of initiation, particularly for older participants who likely would have had their first drink around 2014 (based on a 25-year-old in 2025 having their first drink aged 14). Similarly, the qualitative research relied on cross-sectional interviews, rather than following the same participants up over time. We were also unable to measure all potential confounding variables such as engagement in broader risky behaviours. We are therefore unable to reliably determine whether certain outcomes such as the age of first being drunk are causally related to no/low use or simply reflect common characteristics of individuals that increase the likelihood of no/low use and delay the age of first being drunk. The use of a market recruitment agency for the qualitative research enabled a relatively diverse participant group to be recruited in a timely manner. However, securing participants in this way meant that adolescents were recruited through their primary carers. Primary carers may have only agreed to take part if they were reasonably confident that their child was likely to provide responses that were deemed broadly acceptable to the primary carer. Moreover, only one father agreed to take part. Data from the ATS reported here, suggest that men and risky drinkers (who are more likely to be men¹) were more likely to find adolescent no/low use acceptable. As such, it is possible that fathers may have different perspectives to mothers, whom our data predominantly focus on.

CONCLUSION

In a nationally representative survey in GB, around half of adults and a third of adults thought it was acceptable for young people to drink alcohol-free and low-alcohol drinks respectively, with the rest remaining unsure or finding it unacceptable. Most parents interviewed viewed adolescent use of no/low as broadly acceptable. However, no/low drink use is relatively low in GB among adolescents and young adults. Largely, adolescents and primary carers felt that no/low were irrelevant to them. Rather, no/low were viewed as an alternative to alcohol for adults who were choosing not to drink alcohol due to personal reasons (e.g. during pregnancy or for health reasons) or circumstances (e.g. driving). As with alcohol, judgements around adolescent use of no/low were context-dependent, with higher acceptability of use in controlled or 'safer' environments within the family home. The quantitative analysis showed no clear evidence that no/low consumption was harmful for young people. Drinking a no/low before alcohol was not significantly associated with the age at which they consumed alcohol or how much alcohol they drank. However, there is not convincing evidence that no/low have public health benefits either; they do not seem to delay the age of initiation for alcohol or reduce the amount of alcohol consumed. Using a no/low before alcohol may be associated with delayed first drunkenness, though these findings were uncertain. No/low consumption amongst young adults is currently relatively rare - it will be important to continue monitoring as the market and product popularity evolves.

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SUPPLEMENTARY MATERIALS

Funder comments and responses for the report

Comment	Response and status
<p>The distinction between low alcohol and 'lower strength' could be clearer, particularly given the findings around some parents seeing alcopops in a similar category to low alcohol drinks. Some Alcopops are at the 4.5% ABV mark which is lower strength than wine or spirits, but much stronger and with very different impacts on intoxication than no and low drinks. I think it is important to be very clear about the difference between this and drinks below 1.2% ABV.</p>	<p>LF has made edits to relevant pages to make it clear that it is the parents who perceive these drinks as lower strength and to specify an approximate ABV for relevant products.</p>
<p>Would you consider putting some of the detail on the statistical analysis in a methodological appendix, with the main body of the report focusing on the overall findings and what these might mean? Just thinking about a more general audience for the report. But equally this wasn't something picked up by everyone so might just be me!</p>	<p>I think if not something that impacts on clarity, I would rather keep it where it is. I have been through and made it as concise as I can, but it would be good for people to have easy access to it if they do want to check what we have done.</p>
<p>Are the figures at the bottom 0.7 – 0.9%? Adding the 0 might help with clarity for a general audience.</p>	<p>This has been updated.</p>

<p>It defines the overall acceptability as a combo of very and fairly acceptable, then point out the setting that's most acceptable. But we don't clarify the same for least acceptable - based on the stats it looks like this is the lowest % of those who deemed acceptable (not the % who say fairly or very unacceptable?)</p>	<p>You are right, this was a little confusingly worded. Have updated text to:</p> <p>“For both alcohol-free and low alcohol drinks, lower proportions rated settings with friends as acceptable (44.3% and 28.2% respectively).”</p>
<p>Could you possibly add percentages to the blocks on the chart?</p>	<p>I tried this but because some of the categories are very small (e.g. 0.7%) this ended up looking quite messy. The percentages are all in the table though.</p>
<p>When copyediting could you consider colour contrast so that the percentages are easier to read?</p>	<p>Yes I can look at different colour options.</p>
<p>Missing full stop on the first para here after 'sizes' and the final para after 'drunk'.</p>	<p>Corrected</p>
<p>Should young be younger? 'All but one participant had older or young siblings.'</p>	<p>Corrected</p>
<p>Notable subgroup differences were seen amongst respondents aged 16-35, who were white or mixed race, or risky drinkers who were more likely to find adolescent no/low use acceptable than others. --> what were the differences? Is that too detailed for here?</p>	<p>These groups were more likely to see adolescent no/low use as acceptable than other comparator groups (e.g. older,/different ethnic groups/lower risk drinkers. Have tried to make this clearer.</p>
<p>You mention that the trajectory to alcohol is already culturally embedded – was there anything from the ethnographic observation or interviews that could further emphasise this point?</p>	<p>This came out more in the IG and P-C interviews than in the ethnographic observations. I've added text to the relevant page.</p>

<p>The parental view was moderated by the age of the adolescent child – did you get a sense of a cut-off age where the no and low substitute drinks were seen as more acceptable? Did this align with the quant data findings?</p>	<p>For most primary carers, no/low drinks were not seen as unacceptable, but rather as less desirable for young people than mocktails, etc. This was particularly the case for younger adolescents aged 13-14. I've added text to the relevant page.</p> <p>We do not have quantitative data on this unfortunately as only asked about the full age group 13-17 in one question.</p>
<p>You reference the proposed ban on sales on no-low drinks to under 18s. Earlier, on p27 and in some subsequent pages, you mention parents and young people noting that Red Bull, Monster are perhaps more harmful, and there was also mention of Pepsi and fruit juice mocktails – all of which are very high in sugar compared to, say, an AF beer. On p38 you could point out the apparent contradiction in a ban on a product that is less unhealthy than products that are not being banned for sale, albeit that there are potentially new plans for marketing restrictions on them.</p>	<p>While AF beer may be preferable to other products in a nutritional sense, I would rather not take a view on this, given AF beer could, in theory, allow young people to become accustomed to the taste of beer earlier on than would otherwise have been the case. While we do not have direct evidence of this happening, we know from this study and prior research that it can take time for people to develop a taste for beer. Hypothetically, drinking AF beer could speed up this process.</p> <p>Furthermore, we note that no/low drinks aren't being banned for under-18s because they're unhealthy. They are being banned because it is deemed inappropriate to sell alcohol-like products to children.</p>

Intergenerational interview topic guide

Aim of intergenerational interview: To explore the parent(s)/carer(s)' and their child's perspectives on and experiences of the consumption of alcohol and no/low drinks in family settings, and the role of families in the consumption of no/low drinks by under-18s.

Household composition

Ask the participants who else lives in the home or stays on a frequent/ regular basis.

Before we start to talk about no/low drinks in more depth, it would be helpful to know who lives here with you...

Probe

- Ages, gender, relationships to those present

Activity #1: What are no and low alcoholic drinks?

- Share with the parent/carer and young person the images of alcohol, no/low, and soft drinks.
- Encourage the participants to work together to classify each image as either alcohol, no/low or a soft-drink, and to explain any differences of opinion with the researcher.
- Ask them to briefly talk you through each pile.
- Ask them about any products that were challenging to categorise or that were the source of disagreement.
- Explain how their categorisations are (in)consistent with how the research team are defining no/low products in this project.
- At the end of this activity, ensure that the participants are happy with the interviewers' definitions of what they mean by no/low.
- Tell them what we mean by no/low: *By "no/low" we mean drinks that look and taste like regular alcoholic drinks, but are either alcohol-free or have a very small amount of alcohol in them (up to 1.2%).*
- After sharing the images, have a conversation with the interviewees about who they think the products they correctly identified as no/low are for. What type of person do they imagine would drink this product? Then ask if they think it is something young people would drink.
- Ask whether they have ever seen no/low drinks advertised and where e.g. on television, social media, by influencers. This may include the product they correctly identified as no/low or other products, e.g.:
- (Where relevant) Where have you seen these products advertised/ on display e.g. television (including names of tv programmes), social media (including influencers)
- Can you recall any other products you have seen? (We will find out which products they tend to drink themselves in the main interview so we can probe for that later).

Activity #2: Family practices

Provide each participant with a pack of Post-it notes (each with a different colour) and ask to discuss the activities they **do together** (or that the young person does with other close family members not present), writing down each activity discussed on a separate Post-it note. *Optional if time allows:* Ask participants to duplicate the activities, so both the parent/carer and young person write down the same activities.

Prompts

- Routine activities, done at least once a month
- Activities that mark special occasions, birthdays, holidays, Christmas, and celebrations.

Probes

- Where do these activities occur?
- When do they occur (weekdays, times, seasonal)?
- (If relevant) How often do they occur?
- Who else is there during these activities (family members, extended family, neighbours)?

Activity #3: The place of alcohol and no/low in family practices

Note: Throughout all the interviews, but particularly during this activity, be attentive to how adults and young people respond when discussing young people's consumption of alcoholic and no/low drinks (e.g. approval, indifference, concern).

Are there any non-verbal cues (e.g. facial expressions) that shed light on their perceptions?

Share with participants the A4 sheet with the Venn diagram. For each activity, invite participants to place their corresponding Post-it note onto the circle or overlapping circle that corresponds to what they would typically drink during that activity. If they **would not** drink anything, invite them to place their Post-it outside the diagram.

As participants place their Post-its, encourage discussion and note any disagreements.

Probes

- What are the **specific drinks** that you drink during each occasion, e.g. type of drink, any particular brand?
- Why do you choose to drink [X] during that activity?
- Would other drinks be appropriate or not during this activity?

- For any no/low, are they typically **alcohol-free or do they also include low-alcohol drinks?** (this may be evident from the brand)
- **Where** do the activities that include no/low drinks or alcoholic drinks take place?
- Does the **season and weather, day** of the week, and **time of day** influence the consumption or avoidance of alcoholic and/or no/low drinks?
- What is the typical **frequency and duration** of alcoholic and/or no/low drinking occasions?
- What food, if any, would you tend to eat during each of these activities where alcohol or no/low is consumed?
- What are family members not present in the interview, but present in the activities discussed, likely to drink? (especially those that live in the household)
- Have there been any instances where you thought you were drinking alcohol, but it was in fact no/low or vice versa?

Take a photograph of the Venn diagram for Interview #2 (parent interview)

Thanks for taking part in these activities. If you're still happy, we're now going to speak to each of you separately. Before we turn off the recorder, is there anything else you'd like to add or any questions that you have?

Young person interview topic guide

Aim: To explore practices and experiences with alcohol and no/low drinks beyond family settings. This includes free time spent with friends and peers away from the home, or at home, but not in the company of family. We are also interested in how they spend their free time when they are alone.

Activity #4: What activities do young people engage in outside of school and family settings, and who do they spend time with?

Provide the participant with a pen and Post-it notes. Use post-it notes that are a different color to the previous exercise in the intergenerational interview.

Ask the participant to list the types of people they spend time with outside of school, work, or family life (e.g. school friends, sports team friends, activity friends). **Note:** *Ensure this is asked sensitively as some people are more socially active than others.*

Prompts:

- This could include time spent face-to-face, or online
- Could be away from the home, or at home, but without parents present

For each friendship/ activity group, ask the participant to write on Post-it notes the different kinds of activities they engage in with that group e.g. gaming, studying, sports, listening to music, hanging out.

Probes

- When do you tend to participate in each of the activities?
- How often? Where? When (time of day/ day of week)

With a **different colour** of post-it notes, ask the young person to consider any activities they engage in **on their own** and write these down. These may be at home, or away from the home.

Probes

- When do you tend to participate in each of the activities?
- How often? Where? When (time of day/ day of week)

Activity #5: Capturing what the young person and their friends drink during different activities

Return to the Venn diagram that was used in the intergenerational interview. This has one circle labelled soft drinks, another circle labelled no and low alcohol drinks, and a third labelled alcoholic drinks.

Invite the young person to place the Post-it notes onto the Venn diagram, in the circle which corresponds to what they would **currently drink during that activity**. Include the post-its from the solitary activities on the diagram. Where they drink across categories, or do not drink during an activity, invite the respondent to place the post-it note either overlapping or outside of the circles.

Probes

- What do you and your friends typically drink when [engaging in activity X]? *This should be specific and capture detail on exact types of drinks e.g. if no/lows are they 0.0% beers, ciders, any particular brands?*
- Why do they choose these drinks?
- How is this similar or different for different members of the group?
- If people are drinking alcohol/ no/lows - where do they get it from?
- Has what you drink during this activity changed over time (if so when, why?)

Activity #6: Exploring similarities and differences of young person's drink preferences in family, friendship and solitary settings

Some of this may have spontaneously come out in a previous activity, so focus on areas not yet explored.

Ask the young person to compare the responses on the Venn diagram from the interview with their parent/ carer to what they have responded in the current interview.

Explore how responses are similar or different in terms of the roles of alcohol and no/low drinks within activities undertaken with their family, friends, or on their own.

- Explore what is influencing drink choice - is it the activity, who the young person is with, both?
- Investigate perceptions of the young person and their social circle of alcoholic drinks and no/lows. What is the status of different drinks - any particular brands that have status, or that would be 'uncool'?
- How important is what the young person's peers drink in terms of what they drink? Try to subtly investigate peer pressure.
- How do they use social media - do they post themselves or follow others? Do they or any of their friends post photos of what they drink on social media (e.g., Instagram, Snapchat stories? Participants' images will not be recorded by researchers.)

For no/low drinkers

- Get a sense of the **timeline** - When did you first try no/lows (how old were you, what was the occasion?) Have you always only drunk no/lows or did you drink alcohol first (what was the occasion when you first drank alcohol, how old were you?)
- Do they feel that it gives them the desire to drink alcohol?

- If so/if not, what role, if any, do the taste, scent and feel (e.g. the feel of holding a glass or bottle in their hand) play in this?
- Or, do they think that they might avoid drinking standard alcohol because they drink no/low products?
- Ask about **brands** - do they pay attention to brands? Do they think they are more likely to drink the alcoholic version of their preferred brands?
- How do they feel when they drink no/low?
- Ask about 'peer pressure' and if they think no/low drinks help young people experiencing 'peer pressure' to drink avoid it. Where possible, ask this in a way that is consistent with the language the young person uses, or introduce 'peer pressure' as something adults talk about.

For those who drink both alcohol and no/low drinks

- How do you decide what to drink in different situations?
- How important is what your friends are drinking in your own decision making?
- Has what you drink changed in the last year or so, and if so, how? How do you see this changing in the near future (if at all)?
- What role, if any, do the taste, scent and feel of i) no/low and ii) alcohol play in your decision making?
- How do you feel when you drink i) no/low and ii) alcohol?

For those who don't currently drink no/low

- Have you ever been offered no/low drinks - who by? And why did you turn it down? If relevant, expand to capture views on no/low by friends.
- Are no/low something that you would consider drinking in the near future? (when might they consider these drinks, type of occasion, who with)
- For those who drink alcohol, or who have drunk alcohol in the past: How do/did they feel when they drink alcohol?

For all

Do you think what you drink will change in the future?

Closing interview

Thank you so much for talking to me today. Before we wrap up, is there anything else that you want to add to what we've talked about, or anything that you'd like to ask me?

Primary carer topic guide

Aim: To explore adult family members' perceptions in greater depth.

Activity #7: Experiences and views on providing alcoholic and no/low drinks

Using the photo of A4 paper as a reference point, ask parent(s)/carer(s) about their experiences and views related to providing (or not providing) their child with alcoholic and no/low drinks. Questions will be influenced by responses from the intergenerational interview, and are **focused on the young person** taking part and not other children in the household.

- What do you think about giving [child's name] with **alcoholic drinks** during family occasions or in family settings? [Adapt wording based on what was said in the intergenerational interview and ensure this is asked sensitively and non-judgementally]
- What experience, if any, do you have of doing this?

Probes

- Are there any occasions when this is more or less acceptable?
- Do other adults in the household have a similar opinion?
- Have there ever been any disagreements between yourself and the young person about whether or not they can drink **alcohol** during family occasions?
- What do you think about giving [child's name] with **no/low alcoholic drinks** during family occasions or in family settings? [Adapt wording based on what was said in the intergenerational interview and ensure this is asked sensitively and non-judgementally]
- Why do you/ don't you provide [child's name] with **no and low alcoholic drinks** during family occasions or in family settings?
- Do they differentiate between alcohol-free and low-alcohol?
- Do other adults in the household have a similar opinion?
- Have there ever been any disagreements between yourself and the young person about whether or not they can drink alcohol during family occasions?
- Are you aware of [child's name] drinking **alcohol** beyond family occasions/settings?
- If so, is this with the parent/ carer's consent?
- Who, where, when, how often, and how do they get the alcohol?
- Do they have an idea of what their child is drinking and how much?

- Are you aware of [child's name] having **no/low** drinks beyond family occasions/ settings?

Probes

- Is this with the parent/ carer's consent?
- Who, where, when, how often, and how do they get the no/lows?
- Do they have an idea of which no/low drinks they have?

Activity #8: Vignette

I'd like to tell you about a specific, imaginary situation and for you to think about how you would respond and feel. Imagine [name of participating child] goes to a friend's house for the night. While s/he is there, the friend's parent offers her/him an alcoholic drink. How would you feel about this? What, if anything, would you do?

[Allow participant time to respond]

Now please imagine the same scenario but this time it's a low alcoholic drink. How would you feel about this? What, if anything, would you do?

[Allow participant time to respond]

Now please imagine the same scenario but this time it's a zero alcohol drink. How would you feel about this? What, if anything, would you do?

Activity #9: Wider beliefs and practices

Explore beliefs and practices beyond the interviewed child to include additional children in the household, young people aged 12-17 in the general population, and whether their approach/opinion has changed over time.

- Do [name(s) of additional child/children] in the household ever drink **alcohol/ no/low**s during time spent as a family?

Probes

- Explore any similarities or differences identified. e.g. Age/ gender, preferences, activities participate in.
- Has their approach regarding offering their child/ren alcoholic / no/low drinks changed over time? If so, why?

For our final question, I'm interested in understanding what you think about the suitability of no/low drinks for younger people ages 12-17.

Prompts

- Are they more or less suitable for different groups e.g. particular ages/ occasions? (explore reasons why the parent/carer has that opinion)
- Do you have a different opinion depending on whether it is alcohol-free or whether it is low alcohol (up to 1.2%)?

- Are they more or less suitable than alcoholic drinks for young people? (explore reasons why they have that opinion)
- At what age do you think young people should be able to buy them?

Close the interview by giving participants an opportunity to briefly reflect on the topics under consideration, and to ask questions.

Thanks very much, before I turn off the recorder, is there anything else you'd like to say or any questions you have?

Informal conversation with parent/carer

Whilst waiting for the YP interview to conclude, or once everyone has finished, ensure that you have collected all the ethnographic information that didn't emerge from the interviews themselves. This is likely to include:

- **Where** do you store different types of drinks?
- Are alcoholic and no/low drinks served in the same way - with garnishes/ in bottles/ pint glasses?
- Look for, or ask to see, any images around the home of family gatherings where drinking occurs - what drinks are visible?

Ethnographic observation guide

Use the following prompts for observational field notes and informal questions. While most of the points below are likely to be discussed during interviews, others may need to be addressed in between or after interviews have taken place.

1. Social and physical setting

- If alcoholic or no/low drinks are consumed, where does this take place? (e.g., internal plan / observe spaces, and prompt for informal discussion e.g. kitchen, dining table, living room, outdoors, 'den', garage)
- Ask who is present in the home (family members, extended relatives, neighbours) when alcoholic and/or no/low drinks are consumed. (Only record generic labels for non-participants, e.g. 'older brother'.)
- Are there designated spaces for drink storage (e.g., a drinks cabinet, fridge shelf)? Does this vary between types of alcoholic drinks, and between alcoholic drinks and no/low drinks? Observe whether alcoholic and no/low drinks are stored separately or together. Where are these stored?
- Are alcohol-related images, posters, or branded glassware on display in the household?
- Are no/low drinks served in the same glasses and with the same garnishes as alcoholic drinks? Are the same bottle openers used? Record observations on relevant objects.

2. Young people's drinking practices

- What types of alcoholic and no/low drinks are consumed? (e.g., 0% beer, alcohol-free wine, mocktails). Ask if participants are willing to say and show what, if any, alcoholic and no/low drinks are in the home at the time of the visit.
- What food, if any, are alcoholic and no / low drinks usually paired with?

3. Sensory and embodied experiences:

- During interviews and informal discussions, observe facial expressions, tone, gestures.
- In what ways might the atmosphere of the home, garden or other spaces encourage or discourage the consumption of alcoholic and/or no/low drinks (e.g. music / entertainment, lightness, darkness, temperature, etc)? This will be noted in relation to the atmosphere at the time of the visit, and also attended to during informal conversations. Try to explore in conversations how this might change over time (e.g. in the Winter months).
- Prompts about time: Does the season and weather, day of the week, and time of day influence the consumption or avoidance of alcoholic and/or no/low drinks? What is the typical frequency and duration of alcoholic and/or no/low drinking occasions?

4. Unstructured moments:

- Pay attention to spontaneous conversations and behaviours between family members.

5. Using sensory and material aids within the home to memory

- Look for, or ask to see, any images around the home of family gatherings where drinking occurs - what drinks are visible?
- Do young people or parents share photos of their drinks on social media (e.g., Instagram, Snapchat stories)? Can these elicit discussions about their no / low drink consumption. (Participants' images will not be recorded by researchers.)