

‘It’s kind of like weaning. I had to wean myself off of wine’: Navigating no- and low-alcohol drinks as potential harm reduction tools and relapse triggers by women in recovery in the UK

Claire Davey 

Faculty of Arts, Humanities and Education, Canterbury Christ Church University, Canterbury, UK

Correspondence

Claire Davey, Faculty of Arts, Humanities and Education, Canterbury Christ Church University, North Holmes Road, Canterbury CT1 1QU, UK.
Email: c.davey615@canterbury.ac.uk

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Abstract

Introduction: Concerns have been raised that consumption of no- and low-alcohol drinks by those who are in recovery could lead to a relapse to past drinking behaviours. However, little is known regarding how individuals use these products to substitute alcohol and support their sobriety.

Methods: This article draws on an ethnographic study of women’s experiences of recovery within online sobriety communities in which semi-structured interviews were conducted with 25 UK-based women. The dataset was analysed and coded from a pragmatist feminist standpoint using a grounded theoretical approach to specifically address the research question: ‘How do women in recovery navigate the protective and risk factors associated with no- and low-alcohol drinks through practices of consumption?’

Results: Women in recovery navigate no- and low-alcohol drinks as potential harm-reduction tools and relapse triggers by engaging in nuanced practices of substitution. Contrasting examples include direct substitution and temporary avoidance in early recovery.

Discussion and Conclusions: Substitution practices are informed by the temporality of participants’ recovery journeys, the social situation, and the products. Participants selectively replicate and resist their former drinking practices to balance their perceived harm-reduction benefits and relapse triggers of no- and low-alcohol drinks. Important considerations are raised for those in recovery who may want to use no- and low-alcohol drinks as a harm reduction tool, and for recovery modalities that promote them. It concludes with calls for more clarity regarding the definition and labelling of no- and low-alcohol drinks, and for a greater understanding of their use across different recovery cultures.

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KEYWORDS

consumption, harm-reduction, no- and low-alcohol drinks, recovery, substitution

Key points

- Women in recovery engage in nuanced non-drinking practices of substitution, using no- and low-alcohol drinks.
- Participants' practices of substitution are informed by the temporality of their recovery journeys, the social situation and the products.
- Participants selectively mirror and eradicate their former drinking practices to balance their perceived harm-reduction benefits and relapse triggers of no- and low-alcohol drinks.
- This article raises important considerations for those in recovery who may want to use no- and low-alcohol drinks as tools to help change drinking behaviours, and for recovery modalities that promote them.

1 | INTRODUCTION

No- and low-alcohol drinks are typically between 0% and 4% alcohol by volume (ABV) and targeted at adult consumers [1]. Despite the recent rapid growth of this product segment [2], there are currently no (inter) national standards or guidelines regarding what constitutes a no- and low-alcohol beverage [1]. In some instances, these products are non-alcoholic or lower-strength alternatives of established alcoholic drinks, such as beer or wines.

Binary questions have been raised regarding whether 'zero-alcohol beverages' serve as a 'harm-minimisation tool or gateway drink?'. At the time of writing their commentary, Miller et al. determined that there was 'a lack of evidence to support a substitution hypothesis' [3]. However, small, qualitative studies published since suggest that some former drinkers use no- and low-alcohol drinks to help navigate social situations where drinking is commonplace, such as holiday celebrations [4, 5], and as a tool to build connections with others who are abstinent [4]. Nicholls has also shed light on the role that no- and low-alcohol drinks play in managing a 'flexible or hybrid model of moderate drinking' [5]. However, based upon household purchase data, Anderson et al. [6] have warned that no- and low-alcohol drinks are a 'higher socioeconomic phenomenon' which means that these drinks may be limited in their ability to mitigate alcohol-related harm inequalities [7]. Furthermore, it has been suggested that these products are more likely to be used for additional consumption, rather than to substitute alcohol consumption [1, 6].

Concerns have also been raised that consumption of no- and low-alcohol drinks, by those who are in recovery, could lead to a relapse to past drinking behaviours [1, 8]. Davey's [4] recent ethnographic study suggests that some former drinkers are mindful of this and thus exercise caution by seeking advice on no- and low-alcohol products prior to purchase. There remains, however, a substantial

gap in understanding how no- and low-alcohol drinks are used for alcohol substitution by those in recovery which this article seeks to address.

2 | METHODS

Between December 2021 and May 2022, semi-structured, intensive interviews [9] were conducted with 25 UK-based women who were in longer-term recovery (6 months–10 years) and used online sobriety communities. The research participants were recruited through these communities, in addition to an open call shared on Twitter, and via snowballing. Since 2015, online sobriety communities have emerged and proliferated in the United Kingdom yet remain under-researched as a recovery modality. They are typically hosted on social networking sites and help individuals to change their drinking behaviours through a range of services, including recovery coaching and peer-to-peer support [10]. Some communities sell no- and low-alcohol drinks or receive money to promote them [4]. The participant interviews took place as part of a broader ethnographic study that investigated women's use of the aforementioned communities and their non-drinking practices. During the interviews participants were invited to talk about their views on and consumption of, no- and low-alcohol drinks through open-ended questions, such as: 'Can you talk about how you've used no- and low-alcohol drinks, and what you think of them?'. In some interviews, participants spoke of no- and low-alcohol drinks without being specifically asked.

At the time of interviews, participants were aged between 25 and 72 years and living in a range of geographical areas across the United Kingdom. The demographics of the participants were reflective of online sobriety communities; they were predominantly Caucasian ($n = 24$) and of higher socioeconomic means. Table 1 details the participants' pseudonyms, ages and

TABLE 1 Research participants.

Pseudonym	Age, years	Time in recovery, years
Alice	45	5
Alison	72	0.75
Bobbie	41	2
Donna	45	0.6
Emma	49	2
Erin	56	4
Francesca	35	4
Gina	25	0.5
Helen	44	4.5
Jo	29	10
Jules	45	6
Katie	29	2
Linda	58	1
Lisa	44	2.5
Louisa	49	4
Mel	59	0.5
Monica	51	4
Nicola	56	0.5
Payal	41	2
Petra	41	3.5
Rachel	44	8.5
Stephanie	46	2.75
Susan	48	2.5
Tina	28	5
Violet	30	1.25

their length of time in recovery. In response to calls for research that specifically addresses the sex and gender differences regarding women's alcohol use [11] and their sex-specific treatment needs [10, 12], women's experiences were the sole focus of this research project. To mitigate the risk that interviews could destabilise the recovery of participants (due to the discussion of past drinking practices and other potentially sensitive topics), it was required that participants had at least 6 months of continuous sobriety and were not undergoing medical treatment for their previous drinking behaviours at the time of interview. All participants provided informed consent and this research project received approval from Canterbury Christ Church University's Ethics Committee in February 2021.

Interviews averaged 70 min in length. They were all conducted by the researcher, recorded on Zoom, and subsequently manually transcribed. All interviews were conducted online due to changing Coronavirus pandemic

restrictions and to minimise risk of contagion to the researcher and participants. This may have disrupted the building of rapport and reading of body language. However, the openness and depth of discussion during interviews suggest that online methods were effective, and they also facilitated a broader geographical sample of participants from across the United Kingdom. The researcher is female and had 'intimate insider' [13] knowledge of using online sobriety communities which further facilitated rapport with participants.

Using a constructivist grounded theoretical approach [9, 14], and in response to one of the primary research questions, 'how do women in recovery, who use online sobriety communities, engage in non-drinking practices?', initial inductive codes were applied to identify categories within the data. 'Use of no and low-alcohol drinks' was assigned as a primary conceptual category alongside other categories that are out of scope for this article. All items coded under 'use of no- and low-alcohol drinks' were subjected to a second round of analytical coding, in answer to the secondary research question: 'How do women in recovery navigate the protective and risk factors associated with no- and low-alcohol drinks through practices of consumption?'. This coding practice generated 'properties' which sought to increase 'explanatory power' [14] of the category by focusing on the behaviours and processes of the participants. By way of example, these codes included 'the role of friends' and 'avoidance of former drinking practices'. The categories most saturated with data were then interrogated to construct a conceptual grounded theory.

Ethnographic methods paired with a grounded, inductive theoretical framework were selected as an appropriate methodology to facilitate the exploration of emergent social phenomena (no- and low-alcohol drinks and online sobriety communities) by drawing on the everyday, lived experiences of women in recovery. Furthermore, tight grounding within the data means that this article should remain accessible to individuals in recovery and online sobriety communities who may want to engage with it, thus further aligning with the researcher's pragmatist feminist standpoint.

3 | FINDINGS

3.1 | 'I swapped one for one': Direct substitution

During their interviews, women reflected on their consumption of no- and low-alcohol drinks in early sobriety. Over half of women suggested that they consume these drinks as a direct substitution for alcohol during the

initial stages of their recovery. Violet explained what this meant in the context of her drinking practices:

‘So, at the beginning, I swapped out, especially beer, I swapped one for one. If I had six drinks in a normal night, I would have six non-alcoholic beers, and I needed that.’

(Violet, 30-years-old, 1.25 years in recovery).

Here, she suggests that in early sobriety she consumed the same number of alcohol-free beers compared to the number of alcoholic beers she would have previously consumed. This is an example of direct substitution in its most literal sense: ‘one for one’. Violet conveys that she ‘needed’ to mirror her former drinking practices in this way in order to establish sobriety, and she was not alone in this—Bobbie shared this experience:

‘Particularly at the beginning ... I relied on them because I needed something to replace ... I always have them in the fridge, but I don’t necessarily need them anymore ... but I like to know it’s there just in case ... Yeah, it’s kind of like weaning. I had to wean myself off of wine, so having that [alcohol-free prosecco] in a wine glass does make me get through it in the early days.’

(Bobbie, 41-years-old, 2 years in recovery).

Their use of the term ‘need’ suggests that these products were consumed to ease a reliance on alcohol and the habitual routine of drinking. This is further emphasised when Bobbie compares her consumption to the concept of ‘weaning’—drawn from her experiences of motherhood—a word traditionally used in relation to the process of transitioning infants away from breast milk or formula to solid food but is also used in the context of drug use reduction. ‘Weaning’ conveys that frequent consumption of no- and low-alcohol drinks was part of a process that gradually tapered to a point wherein she no longer felt dependent. This reduction over time is also alluded to by Violet who pinpoints her frequent consumption to have been a practice ‘at the beginning’ of sobriety when her ‘need’ was greatest. Such non-drinking practices suggest that women are utilising no- and low-alcohol products as a targeted harm reduction tool during the early days of recovery when they perceive that a relapse to drinking may be more likely. This was most common among participants who had entered recovery in the last 3 years, similar to Bobbie and Violet. This is likely due to the increased availability of no- and low-alcohol products during this time.

3.2 | Temporary avoidance in early recovery ‘to get away from the reward aspect of drinking’

In contrast to the findings shared above, some women temporarily avoided no- and low-alcohol drinks in early recovery in order to ‘have a break from anything that’s alcohol related’ (Susan, 48-years-old, 2.5 years in recovery). Jules further explains this decision below:

‘That ritual of opening a bottle of something and drinking it all ... I think for me it was important to try to get away from that. And to try to get away from the reward aspect of drinking a bottle of something.’

(Jules, 45-years-old, 6 years in recovery).

Jules suggests that temporary avoidance of no- and low-alcohol drinks in early recovery served to recalibrate her cognitive association between drinking and ‘reward’. In doing so, she sought to disrupt the ‘ritual’ of her former drinking behaviours. These experiences indicate that individuals in recovery may resist or reject the role of no- and low-alcohol drinks in the first instance, in order to begin the process of reimagining non-drinking practices and sever pre-existing beliefs regarding alcohol. It can be determined, then, that some participants believed no- and low-alcohol drinks would undermine the early recovery process, rather than support it, due to their similarities with alcohol. However, all four individuals who purposefully temporarily avoided no- and low-alcohol drinks in early recovery proceeded to consume these products in the longer term.

3.3 | ‘I don’t like the wine particularly’: Switching from former favourites

Another strategy women utilised to navigate no- and low-alcohol drinks was to consume products that were dissimilar to their former alcoholic drink preferences. Alice’s rejection of no- and low-alcohol wine sheds light on this:

‘I don’t like the wine particularly. I think it just freaks me out a bit. I don’t have the wine at home because that would just feel too much like, you know, because that was the kind of thing that I drank at home on the sofa.’

(Alice, 45-years-old, 5 years in recovery)

Alice’s experiences demonstrate how no- and low-alcohol product consumption, by those in recovery, can be

inversely shaped by formative drinking preferences. Alice avoids the no- and low-alcohol red wine alternatives because they evoke memories of her past experiences of drinking red wine, which used to be her preferred drink of choice. This non-drinking practice served to minimise feelings of emotional distress or memories of past drinking. Indeed, many women purposefully moved away from no- and low-alcohol wine and consumed no- and low-alcohol beers instead (although this choice was also partially influenced by women's consensus that there is room for improvement in quality across no- and low-alcohol wines). Tina, Jo, Erin and Petra, however, prefer to consume alcohol-free drinks that do not seek to emulate the taste, smell or flavours of alcohol at all. As such, product selection may be an important factor in mitigating the extent to which no- and low-alcohol drinks are experienced, by individuals in recovery, as relapse triggers.

Alice's rejection of no- and low-alcohol wine is not, however, only based on the taste of the product; she indicates that it prompts memories of the *ways* and *spaces* in which she formerly consumed alcoholic red wine, 'at home on the sofa'. This decision to distance herself from her historic drinking practices echoes Jules's desire (explored previously) to move away from the 'ritual' and 'reward' of consuming wine, at home after a long day. This suggests that individuals in recovery may be mindful of *where* and *how* they are consuming no- and low-alcohol drinks—in addition to the type of product—to circumvent potential relapse triggers.

3.4 | '...if it looks like alcohol...it's a bit easier': Supporting social situations

In order to feel like they 'fit in' and are 'sort of joining in with other people' (Rachel, 44-years-old, 8.5 years in recovery), participants typically consume no- and low-alcohol drinks at social and celebratory occasions where they would have previously consumed alcohol, such as evenings out with friends, weddings and Christmas—Stephanie explains her experiences below:

'Mostly when I'm out and part of that I just think is a confidence thing, having a drink in your hand and if it looks like alcohol and nobody realises it's a bit easier.'

(Stephanie, 49-years-old, 2.75 years in recovery).

As alluded to by Stephanie, no- and low-alcohol drinks provide a decoy—they work to create the appearance of participation in alco-centric culture whilst serving to

protect participants' sobriety from challenges by other guests. Furthermore, it was frequently mentioned by the participants that they felt othered, less-than and infantilised without no- and low-alcohol options at social events. Some referenced orange juice, soft drinks and a 'twisty straw' as symbols of this. In turn, the evolution of the no- and low-alcohol product category was interpreted by some women as evidence that they are part of an important, growing group and alcohol refusal is becoming more normalised; increased no- and low-alcohol drink availability in public venues was perceived as vindication and validation of their sobriety.

At her friend's hen-do and wedding Tina was provided with no- and low-alcohol drinks in order that she could participate in the shared practices of friendship, femininity and female bonding that are often associated with women's drinking practices [15, 16]. In cases such as these, Tina navigates the situation by asking a friend to taste the no- and low-alcohol drink first, to confirm that the drink is non-alcoholic:

'At my friend's wedding, when we got to the table, there was a glass of Prosecco or Nozeco for people. And mine was the only one with a raspberry in it, so I thought it's probably non-alcoholic, but still, one of the bridesmaids that I'm friends with was like "I don't know", and so she was like "do you want me to taste it and check?". And I do that all the time. And it might annoy my friends, but it makes me feel more comfortable.'

(Tina, 28-years-old, 5 years in recovery)

Here, Tina implies that the appearance of no- and low-alcohol drinks obscure her ability to ascertain, by sight alone, whether a drink contains alcohol or not. This poses a risk to her sobriety that she is not 'comfortable' with. Consequently, she asks trustworthy friends to taste-test them in order to guide her consumption decision. However, Tina's strategy of asking friends to discern what is 'non-alcoholic' and what is not may be complicated by the varying ABV% of no- and low-alcohol drinks and individual taste sensitivity. In order to avoid this ambiguity and the risk of accidentally consuming alcohol, Tina typically limits her consumption of no- and low-alcohol drinks to the most important social occasions where she feels it is imperative to assimilate into the shared practices of friendship.

3.5 | 'A nice gin glass': Selecting the receptacle

Findings suggest that the receptacle in which no- and low-alcohol drinks are served plays an important role in

how women navigate these products as harm-reduction tools. There is a prominent dislike of beakers or pint glasses, and instead the term ‘grown up’ (Mel, 69-years-old, 0.5 years in recovery) appears frequently in association with particular glasses, such as a ‘crystal glass’ (Petra, 41-years-old, 3.5 years in recovery) or a ‘champagne glass’ (Jules, 45-years-old, 6 years in recovery). Indeed, both Jules and Petra suggested that, experientially, what the glass looks like outweighs the no- and low-alcohol drink that is served in the glass. When ordering no- and low-alcohol drinks in public venues, some participants request the specific glass in which they want it to be served. Mel joyfully and laughingly explained how, since being sober, she has purchased herself a ‘nice gin glass’ (despite not drinking gin previously) in which she serves her evening alcohol-free drink, in order to signal that ‘now it’s me time’. Therefore, for some women in recovery, the receptacle from which they consume no- and low-alcohol drinks is an intrinsic factor in how they reimagine non-drinking practices with these products. The glasses play a key supporting role in facilitating feelings of ‘sophistication’ (Bethany, 29-years-old, 10 years in recovery) and reward.

3.6 | ‘It always has to be 0.0%’: Consumption based on ABV%

When Petra discussed her use of no- and low-alcohol drinks, she said that ABV was a determining factor in her non-drinking practices:

‘It always has to be 0.0%, it’s never anything more because, to be honest I daren’t. I don’t want the craving, I don’t want the trigger.’

(Petra, 41-years-old, 3.5 years in recovery)

Petra perceives that there is a risk of experiencing cravings when consuming no- and low-alcohol drinks that are not completely alcohol-free. In order to protect her sobriety and remove this risk she only consumes drinks that are 0.0% ABV. However, this practice of consumption relies upon Petra’s ability to see check the labels of no- and low-alcohol drinks which echoes Tina’s challenges discussed previously; alcohol content is not always easy to determine and thus impacts the ability of individuals in recovery to make informed choices regarding consumption. For this reason, Tina said that she prefers receiving drinks in sealed containers, unlike the receptacles cited by many participants above.

4 | DISCUSSION

The findings presented in this article respond to important concerns raised by those ‘in the treatment space’ that no- and low-alcohol drinks could lead to a return to historic drinking behaviours or drinking spaces [1, 8]. This article has drawn on the lived experiences and non-drinking practices of women in the United Kingdom, across multiple generations, to provide insights regarding the nuanced, agentic ways in which women in recovery navigate no- and low-alcohol drinks as potential harm-reduction tools and relapse triggers.

The practices of consumption explored within the findings suggest that how women navigate no- and low-alcohol drinks evolves throughout the time of their recovery journey, dependent on their perceived needs. For some participants, prevalent use of no- and low-alcohol drinks helped to establish sobriety, after which consumption subsequently tapered. For others, they initially avoided these products to disrupt former associations with drinking practices but increased consumption once their recovery had stabilised. Therefore no- and low-alcohol product consumption may be influenced by how secure or confident an individual feels in the recovery process. Furthermore, it was evident that those who had started on their recovery journey over 3 years ago were less likely to have used no- and low-alcohol products as an initial harm reduction tool, likely due to reduced availability, and continued to be lower consumers overall. This may suggest that those who use no- and low-alcohol products as a direct replacement and harm reduction tool to ‘wean’ (Bobbie) themselves off alcohol may remain higher consumers of no- and low-alcohol products to protect their sobriety over the longer term.

The situational context of no- and low-alcohol consumption is also key to how women navigated these products as potential harm-reduction tools and relapse triggers. For some, consumption of no- and low-alcohol drinks—particularly wine—alone at home, for the purposes of relaxation and reward [17, 18], is to be avoided due to similarities with past drinking motivations and behaviours that are perhaps deemed to be the most ‘problematic’. In contrast, the prominent use of no- and low-alcohol drinks at alco-centric social events, including hen-dos and weddings, suggests that these products help women to continue their participation in friendship-making and female bonding practices [19–21]. Tina’s experience of enlisting trusted friends to taste-test and help navigate no- and low-alcohol drinks conveys the potential caring role that drinking friends may provide to the non-drinker. This strategy was not reflected across other participants, but Tina was the most cautious regarding how she navigates no- and low-alcohol drinks

and is deeply concerned about their potential as relapse triggers. While existing research has examined the role of friends in performing risk management practices among female friendship groups [22, 23], these studies position the non-drinker as the individual who is responsible for helping others during a 'night out' [24]. The findings in this article show how there could be a role reversal whereby caring obligations are not the sole responsibility of the non-drinker within a friendship group—instead, there are opportunities where drinkers look out for, and support, their sober friends when navigating non-drinking practices.

The prevalent association between no- and low-alcohol drinks and feeling 'grown up' suggests that no- and low-alcohol products play a significant role in de-stigmatising the choice to not drink [25]; they enable an individual to 'pass' [26] as a drinker in social situations and thus avoid being perceived as an outsider to shared practices of pleasure and friendship [27, 28]. As such, no- and low-alcohol drinks may empower women in recovery to confidently and willingly participate in leisure activities within public spaces and maintain social relationships, both of which are imperative to building recovery capital [29, 30]. Yet the growing availability of no- and low-alcohol drinks means that women in recovery increasingly feel disregarded and shamed if these products are not served at social events. Consequently, no- and low-alcohol drinks are becoming an indicator of exclusion as well as inclusion for individuals in recovery.

Lastly, choice of product, and how the product is served, inform how women navigate no- and low-alcohol drinks. The absence of discussion regarding ABV% across all participants except Petra suggests that, for the most part, women did not navigate the products based on differences in ABV%. However, the requirement of a low ABV (below 0.5%) may have been implicitly presumed by participants; typically, online sobriety communities or those within online sobriety communities only promote or share their experiences of drinks that are 0.5% ABV or lower. Petra and Tina's experiences reinforce calls for uniformity regarding what is deemed to be alcohol-free [1], and for clear labelling practices [31], to enable those in recovery to make informed consumption choices regarding how best to protect their sobriety. The *type* of no- and low-alcohol drink, however, is an influential factor in whether women feel comfortable incorporating these products into their non-drinking practices. They typically shun no- and low-alcohol alternatives of their former favourite alcoholic drink—particularly wine—while some opt for alternatives that do not seek to emulate alcohol at all. This serves to reduce the likelihood of sensory triggers. Despite this, many women preferred to consume no- and low-alcohol drinks from glasses that

are traditionally used for alcohol in order to simulate feelings of, and associations with, sophistication, maturity, glamour and femininity that are typically ascribed to women's drinking practices [32–34] and reinforced by cultural references (such as *Sex and the City* [35, 36]).

Across the findings shared in this article, it is evident that when navigating no- and low-alcohol drinks, women in recovery are persistently negotiating a tension between replicating and resisting their former drinking practices. For example, participants often reject alcohol-free versions of their former favourite beverages but enjoy consuming no- and low-alcohol drinks out of glasses that would have contained those beverages. Similarly, consuming these drinks in public at social occasions is deemed very helpful by most, while consuming them at home alone was not a frequent practice. With agency, participants seek to distance their non-drinking practices from parts of their former drinking practices that they have personally identified to be potential relapse triggers while retaining others that feel like a valuable substitution practice. Thus, women reimagine their non-drinking practices using no- and low-alcohol drinks in ways that work to both protect and enhance their recovery.

During interviews, some participants caveated their experiences with phrases similar to: 'they work for me personally', or 'rightly or wrongly, they helped me'. When asked to expand on these reflections, they proceeded to explain how some individuals in their online sobriety communities found the drinks to be emotionally triggering and had warned them of the risks of relapse. Additionally, participants had been exposed to the no- and low-alcohol product promotional content shared by online sobriety communities. Therefore, the messaging women receive regarding no- and low-alcohol drinks, through these recovery modalities, may have influenced their practices of consumption and what was shared during interviews. It must also be recognised that all of the participants had at least 6 months of continuous sobriety at the time of interview and were therefore reflecting, in hindsight, upon their consumption practices in early sobriety. Lastly, the small data sample based upon self-selecting participants means that the findings presented in this article are limited in terms of generalisability but offer a nuanced, exploratory insight into: (i) how no- and low-alcohol drinks are consumed as a substitution practice; and (ii) non-drinking practices in recovery.

5 | CONCLUSION

This article has presented a conceptual descriptive grounded theory that argues that the temporality of the recovery journeys, the social situation, and the products

all inform how women in recovery, who use online sobriety communities, navigate consumption of no- and low-alcohol drinks as potential harm reduction tools and relapse triggers. When reimagining their non-drinking practices, women in recovery proactively and selectively mirror and eradicate their former drinking practices, based on their lived experiences, to balance their perceived benefits and risks associated with no- and low-alcohol drinks.

The grounded theory constructed within this article problematises a simple reading of substitution and disrupts the binary framing of no- and low-alcohol drinks as *either* a harm-reduction tool *or* a relapse trigger. Instead, it has highlighted how women negotiate between this binary through adopting multifarious practices of substitution that they feel are appropriate for their experiences of recovery.

This study raises important considerations for those in recovery who may want to use no- and low-alcohol drinks to help change their drinking behaviours, and for recovery modalities that promote them. While these products may be used as harm reduction tools, it is clear that individuals negotiate their own practices of consumption that best align with their 'need' at any given time in their recovery journey and social situation.

For public health, academic institutions, and third-sector organisations, this study moves away from quantitative purchase data and consumption trends to provide greater understanding regarding the lived realities of substitution and how no- and low-alcohol drinks play a role in the daily experiences of individuals in recovery as they (re)construct their non-drinking practices. In doing so, the findings demonstrate the need and reinforce existing calls for more clarity regarding the definition and labelling of no- and low-alcohol drinks in order to assist informed consumption practices.

It is important that future research investigates the socioeconomic and cultural barriers that individuals may face when seeking to consume no- and low-alcohol drinks as a harm-reduction tool. It is evident that the participants in this study experienced no or low barriers to access so research of a broader range of recovery cultures is required. Understanding the positionality of, and discourses used by, different recovery modalities regarding no- and low-alcohol products needs to be part of this.

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The author certifies that their contribution to this work meets the standards of the International Committee of Medical Journal Editors.

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The authors declare no conflicts of interest.

ORCID

Claire Davey  <https://orcid.org/0000-0003-2097-7620>

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