



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Healthy Hydration

Making water the easy choice

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Foreword

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Hydration is a foundation of good health, yet it is too often disregarded in conversations about prevention and public health. While food regularly makes the headlines and policy interventions, the benefits of healthy hydration and consuming water receive less attention.

This report seeks to address that imbalance. It draws on research and discussions that took place during a summer that the Met Office has said was provisionally the UK's warmest on record. The importance of hydration has never been more important.

A main aim was to understand what constitutes a healthy drink – one that supports hydration while containing little or no free sugar, no alcohol, and minimal ingredients that may adversely affect health when consumed regularly. We also wanted to know what drives behaviours, what barriers exist to consuming healthy drinks and water, and what practical action should follow.

We gathered evidence with insights from an expert roundtable, an exclusive public poll conducted for RSPH, and a Freedom of Information (FoI) request to UK local authorities about access to free water.

Together, these highlighted both the importance of hydration in everyday life and the need to learn from other successful public health interventions. As a result, this report examines the picture facing individuals, communities, employers, the beverage and food industry, and policymakers to support healthier hydration.

What we drink affects our physical wellbeing, mental performance and quality of life, making hydration an important public health issue. In the UK, not everyone is fortunate to have choices about what to drink and when. These choices are shaped by the places where we live, work and learn, and some patterns of consumption contribute to serious health consequences, including obesity, diabetes and poor dental health.

RSPH has long argued that healthier habits depend on supportive environments, clear and unbiased information, and accessible options for everyone. Access to water and healthier drinks is not equal and unhealthy options are often more noticeable, convenient or heavily promoted.

There are solutions and I am optimistic about the future. Policy decisions have already helped drive change, but further collaborative action is needed to make healthier hydration easy, affordable and attractive. From improving access to drinking water to raising public awareness, supporting innovation, and learning from campaigns on smoking, obesity and physical activity, there is a shared responsibility to make water the default, desirable choice.

Our report shows that hydration should be part of a broader prevention agenda, especially as the UK faces growing pressure on health services and widening inequalities. Small changes in everyday behaviours can have meaningful impacts when supported by evidence-based policy, healthier environments and practical action.

RSPH is grateful to the expert participants at our roundtable who contributed evidence, insights and their deep knowledge, and the NSWA for their financial support for the project. This report serves as a catalyst for debate, collaboration and action, so that healthy hydration gains the recognition it deserves as an essential part of a healthier future for all.



Section 1 – Introduction

Hydration is one of the most fundamental yet consistently overlooked public health issues.

While food policy attracts significant professional, political and public attention, healthy hydration receives less scrutiny – even though hydration plays a critical role in health, wellbeing and daily functioning.

Our roundtable, held especially to inform this report, brought together authoritative voices to discuss how water competes with a wide range of drinks that benefit from powerful marketing, strategic placement, attractive pricing, and unclear branding around health claims.

Additionally, RSPH-commissioned research for this report found that people do not make drink choices primarily on health grounds (see *Section 3*). As a result, many consumers underestimate the role soft drinks play in calorie and sugar intake, and unhealthy drink choices have become normalised.

Hydration is a public health issue hiding in plain sight.

Access to water and healthy drinks is also unequal. In many public settings including schools, leisure centres, transport hubs and high streets, free drinking water is inconsistent or poorly signposted, while sugary fizzy drinks enjoy disproportionate visibility through vending machines, billboards and retail placement.

For children, older people and other vulnerable groups, this imbalance can contribute to chronic dehydration, higher sugar consumption, poorer dental health, and increased strain on the NHS.

Hydration is therefore a public health issue hiding in plain sight.

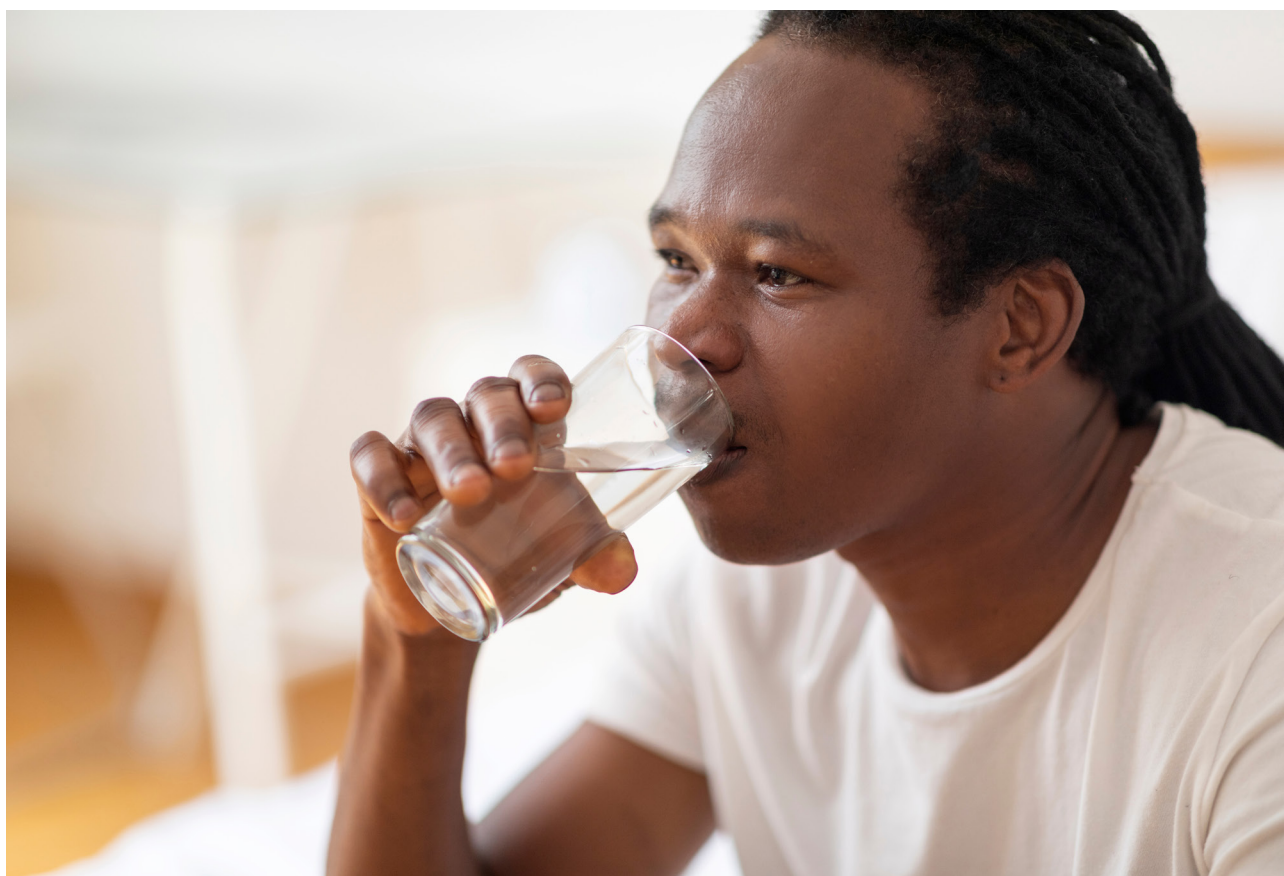
Drinking water can reduce sugar intake, prevent obesity, support dental health, improve cognitive performance and help maintain overall wellbeing¹. Yet the current environment makes healthy hydration harder than it should be.

To change this, we need coordinated **environmental, policy and behavioural interventions** that make choosing water easier, more appealing and more accessible – particularly

through increasing the availability of free drinking water in public places. This is a public health benefit as it makes water a default choice

There is a growing policy impetus to apply the same joint government and industry actions that have improved food policy to healthy hydration policy: clearer public messaging for awareness, stronger standards, better access to free drinking water, and regulatory and environmental changes that support healthier drink choices. As we mention later in this report, the Soft Drinks Industry Levy (SDIL) has been a welcome intervention for change, and there are policy interventions that can go further.

Healthy hydration must be recognised as a core public health priority. The UK now has an opportunity to reshape the environments, policies and behaviours that influence what people drink every day.



Section 2 – Four priorities for action

Our six detailed recommendations are grouped under four headline priorities for action. Together, they combine improvements in access and healthier environments with clearer public information, stronger national policy, public-sector leadership, and better evidence and monitoring. They are informed by our public polling, academic evidence review, Freedom of Information findings and expert roundtable. See Section 5 for the detailed recommendations.

In practical terms, this means a clear hierarchy of healthy hydration:

- **water should be the default everyday choice;**
- **low or no-sugar drinks may have a supporting role; and**
- **high-sugar, high-caffeine and alcoholic drinks, and products marketed with potentially confusing health or hydration claims, should not be normalised as routine hydration choices.**

Collective efforts are needed to build healthier hydration environments where water is **visible, affordable, accessible and routinely chosen as the default drink**. These recommendations are intended to move the issue from individual responsibility alone to practical action by government, public services, retailers, suppliers, employers, educators and civil society.

The aim is to make it easier for people to drink water. We believe that information alone is unlikely to be enough: what's needed are policy interventions that focus on the environments that shape choice, including price, placement, access, marketing and trust.

1. Improve access to free drinking water – and public toilets.

Improve access to free drinking water in public spaces, including refill stations and clear information about where free water is available. Local authorities should be supported or required to collect and share information on public water access points. Improved access to public toilets should also be considered as part of hydration policy, as confidence about toilet access can affect whether people choose to drink water when away from home.

2. Put healthy hydration into national policy.

Create and deliver a national Food and Drink Bill so that drinks and water are fully integrated into policymaking and delivery, rather than national action on diet and health focusing on food alone. This should include clearer standards and labelling, improved access to free, fresh drinking water, stronger monitoring of hydration and beverage consumption, and investment in the evidence needed to identify what works.

3. Create healthier drink environments.

A targeted and long-term communications campaign with clear, evidence-based messaging about healthy drinks, including free sugars, added sugars, electrolytes and low-calorie claims. This should be matched by action on labelling, marketing, product placement and availability, so that healthier choices are easier to identify and more prominent in everyday settings.

4. Use public sector procurement and standards to lead by example.

Government and public sector bodies should strengthen procurement and catering standards so that water and healthier low or no-sugar drinks are the default offerings in NHS, schools, local authority buildings, universities, leisure settings and other publicly funded places. This should be developed with retailers and suppliers so that standards are deliverable, commercially practical and clearly linked to public health outcomes.

Section 3 – The Evidence

This section presents the evidence for the importance of hydration to health and for water as the healthiest choice of drink. It also summarises the responses to a nationally representative survey that explored people’s decision-making around drink choices.

Methodology

- **A nationally representative survey** was conducted in July 2026 with 2,067 people. It asked about the factors influencing people’s choices of drinks, how much people consume non-water drinks, their knowledge of dehydration, and their access to clean, free drinking water.
- **A rapid evidence review of literature** on the links between hydration, water and health was conducted. Some 48 pieces of literature were reviewed, and key points summarised.
- **Freedom of Information (FoI) requests** were sent to over 400 local authorities across the UK, asking about the provision of public water fountains and water refill stations in their area.
- **An expert roundtable discussion** was held in July 2026 to explore the topic of hydration, water and public health, and their views on the changes needed to place healthy hydration firmly on the policy agenda.



National representative survey

2,067 people, representative of the UK population, were polled on behalf of RSPH in July 2026. They were asked questions about the factors that influence their decisions on which drinks they consume, their understanding of dehydration, and their attitudes towards and access to drinking water.

1. Knowledge of dehydration

When asked about dehydration, people were familiar with the main symptoms, with 93% knowing that thirst is a symptom, and 89% and 84% respectively recognising that a dry mouth and feeling dizzy or lightheaded are also indications of dehydration. However, almost 1 in 5 people did not know that irritability could also be a symptom, and 25% would not know that feeling tired all the time can be a sign of dehydration.

2. How much people drink in a day

When asked about how much they consume in a typical day, outside of water, fairly significant numbers of people consume one to two pints of squash, tea or coffee, milk or fizzy drinks. Nearly 50% of people who drink fizzy drinks consume one to two pints per day. 6% of respondents said they do not drink any water at all, rising to 9% of 65-74 year olds.

50%

*of people who drink fizzy drinks
consume one to two pints a day*

6%

*of people do not
drink water at all*

Young people (18-24) drink fizzy drinks at a higher rate than older groups (64% vs 41%), and sports drinks much more (41% of 18-24s, vs 7% of those aged 65 and above). 56% of white groups drink fizzy drinks, while 72% of non-white groups do. When considering energy drinks, 16% of white groups said they drink them, while 41% of non-white groups do. Within the non-white group, 8% drink three to four pints of energy drink per day.

3. Access to drinking water

Over two-thirds of people say they have access to clean or filtered tap water in their local area, and 56% say they always carry a bottle of water with them, or have access to places that provide free tap water such as cafes and pubs (53%). However, less than 20% of people say they have easy access to water coolers (18%), a public bottle refill station (17%) or a public drinking water fountain (12%). 4 in 5 of 18-24 year olds always carry a water bottle, compared to 2 in 5 of the 65 and above group.

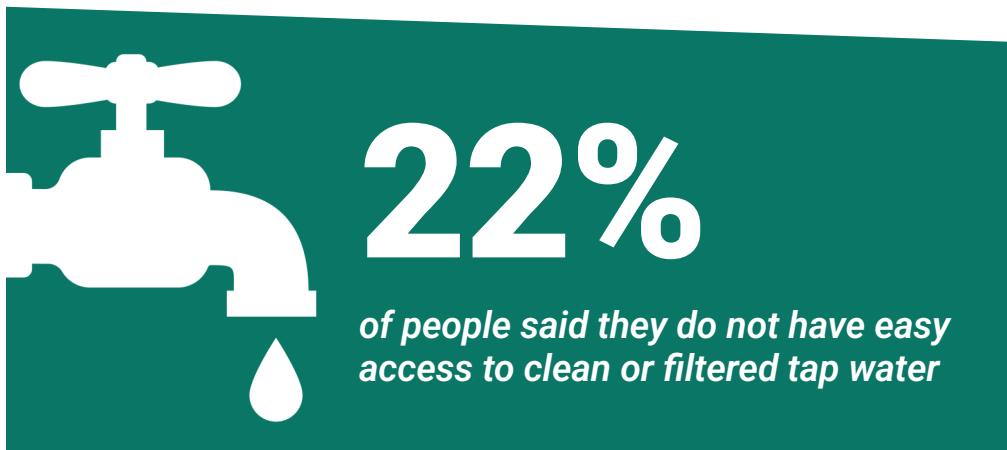


There are also age differences in access to public water fountains: just over a quarter of 18-24 years olds said they have easy access, dropping to just 3% for 65 and over. People from higher socio-economic groups have better access to fountains (16%) than lower socio-economic groups (8%), but the overall rate is still very low. Non-white groups say they have better access to water fountains than white groups (29% vs 9%).

22% of people said they do not have easy access to clean or filtered tap water; a concerning high percentage. This rises to 25% of people aged 65 and over, and people with a disability. This is not necessarily that people literally do not have access to a tap, or do not live in homes connected to the water grid. It could be the case that the survey had responses from people who, for example, do not think that tap water is drinkable, or do not consider it to be of good quality for their consumption.

4. Factors affecting drink choice

When asked what characteristics affect people's choices of drink, regardless of what it is, taste was the most important factor overall, with over 9 out of 10 people stating that taste plays a role in their choice.



How much a drink quenches their thirst was second most important (85%), and cost a close third (84%). Just over half of people said that how a drink affects their health was one of the factors that they considered, below taste, thirst-quenching, cost, how hydrated it makes them feel, how convenient it is to find, and brand or product recognition.

There were some age differences in response to this question, with people aged 18-24 saying that health was a factor more often than people aged 65 and above (65% vs 49%), as well as ranking visibility on a shelf, the fact that friends and family drink something, and how convenient a drink is to find more highly than the older group. For non-white groups, brand familiarity, friends and family consuming a drink, visibility on a shelf and memorable advertising were all considered as more influential than for white groups.

5. Buying water

When choosing to buy water, cost was considered the most important factor at 67%, followed closely by feeling hydrated (66%) and taste (63%). Access and convenience, and being part of a cost-saving offer or bundle, were all also rated higher than the health benefits, which just over a quarter of people (27%) said was important, compared to two-thirds prioritising cost.

People over 65 place taste (58%) and feeling hydrated (56%) over cost (52%), while younger adults (25-34) were in line with the overall population in considering cost as the most important factor (76%). More young people aged 18-24 said that the visual appeal of the bottle was important compared to people over 65: around a quarter of young people said it was important, while only 1 in 12 aged over 65 did. Health benefits are also more important to young people aged 18-24, with over a third saying this was important, compared to one fifth of those aged over 65.

6. Buying drinks other than water

When choosing non-water drinks, cost moved into second position of importance, after taste, with 82% of people considering taste the most important factor. Health benefits were again way down the list, with just under a quarter of people considering health as important. Access, convenience and being offered in a cost-saving bundle were all rated as more important than health benefits. For the population as a whole, feeling hydrated was important to just under 50%. 18-24s again rated health benefits as more important than those aged 65+ (32% vs 28%). Attributes such as brand popularity and the visual appeal of the bottle came in at 20% and 18%.

Both white and non-white groups rated taste and cost as the most important factors in choosing non-water drinks. Access and convenience were rated as more important by non-white groups than white groups, who ranked them higher than feeling hydrated, while for white groups, hydration was the third most important factor. Non-white groups rated health benefits as important at double the rate of white groups (42% vs 21%).

Just over half
consider how a drink affects their health when making choices



Overall, the survey points to areas for further attention.

Health benefits are not a high priority for most people, with cost and taste being the primary drivers of people's choices. There are some differences between age groups, with younger people appearing to value health benefits more than older people, while at the same time being more likely to consume fizzy drinks and sports drinks, which are not likely to be among the healthiest choices. This may point to a need for more education about healthy drink choices and water as a healthy option, and/or that drinks other than water need clearer labelling about what they contain and the health impacts.

Access to and attitudes about drinking water also vary, with differences across age groups, socio-economic groups and ethnicity. The survey results suggest that there is work to do to build public trust in tap water as a safe and attractive choice.

Hydration, water and health – rapid review

What impact does drink consumption have on health outcomes?

The evidence on the importance of hydration and water as a healthy drink is clear. It makes up 60% of our entire body weight and over 70% of our brains. Hydration is one of the foundations of healthy physiological functioning and wellbeing.^{2 3} Both the frequency and adequacy of fluid, and the nutritional value of the fluid, affect physical and mental health.⁴ Hydration has a role in day-to-day health and wellbeing, and in prevention of long-term conditions. Healthy, balanced hydration is an essential component of good physical and mental health, while dehydration is linked to a range of poor physical and cognitive outcomes.^{5 6 7 8}

Hydration is one of the foundations of healthy physiological functioning and wellbeing.

Water is free from calories, sugar and artificial additives, and as such is the healthiest everyday drink for the majority of people.^{9 10} Sugar-sweetened drinks, particularly when consumed in large volumes, are linked to increased likelihood of developing certain health conditions including obesity and diabetes.^{11 12} Some groups are more affected by dehydration than the general population: older people, children, and lower socioeconomic groups.¹³

Evidence clearly supports a policy approach that makes water easier to choose and reduces the routine visibility and appeal of drinks that add unnecessary sugar, calories, alcohol or stimulants to everyday diets.

What drives consumer behaviour when choosing a drink?

Many factors affect our choice of drinks, including taste, price, habits, marketing, access, and misinformation.¹⁴ Research suggests some of these factors act differently on different groups. For example, safe and affordable water is not reliably available to some, and vulnerable communities face more barriers to accessing it. They can also be exposed to more marketing of sugary drinks, which has an impact on drinking habits and can contribute to higher rates of some health conditions.^{15 16}

Information alone is unlikely to be enough. Policy should focus on the environments that shape choice, including price, placement, access, marketing and trust.

What constitutes a 'healthy' drink?

There is no single definition of a healthy drink. For everyday hydration, water is the best choice for most people because it contains no sugar or calories. Other drinks can contribute to hydration, but their overall nutritional content, ingredients and the circumstances in which they are consumed should be considered.

Added ingredients such as vitamins, minerals or electrolytes do not automatically make a drink healthier or necessary for everyday hydration. Some specialist drinks may have a role in specific circumstances, including prolonged or intense physical activity, but water should remain the default everyday choice.

Some non-water drinks can contribute to healthy hydration in specific circumstances, such as sports drinks during intense physical activity, but they are not suitable as a replacement for water on a routine basis because of their added ingredients and often high calorie content.^{17 18 19}

The fact that some beverages, in addition to water, can provide certain benefits may contribute to confusion about healthy drink choices. Descriptions and marketing of non-water drinks can be confusing – for example, drinks such as fruit juice can be thought of as healthy choices, but may not be because of their high sugar content.^{20 21}



What can be done to encourage consumers to choose healthier drinks?

Promoting water as the most appropriate and balanced everyday option is central to healthier hydration. Information alone is unlikely to be enough, however, because taste, price, access and habit all influence what people drink.²²

While education on the effects of different drinks is important, it is not the only answer as it does not necessarily translate directly into different choices. Both availability of water, and individual habits and motivation contribute to hydration choices.²³ Access to water needs to be more consistent for all groups in society, to support water becoming the default choice for healthy hydration.²⁴

Is access to water and hydration an inequality issue?

Hydration is connected to health inequality, due to the uneven access to safe, affordable water – and especially in public places – across socioeconomic groups, regions and health conditions.²⁵ Personal choices and preferences are not solely the cause; structural and environmental conditions shape the context in which decisions about hydration are made.

Older people, children and those with health conditions can be at higher risk of dehydration, and its effects, due to factors such as being reliant on others, dependence on their immediate environment for access to drinks, and exposure to unhealthy drink

Structural and environmental conditions shape the context in which decisions about hydration are made.

environments.²⁶

There are also socio-economic inequalities, with lower socio-economic groups seeming to consume more sugary drinks and less healthy ones, which may lead to higher rates of illnesses associated with poor hydration.^{27 28 29} This may be in part due to food and drink advertising: products high in fat, sugar or salt have been found to be advertised more in deprived areas, with, in contrast, some of the least deprived areas having no advertising at all.³⁰

This disproportionate level of marketing of unhealthy drinks is combined, for some vulnerable communities, with additional barriers to accessing water and other healthy drinks.³¹

What further research is needed?

The role of water and hydration in public health is often a secondary focus or does not feature in scientific evidence, which mainly focuses on hydration as linked to individual medical conditions and groups at particular risk of dehydration, such as children and older people. This means that the understanding of hydration behaviours and its impacts across the general population is limited.

We therefore suggest that more dedicated research exploring the links between public health, hydration and water is needed. If we can generate more evidence, including of the causal links between hydration and health, public perceptions and understanding of hydration, and what kinds of interventions are best suited to changing public behaviour, we can make more effective impacts on public health outcomes and health inequalities.



Expert roundtable

A roundtable on hydration took place on 9 July 2026, bringing together senior expertise from leading charities, professional bodies, medical and dental organisations, public health agencies, research and innovation organisations, and the water sector.

The aim of the interactive session was to discuss:

- how to ensure hydration is seen as a public health issue
- how healthy environments can be created so that people are encouraged to make healthier choices
- what interventions should be supported for water to be more accessible.

We thank participants for their views and professional insights which have directly informed the recommendations in this report.

The attendees agreed that:

- public understanding of healthy drinks is poor
- water is frequently overlooked or faces unfair competition with other drinks due to marketing, pricing, availability and misinformation – and especially so on social media
- education and awareness play a role, and that there is a lack of clear, evidence-based messaging for the whole population, as well as specific groups, on why they should drink water and why water is important for health.

The strongest consensus was that improving hydration demands collaborative systemic change and an overarching approach rather than relying solely on individual behaviour:

- drinks should be part of national policies. We currently only have Food Standards, not Food **and** Drinks Standards
- schools, hospitals and care settings are obvious places to start change and set examples to introduce healthy drink standards, alongside those of food
- review nutrient profiling systems to distinguish water from processed drinks.
- strengthen restrictions on unhealthy drink marketing and sponsorship.

Section 4 – The Policy Landscape

This section outlines the opportunities for policy action that could be seized in the short to medium term.

As shown by the evidence in Section 3 and roundtable discussions, raising awareness of the importance of hydration, of water as the most appropriate healthy drink, and changing public behaviour is not a straightforward challenge.

Differences in attitudes, experiences and priorities between different groups mean that a suite of approaches, led by a range of different actors, is likely to be the most effective.

Among those who have a stake and a role to play in improving hydration outcomes are national and local government, the NHS at national and local levels, other public bodies such as schools, social care organisations, retailers, the beverage industry, and civil society.



What are the levers and opportunities for change?

Past government action and messaging have been focused on sugar reduction, alcohol harm and tackling obesity – all essential goals. That energy and learning needs to be

applied to healthy hydration – this was a resounding agreement amongst experts at our roundtable.

Numerous NHS initiatives are prioritising prevention, including the 10 Year Health Plan, obesity reduction initiatives, community health and prevention programmes, and the development of a new National Food Strategy.

However, it is notable that this is not a Food **and** Drink Strategy. This is a missed opportunity, and signals that drinks are less important for health than food.

a. Standards and reporting

As part of the 10 Year Health Plan, a [Healthier Food Targets and Reporting](#) standard is in development by the government, led by DHSC. It will introduce mandatory reporting by large food businesses (e.g. supermarkets) on the level of healthy food sales, and also set targets for large food businesses to increase the healthiness of the food they sell. There is limited detail so far on how the targets and reporting will work, but descriptions seem limited to food, not food **and** drink. Drinks need to be included.

A consultation on revised School Food Standards was held in spring 2026. The consultation does not mention the word ‘hydration’ at all, but it does discuss reducing sugar in drinks and removing sugary drinks from school meals services, and ensuring that pupils can access free drinking water: “we are reaffirming the requirement that all schools must provide pupils with access to free, fresh drinking water at all times”.³²

In primary schools, the consultation proposes that the only drinks that would be available would be water, unsweetened milks, soya and oat drinks. Phased changes in secondary schools are proposed, including there being only water and unsweetened drinks e.g. fruit-flavoured with no added sugar, tea or coffee with no added syrups etc. The consultation suggests that instilling healthy drinking habits in younger children is important, so that when they reach secondary school they do not expect to be able to get fizzy / sugary drinks.

b. The role of schools

As well as School Food Standards, schools can play a significant role in drinking and hydration through Personal, Social, Health and Economic Education (PSHE) and health education, and sport and physical activity programmes. In London, a [Water Only Schools](#) project has provided toolkits for schools to help them to move towards providing only water and some reduced fat milk for pupils. Its aim is to reduce sugar intake among

children, to cut obesity and tooth decay, rather than highlighting the importance of hydration itself.

An evaluation of the project found both children and parents were positive about the initiative, with school staff suggesting it could be enhanced by providing information about why water is beneficial. It also found that uptake of water was improved by the provision of more water fountains within the school premises.³³ A teacher interviewed for the evaluation noted the tension between becoming a water-only school and the financial incentives for commercial catering suppliers, who make less profit on water (or none on tap water) compared to fizzy or sugary drinks.

c. Procurements of goods and services

Central government departments are bound by the [Government Buying Standards](#) (GBS) which set out minimum standards when they buy goods and services. Although they do not formally apply to the rest of the public sector, the guidance does encourage their wider adoption.

The [standards for food and catering services](#) include guidance on nutrition including reducing sugar and salt, restricting the provision of sugary drinks, and ensuring tap water is obvious and freely available. They could form the basis of consistent standards for purchasing across the public sector, alongside other guidance and regulation such as the School Food Standards.



d. The Soft Drinks Industry Levy (SDIL)

This has been effective since its introduction in 2018, and while there is more to be done, for example not just discouraging unhealthy drinks but also promoting healthy hydration, it has created a useful precedent to build on. Through introducing a tax on high-sugar soft drinks, sugar levels in drinks which the levy applies to have fallen nearly 50%, and most soft drinks are now below the level at which the levy applies.

Further changes are due to take effect from 1 January 2028, reducing the lower sugar threshold from 5g to 4.5g per 100ml and removing exemptions for milk-based and milk-substitute drinks. Since the introduction of the levy, hospital admissions for children requiring tooth extraction have reduced by nearly 30% for the youngest children,³⁴ and thousands of cases of obesity in girls have been prevented.³⁵ The experience of the SDIL suggests that industry behaviour can be directly affected by fiscal incentives, that products can be reformulated (reducing sugar) without disrupting the market, and public health benefits can be achieved by acting in partnership, not simply government laying down requirements and proscribing products.

e. Promotion, placement and restrictions

There are already [regulations on the promotion and placement of less healthy food and drink](#) products in TV and online advertising, introduced in early 2026 as a result of the 2020 National Obesity Strategy. These are designed to reduce impulse purchasing and children's exposure to less healthy products, nudge customers towards healthier choices, and encourage the reformulation or other changes to products. As with the SDIL, practical action has been taken and is broadly accepted – lessons can be taken from this to prioritise healthier drinking habits, and to build on public and industry acceptance of such changes in the retail environment.

There are also [restrictions on the physical placement and price-based promotion of unhealthy products](#) in shops. Food and drinks high in fat, salt or sugar cannot be placed, for example, by checkouts or at the end of aisles, and cannot be included in volume price promotions such as three for the price of two. This was implemented on 1 October 2025, three years after originally planned.

These existing restrictions on the advertising and promotion of unhealthy food and drink can be taken further, and properly enforced. A study of vending machine advertising, for example, found 100% of machines observed included at least one product high in fat, sugar or salt, which did not comply with GBS.³⁶

Vending machines in publicly funded spaces like hospitals or leisure centres could ban the promotion of HFSS products entirely, but seem to be exempt from advertising and product placement regulations.

One study found that 100% of vending machines included at least one product high in fat, sugar or salt.

The products on sale in vending machines in publicly funded venues are also not necessarily the healthiest drink options. The same study found that many vending machines in leisure centres and hospitals were selling HFSS products, and some were not compliant with GBS.

National restrictions on less healthy food and drink advertising apply to television and paid-for online advertising, but equivalent restrictions do not apply consistently to outdoor advertising, including billboards and public transport. Some local authorities can influence advertising on sites or assets they own or control, but this does not provide consistent coverage of outdoor advertising, including around schools.

National action could align outdoor advertising with restrictions applying in other media, while supporting local authorities to adopt stronger standards across publicly controlled advertising sites.

f. Aligning healthier food and healthier drinks

The [All Party Parliamentary Group on Healthy Places](#), and others including The Food Foundation and Sustain, have been advocating for a new Food and Drink Bill, or Good Food Bill, to address some of the challenges outlined in this report. A wide range of organisations, including manufacturers and retailers, [signed a joint letter calling for a Bill](#). **It is notable however that the letter only refers to food, and not to drinks.**

A Bill could place more emphasis on manufacturers, suppliers and retailers of food and drink to supply better information and nudge consumers towards more informed and healthier choices. The APPG has also done work on food environments, explaining how our choices about food and drink are influenced by the places we spend time, and therefore need attention from across health, planning, retail and economic policy.

g. Free access to water

There is a disjointed mix of legislation on the obligations of public bodies and other

organisations to provide free access to drinking water.

- Schools must legally provide fresh drinking water to pupils, and no teacher can refuse water to a child (School Premises Regulation 2012, Independent School Standards, 2014).
- Local authorities are under no legal (or other) obligation to provide free drinking water in parks, swimming pools, sports centres or leisure centres if they are not licensed to serve alcohol.
- Neither are GP clinics, and NHS locations such as hospitals, which are only obliged to provide drinking water to employees, as are other workplaces (Workplace Regulations, 1992).
- Only venues, in England and Wales, that sell alcohol are required to provide free drinking water (Licensing Act, 2003), and even they are allowed to make a charge for something associated with providing the water, like service. There is similar legislation in Scotland, but no equivalent in Northern Ireland. UK drinking water is [regulated in terms of quality](#), but not to ensure widespread availability.

h. Free access to water – Freedom of Information (Fol) request of UK Local Authorities

As well as an inconsistent UK national picture, local provision and information is patchy. Fol responses from a random sample of a quarter of UK local authorities, sent by the RSPH, showed a wide range of both provision of free drinking water, and the information that the councils held about provision.



Freedom of Information requests sent by RSPH revealed a patchy national picture of access to free drinking water

Some were able to provide numbers of drinkable water fountains provided by the council and their locations; some said they did not provide any themselves; some had no information at all; and some referred RSPH to other organisations such as water companies.

- Where local authorities knew the number available, it ranged from zero to over 150. Some stated they maintained all of them, while some included fountains maintained by or hosted by other organisations.
- Several stated that at least some of theirs were out of action due to, for example, vandalism. Twenty responses in the sample said that no information was held.
- One county council stated that they are not responsible for the provision or maintenance of drinking water fountains. Despite the sample not being representative of the country, it paints an interesting picture of how inconsistent provision is across different areas.
- One revealed that all their water fountains are positioned next to public toilets. Better access to toilets is one factor which could encourage people to drink more water, making them feel more confident in being able to access one when they need it.

Several councils have online maps or lists showing the location of fountains or other places to obtain free drinking water in their area:

- [Map of refill stations in Tameside](#)
- [Drinking fountains | Hillingdon Council](#)
- [Drinking fountains for London | London City Hall](#)

Notably, the initiative in London is part of a wider campaign, [Refill](#), which encourages businesses as well as public sector locations to offer free water refills to the public. There are also more informal, crowdsourced maps of free water sources, for example [Trail Tap](#), which is designed for walkers, cyclists and others to find water when they are out and about. Being crowdsourced, the information is not verified, so may not be entirely accurate or up to date.

UK airports are now fairly consistently providing free drinking water at refill stations in departure lounges for passengers to fill up their own bottles. An international, crowd-sourced list of [water availability at airports](#) is also available. Again, due to the nature of data collection, it may not be comprehensive or accurate.

The existence of civil society campaigns and crowdsourced data suggests that there is a desire from the public for better access to free drinking water which is not currently being met.

Section 5 – Detailed Recommendations

Our recommendations emerge from a robust research methodology that included a nationally representative survey; an evidence review of scientific literature on the links between hydration, water and health; Freedom of Information (FoI) requests to over 400 UK local authorities about the provision of public water fountains and water refill stations in their area; and an expert roundtable discussion that explored the topic of hydration, water and public health.

These recommendations will demand a mix of legislation, regulation, guidance, education, industry action and better infrastructure. Because needs and behaviours vary across groups, approaches to education and behaviour change must also be targeted.

Government and industry can build on effective models such as SDIL and smoking reduction campaigns. The next step is to move beyond harm reduction and make healthy hydration a positive, preventive public health priority, with government setting clear standards and incentives and industry contributing through reformulation, responsible marketing, placement, availability and innovation.

Government can lead this work with industry, health charities and other partners by putting hydration higher on the policy agenda, recognising water consumption as a public health intervention, and delivering practical change.

1. Improve access to free drinking water and public toilets

- Increase access to free drinking water in public spaces, including refill stations and clear information on where free water is available.
- Improve access to public toilets to support hydration and reduce barriers to drinking water when away from home.
- Require or support local authorities to collect, maintain and publicise information on public water access points.
- Invest in environmental improvements that make water available, visible, convenient and affordable, particularly in schools, hospitals, care settings and other locations serving vulnerable populations.

2. Put healthy hydration into national policy

- Ensure drinks and hydration are fully integrated into national food policy, recognising that health outcomes are influenced by both food and drink consumption.
- Develop joined-up policy across government, embedding hydration considerations into public health, education, environmental and consumer policy.
- Introduce Food and Drink Standards that incorporate healthy hydration alongside healthy eating.
- Establish population-level hydration metrics, beverage consumption targets and monitoring of substitution from less healthy to healthier drink choices.
- Strengthen drink labelling requirements and product standards to support informed consumer choice.
- Build on the success and lessons of the Soft Drinks Industry Levy, including the changes due to take effect in 2028, by evaluating their impact and considering further fiscal or regulatory measures that encourage reformulation, reduce sugar consumption and make water and healthier drinks easier to choose.

3. Create healthier drink environments

- Align communications, regulation and environmental measures to make healthier drink choices easier, more visible and more attractive.
- Work with retailers to encourage healthier purchasing through:
 - Including water prominently in meal deals.
 - Ensuring healthier drinks are not priced at a disadvantage.
 - Providing clearer information on sugar, caffeine and functional ingredients.
 - Prioritising water-first placement in food-to-go and retail settings.
- Strengthen restrictions on unhealthy drink marketing and sponsorship, including:

- Align outdoor advertising regulations with restrictions applying to television and online advertising.
- Supporting local authorities to restrict the advertising of less healthy food and drink products on publicly owned or controlled advertising sites, particularly near schools, alongside consideration of consistent national restrictions.
- Removing vending machines that primarily promote unhealthy drinks in publicly funded settings.
- Embed hydration into routine healthcare interactions and preventative health programmes to reinforce its importance as a public health issue.

4. Improve consumer information and public awareness

- Deliver a sustained, evidence-based national communications campaign on healthy hydration, drawing on successful public health campaigns in areas such as smoking cessation, obesity and physical activity.
- Frame healthy hydration as part of a wider healthy lifestyle alongside nutrition, physical activity and obesity prevention.
- Provide clear, consistent information on:
 - What constitutes a healthy drink.
 - Free sugars and added sugars.
 - Low- and no-calorie drinks.
 - Electrolytes and other functional claims.
- Strengthen public understanding of the health benefits of drinking water.
- Engage trusted messengers and role models to encourage water as the default drink choice.
- Use behavioural insights and nudges to make water the easiest and most obvious option.
- Prioritise children and young people to support the development of lifelong healthy habits.

5. Use public sector procurement and standards to lead by example

- Strengthen public sector procurement and catering standards so that water and lower- or no-sugar drinks are the default options in NHS settings, schools, universities, leisure facilities, local authority buildings and other publicly funded environments.
- Introduce and enforce healthy drink standards in schools, hospitals and care settings, particularly for groups at higher risk of dehydration or unhealthy drink consumption.
- Expand adoption of Government Buying Standards across the wider public sector and align them with other relevant frameworks, including School Food Standards.
- Improve monitoring and enforcement of existing standards to address inconsistencies in compliance.
- Work with retailers and suppliers to ensure standards are practical to implement and support public health objectives.

6. Strengthen the evidence base and monitoring

- Invest in research to identify which environmental interventions are most effective at improving hydration behaviours.
- Expand research on hydration as a whole-population public health issue, rather than focusing solely on specific health conditions or demographic groups.
- Develop a stronger understanding of attitudes towards hydration and water consumption across different population groups and lifestyles.
- Identify the factors most likely to drive behaviour change and inform effective campaigns and policy interventions.
- Strengthen monitoring systems to track hydration behaviours, beverage consumption patterns, substitution effects and the impact of policy measures over time.

Footnote

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About RSPH

RSPH is an independent health education and campaigning charity dedicated to improving and protecting the public's health and wellbeing.

About NSWA

The Natural Source Water Association represents and promotes the UK natural source water sector.



Endnotes

- 1 Nutrition.org.uk, "Hydration", <https://www.nutrition.org.uk/nutritional-information/hydration/>
- 2 Dmitrieva NI, Boehm M, Yancey PH, Enhörning S. Long-term health outcomes associated with hydration status. *Nat Rev Nephrol.* 2024 May;20(5):275-294. doi: 10.1038/s41581-024-00817-1. Epub 2024 Feb 26. PMID: 38409366.
- 3 Perrier ET, Armstrong LE, Bottin JH, Clark WF, Dolci A, Guelinckx I, Iroz A, Kavouras SA, Lang F, Lieberman HR, Melander O, Morin C, Seksek I, Stookey JD, Tack I, Vanhaecke T, Vecchio M, Péronnet F. Hydration for health hypothesis: a narrative review of supporting evidence. *Eur J Nutr.* 2021 Apr;60(3):1167-1180. doi: 10.1007/s00394-020-02296-z. Epub 2020 Jul 6. PMID: 32632658; PMCID: PMC7987589.
- 4 Popkin BM, D'Anci KE, Rosenberg IH. Water, hydration, and health. *Nutr Rev.* 2010 Aug;68(8):439-58. doi: 10.1111/j.1753-4887.2010.00304.x. PMID: 20646222; PMCID: PMC2908954.
- 5 Masento NA, Golightly M, Field DT, Butler LT, van Reekum CM. Effects of hydration status on cognitive performance and mood. *Br J Nutr.* 2014 May 28;111(10):1841-52. doi: 10.1017/S0007114513004455. Epub 2014 Jan 30. PMID: 24480458.
- 6 Pross N. Effects of Dehydration on Brain Functioning: A Life-Span Perspective. *Ann Nutr Metab.* 2017;70 Suppl 1:30-36. doi: 10.1159/000463060. Epub 2017 Jun 15. PMID: 28614811.
- 7 Chouraqui JP. Children's water intake and hydration: a public health issue. *Nutr Rev.* 2023 Apr 11;81(5):610-624. doi: 10.1093/nutrit/nuac073. PMID: 36228121.
- 8 Roberts CA, Boak K, McCulloch N, Brownlee I, Haskell-Ramsay C, James LJ, Green BP, Tempest GD, Bruce-Martin C, Rumbold PLS. Hydration, mood, and cognition in primary school aged children in the United Kingdom. *Physiol Behav.* 2025 Dec 1;302:115073. doi: 10.1016/j.physbeh.2025.115073. Epub 2025 Aug 21. PMID: 40848979.
- 9 Abdu Nafan Aisul Muhlis, Orsolya Varga, Long-term impact of a sugar-sweetened beverage tax and increased physical activity on obesity and diabetes burden in Central and Eastern European Countries: a microsimulation model, *Diabetes Research and Clinical Practice*, Volume 230, 2025, 113002, ISSN 0168-8227, <https://doi.org/10.1016/j.diabres.2025.113002>
- 10 El-Sharkawy AM, Sahota O, Lobo DN. Acute and chronic effects of hydration status on health. *Nutr Rev.* 2015 Sep;73 Suppl 2:97-109. doi: 10.1093/nutrit/nuv038. PMID: 26290295.
- 11 Abdu Nafan Aisul Muhlis, Orsolya Varga, Long-term impact of a sugar-sweetened beverage tax and increased physical activity on obesity and diabetes burden in Central and Eastern European Countries: a microsimulation model, *Diabetes Research and Clinical Practice*, Volume 230, 2025, 113002, ISSN 0168-8227, <https://doi.org/10.1016/j.diabres.2025.113002>.
- 12 El-Sharkawy AM, Sahota O, Lobo DN. Acute and chronic effects of hydration status on health. *Nutr Rev.* 2015 Sep;73 Suppl 2:97-109. doi: 10.1093/nutrit/nuv038. PMID: 26290295.
- 13 McPeake K, North C, Townend E, Dixon K, Jeanes L, Cooke S, Kane R, Selby P, Lawler M, Nelson D. Ensuring equitable and affordable access to clean water for people living with cancer in a rural and coastal setting. *J Cancer Policy.* 2025 Jun;44:100572. doi: 10.1016/j.jcpo.2025.100572. Epub 2025 Mar 14. PMID: 40090580.
- 14 Rian Pepping, Vincent Busch, Juliette Lukowski, Arnoud Verhoeff, Jacob C. Seidell, Barbara Groot-Sluijsmans, Healthy beverages in a sugary world: Dutch adolescents' perspectives on water and other healthy beverages; a qualitative multi-method study, *Appetite*, Volume 224, 2026, 108567, ISSN 0195-6663, <https://doi.org/10.1016/j.appet.2026.108567>.
- 15 McPeake K, North C, Townend E, Dixon K, Jeanes L, Cooke S, Kane R, Selby P, Lawler M, Nelson D. Ensuring equitable and affordable access to clean water for people living with cancer in a rural and coastal setting. *J Cancer Policy.* 2025 Jun;44:100572. doi: 10.1016/j.jcpo.2025.100572. Epub 2025 Mar 14. PMID: 40090580.
- 16 Bite Back, 2025, Fuel Us, Don't Fool Us: Advertising, Are food giants bombarding young people on our streets?
- 17 Manz F, Wentz A, Sichert-Hellert W. The most essential nutrient: defining the adequate intake of water. *J Pediatr.* 2002 Oct;141(4):587-92. doi: 10.1067/mpd.2002.128031. PMID: 12378203
- 18 Cheuvront SN, Kenefick RW. Am I Drinking Enough? Yes, No, and Maybe. *J Am Coll Nutr.* 2016;35(2):185-92. doi: 10.1080/07315724.2015.1067872. Epub 2016 Feb 17. PMID: 26885571.
- 19 Rowlands DS, Kopetschny BH, Badenhorst CE. The Hydrating Effects of Hypertonic, Isotonic and Hypotonic Sports Drinks and Waters on Central Hydration During Continuous Exercise: A Systematic Meta-Analysis and Perspective. *Sports Med.* 2022 Feb;52(2):349-375. doi: 10.1007/s40279-021-01558-y. Epub 2021 Oct 30. PMID: 34716905; PMCID: PMC8803723.
- 20 Rian Pepping, Vincent Busch, Juliette Lukowski, Arnoud Verhoeff, Jacob C. Seidell, Barbara Groot-Sluijsmans, Healthy beverages in a sugary world: Dutch adolescents' perspectives on water and other healthy beverages; a qualitative multi-method study, *Appetite*, Volume 224, 2026, 108567, ISSN 0195-6663, <https://doi.org/10.1016/j.appet.2026.108567>.
- 21 Drolet-Labelle V, White CM, Adams J, Kirkpatrick SI, Jáuregui A, Pedraza LS, Provencher V, Sacks G, Thrasher JF, Armendariz GC, Barquera S, Hammond D, Vanderlee L. Perceived healthiness of sugary drinks and related social norms among adults in five countries: evidence from the International Food Policy Study. *Nutr J.* 2025 Jan 29;24(1):19. doi: 10.1186/s12937-024-01063-8. PMID: 39881318; PMCID: PMC11776124.

- 22 Jason P. Block, Matthew W. Gillman, Stephanie K. Linakis, Roberta E. Goldman, "If It Tastes Good, I'm Drinking It": Qualitative Study of Beverage Consumption Among College Students, *Journal of Adolescent Health*, Volume 52, Issue 6, 2013, Pages 702-706, ISSN 1054-139X, <https://doi.org/10.1016/j.jadohealth.2012.11.017>
- 23 Rodger A, Wehbe LH, Papies EK. "I know it's just pouring it from the tap, but it's not easy": Motivational processes that underlie water drinking. *Appetite*. 2021 Sep 1;164:105249. doi: 10.1016/j.appet.2021.105249. Epub 2021 Apr 19. PMID: 33887422.
- 24 Rodger A, Vezevicius A, Papies EK. Can a simple plan change a complex behavior? Implementation intentions in the context of water drinking. *Appetite*. 2023 Apr 1;183:106459. doi: 10.1016/j.appet.2023.106459. Epub 2023 Jan 13. PMID: 36646386.
- 25 McPeake K, North C, Townend E, Dixon K, Jeanes L, Cooke S, Kane R, Selby P, Lawler M, Nelson D. Ensuring equitable and affordable access to clean water for people living with cancer in a rural and coastal setting. *J Cancer Policy*. 2025 Jun;44:100572. doi: 10.1016/j.jcpo.2025.100572. Epub 2025 Mar 14. PMID: 40090580.
- 26 McPeake K, North C, Townend E, Dixon K, Jeanes L, Cooke S, Kane R, Selby P, Lawler M, Nelson D. Ensuring equitable and affordable access to clean water for people living with cancer in a rural and coastal setting. *J Cancer Policy*. 2025 Jun;44:100572. doi: 10.1016/j.jcpo.2025.100572. Epub 2025 Mar 14. PMID: 40090580.
- 27 Brown J, Acey CS, Anthonj C, Barrington DJ, Beal CD, Capone D, Cumming O, Pullen Fedinick K, MacDonald Gibson J, Hicks B, Kozubik M, Lakatosova N, Linden KG, Love NG, Mattos KJ, Murphy HM, Winkler IT. The effects of racism, social exclusion, and discrimination on achieving universal safe water and sanitation in high-income countries. *Lancet Glob Health*. 2023 Apr;11(4):e606-e614. doi: 10.1016/S2214-109X(23)00006-2. Erratum in: *Lancet Glob Health*. 2023
- 28 McPeake K, North C, Townend E, Dixon K, Jeanes L, Cooke S, Kane R, Selby P, Lawler M, Nelson D. Ensuring equitable and affordable access to clean water for people living with cancer in a rural and coastal setting. *J Cancer Policy*. 2025 Jun;44:100572. doi: 10.1016/j.jcpo.2025.100572. Epub 2025 Mar 14. PMID: 40090580.
- 29 Purohit BM, Dawar A, Bansal K, Nilima, Malhotra S, Mathur VP, Duggal R. Sugar-sweetened beverage consumption and socioeconomic status: A systematic review and meta-analysis. *Nutr Health*. 2023 Sep;29(3):465-477. doi: 10.1177/02601060221139588. Epub 2022 Nov 16. PMID: 36384341.
- 30 Bite Back, 2025, Fuel Us, Don't Fool Us: Advertising, Are food giants bombarding young people on our streets?
- 31 McPeake K, North C, Townend E, Dixon K, Jeanes L, Cooke S, Kane R, Selby P, Lawler M, Nelson D. Ensuring equitable and affordable access to clean water for people living with cancer in a rural and coastal setting. *J Cancer Policy*. 2025 Jun;44:100572. doi: 10.1016/j.jcpo.2025.100572. Epub 2025 Mar 14. PMID: 40090580.
- 32 Department for Education, 2026, School food standards: updating the legislative framework
- 33 Yusuf, H., Golkari, A., Gareja, A., Cox, C., Widdicombe, L., & Valenzuela, M. J. (2025). "I drink tap water as it is convenient and quick" – a mixed methods evaluation of water only school policies in London. *Critical Public Health*, 35(1). <https://doi.org/10.1080/09581596.2025.2507228>
- 34 Department of Health and Social Care, 2025, Soft drinks levy extended to protect children and improve health <https://www.gov.uk/government/news/soft-drink-levy-extended-to-protect-children-and-improve-health>
- 35 Rogers, NT et al. Associations between trajectories of obesity prevalence in English primary school children and the UK soft drink industry levy: an interrupted time series analysis of surveillance data. *PLOS Med*; 26 Jan 2023; DOI: 10.1371/journal.pmed.1004160
- 36 Bite Back, 2026, The Vending Machines Are Like a Battle of the Brands