

Drinkaware's response to the retail questions in the Smart Data: multi-sector call for evidence



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Drinkaware is a UK-wide alcohol education charity. We provide evidence-based information, tools and support to help people make informed decisions about alcohol and reduce the harm it can cause.

Our core focus is the one in five drinkers who drink at increasing-risk levels: above the UK Chief Medical Officers' low-risk drinking guidelines of 14 units per week, but below the high-risk thresholds.¹ This group represents a significant opportunity for prevention and early intervention. Drinkaware's research indicates that many increasing-risk drinkers do not consider their drinking to be a problem. In contrast, social norms, habitual weekly routines and particular drinking occasions may make overall consumption and the associated risk less visible.²

In 2026, Drinkaware launched a new five-year strategy with a shared ambition to reduce the number of risky drinkers in the UK by two million by 2030, recognising that reducing alcohol-related harm requires action across a range of sectors and stakeholders.³ Within this context, clearer product information and, where a consumer actively chooses to use it, insights drawn from their own purchasing data may support reflection and more informed choices. At an aggregated level, purchasing and evaluation data could help retailers and partners better understand purchasing patterns and assess whether changes to retail environments and interventions are supporting moderation.

This response addresses questions 21 to 27 of the government's *Smart Data: multi-sector call for evidence*, published on 8 July 2026.⁴ It draws on Drinkaware's published research and our experience of developing, delivering and evaluating initiatives with major grocery retailers that aim to support more informed drinking choices and positive behaviour change. In doing so, it reflects our interest in how trusted, accurate and consistent data can improve consumer information, support innovation and strengthen the evidence base for what works to reduce alcohol-related harm.

¹ UK Chief Medical Officer's low-risk drinking guidelines <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>; The UK Chief Medical Officers' low-risk drinking guideline is no more than 14 units per week. For the purposes of the Drinkaware Monitor's weekly consumption categories, increasing risk is defined as 15–34 units per week for women and 15–49 units for men; high risk is 35 or more units for women and 50 or more units for men.

² Drinkaware Monitor 2026: Drinking trends <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2026-drinking-trends>

³ Risky drinkers includes both increasing risk and higher risk drinkers. Drinkaware's strategic ambition is measured across the broader population of *risky drinkers*, rather than increasing-risk drinkers alone. This reflects the fact that individuals may move between drinking-risk categories over time and that reductions in alcohol-related harm can occur across the full spectrum of risky drinking. However, adults drinking at increasing-risk levels remain a key focus for prevention and early intervention, as they are often the group most likely to move into the low-risk category.

⁴ Department for Business and Trade, Smart Data: multi-sector call for evidence, 8 July 2026. <https://www.gov.uk/government/calls-for-evidence/smart-data-multi-sector-call-for-evidence>

Our position

Drinkaware is not seeking access to identifiable retail transactions or loyalty data to monitor, profile or target individuals. We are not proposing that purchasing above a threshold should be used to identify someone as drinking above the UK Chief Medical Officers' guideline.⁵ Purchasing is not consumption: a shopping account may reflect a household, purchases for other people or only part of someone's shopping.

With around eight million people in the UK currently drinking at levels that increase the risk of harm, our interest is in how accurate information, evidence and effective interventions can support informed decision-making, rather than identifying, monitoring or profiling individuals.⁶ We believe Smart Data has the potential to improve the quality, consistency, and accessibility of alcohol-related information available to consumers, while also informing robust interventions designed by retailers - and privacy-preserving evaluation of such interventions - intended to reduce alcohol-related harm. Throughout this response, we distinguish between open or standardised product information, aggregated data used for intervention design or evaluation, and customer-authorised transaction data shared with authorised third parties (ATPs). These are different propositions and should not be treated as interchangeable.

Summary recommendations

- Build on existing industry product data standards and infrastructure to improve the consistency, accessibility and usability of alcohol-related product information;
- Prioritise aggregated, privacy-preserving data for research, intervention design and evaluation where these can meet the intended purpose;
- Treat any consumer-authorised transaction-data service as a separate use case requiring clear evidence of consumer need, benefit and acceptability;
- Include independent public health, consumer and data-protection voices in governance, alongside appropriate retail and technical expertise; and
- Limit data shared through a Smart Data scheme, and any insights derived from the data to the specific consumer-authorised service or clearly defined research, intervention design or evaluation purpose for which access was granted. Such data must not be used for alcohol marketing, commercial profiling, individualised pricing, insurance, employment or unrelated eligibility decisions.

21. Data used and barriers to access, use or sharing

Drinkaware uses survey, research, service and digital data to understand drinking behaviour and engagement with our information and tools. Robust data is essential to understand consumer attitudes and behaviours, identify opportunities for prevention and early intervention, and evaluate whether interventions are achieving their intended outcomes.

However, no single data source provides a complete picture of alcohol consumption. Population surveys are essential for understanding drinking behaviours, attitudes and identifying differences between groups, but self-reported consumption is known to

⁵ UK Chief Medical Officer's low-risk drinking guidelines <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>

⁶ Pearson A., & Slater, E. (2025) Relationships with alcohol. *Drinkaware Monitor 2025*. PS Research and Drinkaware.

underestimate total consumption by as much 60%.^{7,8,9} Consistent aggregated sales data could provide an important complementary source of evidence, strengthening triangulation of population-level trends and improving understanding of changes in alcohol purchasing over time.

Drinkaware partners with the alcohol industry, including retailers, to co-design interventions that boost awareness of risk and promote risk-reducing consumer choices at the point of purchase. Drinkaware partnerships have encouraged retailers to experiment with increased shelf space, product visibility, range, and price discounts for alcohol-free and low-alcohol drinks, as well as behaviour-change campaign messaging in-store and online.

-When scoping projects, intervention design and retail evaluations, we explored whether aggregated and/or non-identifiable data could show what activity was delivered, which products were included, and whether overall purchasing patterns changed. Relevant data may include campaign delivery information, product metadata such as alcohol by volume (ABV) and pack size, anonymised or aggregated sales, price and promotion data, and non-identifiable measures of digital engagement.

Drinkaware's experience of scoping potential retail interventions and evaluations shows that establishing data access can be lengthy and uncertain. Proposed collaborations have not always progressed to data sharing, while other discussions remain subject to agreement on data specifications, governance, and publication arrangements. These observations are based on a limited number of project-scoping discussions and should not be interpreted as a comprehensive assessment of retailer data systems or practices.

The main barriers encountered during scoping were:

- uncertainty about which datasets exist, their format and whether they can be supplied;
- fragmentation across product, sales, loyalty, media and digital systems, and across retailer teams, group companies and specialist analytics or media providers, which can make it unclear who can approve access or supply the required data;
- inconsistent alcohol-by-volume (ABV) and other data quality issues raised under question 24 below
- inconsistent definitions and levels of aggregation across retailers and channels;
- limited access to sufficiently long and consistent pre-intervention and post-intervention data, making it difficult to assess cumulative effects, downstream impacts or whether changes in purchasing patterns are sustained beyond the immediate campaign period; and
- commercial sensitivity and project-specific rules covering access, cost, retention, publication and reuse.

22. Parts of retail to prioritise

Grocery retail is a strong candidate for early feasibility work because most alcohol is purchased for home consumption. Off-trade share of alcohol sales increased from 53% in 2000 to 73% in 2023 (Figure 1)¹⁰. Drinkaware research found that adults are twice as likely to drink at home weekly as they are to drink in pubs, bars or restaurants, at 40% compared

⁷ Goddard E. (2007). *Estimating alcohol consumption from survey data: updated method of converting volumes to units*. Office for National Statistics Cardiff

⁸ Rehm, J., Klotzsch, J., & Patra, J. (2007). Comparative quantification of alcohol exposure as risk factor for global burden of disease. *International journal of methods in psychiatric research*, 16(2), 66-76

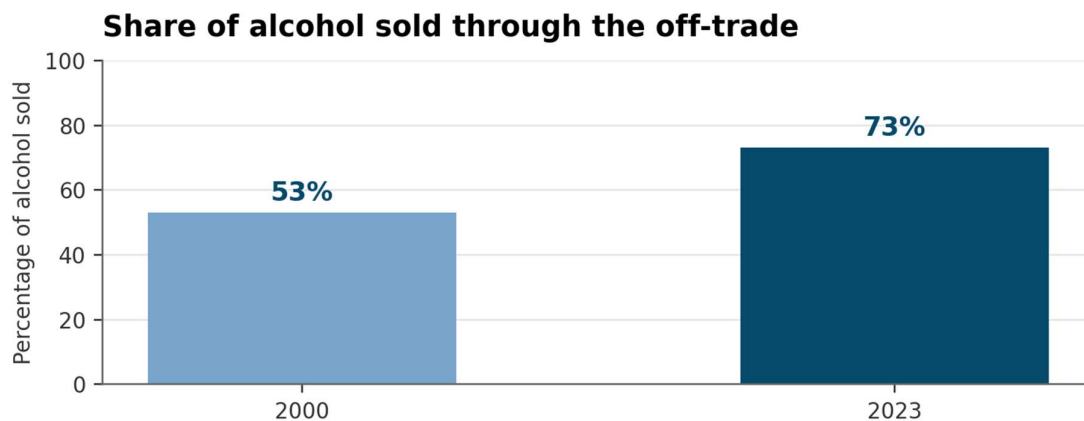
⁹ Bellis, M. A., Hughes, K., Jones, L., Morleo, M., Nicholls, J., McCoy, E., ... & Sumnall, H. (2015). Holidays, celebrations, and commiserations: measuring drinking during feasting and fasting to improve national and individual estimates of alcohol consumption. *BMC medicine*, 13, 1-12

¹⁰ Drinkaware, Drinking at home: changing patterns and opportunities for prevention, February 2026.

<https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinking-at-home>

with 21%¹¹. This means supermarkets, convenience stores, online grocery services and rapid-delivery platforms play an increasingly important role in the environments where consumers encounter alcohol products, pricing information and health-related information.

Figure 1



Source: Drinkaware, Drinking at home: changing patterns and opportunities for prevention (2026), drawing on BBPA market data¹².

An early phase should prioritise consistent product information and test whether anonymised and/or aggregated evaluation measures can be compared across retailers. It should also consider routes for convenience and independent retail so that the benefits are not confined to large grocers or loyalty-scheme members. Individual-level data should be considered only where a clearly evidenced need cannot reasonably be met through anonymised and/or aggregated approaches.

23. Specific data-access challenges and action

Alcohol-related product data used for research, intervention design and evaluation need to link a stable product identifier to relevant attributes, including ABV, container and multipack size, units of alcohol per pack, product category and its classification, such as alcohol-free or low alcohol. Existing industry standards and services already support the sharing of much of this product information.¹³ However, our experience of retailer partnerships suggests that relevant product fields and retailer-generated contextual data are not always available to external partners in a single, consistent, comparable, and usable dataset. This can make it difficult to compare findings across retailers, design interventions that provide consistent information or informed choices to consumers or assess the impact of interventions over time.

Evaluation also requires accurate information about implementation dates, product availability, price and promotional activity. Without this context, changes in sales may be attributed to an intervention when they instead reflect seasonality or wider commercial activity. In our view, an immediate opportunity for the Smart Data programme is not to provide access to individual purchasing histories, but to explore how existing standards and infrastructure could support sharing appropriately anonymised and/or aggregated product,

¹¹ Drinkaware, Drinking at home: changing patterns and opportunities for prevention, February 2026.

<https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinking-at-home>

¹² Drinkaware, Drinking at home: changing patterns and opportunities for prevention, February 2026.

<https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinking-at-home>

¹³ GS1's Global Data Synchronisation Network <https://www.gs1.org/services/gdsn> and GS1 UK's productDNA <https://www.gs1uk.org/standards-services/data-services/productdna>. Both are designed to allow brands and retailers to exchange standardised product information, and productDNA specifically presents itself as a common catalogue for UK retail.

sales, and implementation data for clearly defined research, intervention design and evaluation purposes.

We suggest that a retail scheme should:

- build on existing industry standards and data-sharing infrastructure, identifying the minimum common product fields required for each approved use case and addressing any material gaps (i.e., ABV product information);
- provide a shared data dictionary that maps relevant fields across existing standards and retailer systems, with common definitions, version control and provenance so that data users can understand its source, coverage and any changes over time;
- require only the minimum transaction fields justified by a specific use case, with customer attributes excluded by default;
- set proportionate rules for cost, access, security, retention, deletion and permitted use; and
- distinguish between consumer-authorised access and access to appropriately anonymised and/or aggregated data for research, intervention design or evaluation, recognising that these may require different legal and governance arrangements.

24. Data quality, accuracy and completeness

Drinkaware's evaluation scoping has identified recurring risks rather than confirmed failings by particular retailers. These include relevant fields being missing from, or not linked within, datasets supplied for project or intervention scoping and evaluation; differences in how alcohol-by-volume is recorded and how alcohol-free and low-alcohol classifications are recorded or supplied; ambiguity around multipacks, mixed packs, reformulations and SKU changes; incomplete price, promotion or implementation records; and differences in time periods, geographic granularity and channel coverage. Such issues can limit comparability across datasets, reduce confidence in findings, and make it harder to evaluate interventions or provide consumers with reliable information.

Quality requirements should include validation rules, completeness thresholds, standard units and controlled vocabularies, effective dates, change logs, and transparent coverage statements. Where transaction data are used, services should explain what is missing and must not present purchasing as a complete record of personal consumption.

Drinkaware has not inspected retailers' internal data systems and cannot confirm the extent to which relevant information is held or shared in non-digital formats. Our evidence relates principally to the accessibility, consistency, and usability of data discussed during project scoping.

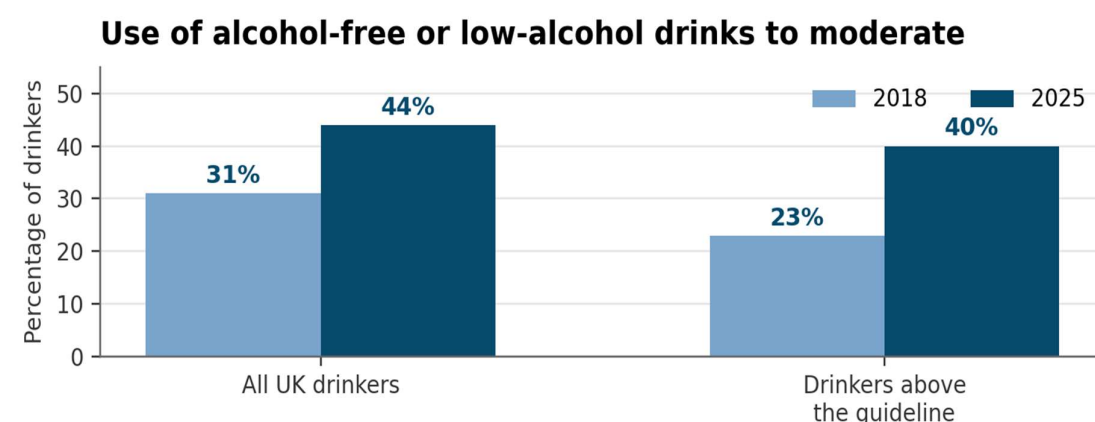
25. Potential use cases, outcomes, barriers and governance

From Drinkaware's perspective, the most credible initial use case is improving the consistency and accessibility of alcohol product information across retail channels. Building on existing product data standards and services could help ensure that information such as ABV, units of alcohol, pack size, and alcohol-free or low-alcohol classification is available in a consistent, usable form across retail environments and appropriate third-party services. This could inform public health intervention design at the point of sale and evaluate which interventions work, while supporting consumers to compare products and identify options that fit an existing intention to moderate, without needing to share identifiable shopping data. It could also enable consistent alcohol-related information across retail channels and

digital services, reducing reliance on retailer-specific approaches and helping consumers access comparable information regardless of where they shop.

This potential use case sits within a wider shift towards moderation. The Drinkaware Monitor 2026 found that 91% of drinkers use at least one moderation technique, while 48% use alcohol-free or low-alcohol products to moderate, up from 44% in 2025.¹⁴ Drinkaware's research also found that among drinkers above the guidelines who used these products, 59% used them as replacements for alcoholic drinks, rather than additions.¹⁵ These findings suggest that many drinkers are already seeking practical ways to moderate their alcohol consumption. Interventions designed around informed choice, supported by consistent product information, may help by making moderate choices more frictionless and making relevant information easier to find, understand, and act on.

Figure 2



Source: Drinkaware, Alcohol-free and low-alcohol drinks in the UK: trends, barriers and opportunities (2025). Percentages refer to using at least one alcohol-free or low-alcohol product to moderate.¹⁶

Privacy-preserving evaluation is also possible. Consistent access to linked products, implementation and aggregated sales data, structured using existing industry standards, could support analysis of changes to shelf space, product visibility, range and moderation campaigns. This could help assess whether an intervention was associated with changes in the overall balance between regular-strength and alcohol-free or low-alcohol sales. Anonymised and/or aggregated data would not, by itself, establish whether individual consumers had substituted one product for another, so findings would need to be interpreted alongside appropriate consumer research. More broadly, comprehensive and standardised aggregated sales data could also complement survey data in monitoring population-level changes in alcohol consumption and purchasing.

DBT may wish to test whether consumers value services that they actively choose to use, and that interpret their own retail data. Drinkaware is not proposing such a service and is not seeking access to the underlying data. Before any alcohol-related transaction-data use case progresses, government should establish evidence of need, benefit and acceptability;

¹⁴ Drinkaware, Drinkaware Monitor 2026: Drinking trends, August 2026. <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2026-drinking-trends>

¹⁵ Drinkaware, Alcohol-free and low-alcohol drinks in the UK: trends, barriers and opportunities, October 2025. <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/alcohol-free-and-low-alcohol-drinks-in-the-uk-trends-barriers-and-opportunities>

¹⁶ Drinkaware, Alcohol-free and low-alcohol drinks in the UK: trends, barriers and opportunities, October 2025. <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/alcohol-free-and-low-alcohol-drinks-in-the-uk-trends-barriers-and-opportunities>

test whether the same benefit can be achieved with less data; and ensure that purchasing is never treated as a proxy for an individual's consumption or health status.

Drinkaware has not undertaken specific research into consumers' willingness to share retail transaction data for alcohol-related purposes. Consumer research would therefore be required to establish demand, acceptability, and potential concerns before developing any such use case.

Strong governance can reduce the risk of inaccurate assumptions being made about personal drinking habits. This would help maintain public trust and ensure that any use of Smart Data remains proportionate, transparent, and focused on consumer benefit.

Safeguards required for any alcohol-related use

Any alcohol-related use of Smart Data should include:

- Clear explanation that purchasing is not consumption and cannot provide a clinical assessment;
- Assessment of unintended consequences, including stigma, inaccurate inferences, digital exclusion and movement towards purchases or retailers not represented in the data;
- Necessity and proportionality, with product or aggregated data preferred where they can achieve the purpose;
- Clear, specific and revocable consumer authorisation where individual data is involved, with simple processes for withdrawal, correction and deletion;
- Clear purpose limitation, with data shared through the scheme, and any insights derived from those data, used only for the specific consumer-authorized service or clearly defined research or evaluation purpose for which access was authorised or approved. They should not be used for alcohol marketing, commercial profiling, individualised pricing, insurance, employment or unrelated eligibility decisions;
- Accreditation and audit covering security, data minimisation, evidence quality, accessibility, declared interests, complaints and redress; and
- Transparent governance involving independent public health and consumer voices alongside data protection, technical and retail expertise, with appropriate independence over analysis and publication.

26. Commercial and contractual constraints

Drinkaware cannot speak for retailers about their commercial arrangements. Our experience indicates that store-level sales, loyalty, and media data may be commercially sensitive, and that access is negotiated for a defined purpose. Confidentiality, data protection, retention, publication, and reuse must therefore be agreed. Our attempts to establish data-sharing arrangements have not always progressed, and other discussions remain subject to agreement. We cannot confirm the extent to which third-party loyalty, media or analytics contracts constrain retailer access.

A scheme should define the minimum data required for an approved use case, protect genuine trade secrets through purpose limitation and proportionate aggregation, clarify responsibilities and liability across data holders and ATPs, use consistent contractual terms, and provide a transparent process for assessing access requests and explaining decisions where data cannot be provided.

27. Relationship with existing initiatives

A retail Smart Data scheme should complement existing retailer systems, product catalogues, loyalty programmes, campaign evaluations and bilateral partnerships. Its main additional value would be a shared interoperability and assurance layer: consistent mapping and application of relevant product definitions, consistent accountability and, only for separately justified use cases, secure consumer-authorised access through accredited ATPs.

Government should begin by mapping existing standards and systems with retailers, suppliers, data providers, consumer organisations, public-health bodies and other public-interest stakeholders. This would reduce the risk of duplicate taxonomies, APIs or reporting requirements and help ensure that any obligations are proportionate for smaller retailers. Customer-authorised Smart Data, standardised product information, and aggregated research data should remain clearly distinguished.

Overall, Drinkaware's evidence supports building on existing product standards to improve the accessibility and comparability of alcohol-related information, alongside privacy-preserving evaluation. These areas offer clear potential consumer and public benefits while requiring significantly less access to personal data than transaction-level services. Any use of individual alcohol-purchasing data should require a separately evidenced case, strong safeguards, and public-interest governance. Drinkaware could contribute to alcohol evidence, intervention design, behaviour-change expertise, consumer research and evaluation advice without receiving or holding identifiable purchasing data.