

Drinking at home: Changing patterns and opportunities for prevention

February 2026

About Drinkaware

Drinkaware is the UK's leading alcohol charity, providing advice, information and tools to UK adults to reduce the harm that alcohol can cause. We were set up in 2006 by the UK government, devolved administrations and representatives of the alcohol industry. We work in partnership with others to reduce alcohol harm across the UK, deliver public-facing campaigns and digital services. We use our expertise to give governments, industry, communities, and individuals the knowledge and support to make informed decisions about alcohol and how to reduce the harm it can cause. We gather valuable data on the impact of alcohol consumption and harm among the population and groups within society through our sector-leading annual Monitor report of drinking habits and trends, as well as discrete research on harms in particular populations and groups.

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Summary

Over the last two decades, alcohol consumption has moved decisively into the home. Almost three-quarters (73%) of all alcohol is now bought in supermarkets and convenience stores for home consumption^{1,2} and our Drinkaware Monitor data finds that adults are twice as likely to drink at home weekly (40%) as they are to drink out-of home in pubs, bars or restaurants (21%).³ This reflects a long-term shift in where drinking takes place, with home now the most common setting for alcohol consumption.

Where drinking shifts, risk shifts too. While most home drinking is moderate, its frequency and routine nature mean risks may accumulate unnoticed over time. Most alcohol is consumed at home, and as a result, a large proportion of binge drinking occurs there. Not because people drink more alcohol on each occasion, but because the home is where drinking happens most often (drinking in on-trade and mixed-trade settings remain higher risk when they occur).

Bespoke analysis of purchasing data from Kantar shows that a small minority of households (just 11%, where average consumption exceeds the Chief Medical Officers' low-risk guideline of 14 units per week) account for over half (56%) of all off-trade alcohol sales.⁴

This shift has taken place against a backdrop of high alcohol-related harm, including over one million alcohol-related hospital admissions each year⁵ and the highest number of alcohol-specific deaths ever recorded in 2023 (the latest UK figure available).⁶ Yet drinking at home remains largely absent from public conversation and prevention efforts, which have traditionally focused on visible harms linked to the night-time economy. Risks that develop in private spaces are less visible, less likely to be challenged, and harder for traditional, public-facing interventions to reach.

Within this broader shift, risk is unevenly distributed, but the home remains the setting where most everyday drinking takes place and where alcohol-related risk is most likely to accumulate. Wider research shows that quieter, routinised home occasions, such as drinking alone or with a partner or family, shape the bulk of overall consumption.⁷

This means that while home drinking is not inherently problematic, it is an important setting for understanding and addressing alcohol-related harm, particularly among those drinking above the guidelines.

Within this broader pattern, some groups face higher vulnerability. Drinkaware Monitor data show that adults who regularly drink at home alone are more likely to screen positive for possible dependence, drink for coping-motivated reasons, and report a wider range of negative alcohol-related consequences than those who drink at home with others,⁸ highlighting solitary drinking as one marker of vulnerability within a wider pattern of home-based drinking.

This reinforces the home as a central setting for encouraging moderation, not only for higher-risk groups, but across the much larger number of everyday drinking occasions that take place there.

Adults drink at home for four main reasons: cost, convenience, relaxation and coping, and perceptions of safety. These drivers help explain why home drinking is common, and why, for some, it can become a key setting for alcohol risk and harm.

With an estimated 8.2 million adults drinking above the CMOs' low-risk drinking guideline,⁹ many of them at home and sometimes alone, the home represents an important but underdeveloped setting for prevention and harm reduction. If moderation is to be supported at scale, it needs to reach people where they actually drink.

This report identifies four practical opportunities for action that align with the direction of the Government's 10-Year Health Plan:¹⁰

- Strengthen understanding of harm and the CMOs' guidelines by translating the 14-unit guideline into practical, relatable ways that meet people where they buy and consume alcohol.
- Use behavioural science to reshape choices and disrupt habitual drinking, scaling digital tools such as Drinkaware's Drinking Check and trialling low-friction nudges across retail, digital and home environments.
- Normalise alcohol-free and low-alcohol products at home, positioning them as substitutes for regular-strength drinks within familiar home routines.
- Drive cross-sector action and shared responsibility, bringing together retailers, brands, health partners and community organisations to share data, identify risk patterns and co-design scalable, home-focused interventions.

Bringing this often-hidden aspect of the UK's drinking culture into clearer view is essential for supporting safer, healthier behaviours in everyday home settings.

Glossary of key terms

On-trade: Places where alcohol is bought and consumed on the premises (e.g. pubs, bars, restaurants).

Off-trade: Places where alcohol is bought to be consumed elsewhere (e.g. supermarkets, convenience stores).

Drinking occasion: A period during which alcohol is consumed, either at home or outside the home.

Chief Medical Officers' (CMOs) low-risk drinking guidelines: No more than 14 units per week, spread over several days with drink-free days and no binge drinking.

Binge drinking: Six or more units in a single occasion for women; eight or more for men.

Risky drinking: Drinking above the CMOs' 14-unit guideline.

Alcohol Use Disorders Identification Test (AUDIT): a ten-item WHO screening tool for identifying potential alcohol-related problems.

Home drinkers: Adults who drink at home (alone or with others) weekly or more often.

Home-alone drinkers: Adults who drink alcohol at home alone weekly or more often.

Social-home drinkers: Adults who drink at home with others weekly or more often.

Out-of-home drinkers: Adults who drink outside the home (e.g., in pubs, bars, restaurants) weekly or more often.

Note: Descriptive terms have been shortened for readability. All groups refer to adults who drink in these settings at least weekly. These categories are not mutually exclusive (individuals may appear in more than one category depending on where and with whom they drink).

Introduction

Home is now the most common setting for alcohol consumption in the UK. The pandemic accelerated this shift, but it reflects a longer-term change in how and where people drink, with most alcohol purchased from supermarkets, off-licenses, and convenience stores for consumption at home.¹¹

Most drinking that happens at home is moderate. However, as drinking has increasingly shifted away from public settings, the risks and costs associated with alcohol are likely to be shaped by drinking in domestic spaces. Yet, despite being where most alcohol is now consumed, home drinking is still less visible in prevention activity and public discussion than harms linked to pubs, bars, and the night-time economy.

This report draws on data from the Drinkaware Monitor alongside existing research to examine the scale and patterns of home drinking, the factors that influence it, and how these behaviours relate to alcohol-related harm. In doing so, it identifies the home as an important but underexplored opportunity to encourage moderation. It does not examine alcohol's role in domestic abuse or violence, which is a serious and well-evidenced harm linked to alcohol use in domestic settings, and warrants focused attention beyond the scope of this report.

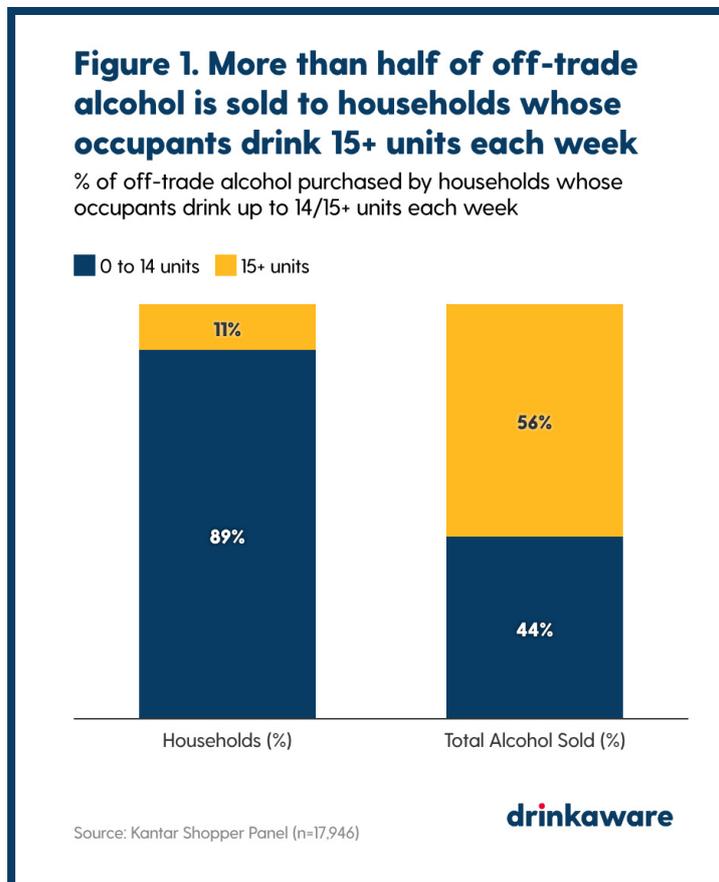
Background

Alcohol is a leading cause of preventable death and disability worldwide.¹² In England, the most recent estimate of the economic burden of alcohol is £27 billion annually.¹³ In the UK, there are over one million admissions to hospitals for alcohol-related conditions each year,¹⁴ and in 2023 (the latest figure available), there were over 10,000 deaths wholly attributable to alcohol; the highest on record.¹⁵

Alongside this health impact, the setting in which alcohol is consumed has shifted markedly. In 2023, an estimated 73% of all alcohol sold in the UK was purchased from the off-trade, such as supermarkets and convenience stores, increasing from just over half (53%) in 2000.¹⁶ Over the same period, alcohol purchased from the on-trade (such as in pubs, bars and restaurants) fell substantially. For example, the volume of alcoholic drinks purchased for consumption outside the home each week in the UK has dropped by around two-thirds, from 616ml per person in 2004/05 to 215ml in 2023/24.¹⁷ While the average amount of alcohol purchased for home consumption each week has also declined, the reduction has been more modest, from 763ml to 592ml. This means that although overall consumption per adult has fallen compared to previous years, the alcohol that is consumed is increasingly becoming concentrated in the home.

Alongside this structural shift, purchasing data from Kantar highlights a concentration of risk. More than half (56%) of all alcohol sold in supermarkets and convenience stores is purchased by just 11% of households, where average consumption per adult exceeds the Chief Medical Officers’ low-risk drinking guideline of 14 units per week (**Figure 1**).¹⁸ In other words, while most households that purchase alcohol for home consumption do so at levels consistent with low-risk guidelines, a minority of households drive a disproportionate share of sales, and by implication, are more likely to experience and contribute to alcohol-related harm.

Despite this, much of the research literature tends to focus on on-trade consumption, where the costs and harms associated with alcohol are more visible.^{19,20,21} Similarly, government alcohol strategies have historically placed little emphasis on home drinking. The 2004 alcohol strategy was predominantly geared towards addressing alcohol-related disorder in towns and city centres, while the 2012 alcohol strategy maintained its focus on reducing binge drinking in public spaces and the associated social harms.^{22,23} While the 2012 strategy recognised the practice of ‘pre-loading’ – drinking excessively at home before going out – it was largely concerned with its impact on public settings and communities, rather than its broader public health consequences. As a result, the home has often been overlooked as a setting for prevention, despite being where most alcohol is consumed.



Patterns of home drinking

In 2025, 88% of UK drinkers reported drinking at home at least once in the past 12 months; similar to the 89% who reported drinking outside the home in on-trade settings such as pubs, bars, and restaurants.²⁴ However, drinking at home is far more likely to be a regular activity; two-fifths (40%) of adults drink at home weekly or more often, compared to one in five (21%) adults who drink outside the home this often.²⁵

Since the pandemic, there has been a modest increase in regular on-trade drinking (17% to 21% between 2021 and 2025), alongside a decline in weekly home drinking (49% to 40% over the same period).²⁶ These trends suggest a partial rebalancing rather than a reversal, with the home remaining the most common setting for alcohol consumption.

Some higher-risk drinking behaviours among regular home drinkers (adults who drink at home at least weekly) have also fallen. Between 2018 and 2025, the proportion consuming more than 14 units per week declined from 41% to 36%, while the proportion binge drinking weekly or more often fell from 26% to 23%.²⁷ These shifts suggest that home drinkers are consuming less alcohol than in previous years, reflecting a broader national trend towards moderation. More drinkers are now drinking within the Chief Medical Officers' low-risk drinking guidelines (82%) than at any point since the Drinkaware Monitor began.²⁸ While this overall reduction in consumption is encouraging, around one in five adults (18%,²⁹ equivalent to approximately 8.2 million people³⁰) continue to drink above this level, underlining the importance of identifying further opportunities to support moderation.

However, reductions in average consumption do not mean that risk has disappeared, particularly when drinking becomes frequent, habitual, and less visible. Evidence from national research suggests that while home drinking occasions may be less intense than some on-trade occasions, the overall frequency of drinking at home means it remains an important setting for understanding population-level risk.³¹ This highlights the need for approaches that address routine patterns of consumption, not only occasional high-intensity drinking.

There is also evidence that the nature of home drinking may be changing. One study drawing on diary data indicates a move away from routinised meal-based drinking throughout the week, towards longer weekend sessions of drinking without meals, where larger amounts of alcohol are consumed.³² Structural features of the home environment may also make heavier drinking more likely,^{33,34} such as an absence of closing times, standard measures, and social expectations that can act as a check in on-trade settings.^{35,36} In contrast, factors such as waiting for service or having to physically go to the bar in pubs and restaurants add small but meaningful barriers to consumption that are absent at home.³⁷

These trends point to a nuanced picture. While average consumption has declined, home remains the setting where drinking is most frequent, meaning patterns can become established over time and may go unnoticed. This makes home drinking an important context for prevention and early support, particularly for those drinking above the guidelines.

How do adults drink at home?

To understand risk within home drinking, it is important to consider how people drink at home, not only how often. Until recently, relatively little research focused on adult home drinking in the UK, with most attention placed on adolescent drinking or class-based drinking practices.^{38,39} The Covid-19 pandemic prompted greater interest in adult home drinking, generating new evidence on the contexts and behaviours that shape it, including triggers for drinking, the impact of lockdowns, and the motivations that drive drinking at home (**Box 1**).^{40,41,42,43} This evidence highlights that not all home drinking occasions are the same; while many are low risk, others are more strongly associated with heavier consumption and harm.

Box 1. How did the COVID-19 pandemic impact drinking habits?

The COVID-19 pandemic was a major influence on home drinking. When pubs and bars closed, and supermarkets remained open, the share of alcohol sold for home consumption rose sharply,⁴⁴ and more adults reported drinking at home regularly.⁴⁵ These changes were most evident among heavier drinkers⁴⁶ and were often tied to stress, disrupted routines, and poorer mental health.^{47,48,49}

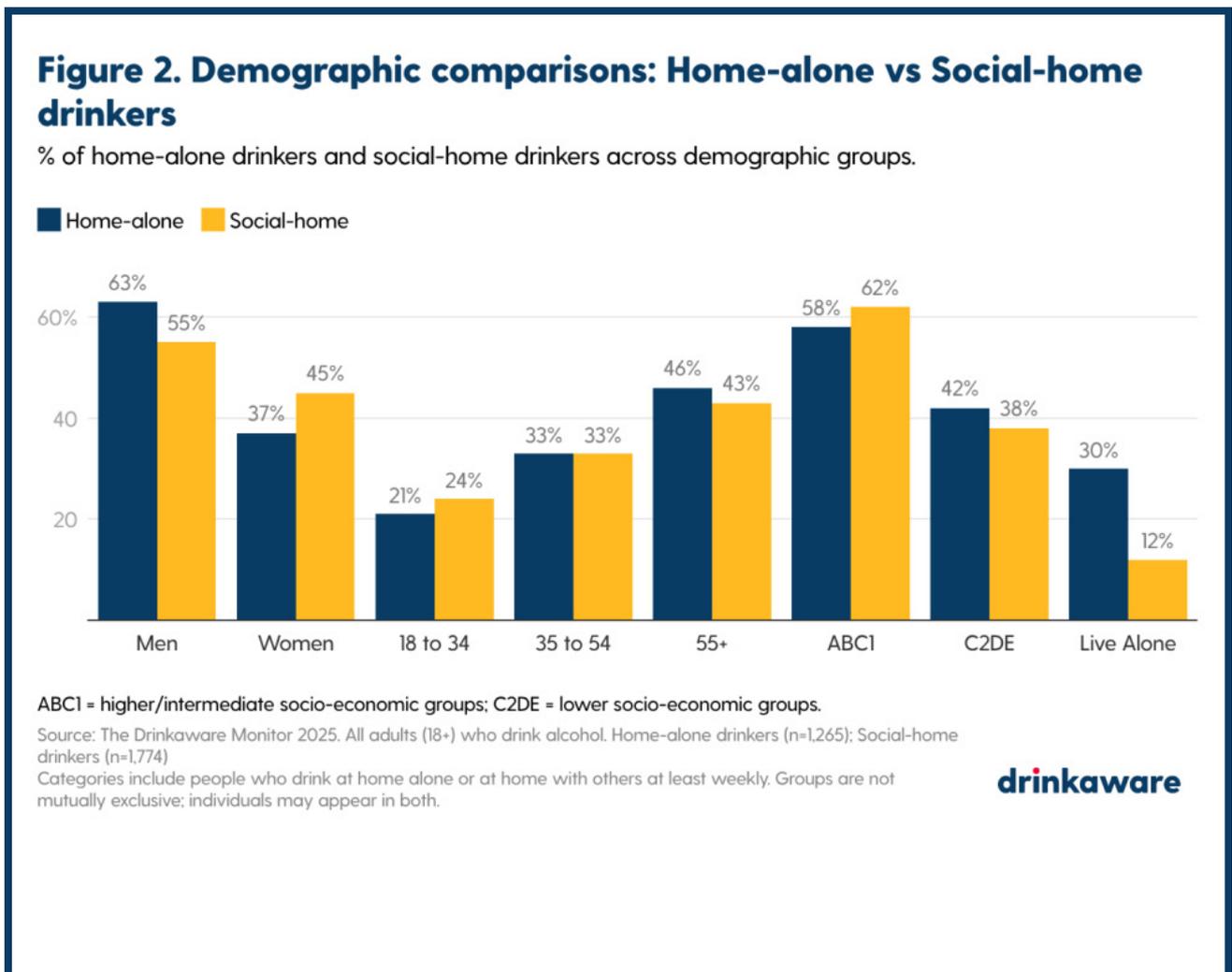
Most significantly, the pandemic brought home drinking into focus. Although the home had long been where much of the UK's alcohol consumption took place, it had received relatively little research or public attention. COVID-19 disrupted this invisibility. Studies emerged examining solitary drinking,⁵⁰ coping motives,⁵¹ and how alcohol use becomes woven into domestic routines.^{52,53} Recent qualitative research shows how the pandemic intensified people's connection to the home as a drinking space, with adults adapting their environments, such as creating home bars or new rituals, and embedding drinking more deeply into domestic routines.⁵⁴

Much of this has since returned to pre-pandemic levels. However, the pandemic helped reveal how central the home is to adults' drinking behaviour, and why this setting matters for understanding risk and supporting moderation.

Drinking socially and drinking alone

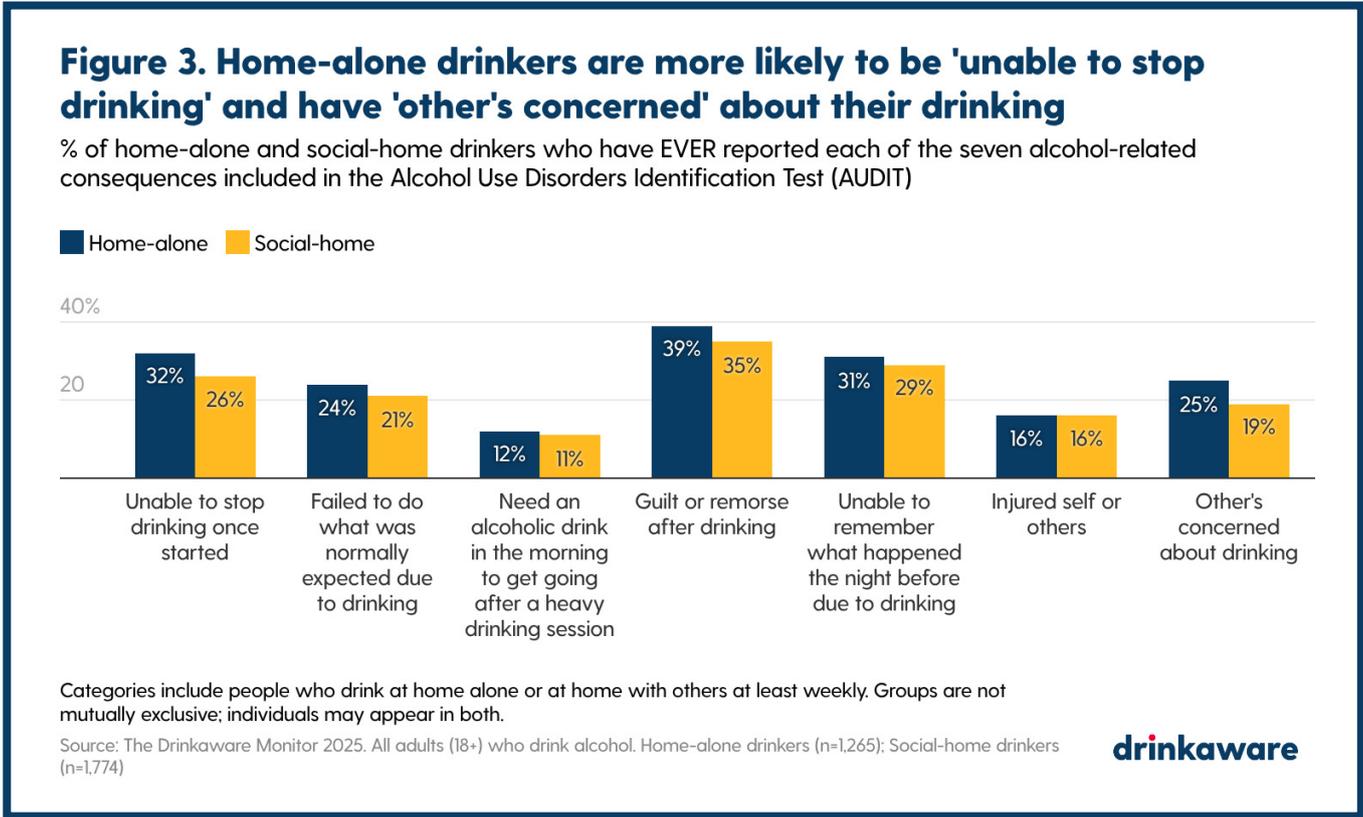
A key distinction within home drinking is whether adults drink at home alone or with others (although many do both). Social home drinking is by far the most common. According to the Drinkaware Monitor, in 2025, 83% of UK drinkers reported doing so at least once in the past year, compared with half (50%) who reported drinking at home alone.⁵⁵ However, when looking at regular drinking (weekly or more often), the gap narrows; around one-third (30%) of drinkers reported drinking socially at home at least weekly, while one in five (21%) reported drinking at home alone this often.

In 2025, home-alone drinkers were more likely than social-home drinkers to be men (63% vs 55%), aged 55 and over (46% vs 43%), from the C2DE social grade (42% vs 38%), and to live alone (30% vs 12%) (**Figure 2**). These characteristics are consistent with wider research, which highlights solitary drinkers as more common among men, older adults, those not in a relationship, and those living alone.⁵⁶



While less common overall, solitary drinking carries greater risks.^{57,58,59} Home-alone drinkers are more likely to drink above the Chief Medical Officers’ low-risk drinking guidelines compared to social-home drinkers (40% vs 37%),⁶⁰ and wider research consistently links solitary drinking to heavier and more frequent consumption, as well as a greater likelihood of harm.^{61,62}

Drinkaware Monitor data support this; home-alone drinkers are more likely to screen positive for possible dependence on the Alcohol Use Disorders Identification Test (AUDIT)^a (9% vs 6%), to drink on four or more days each week (42% vs 37%), and to binge drink almost daily (6% vs 4%).⁶³ They also report a broader range of alcohol-related consequences listed within the AUDIT, such as being unable to stop drinking once they start, feeling guilty afterwards, forgetting what happened while drinking, and others expressing concern about their drinking (**Figure 3**).⁶⁴



While these differences cannot be attributed solely to drinking alone, they point to a broader pattern: solitary home drinking is less common, but it is disproportionately associated with heavier, more frequent consumption and greater harm. However, drinking alone is only part of the picture. Different home drinking occasions shape how much people drink and the likelihood of harm.

^a The Alcohol Use Disorders Identification Test (AUDIT), a 10-item screening tool developed by the World Health Organization to identify individuals with harmful alcohol consumption patterns.

Different drinking occasions have different risks

The type of occasion plays an important role in shaping how much people drink and the likelihood of harm. Some occasions carry a higher per-occasion risk of binge drinking, but quieter, routine home occasions account for most alcohol consumed overall.

A national study of drinking occasions in Great Britain illustrates this pattern, showing that heavy drinking is not confined to stereotypically high-risk occasions such as big nights out.⁶⁵ Instead, a substantial share takes place during routine home drinking that can be perceived as low risk. Routine home occasions, such as quiet drinks alone, evenings with a partner and family time, account for the majority of drinking occasions and half of total alcohol consumed nationally. These occasions typically involve lower consumption per session, yet their frequency means they make a substantial contribution (39%) to binge drinking overall.

By contrast, larger home get-togethers and mixed home/on-trade occasions, including pre-drinking, are less common but far more likely to involve binge drinking. Despite their higher intensity, they contribute a smaller share of total consumption than routine home drinking.⁶⁶

Overall, while risk varies by occasion, population-level consumption is driven less by occasional excess and more by the accumulation of alcohol consumed during frequent, everyday home drinking occasions that can go unnoticed.

Drink choices can shape how people experience home drinking

In the UK, wine and beer are the most commonly purchased drinks for home consumption (46% and 42% of adults respectively), with spirits or liqueurs close behind (39%).⁶⁷ Wine is often associated with meals, relaxation and moderation, particularly among adults from higher social grades,^{68, 69} while beer is closely linked with leisure activities, such as watching TV or sport.⁷⁰ Spirits and other drinks carry their own associations, reflecting cultural norms and social identities. These associations matter because they influence how drinking practices are understood and even justified. Some drinks are perceived as more 'socially acceptable' for regular consumption than others,⁷¹ which can help explain how certain forms of home drinking can become normalised and patterned into everyday life, even when they may involve risky drinking.

Among all home drinkers, wine is the most commonly consumed drink (with 53% reporting drinking it always or often), followed by beer (42%) and spirits (28%), though preferences vary by gender, age and social grade. Men who regularly drink at home are more likely to report drinking beer always or often (60% vs 19% of women), and women are more likely to report drinking wine (64% vs 44% of men).⁷² Older drinkers (aged 55 or over) and adults from ABC1 social grades are more likely to prefer wine than younger adults and adults from C2DE social grades (59% vs 48% and 59% vs 44% respectively). Understanding who drinks what and the cultural meanings attached to different drinks, can help inform approaches that encourage moderation in ways that feel relevant and practical.

Household environments matter too

Living environments also influence how adults drink at home. Home-alone drinkers are more likely to live by themselves compared to social-home drinkers (30% vs 12%),⁷³ and some may use alcohol to relieve the negative effects of this living situation, such as boredom. Adults who live with other people may drink at home to enhance their relationships.^{74, 75} Therefore, living situations may influence opportunities for solitary or social drinking in the home.

However, the picture is more complex. Data from the Drinkaware Monitor indicates that over two-thirds (70%) of home-alone drinkers live with someone else.⁷⁶ According to a 2023 study, some drinkers may consume larger amounts of alcohol when others in their household are away.⁷⁷ This may be due to the absence of social pressures, fewer responsibilities, and more freedom when drinking alone. This aligns with qualitative research showing that privacy, control, and freedom from judgement are key reasons why some adults prefer to drink at home, especially when alone or unobserved.⁷⁸ This suggests that the risks linked to solitary home drinking are not only about living alone, but also potentially about moments when social constraints are absent, underscoring the importance of context in shaping drinking behaviour.

These findings show that risk within home drinking is shaped not only by whether someone drinks alone or with others, but also by frequency, routine, and the wider context in which drinking takes place. To understand how to support moderation effectively, it is important to look not just at what people do, but also why they do it.

Why do adults drink at home?

Understanding why adults drink at home is crucial, given that most alcohol is consumed in this setting. These drivers often overlap and help explain why home drinking is a routine part of life for many UK adults, and why, for some, it can shift into heavier or more harmful patterns. Evidence points to four key drivers: cost, convenience, relaxation and coping, and perceptions of safety.

Cost is one of the strongest drivers

Alcohol purchased in the off-trade is significantly cheaper than in pubs, bars and restaurants. In 2024, the average price per unit (in England and Wales) was just 67p, compared to £2.21 in the on-trade,⁷⁹ a price gap that provides an economic incentive to drink at home. This financial appeal cuts across different age groups, though spending patterns vary.⁸⁰ Data from DEFRA show that while adults under the age of 30 spent the least amount on alcohol for consumption at home each week in 2023/24 (£1.62), those aged 65 to 74 spent the most (£5.26).⁸¹ Kantar data also highlight that adults aged 65 and over account for nearly two-fifths (39%) of total off-trade alcohol spend; the largest proportion among any age group.⁸² Younger adults, however, may prioritise value for money rather than premium products. Younger adults (aged 18–24) are more likely than older adults (aged 65 and over) to consider bottle, can or pack size (37% vs 15%) and look for products with higher-alcohol content (20% vs 5%).⁸³ This suggests that lower expenditure among younger drinkers may reflect different purchasing priorities rather than lower consumption.^{84, 85}

Convenience and routines

Convenience is another important factor.^{86, 87} The home allows adults to drink alcohol while cooking, gaming or watching TV, integrating alcohol use alongside everyday routines and practices.^{88, 89} A 2022 study on the ‘affordances’ of home drinking (how the home makes drinking alcohol more accessible) found that adults who reported drinking at moderate levels^a were more likely to combine drinking in the home with a single, specific activity (such as cooking), whereas heavier drinkers tended to drink alongside a broader range of activities.⁹⁰ This breadth suggests that for some, alcohol use is more deeply patterned into home life, shifting from an occasional add-on to particular activities to a more habitual part of everyday routines. A separate qualitative study finds the home as a meaningful space where drinking is shaped by comfort, familiarity, and routine, and where alcohol can become woven into daily life in ways that are hard to notice.⁹¹

^a This was defined as less than 14 Australian Standard Drinks a week in this study

For parents, drinking at home can offer a practical solution to childcare constraints,⁹² or as a way to transition from the responsibilities of childcare to a more relaxed, adult identity.⁹³ ⁹⁴ While becoming a parent does not automatically lead to more drinking at home, it has been proposed as a key driver for transforming alcohol consumption away from on-trade settings.

Relaxation and coping are common motives

Over half (53%) of all home drinkers report drinking to unwind or de-stress.⁹⁵ Qualitative findings echo this, showing that the home is often seen as a sanctuary where drinking helps people transition out of work or caregiving roles and into a sense of relaxation or personal space.⁹⁶ Around one-in-three (35%) drink to lift their mood or to escape everyday pressures (33%).⁹⁷ For many, these motives are unlikely to be viewed as problematic.⁹⁸ However, when alcohol is used specifically to cope with stress, anxiety, or depression, the risks increase. Coping motives are consistently linked to heavier, more harmful patterns of drinking,^{99,100} and are particularly associated with solitary drinking.^{101,102,103,104,105} While one in five (20%) adults who drink at home weekly or more often report coping reasons for drinking most of the time or always, this rises to one in four (27%) among home-alone drinkers (vs 20% among social-home drinkers).¹⁰⁶

Safety concerns also play a role for some drinkers

Some adults perceive the home as a safer environment for alcohol consumption than drinking in the night-time economy, where risks such as drink spiking and harassment are more common.^{107,108,109,110} Harassment is reported across groups, but women are disproportionately affected, with around one in four (27%) being subjected to at least one form of harassment in a public setting in the last 12 months (compared to 16% of men).¹¹¹ Yet safety at home is not guaranteed; alcohol is implicated in 38% of domestic violence incidents in England and Wales,¹¹² underscoring that it can also be a setting of significant harm.

Implications of the greater concentration of drinking at home

Concentration of harm

The majority of alcohol is purchased for consumption at home.^{113,114} While much of this drinking is moderate, risk is not evenly distributed. A relatively small proportion of households account for a disproportionate share of alcohol purchased for home consumption,¹¹⁵ and some groups, most notably adults who regularly drink at home alone, show higher indicators of vulnerability, including possible dependence and coping-motivated drinking.¹¹⁶

Quieter, routinised home occasions, such as drinking alone or with a partner or family, shape most everyday consumption and are therefore an important focus for moderation. Some occasions carry higher per-occasion risk, including larger home get-togethers and mixed-trade occasions involving pre-drinking, which are disproportionately associated with binge drinking. However, these occasions are less common overall, meaning that harm is driven primarily by drinking that builds up across routine home occasions, with the greatest risks concentrated among those drinking above the guidelines.

Fewer barriers could lead to increased consumption

While drinking at home is not inherently harmful, certain features of the home environment may mean there are fewer barriers to heavier consumption.¹¹⁷ Alcohol bought for home use is typically cheaper¹¹⁸ and more accessible. Off-trade availability has expanded; in 2023/24, around 10,300 premises in England and Wales held a 24-hour licence to sell alcohol, with supermarkets now holding 38% of these (approx. 3,900), up sharply since 2008.¹¹⁹ While availability alone does not determine consumption, greater ease of purchase may make heavier use more likely.¹²⁰ In addition, the emergence and growth of home delivery has further increased the ease of purchasing alcohol for consumption at home.^{121,122} Unlike pubs, bars or restaurants, many alcoholic drinks at home are not subject to standard measures, and studies show that adults often underestimate the amount they pour, with overpours particularly common among heavier drinkers.^{123,124}

The absence of social checks at home may also lower barriers to heavier consumption, particularly for those who drink alone.^{125,126,127} In on-trade settings, the presence of others can act as a 'check' or moderating influence on alcohol consumption, as social norms and potential embarrassment may discourage excessive drinking.¹²⁸ In the complete absence of social pressure, some home-alone drinkers may consume more than they otherwise would. However, the opposite can also occur; the presence of others can increase heavy drinking in some social settings.¹²⁹

Drinking at home is often combined with other everyday activities, making it routinised and embedded within home life. As a result, alcohol consumption may be viewed less as a distinct social practice in and of itself, and more as part of the broader experience of being at home, which may make it easier for intake to go unnoticed over time.^{130, 131}

This habitual nature of home drinking underscores the opportunity for public health and industry-driven initiatives to focus more directly on moderation in the home.

Targeted interventions could include raising awareness about the risks of habitual drinking, particularly among those who regularly drink above the guidelines. Initiatives could challenge norms around routine alcohol use and promote moderation strategies, such as replacing some regular-strength alcoholic drinks with alcohol-free and lower-strength alternatives, where possible. These options could help reduce overall consumption while maintaining the social rituals and associations of drinking. In addition, increasing awareness and translating the Chief Medical Officers' low-risk drinking guidelines into practical, relatable ways for the home setting could make these guidelines more meaningful and actionable in daily life.

Opportunities

Home drinking has risen as the primary context for alcohol consumption, yet remains underexplored as an opportunity for reducing harm. The Government's 10-Year Health Plan for England¹³² offers an opportunity to respond to this shift and strengthen prevention where most alcohol is now consumed.

At a system level, the World Health Organization identifies structural measures such as taxation, restrictions on availability, and marketing controls as 'best buys' to reduce alcohol harm.¹³³ Evidence from Scotland indicates that price-based interventions, such as minimum unit pricing, can contribute to reductions in alcohol-related harm, particularly among more disadvantaged groups.¹³⁴ Within the direction set out in the 10-year health plan for England, there is scope to act more directly on the routines and norms that shape drinking in the home, particularly among those who drink above guidelines. This report focuses on practical actions that can encourage moderation where risk is increasingly concentrated.

1. Strengthening public understanding of harm and the guidelines

Awareness of the Chief Medical Officers' low-risk guidelines remains low (17%¹³⁵), despite many products displaying the information. Recent research shows that current guidelines may have limited influence on decisions; particularly without contextualising risk in more personal and relatable terms.¹³⁶ There is an opportunity to strengthen understanding of harm by embedding guidance within everyday contexts. This includes framing risk in ways that feel personally relevant, reinforcing moderation as a social norm, and supporting people at key decision points, such as within home routines and when purchasing alcohol, through partnerships, practical tools, and point-of-sale activity.

2. Broadening interventions to reshape choice and behaviours

Behavioural science offers scope for light-touch but impactful interventions that can positively disrupt habitual drinking patterns without judgement. This includes digital tools, such as Drinkaware's Drinking Check (completed 1.7 million times since 2023 with over half of users taking positive action within weeks),¹³⁷ as well as choice architecture approaches in retail and online environments. Examples include repositioning alcohol-free options more prominently in stores, placing non-judgemental screening prompts on receipts or at checkout, and using loyalty schemes to incentivise lower-strength purchases.

3. Normalising alcohol-free and low-alcohol alternatives at home

Although alcohol-free and low alcohol products are increasingly available, all home drinkers are less likely to use them as a moderation strategy compared to those who regularly drink outside the home (44% vs 48%).¹³⁸ Common barriers include preferring soft drinks if not drinking alcohol (44%), sticking with conventional alcohol (27%), or simply not seeing the need to cut back (24%).¹³⁹ Yet, there are signs of change; data from the Smoking and Alcohol Toolkit Study show use of alcohol-free and low-alcohol drinks to reduce consumption increased from 25% to 39% between 2020 and 2024, with notable growth among older adults and higher risk drinkers.¹⁴⁰ Currently, research shows most use is concentrated in social or conformity-related occasions; where 'fitting in' makes alcohol-free and low-alcohol an acceptable substitute.¹⁴¹ This points to an opportunity to expand uptake of these products into the home, where alcohol is often used to relax, unwind or de-stress. While these products may not be for everyone, campaigns and partnerships can position these products as more appealing in home settings, but importantly, as substitutes, not supplements, to regular strength drinks.

4. Driving collective action and shared responsibility

Reducing harm in the home will require coordinated action across industry, health and community partners. Most adults drinking above the low-risk guidelines do not see themselves as needing support,¹⁴² but many are drinking at home, sometimes alone. They are most likely to benefit from light-touch, accessible interventions that fit naturally into everyday routines. Sharing sales and purchasing data can help identify risky patterns and test interventions, while cross-sector partnerships can co-design and deliver initiatives (from targeted community programmes to retail-based nudges) that resonate with home drinkers. Drinkaware is well-placed to convene this collective effort, building on its track record in early intervention, behaviour change and public engagement.

We recommend four key priorities for collective action to reduce harm in the home:

1. Strengthen understanding of the guidelines in ways that resonate with where and how people drink.
2. Broaden interventions to reshape choices and behaviours by expanding digital tools like the Drinking Check, while also piloting behavioural nudges and choice architecture approaches.
3. Normalise alcohol-free and low-alcohol drinks as substitutes at home.
4. Bring together stakeholders and partners to share data, and test, and co-design scalable interventions that support moderation at home.

We can make moderation easier, more visible, and more appealing in home settings. In doing so, we can strengthen prevention and early support for the approximately 8.2 million drinkers drinking above the guidelines and contribute directly to delivering the ambitions of the NHS 10-Year Plan.

Conclusion

Home drinking is now the most common way adults in the UK consume alcohol. Because it is routine and largely private, it is also where patterns can become established over time, including among those drinking above the guidelines.

By helping adults recognise patterns, understand risks and make healthier choices within their daily routines, we can support those who need it most while normalising moderation more broadly. As drinking habits continue to evolve, prevention and early support will need to reflect how and where people actually drink.

Next steps

Following completion of this report, we engaged our funders and wider industry stakeholders through a dedicated working group to prompt and shape sector discussion on this topic. The group discussed the implications of the findings and identified practical opportunities for action to respond to the growing importance of home drinking in shaping alcohol-related harm.

Alongside this, we are working with individual supermarkets including Tesco, Sainsbury's, Morrisons, Co-op, Aldi, Lidl, and Marks & Spencer to explore practical, scalable opportunities to make it easier for people to make informed choices in-store and online. These partnerships help us reach people where they are, making moderation clearer and more achievable as part of everyday shopping and home drinking routines.

For Drinkaware, the next step is to build on these insights by developing and evaluating initiatives that encourage greater moderation at home, with a focus on those who may benefit most from clearer guidance and support to cut back.

Annex: Data

This report draws data from a series of Drinkaware Monitors - Drinkaware's annual UK-wide survey on the nation's drinking behaviours - which took place between 2018 and 2025. Data from the 2019 edition of the Drinkaware Monitor is not included in this report as this year did not collect any data on drinking occasions due to a shorter questionnaire. The report also draws on data from Kantar. More information on each data source can be found below:

Drinkaware Monitor

The Drinkaware Monitor series is carried out by YouGov, and data are weighted by sex, age, region, and social grade to be representative of the UK adult population. Any differences reported between groups in this report are statistically significant to at least a confidence level of 95% (i.e. p less than 0.05) unless otherwise stated. More information on the survey and methodology of each Drinkaware Monitor can be found on our [website](#).

In 2025, the Drinkaware Monitor sample was made up of a similar proportion of men and women (49% and 51%) and a similar proportion of adults from the ABC1 and C2DE social grade (56% and 44% respectively). Adults aged 18 to 34 comprised 28% of the sample, 35 to 54-year-olds comprised 33%, and adults aged 55 and over comprised 38%. Most adults lived in England (84%) followed by Scotland (8%), Wales (5%) and Northern Ireland (3%).

Four groups have been selected for the purpose of this report based on the drinking occasions data from the Drinkaware Monitor series. They include:

All home drinkers	Out-of-home drinkers	Home-alone drinkers	Social-home drinkers
This group of drinkers reported drinking at home alone or with others weekly or more often.	This group of drinkers reported drinking outside the home weekly or more often.	This group of drinkers reported drinking at home alone weekly or more often.	This group of drinkers reported drinking at home with others weekly or more often.

These categories are not mutually exclusive. Individuals may appear in more than one group depending on their drinking settings.

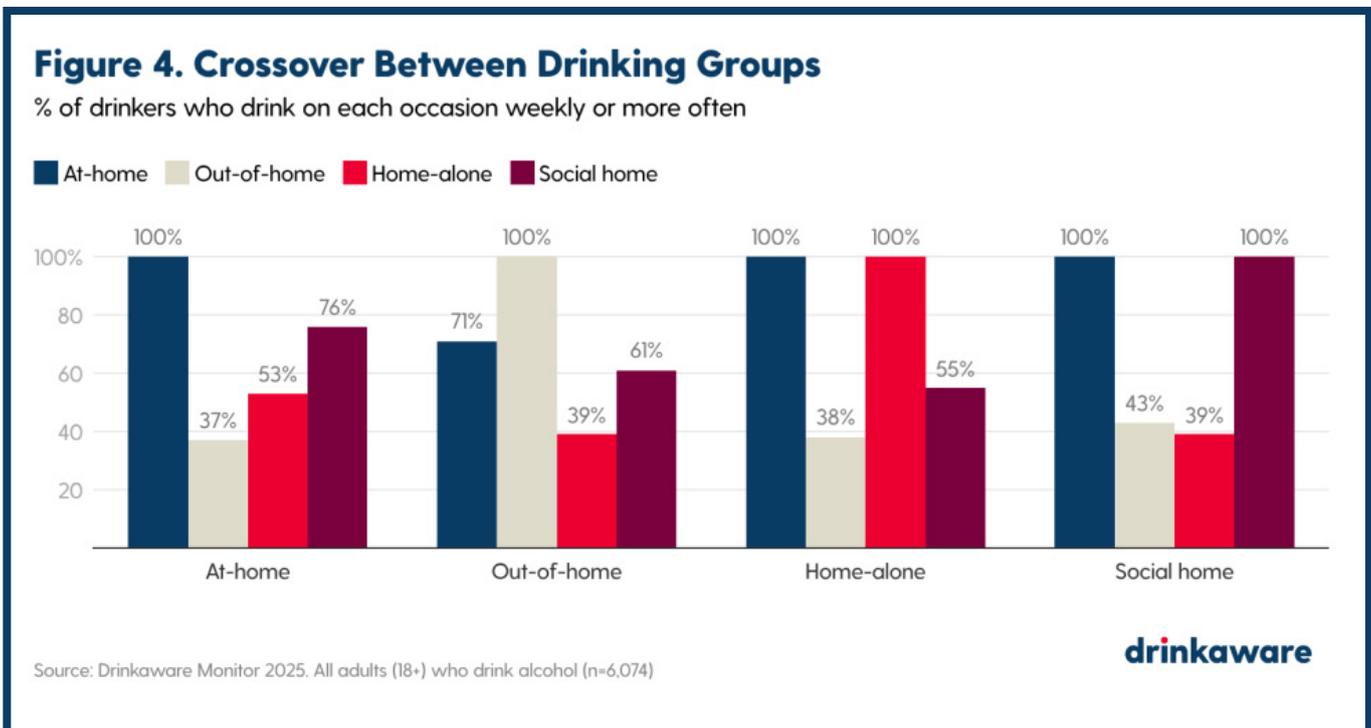
Kantar

Data from Kantar provides insight into the characteristics of off-trade shoppers, including their weekly unit consumption, age and social grade. Households were clustered into low, increasing and high risk clusters based on the number of alcohol units purchased from the off-trade. This was calculated from the volume of pure ethanol purchased from the off-trade over a 12-month period. This research was carried out on behalf of Drinkaware in late 2023.

Limitations

Drinkaware Monitor

While the groups outlined above are referred to throughout the report, it is important to note that these groups are not mutually exclusive (i.e., adults can belong to more than one group). For instance, two-fifths (37%) of all home drinkers also drink on occasions outside the home weekly or more often. **Figure 4** shows the extent to which adults who report each occasion for drinking also report drinking on other occasions. Additionally, these drinkers are 'regular' drinkers who report drinking on each occasion weekly or more often. Just over half (54%) of UK drinkers typically drink this frequently which means that the groups selected for analysis in this report are more inclined to drink more often than the general UK population.



Comparisons of groups between 2025 and previous years should be made with caution, as the ‘Drinking Occasions’ variable used to derive these groups changed slightly in 2023. Specifically, the response categories, ‘a small number of drinks at home with the family’, and ‘a small number of drinks at home with a partner as a couple’ used between 2018 and 2022 were combined into a single category: ‘a small number of drinks at home with people in my household’. Similarly, the response category ‘several drinks at home with a partner’ was changed to ‘several drinks at home with people in my household’. These differences are demonstrated in **Table 1**. In addition, the weekly response categories were consolidated from ‘five or more times a week’, ‘two to four times a week’, and ‘once a week’ into a single category of ‘once a week or more’ from 2023 to 2025 only. These changes may impact the comparability of the data across years.

Table 1. Drinking occasions differences between Drinkaware Monitors
How drinking occasions are defined in each Drinkaware Monitor, 2018 to 2025

Drinkaware Monitor(s)	At-home		Out-of-home		Home-alone		Social home	
	2018 to 2022	2023 to 2025						
Drinking at home alone	✓	✓			✓	✓		
A small number of drinks at home with people in my household		✓						✓
A small number of drinks at home with the family	✓						✓	
A small number of drinks at home with a partner as a couple	✓						✓	
Several drinks at home with people in my household		✓						✓
Several drinks at home with a partner	✓						✓	
Getting together at your or someone else's house	✓	✓					✓	✓
Going out for a meal			✓	✓				
Evening or night out with friends			✓	✓				
Going out for a couple of drinks in the afternoon				✓				
Drinking at events				✓				

Note: Drinking occasions were not recorded in the 2019 Drinkaware Monitor

Kantar

Unit consumption was estimated from household purchases and so households with two or more adults have been classified using a multiple of the CMO guidelines. For example, for a household with one adult, the threshold for low-risk classification is 14 units per week, for two adult households the threshold for low-risk classification is 28 units per week and so on. The gender of household members was not recorded, so where CMO risk level guidelines vary by gender, this study applied the median. Therefore, the threshold for the high risk category is 42.5 units each week instead of 50 units each week.

Furthermore, it was assumed that all alcohol purchased within the 12-month period of analysis had also been consumed and the data reflects take-home purchasing only. This means any out-of-home consumption would be incremental to that covered by the study.

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