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Assessing if motives-based vignettes influence plans for drinking and alcohol cues

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01/03/2024

Recruitment status
No longer recruiting

Registration date
06/03/2024

Overall study status
Completed

Last Edited
20/11/2024

Condition category
Other

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol
Background and study aims
Alcohol consumption is prevalent in Sweden and the UK, despite policy measures aimed at reducing consumption, including public health guidelines regarding alcohol. Individual-level means of behaviour change that focus on an individual's personal dimensions of behaviour, such as drinking motives, are warranted. The current study aims to test if motives-based materials are effective in impacting plans for future drinking and reactivity to alcohol-related cues. A secondary aim is to assess how individuals perceive risky drinking as outlined by health authorities.

Who can participate?
Individuals aged 18 years old and over who have recently consumed alcohol

What does the study involve?
This study employs vignettes, which are concise scenarios simulating real-life situations, to investigate the impact of health persuasion messages on drinking behaviour. The vignettes, informed by literature on drinking motives and associated consequences, aim to elucidate participants' beliefs and attitudes towards alcohol consumption. With a focus on shorter-term consequences such as hangover symptoms and embarrassment, the study seeks to motivate behaviour change by highlighting the immediate risks of excessive drinking. Ten vignettes, including experimental and control scenarios, are presented to participants based on their drinking motives and favourite drinks. Through a survey, participants respond to vignettes that either emphasize the negative effects of alcohol consumption, the benefits of reducing drinking, or unrelated behaviours. Participants are randomly assigned vignettes, which serve as the experimental manipulation, midway through the survey. The study concludes with no further follow-up, aiming to assess immediate responses to health persuasion messages on drinking behaviour.

What are the possible benefits and risks of participating?
Responding to questions about alcohol consumption has been found to increase reflection and may lead to behaviour change. There are no substantial risks of participating.

Where is the study run from?
Linköping University in Sweden

When is the study starting and how long is it expected to run for?
May 2023 to May 2025

Who is funding the study?
The Swedish Research Council for Health, Working Life, and Welfare

Who is the main contact?
Dr Marcus Bendtsen, marcus.bendtsen@liu.se

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
Assessing if motives-based vignettes influence plans for drinking and alcohol cues: a randomised controlled trial

Study objectives

The study aims to estimate the effect of motives-based vignettes, framed in terms of gains or losses, on motivation to reduce alcohol consumption.

Ethics approval required
Ethics approval not required

Ethics approval(s)
Ethical approval for the study was waived by the Swedish Ethical Review Authority on 16/12 /2023 because the study is based on the use of anonymised participant data (Dnr. 2023-06474-01).

Study design
Randomized controlled trial

Primary study design
Interventional

Study type(s)
Efficacy

Health condition(s) or problem(s) studied
Individuals looking online for help to reduce their alcohol consumption

Interventions
Vignettes are short, precisely composed descriptions of a person, object, or situation that simulate a real-life scenario. Vignette studies are a hybrid of experimental and survey methods, in which participants are presented with simulated scenarios and asked to provide judgement to elicit their beliefs, attitudes or intentions.

The content of the vignettes used in this study includes an information component informed by the literature regarding how our drinking motives can lead to excess consumption and subsequent negative consequences. This section aims to provide information that will potentially cause participants to understand how their motives result in risky drinking. The second part aims to motivate to change behaviour through a health persuasion message. Health persuasion messages provide information on the outcomes of performing a behaviour or beliefs about consequences in terms of gains (e.g., limiting alcohol consumption helps keep your liver healthy) or losses (e.g., drinking alcohol increases the risk of liver disease).

The vignettes will focus on the associated shorter-term consequences of drinking. Health persuasion messages typically focus on the longer-term consequences, such as cancer and liver disease, which are often overlooked by individuals from either ignoring them altogether or planning to modify behaviour later to mitigate risk. Furthermore, there is a high prevalence of shorter-term consequences of excess drinking, such as a range of hangover symptoms or embarrassing yourself. Hence, short-term consequences are experiences that an individual could already anticipate and may be able to motivate changes in behaviour.

Ten vignettes will be used in this study. There will be eight experimental vignettes, framed either in terms of gains or losses. They will be further adapted to one of four drinking motives based on participants' responses to the baseline questionnaire (i.e., intervention group participants will receive a vignette which matches their drinking motives). In each experimental vignette, participants will read a scenario regarding a fictional character that has experienced

gains from limiting consumption or losses from excess consumption and then imagine the scenario happening to them. The vignette scenarios are based on findings regarding drinking motives and are adapted for sex and age. Evidence suggests health information deemed salient to the self effectively elicits behaviour change. There will be an additional two control vignettes framed in gains or losses. The content of these vignettes presents fictional characters that have either experienced gains or losses from engaging with other behaviours unrelated to drinking (e.g., engaging with physical activity).

Participants will respond to a survey. Halfway through they will be shown a vignette that either portrays the negative aspects of drinking alcohol, the positive aspects of drinking less, or a control vignette. Allocation to a vignette is randomized using block randomization stratified on motives for drinking and favorite drink and is the experimental manipulation. After reading the vignette participants will continue to complete the survey. The second part of the survey is the follow-up. There is no delayed follow-up, i.e., no further contact after having completed the survey.

Intervention Type
Behavioural

Primary outcome(s)
The following primary outcome measures will be assessed immediately after having viewed the vignette:
1. Self-efficacy for reducing alcohol consumption measured using a questionnaire with four items that reflect self-belief in being able to reduce one's drinking (e.g., "For me, reducing my drinking in the next week would be easy/difficult"), respondents score each item on a 5-point Likert scale
2. Intentions to reduce alcohol consumption measured using a questionnaire with three items to record plans for future drinking within a specific period (e.g. "I plan to reduce my drinking in the next week"), respondents score each item on a 5-point Likert scale
3. Reactivity to alcohol-related cues measured using a Stroop task to assess attentional bias in response to stimuli

Key secondary outcome(s))
The following secondary outcome measures will be assessed immediately after having viewed the vignette:
1. Perceptions of risky alcohol use measured using an open-ended question that prompts them to write a few lines on what it means for them ("In the box below, please describe your personal definition of 'risky drinking'?")
2. Information and support interest measured by recording whether participants clicked on the links to indicate their interest in more information or immediate support

Completion date
01/05/2025

Eligibility

Key inclusion criteria
1. Aged 18 years old and over
2. Consuming at least one standard drink of alcohol in the past week or having one episode of heavy drinking in the past month (i.e., drinking 4 or more standard drinks of alcohol on one occasion)

Participant type(s)
Service user

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
Not meeting the participant inclusion criteria

Date of first enrolment
24/03/2024

Date of final enrolment
22/05/2024

Locations

Countries of recruitment
United Kingdom

Sweden

Study participating centre
Linköping University
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Sponsor information

Organisation
Linköping University

ROR
https://ror.org/05ynxx418

Funder(s)

Funder type
Research council

Funder Name
Forskningsrådet om Hälsa, Arbetsliv och Välfärd

Alternative Name(s)
Swedish Research Council for Health, Working Life and Welfare, Forskningsrådet om Hälsa, Arbetsliv och Välfärd, FORTE

Funding Body Type
Government organisation

Funding Body Subtype
Local government

Location
Sweden

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be available upon request from Dr Marcus Bendtsen (marcus.bendtsen@liu.se). Ethical approval and a data-sharing agreement are required before data is shared.

The type of data that will be shared includes sociodemographic variables, alcohol consumption, intentions and self-efficacy to reduce alcohol consumption, and responses to alcohol-related cues (Stroop task data). The timing for data availability is from the 1st of June 2025. Consent from participants was required and obtained. All data are anonymous. There are no ethical or legal restrictions.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		12/11/2024	20/11/2024	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes