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Do low alcohol labels influence consumption of beer or wine?

Submission date
19/11/2016

Recruitment status
No longer recruiting

Registration date
21/11/2016

Overall study status
Completed

Last Edited
27/04/2018

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Previous research has suggested that labels indicating low or light versions of products with health harms could lead people to consume more as they appear to be less harmful. However, it is not clear whether labelling alcohol as low in strength could also have such effects. The aim of this study is to find out whether the use of low alcohol labels increases consumption of wine and beer.

Who can participate?
Healthy volunteers, aged 18 or over, who consume alcohol weekly

What does the study involve?
The study takes place in a laboratory setting that mimics a “bar” environment, located in central London. Participants are randomly allocated to taste one of test three glasses of wine or beer, labelled as having either average, low or super low alcohol content. The drinks vary only in the labels used to describe the drinks, not in the actual drinks. Participants are asked to rate the quality of the drinks and are then told that they can consume the remaining drinks whilst answering questions regarding their drinking habits and motivations. The total volume of drink consumed, product appeal and perceived alcohol strength are all measured.

What are the possible benefits and risks of participating?
The findings from this study will provide evidence of the impact of low alcohol labels on beer and wine consumption . This study is considered to be low risk and no side effects are expected. Since participants will drink alcohol in this study, breathalysers will be used to ensure that at the end of the study participants are not intoxicated (participants will only be able to consume a maximum of 2.5 units of alcohol since all the drinks will have a low alcohol content). If they are over the driving limit, they will be asked to remain in the lab until the effects of the alcohol have worn off, or to take public transportation when leaving the testing venue. Participants who insist on leaving the lab before they are sober will be asked to sign a waiver stating they are aware of their breath alcohol concentration.

Where is the study run from?
Testing will take place in a bar lab located in central London. The study is run from the Behaviour and Health Research Unit at the University of Cambridge (UK)

When is the study starting and how long is it expected to run for?
July 2015 to February 2017

Who is funding the study?
Department of Health Policy Research Programme (UK)

Who is the main contact?
Prof. Theresa Marteau

Contact information

Type(s)
Scientific

Contact name
Prof Theresa Marteau

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Impact of low alcohol labels on consumption: a bar lab experiment

Study objectives
The research question is whether labelling alcohol products to denote low levels of alcohol by volume leads to self-licensing whereby people consume more of an alcoholic beverage when it is labelled as “low” compared with when it is labelled as regular strength. The hypothesis is that more alcohol is consumed when equivalent beverages are labelled to denote a lower strength product than when they are labelled as regular strength.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Cambridge Psychology Research Ethics Committee, 05/11/2015, ref: PRE.2015.083

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Excessive alcohol consumption

Interventions
Two between-subjects experiments (for (a) wine and (b) beer) with one independent factor of three levels corresponding to the label that accompanies drinks (wine or beer) for consumption.

The trial has three different intervention arms. Participants are randomly allocated to taste test three glasses of wine or beer, with all three glasses having one of three possible labels:
1. Label displaying the average %ABV on the market, 12.9% for wine and 4.2% for beer (without any verbal descriptors of strength)
2. Label displaying the verbal descriptor "Low" combined with either 8%ABV for wine or 3%ABV for beer
3. Label displaying the verbal descriptor "Super Low" combined with either 4%ABV for wine or 1%ABV for beer

Intervention Type
Behavioural

Primary outcome(s)
Total volume of drink consumed during the taste-test task measured in millilitres (ml). The taste-test task takes place immediately post-intervention.

Key secondary outcome(s))
1. Product appeal: measured using validated questionnaire items with answers given on Likert-type rating scales. The measurement will take place immediately post-intervention with the labels (differing according to randomisation) displayed for participants to see
2. Perceived alcohol strength: measured using validated questionnaire items with answers given on Likert-type rating scales. The measurement will take place immediately post-intervention with the labels (differing according to randomisation) displayed for participants to see
3. Other indices of appeal: measured using validated questionnaire items with answers given on Likert-type rating scales. The measurement will take place immediately post-intervention with the labels (differing according to randomisation) displayed for participants to see

Completion date
28/02/2017

Eligibility

Key inclusion criteria
1. Adult men and women (above 18 years of age)
2. Weekly wine/beer drinker

Participant type(s)
Healthy volunteer

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Under 18 years of age
2. Non-weekly wine/beer drinker
3. Pregnancy (women only)
4. Medication use (including antibiotics)
5. History of neurological or psychiatric disorders

Date of first enrolment
28/11/2016

Date of final enrolment
28/02/2017

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Behaviour and Health Research Unit
University of Cambridge
Institute of Public Health
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Sponsor information

Organisation
University of Cambridge

ROR
https://ror.org/013meh722

Funder(s)

Funder type
Government

Funder Name
Department of Health Policy Research Programme (Policy Research Unit in Behaviour and Health [PR-UN-0409-10109]) (UK)

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 Prof. Theresa Marteau.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/07/2018		Yes	No