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Do different types of low alcohol labels influence the consumption of wine?

Submission date
09/05/2018

Recruitment status
No longer recruiting

Registration date
11/05/2018

Overall study status
Completed

Last Edited
02/03/2022

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
There is growing interest from policymakers and producers to extend the range of lower strength alcohol products above the current cap of 1.2% ABV set out in national legislation. There is however an absence of evidence concerning the impact on consumption of labelling alcohol products as lower in strength. A recent study found that the total amount of wine and beer consumed increased as the label on the drink denoted successively lower alcohol strength. Participants drank most when drinks were labelled as Super Low and least when labelled as Regular strength. However, the design of this study did not allow it to show whether the effects of the lower alcohol strength labelling stemmed from the verbal or the numerical descriptor of strength since all the labels denoting lower alcohol strength contained a combination of verbal and numerical information (% ABV). This study aims to fill this gap by examining which aspect of the label for a lower strength wine increases consumption, the verbal descriptor (Super Low), the percentage alcohol by volume (4% ABV), or their combination.

Who can participate?
Healthy volunteers, aged 18 or over, who consume wine at least once 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 one of three groups varying only in the labels used to describe the drinks they are invited to taste, and not in the actual drinks. Participants are asked to rate the quality of the wines and are then told that they can consume the remaining wine whilst answering questions regarding their drinking habits and motivations. The total volume of drink consumed and product appeal are 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 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 wines will be of lower alcohol strength). 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?
November 2017 to October 2018

Who is funding the study?
National Institute for Health Research Policy Research Programme (UK)

Who is the main contact?
Prof. Theresa Marteau

Contact information

Type(s)
Scientific

Contact name
Prof Theresa Marteau

Contact details
Behaviour and Health Research Unit
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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

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

Study objectives
This study will aim to answer the following question: which aspect of the label for a lower strength wine increases consumption: a verbal descriptor (Super Low), the percentage alcohol by volume (4% ABV), or their combination?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Cambridge Psychology Research Ethics Committee, 10/01/2018, ref: PRE.2017.095

Study design
Randomised controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Other

Study type(s)
Prevention

Participant information sheet
Not available in web format, please use contact details to request a participant information sheet.

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

Interventions
A between-subjects experiment with one independent factor of three levels corresponding to the label that accompanies wine for consumption. The trial has three different intervention arms. Participants are randomly allocated to taste test three glasses of wine, with all three glasses having one of three possible labels:
Group 1: Verbal descriptor only (Super Low)
Group 2: % ABV only (4% ABV)
Group 3: Verbal descriptor AND % ABV (Super Low AND 4% ABV)

Intervention Type
Behavioural

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

Secondary outcome measures

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.

Overall study start date
10/11/2017

Completion date
31/10/2018

Eligibility

Key inclusion criteria
1. Adult men and women (above 18 years of age)
2. Weekly wine drinker (consuming wine at least once a week)

Participant type(s)
Healthy volunteer

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
90 adults (30 per experimental group) will be recruited via a research agency from a panel representative of the general population of England to a pilot study [with interlocking quotas set for age, gender, and SES]. We will recruit 90 people who consume alcohol and, according to prior stated preference, will sample weekly wine drinkers. The sample size of 90 participants was chosen as a pragmatic number to estimate the likely effect size of the comparison between the three groups as an internal pilot, with a view to estimating a required sample size to detect a likely effect (see Lancaster, Dodd, & Williamson, 2004). If the required total sample size for the full trial is less than 300 (incl. the 90 already tested), we will recruit the remaining sample and analyse the combined dataset (see Wittes & Brittain, 1990). If the required sample is larger than this, no further participants will be recruited and the data from the 90 participants will be written-up as a pilot study.

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

Date of first enrolment
21/05/2018

Date of final enrolment
31/10/2018

Locations

Countries of recruitment
England

United Kingdom

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

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Trinity Lane
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Sponsor type
University/education

ROR
https://ror.org/013meh722

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research Policy Research Programme (Policy Research Unit in Behaviour and Health [PR-UN-0409-10109])

Results and Publications

Publication and dissemination plan
1. Planned submission of the main results of this study for publication in a high-impact factor journal
2. Planned dissemination of the results to the public, policy makers and other researchers through targeted social media

Intention to publish date
31/10/2019

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		10/02/2021	02/03/2022	Yes	No