

Investigating the Potential Impact of Changing Alcohol Product Labels

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Key findings

- Most participants were in favour of health messages on bottles and cans; however, they were not found to pay attention to them in detail. Little time was spent looking at the areas of a product where health information is usually presented.
- Newly-designed on and off alcohol labels could offer a significant improvement for delivering key health and unit information when compared to existing alcohol labels.

Researchers

Dr Gareth Roderique-Davies and Professor Bev John, at the Addictions Research Group, University of South Wales, aided by Nyle Davies, Sarah Jones and Shona Leeworthy.

Background

There is good evidence that changes to alcohol labels, for example through the inclusion of a health message, can improve consumer awareness of the risks relating to excessive consumption (Stockwell, 2006)¹. However, the evidence that this then leads to actual changes in drinking behaviour and reductions in alcohol harm is weak (Public Health England, 2016, and Kersbergen & Field, 2017)^{2,3}.

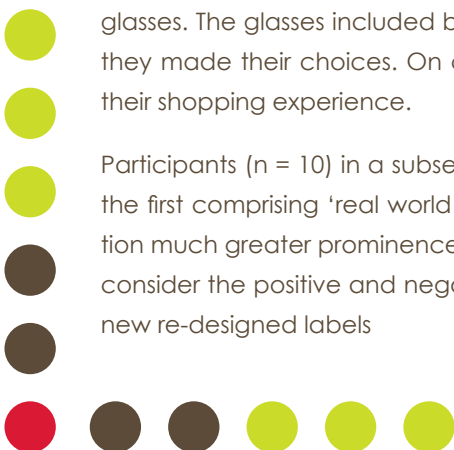
Nevertheless, insofar as labels do have the potential to influence behaviour, the key elements include the label design (which influences whether the content of labels are actually noticed), and how well the information and messages on labels are targeted at their intended audience (Agostinelli & Grube, 2002)⁴. Research also indicates that the likelihood of behavioural change may be enhanced by the addition of on-shelf labelling, reinforcing a particular health message, at the point-of-sale (Welsh Government, unpublished)⁵.

The study reported below investigated what consumers pay attention to on alcohol labels when purchasing alcohol products and the potential impact of changes to current labels, for example through the inclusion of a prominent health message.

The study employed an observational design using mobile eye-tracker equipment to measure visual attention to alcohol labels and on-shelf signage. A mock supermarket aisle was constructed using empty drinks bottles that were refilled with coloured dye and re-sealed, to create a realistic shopping experience, along with on-shelf signage displaying health messages.

Participants (n = 25) were instructed to undertake an alcohol shopping-related task while wearing mobile eye tracker glasses. The glasses included built-in digital voice recorders to capture participants' verbalised thought-processes as they made their choices. On completion, the participants immediately completed a brief questionnaire related to their shopping experience.

Participants (n = 10) in a subsequent, small focus group study were presented with two variants of alcohol products, the first comprising 'real world' labels and the second with bespoke, re-designed labels giving alcohol unit information much greater prominence (on the front label) and also including health-related information. They were asked to consider the positive and negative aspects of current alcohol labels, as well as the strengths and weaknesses of the new re-designed labels



Methods

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Findings

The results suggest that price and brand were the two most 'looked at' pieces of information: when making their choices, all participants looked at the price of the product, spending a mean gaze-time of 29.12 seconds, and 24 participants spent an average 27.24 seconds viewing the brand name/logo. This was supported by a thematic analysis of the audio data.

In contrast, little or no-time was spent looking at health-related information, either on the product labels or the on-shelf health messages. More than two-thirds of participants (n = 18) looked at percentage volume information, but only for an average of 1.63 seconds. Far fewer participants (n = 4) viewed unit and health/Drinkaware messaging. Indeed, video footage revealed that less than half of the participants (n = 12) looked at the labels on the back of any of the products (where unit and health information is found on current labels). Responses to the follow-up questionnaire indicated support for health-related warnings, although there were a wide range of views about whether, and to what extent, these would be helpful to consumers.

Focus group participants reaffirmed that price is a primary factor influencing their shopping choices. Several participants noted that they would tend to shop within a certain price bracket and would avoid products that fell outside of that range – for example, never purchasing the absolute cheapest products, but choosing the next higher price bracket instead. Participants were also clear that brand recognition is an important factor in their purchasing behaviour. In contrast, health messages did not inform participants' purchasing decisions, and some expressed surprise at the information they contained.

When considering existing labels, aside from unit information, participants viewed the label design as unhelpful in providing health-related information, noting poor placement, the small font size of the text, and contrast issues. Whilst the alternative labels were seen as a positive improvement, with key unit and health information placed on the front label being well-received, the participants were of the view that point of sale changes and pricing would be a more effective way of influencing purchasing behaviour.

Implications

There is considerable scope to improve the design and layout of alcohol labels to convey key information to consumers, such as unit content, nutritional information and health messages. Previous research has shown there is relatively high support for alcohol labelling interventions (Maynard et al, 2018)⁶, and the newly-designed labels provided in this project were well-received by participants. As highlighted elsewhere (Royal Society for Public Health, 2018)⁷, presenting health information on the front label offers good potential in positively influencing drinking behaviour.

Conclusion

Changes to the design and content of alcohol labels could help drinkers make more informed choices in relation to alcohol and health.

However, this study suggests that consumers pay little attention to health information as currently found on labels. This includes warnings about drinking while pregnant and 'drink responsibly' messaging. Such information is typically placed in small font on the reverse of labels (Royal Society for Public Health, 2018)⁸ but consumers are more likely to look at information if it is prominently displayed on the front of a product rather than the back or side (Spink, J. et al., 2011)⁹.

The provision of nutritional information, information on low-risk drinking guidelines, and advice for pregnancy, is not currently a legal requirement. As a result, labels are inconsistent and their regulation is reliant on industry self-regulation. The Government should make the clear display of such information mandatory, as well as improving the requirements for the provision of health information.

Further Information

Contact: Mark Leyshon, Alcohol Concern Cymru

References

¹Stockwell, T. (2006) A review of research into the impacts of alcohol warning labels on attitudes and behaviour. Centre for Addictions Research of BC.

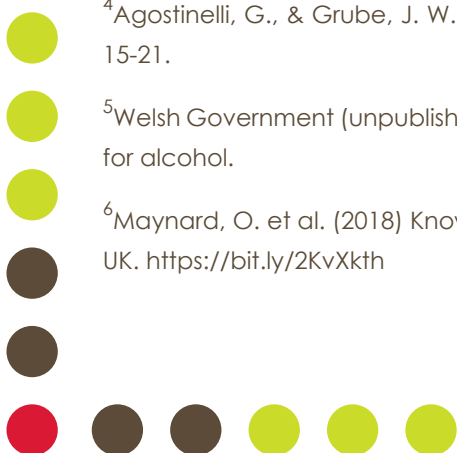
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³Kersbergen, I., & Field, M. (2017). Alcohol consumers' attention to warning labels and brand information on alcohol packaging: Findings from cross-sectional and experimental studies. *BMC public health*, 17(1), 123.

⁴Agostinelli, G., & Grube, J. W. (2002) Alcohol counter-advertising and the media. *Alcohol Research & Health*, 26(1), 15-21.

⁵Welsh Government (unpublished) A review of evidence on the use of labelling content as a public health intervention for alcohol.

⁶Maynard, O. et al. (2018) Know your limits: Labelling interventions to reduce alcohol consumption, Alcohol Research UK. <https://bit.ly/2KvXkth>



⁷Royal Society for Public Health (2018) Labelling the Point: Towards better alcohol health information, London, RSPH

⁸ibid.

⁹Spink, J., et al. (2011) Review of package warning labels and their effect on consumer behaviour with insights to future anticounterfeit strategy of label and communication systems. *Packaging Technology and Science*, 24(8), 469-484.

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