

## **“Pubs and Clubs” Project – modifying risky alcohol-related on-road behaviours**

Healy, D.<sup>1</sup>, Cockfield, S.<sup>1</sup>, Mallick, J.<sup>2</sup>, Banfield, K.<sup>2</sup>

<sup>1</sup> Transport Accident Commission

<sup>2</sup> Australian Drug Foundation

### **Abstract**

The nexus in Australia between alcohol and social occasions remains strong. Each year in Victoria an average of 50 drivers are killed who exceed the legal limit and many more road users are either killed or seriously injured as a result of drink driving. Information collected at breath test stations indicates that pubs and clubs are major generators of drink drivers on Victoria's roads.

The paper describes a pilot project conducted by the Australian Drug Foundation (ADF) in collaboration with the Transport Accident Commission (TAC) (Mallick et al, 2007) in which a number of “high-risk” licensed premises, with the consent of their licensees, were subjected to a safety audit with a view to providing tailored advice to the licensee concerning changes that would produce a safer and more responsible environment in which social interactions could occur. The major findings of the audit together with the subsequent changes made to the hotels by the licensees will be described. The concept underpinning this approach is that shaping the environment and the cues it provides to the individual can provide a powerful means of helping to moderate high-risk behaviours such as drink-driving.

It is anticipated that this pilot will pave the way for an expanded demonstration of this approach that will be evaluated in terms of process and outcomes, including changes to the levels of road trauma and other incidents linked to alcohol use.

### **Keywords**

Drink-driving, Alcohol, Behaviour, Enforcement, Environment

### **Introduction**

The nexus in Australia between alcohol and social occasions remains strong. Each year in Victoria, 25-30% of drivers and riders are killed who exceed the legal alcohol limit and many times more are either killed or severely injured as a result of drink-driving.

While across Australia gains in reducing levels of alcohol-related road trauma have been achieved, they have been hard won over several decades and typically have entailed stepped-up enforcement activity accompanied by supporting public education within a gradually changing legislative and regulatory framework.

This paper turns now to the social and physical context in which drinking occurs as a precursor to driving and explores its potential to modify drinking and, as a result, the incidence of drink-driving and other alcohol related incidents. Specifically, the paper describes a pilot project conducted by the ADF in collaboration with the TAC in which a number of “high-risk” premises, with the consent of their licensees, modified their practices in response to the outcomes of a safety audit.

## **Background**

Licensed premises, “pubs and clubs”, while providing a service to most patrons who consume alcohol in moderate, safe levels, can also be significant generators of drink-drivers as well as of other alcohol-related incidents. As outlined in the National Drug Strategy 2004-2009 (Intergovernmental Committee on Drugs and the Australia National Council on Drugs 2004), alcohol consumption in licensed venues is correlated with high levels of alcohol-related problems such as violence, intoxication, property damage, road trauma and other accidents. In Victoria, the Licensed Premises Identification System (LIPIS) links drink-drivers who are detected through police random breath test operations to their place of last drink as well as to the type of drink consumed. Results consistently show that hotels and clubs account for approximately one-third of all drink-drivers detected with full-strength beer their main drink of choice.

But to what extent do the physical layout and business practices of licensed premises contribute to the level of drink-driving on our roads? A review of the literature highlights four key factors: - irresponsible serving practices, promotion and marketing methods and incentives, late-night licences and premises layout (Graham, 2000). In response to these factors, the work of Dr John Wiggers and his colleagues in the Hunter Valley (Wiggers et al, 2004) in collaboration with local police pointed to an estimated 22% drop in the number of intoxicated patrons involved in incidents that followed their reported consumption of alcohol on audited premises.

It was against this background that the TAC assessed that there was significant value in identifying and working with “high-risk” licensed premises as a key component of an integrated approach to help reduce the level of drink-driving on Victoria’s roads. Accordingly, the ADF, a not-for-profit organisation that holds significant expertise in program development and implementation, research and advocacy as it relates to drugs and alcohol, was commissioned to undertake an audit of a sample of licensed premises in order to recommend changes to those same premises that are likely to result in reduced levels of drink-driving.

## **Method**

“Pubs and Clubs” was a pilot project with the following specific aims:

- to assess the extent of alcohol-related harm within inner Melbourne licensed venues; and
- to develop and pilot test strategies and practices designed to reduce alcohol-related harm including drink-driving within licensed premises.

This was a “research in action” project – one very much concerned with discovering new knowledge both with regards the potential that this approach has in reducing levels of alcohol-related trauma but also with regards the practical implementation issues that would accompany roll-out of such a program. An advisory committee was set up comprising representatives of licensees, drug and alcohol researchers, Liquor Licensing Victoria, Victoria Police and safety agencies.

The method involved the identification of eight licensed venues in inner Melbourne that were chosen after invitations to take part where extended to some 35 premises. An audit tool was used to assess the status of the chosen premises with regards protective measures in place to reduce the likelihood of excessive alcohol consumption. This same tool provided the basis for providing a set of tailored recommendations to each of these premises to institute changes favourable to reducing alcohol-related incidents, including drink-driving. A post observational survey was conducted at each of these premises to assess the degree to which the recommendations had been implemented.

### **Premises audit and licensee feedback**

The audit tool was based on the “Responsible Hospitality Checklist” (Daly et al, 2002) and assessed thirteen (13) responsible service practice issues within each of the eight licensed premises. Two audits were undertaken in the pre-intervention stage by the researcher accompanied by three assistants. They assumed the role of patrons and observed practices of the chosen venue on two different occasions – three hours before the venue’s closing time and the other was completed at a random time during the evening. Licensees were advised not to inform their serving staff of the audit but to ensure that security staff were aware of their possible presence.

For each of the eight venues, two reports were provided to the licensee:

- an overall venue report that provided the results for each item of the audit and compared results for the venue with those of other participating venues; and
- a second report that focused on the problematic issues within the venue, the reasons why the issues were concerning and what interventions were appropriate to address the deficit area.

In order to assist the researcher and licensee develop tailored initiatives for each venue, a resource kit containing practical advice and information was developed. The kit included the two prepared reports.

### **Results**

The results are presented in two sections below - the first summarises the pre-intervention audit results and the second section reports on the audit of the eight venues after the interventions were introduced.

#### Pre-intervention audit findings

A total of eleven issues were observed across the eight venues with each recording an average of five issues. Table 1 below shows a breakdown of each of the issues by venue with an average of five issues observed per venue.

Issue	Venue 1	Venue 2	Venue 3	Venue 4	Venue 5	Venue 6	Venue 7	Venue 8
Glassware	✓	✓	✓	✓	✓	✓		
Intoxication	✓			✓	✓	✓	✓	
Signage	✓	✓		✓		✓	✓	✓
Loud noise	✓		✓			✓	✓	
Drink promotions				✓	✓	✓	✓	
Crowding/traffic				✓	✓	✓	✓	
Staff characteristics	✓			✓		✓	✓	
Drug-related activity				✓		✓	✓	
Closing time*				✓	✓	✓		
Transport				✓	✓			
Non-provision of free water	✓						✓	

**Table 1: Break-down of the issues recorded in each venue**

At a broad level, the table shows that some venues were more problematic with regards alcohol-related issues than were others. Similarly, some issues such as intoxication, lack of signage and glassware left uncollected were more prevalent than other issues across the sample of licensed premises.

### Post-intervention findings

This section describes the main alcohol-related issues observed in the venues and, for each issue, we compare the results of the pre- and post-intervention audits.

The issues have been grouped to form six themes and discussion of results will take place within each of these themes in turn.

#### *Intoxication*

While it is illegal to serve or allow an intoxicated person to remain in a licensed venue under the Liquor Control Reform Act 1998, intoxication was observed as a significant issue in five of the eight venues. Between 50% and 80% of patrons at these venues showed at least some signs of intoxication based on the definition of intoxication (Consumer Affairs Liquor Licensing Victoria, 2006). Observations of intoxication in all five venues included physical signs, decreased alertness, loss of coordination, clumsiness, lack of judgement and changes in behaviour.

During the post-intervention audit, the proportion of patrons displaying signs of intoxication dropped in all five venues, with no extreme examples of intoxication observed. Levels of intoxication had dropped to about 20% with one venue estimated exhibiting a level of 10%. Only one of the five venues, however, had taken specific steps specific to the issue of intoxication – persons showing signs of intoxication were given a free bottle of water and refused service of any alcoholic drinks.

#### *Signage*

Four types of sign (intoxication; no proof – no purchase; no proof – no entry; be safe in public places) are required by Liquor Licensing Victoria to be displayed in each bar area. In the pre-

intervention audit, however, only two of the eight venues displayed all four required signs. The six other venues were found to display no signage, partial signage or all signage, but obscured in some way.

Each of the venues was supplied with the required signage as part of the resource kit. Post-intervention audits found that two of the six venues that had displayed no signs before had now made some changes, while one venue had made a partial change – displaying all four required signs in the inside bar, but none in the beer garden bar. In summary, three venues had made some improvements to signage post-intervention while three venues had made no changes.

### *Drink Promotions*

Inappropriate drink promotions were observed in four of the eight venues. Promotions ranged from two-for-one drinks, cheap beer and spirits, alcoholic prizes as well as promotions run by bands while onstage (alcohol games and prizes).

During the post-intervention phase, many of the drink promotions were removed or changed in a way that reduced the explicit encouragement of drinking to excess. Three of the four venues had introduced some improvements – two venues eliminated drink promotions, one eliminated free drinks, one venue with a band no longer encouraged excessive drinking from the stage while another venue's band continued to promote excessive drinking. In all, two venues eliminated all the identified means of promoting drinking, one venue made partial changes only and one venue made no change at all.

### *Staff Characteristics*

Staff behaviours were found to be an important issue, and included the serving practices of bar staff and the conduct of security staff. It was found that four venues had issues with serving practices and two of those four venues had issues with the conduct of security staff. Issues regarding bar staff generally focused on serving intoxicated patrons while issues concerning security staff ranged from allowances being made for intoxicated patrons and unprofessional behaviour to a lack of monitoring of the behaviour of patrons.

In the post-intervention audit, no bar staff were observed serving intoxicated patrons while two venues had changed security companies. There were no instances observed at these two venues of the new security staff making allowances for intoxicated patrons. Overall, the changes recommended for each of these four venues, whether they related to serving or security practices, had been carried out.

### *Physical Environment*

The specific issues that were observed at a number of venues included glassware, traffic flow and crowding and loud noise. One venue experienced all three issues, two venues experienced issues regarding both glassware and loud noise, two venues experienced glassware and overcrowding issues, one venue both noise and crowd issues, one venue experienced glassware issues alone and another traffic flow/crowd issues alone.

After the intervention, the difficulties that staff had faced in clearing large volumes of glassware and carrying it through capacity crowds had been overcome in all six venues

experiencing the problem. It was observed that having more glass staff was a key factor in addressing the issue post-intervention. Licensees indicated that they had either re-distributed their staff or hired new staff to enable glassware to be cleared more effectively.

In the four venues that had been experiencing loud noise levels during the pre-intervention observation period, in some cases leading to patrons shifting to quieter areas and so causing bottlenecks and overcrowding, appropriate changes were made to reduce noise levels. Two of the venues removed the source of the noise altogether, one changing its DJ while the other moved to a more contained location in the hotel and reduced the noise level. The other two venues reduced their volume setting as well as moving the speakers to more suitable locations on the premises.

Traffic flow and crowding problems were observed in four of the eight venues. Problems varied from congested paths through the venue to crowding and long queues in the bar areas (in one case, linked to a drinks promotion) and around exits. Post-intervention, a number of steps had been taken. Traffic flow had improved in all four venues and, while far from ideal, the passageways provide a reasonably clear path. In two venues, security staff regularly walked through the venues ensuring that the pathways were clear. In two venues, new rooms or bar areas were opened up to alleviate some of the congestion and, in one case, security staff ensured that no more than a ceiling number of patrons (300) were allowed into the new room. In summary, all four venues that had experienced crowd problems had made some changes and security staff were taking a more active role in managing the crowds more effectively.

#### *Other – Safe Transport/ Drugs/ Provision of Water*

In the pre-intervention audit, two venues did not have any clear transport policy or information of assistance for patrons wishing to use public transport or call a taxi. This was especially a problem at one venue at closing time with crowds milling in a residential area where there was no taxi rank and security staff made no effort to call a cab. Post-intervention, one of the venues had made no changes while the other had adapted the example provided in the resource kit. It detailed the nearest public transport (including approximate last train/tram times at night) and where patrons could call or access taxis. The policy also stated that security staff were happy to walk patrons to their nearest transport option and observations suggested that policy was being translated into practice. One venue has introduced significant change, then, while the other had made no changes to their operations.

In relation to drugs, illegal use was observed initially in four premises and drug dealing in one of these venues. In the post-intervention audit, no drug taking was observed in any of the four venues although behavioural symptoms were displayed by some patrons in one of the venues. Licensees of two venues indicated their intentions to contact Victoria Police drug and alcohol experts to assist with staff training as a number had expressed that they were unsure how to deal with drug-related activity. Both licensees believed that drug-related education was important for staff working in licensed venues.

Two venues that were observed not providing free water to their patrons in the pre-intervention audit had not changed their practices post-audit. One licensee stated that it was an economic decision to charge for bottled water while the second licensee stated that the venue became too busy at night and the bar area too crowded with staff to access the tap area for free water. It therefore only sold bottled water. The other six venues provided tap water free over the whole audit period.

## **Summary of Results**

Of the eleven key issues identified in the pre-intervention audit, ten of the issues were addressed through various changes in at least some of the licensed premises at the post-intervention audit:

- all five venues that had issues with intoxication were found to have reduced its incidence and extent;
- venues that were found to have issues relating to staffing, loud noise, glassware, crowding and permissive atmospheres addressed these issues in some way;
- signage was improved in three of six venues, safe transport in one of two venues, and reductions in drug-related activity and drink promotions were achieved in three of four venues; and
- no change was observed in the two premises that did not provide free water to patrons.

## **Discussion and Conclusion**

This collaboration between the ADF and the TAC was set up as an action research project in eight licensed venues in inner Melbourne. The specific aims of the project were to assess the feasibility and likely benefits of working with licensed venues to reduce the level of intoxication in venues and to reduce the probability of other harms occurring including drink-driving.

The project contains a number of inherent limitations. Only a small number of premises were involved and, therefore, the results of this pilot are not representative of licensed venues in general. Secondly, observational methods of measurement do have their limitations as they may be influenced by the subjective nature of human observation. It should be noted, however, that steps were taken to minimise within reason the degree of subjectivity of observations by having two raters record their observations and independently complete their audit reports. A comparison of results between raters showed only minor differences. Finally, only one follow-up set of observations were conducted post-intervention and it is possible that some venues may have reverted to previous practice. A multi-stage follow-up process is much preferred.

Despite these limitations, the pilot project strongly indicated that significant changes could be introduced to licensed premises in terms of reducing levels of intoxication and improving their levels of amenity. It showed that audit tools are valuable in assessing the risks in terms of intoxication and amenity and that resource kits are useful in providing information to licensees about health promotions and interventions and suggested ways to implement them.

Accordingly, there is sufficient encouragement from this pilot project to explore opportunities to roll out the program on a regional basis with some variations, including a more condensed, user-friendly audit tool and with cooperation of Liquor Licensing Victoria and Victoria Police. Moreover, the opportunity presents itself to make the information and resource packs developed for the purpose of this pilot project more widely available to licensed venues in general.

While appropriately targeted drink-drive enforcement with public education support will continue to be an influential way of curbing drink-drive behaviour, it is envisaged that concerted efforts to modify the social and physical context in which drinking takes place can further help to address this high-risk behaviour on our roads.

## References

Consumer Affairs Liquor Licensing Victoria, 2006. *Changes to the Liquor Control Reform Act 1998*, retrieved 4 May 2006 from [http://www.consumer.vic.gov.au/CA256902000FE154/Lookup/CAv\\_Publications\\_Liquor\\_Licensing/\\$file/Changes%20to%20Act%204\\_06.pdf](http://www.consumer.vic.gov.au/CA256902000FE154/Lookup/CAv_Publications_Liquor_Licensing/$file/Changes%20to%20Act%204_06.pdf)

Daly J.B., Campbell E.M., Wiggers J.H. & Considine R.J. 2002. "Prevalence of responsible hospitality policies in licensed premises that are associated with alcohol-related harm", *Drug and Alcohol Review* 21,2: 113-20.

Graham K. 2000. "Preventative interventions for on-premise drinking: a promising but underresearched area of prevention". *Contemporary Drug Problems* 27,3: 593-668.

Intergovernmental Committee on Drugs and the Australia National Council on Drugs 2004. *The National Drug Strategy: Australia's Integrated Framework 2004-2009*. Canberra: Ministerial Council on Drug Strategy.

Mallick J. & Banfield K. 2007. "Pubs and clubs: addressing alcohol-related harms within licensed venues" retrieved from [http://druginfo.adf.org.au/downloads/Final\\_Pubs\\_and\\_Clubs\\_Report\\_PDF\\_version.pdf](http://druginfo.adf.org.au/downloads/Final_Pubs_and_Clubs_Report_PDF_version.pdf).

Wiggers J., Jauncey M., Considine R., Daly J., Kingsland M., Purss K., Burrows S., Nicholas C. & Waites R.J. 2004. "Strategies and outcomes in translating alcohol harm reduction research into practice: the Alcohol Linking Program", *Drug and Alcohol Review* 23, 355-364.