



# NDLERF

Drink or drunk: Why do staff at  
licensed premises continue to  
serve patrons to intoxication despite  
current laws and interventions?

Final report

Monograph Series No. 38

Funded by the National Drug Law Enforcement Research Fund  
An Initiative of the National Drug Strategy



# Drink or drunk: Why do staff at licensed premises continue to serve patrons to intoxication despite current laws and interventions?

## Final report

Costello D

Robertson AJ

Ashe M

Injury Control Council of Western Australia (Inc)

**Funded by the National Drug Law Enforcement Research Fund,  
an initiative of the National Drug Strategy**

Produced by the National Drug Law Enforcement Research Fund (NDLERF)  
GPO Box 2944, Canberra, Australian Capital Territory 2601

© Commonwealth of Australia 2011

ISBN: 978-0-9807169-9-3

ISSN: 1449-7476

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth available from the National Drug Law Enforcement Research Fund. Requests and enquiries concerning reproduction and rights should be addressed to the National Drug Law Enforcement Research Fund, GPO Box 2944, Canberra, Australian Capital Territory 2601.

Opinions expressed in this publication are those of the authors and do not necessarily represent those of the National Drug Law Enforcement Research Fund (NDLERF) Board of Management or the Australian Government Department of Health and Ageing.

The research on which this report is based was funded by the National Drug Law Enforcement Research Fund, an initiative of the National Drug Strategy.

## Acknowledgements

The authors would like to thank the National Drug Law Enforcement Research Fund (NDLERF) for providing financial support to this research project, members of the Project Reference Group for their guidance and support, and Sarah Jaggard for her involvement in the early development stage of this project.



# Contents

<b>Acknowledgements</b> .....	i
<b>Contents</b> .....	iii
<b>Executive summary</b> .....	v
<b>Introduction</b> .....	1
<b>Comparison of responsible service of alcohol training requirements by state/territory</b> .....	5
Previous and current interventions .....	6
<b>Locations</b> .....	8
Perth metropolitan area .....	10
Regional/rural .....	11
<b>Methodology</b> .....	12
Limitations .....	12
<b>Results</b> .....	14
Participant profile.....	14
Qualitative findings by question.....	15
<b>Emergent themes and implications</b> .....	19
Most influential.....	19
Highly influential.....	19
Influential .....	20
Other influences .....	20
Other implications.....	22
<b>Recommendations for policy making, training standards and law enforcement practices</b> .....	23
Responsible service of alcohol training requirements to be standardised across the nation.....	23
Responsible service of alcohol training to include patron management techniques .....	23
Program to work with licensed premises to help them take more responsibility for the role they play in preventing negative patron behaviour .....	24
Required prevention plan for all licensed venues .....	24
Creation of positive harm-reduction programs that reward licensed premises and their staff for reducing alcohol-related harm through both incentives and disincentives .....	24
Recommendations to be together in a consistent, holistic approach rather than singularly.....	25
Recommendations for further research .....	26
<b>Evaluation</b> .....	27
Project monitoring .....	27
Project evaluation .....	27
<b>Conclusion</b> .....	28

References.....	29
Appendix A .....	31
Appendix B .....	32

## Figures

Figure 1 Greater metropolitan area assaults .....	10
Figure 2 Regional/rural assaults by year (n) .....	11

## Tables

Table 1 Responsible service of alcohol requirements at 2009.....	5
Table 2 WA Police Service monthly reported crime statistics 2007–08 .....	9
Table 3 Quantitative findings .....	15



## Executive summary

It is well documented that alcohol intoxication is a major contributing factor in incidents of aggression and violence. When factors such as health, policing costs and lost productivity are considered, it is estimated that alcohol costs the Australian economy around \$15.3b per annum (Collins & Lapsley 2008). Licensed premises are locations that are at especially high risk for alcohol intoxication and problem behaviours, as well as associated health and personal injury risks (Quigley & Leonard 2006).

Over the past 20 years, Australia has made significant moves to address issues of alcohol-related harm and violence through server regulations such as the Responsible Service of Alcohol (RSA) training, through state and territory liquor control, liquor licensing and security legislation and through localised liquor management plans and accords.

In 2007, the Injury Control Council of Western Australia (ICCWA) conducted research into community violence among young people. The project findings indicated that perpetrators of violence regarded the practice of serving patrons to intoxication at licensed premises a major factor contributing to violence (ICCWA 2007).

In 2009, ICCWA (with funding from the National Drug Law Enforcement Research Foundation) examined why staff at licensed premises continue to serve patrons to intoxication despite current laws and interventions. The *Drink or Drunk* project specifically aimed to gain an understanding of what motivates staff at licensed premises to continue to serve patrons to intoxication and what deters them from providing intoxicated patrons with further service.

A review of the available literature relating to service of alcohol to intoxicated patrons was carried out. In summary, much of the literature identifies a number of factors that are significant incentives for staff to continue service to intoxicated patrons. One of the most significant factors is the server's perception of confrontation with the patron (Reiling & Nusbaumer 2006; Turrise, Nicholson & Jaccard 1999). Other factors such as a loss of gratuity for the server and reduced profits for the venue have also been reported to play a role in influencing serving practices (Lang et al. 1998; McKnight & Streff 1993; Reiling & Nusbaumer 2006). In respect to civil liability, Reiling and Nusbaumer (2006) found that the risks associated with fine enforcement have little impact on compliance with serving laws if servers encountered intoxicated patrons frequently.

Server interventions have emerged over the past 20 years to reduce alcohol-associated harms and injuries. Research shows that the success of responsible alcohol service is highest when promoted in conjunction with a range of other interventions including support from management for refusing service to intoxicated patrons and support from enforcement agencies (Stockwell 2001). Management support of servers was one of the main factors measured among participants in the *Drink or Drunk* project. An audit of RSA training in each state and territory was also conducted as part of the project. A more detailed review of the literature is contained elsewhere in the report.

The project originally undertook to collect data from participants in focus groups in two metropolitan areas and one regional area of Western Australia. Initial participant numbers using the original methodology were however, very low. Few people, especially in the regional area were willing to participate in a focus group for privacy reasons. It was therefore necessary to revisit project strategies for recruiting participants and collecting data.

After gaining approval from the NDLERF board, the scope of the project was increased to statewide. Data collection methods were changed to one-on-one interviews and anonymous (mainly online) surveys. Advertising methods were also increased to capture discreet server groups such as students. The anonymous survey method greatly limited the scope for responses to be clarified or explored further; however, the need to make surveys anonymous was highlighted as a means of increasing participant numbers for the project. Over 400 surveys were collected from people who were currently working, or had worked in the past, as a server in a licensed premise. One-quarter of the collected surveys contained viable data which was analysed to inform

discussion about potential interventions to address the issue of serving intoxicated patrons. Data collected from regional areas of Western Australia and data from metropolitan areas were analysed separately.

Data were collected for five key questions, however, it is believed that there are other factors that are also important to consider when drawing conclusions. Overall, findings are reflective of previous studies; in particular, those related to server behaviour being influenced by perceived hassle or confrontation with patrons and the influence of management regarding decisions about whether to refuse service (McKnight 1991; McKnight & Streff 1993). The average participant/respondent in the study was a metropolitan-based 23 year old female who had worked in a metropolitan pub for almost two years and had undertaken RSA training.

Inability to recognise intoxication in patrons, premise management and lack of industry knowledge and experience were reported as barriers to serving alcohol responsibly. The most significant influencing factor in relation to serving patrons to intoxication or serving those who were already intoxicated was the servers' reliance on their own judgement and values. By contrast with this, however, the perceptions of participants of their peers' reasons for continuing service to intoxicated patrons were mainly based on a perception of patron backlash and confrontation if service was refused. It was also strongly believed that peers probably could not adequately identify intoxication and drunkenness and therefore continued to serve.

On review of the first collation of data, several points become apparent—the survey questions could have been more targeted and specific; there should have been more closed-ended questions, giving participants a number of choices and then asking them why they selected that choice. The authors acknowledge that the survey size is small and therefore difficult to draw significant conclusions from; however, the study has provided some good pilot data, raised some interesting questions and beckons further study.

The survey sample demographics show a relatively high number of young female participants by comparison with males. This is also reflective of other studies but could still influence the research findings.

Strategies and recommendations to address barriers to serving alcohol responsibly have been identified and include:

- review of the elements of RSA training—specifically around identifying intoxication/drunkenness, acceptability of intoxication and how to effectively manage intoxicated patrons;
- tailored in-house training for individual venues such as Safer Bars (Graham et al. 2004) which incorporate harm reduction, violence prevention plans and address commonly held views of acceptability of drunkenness and intoxication; and
- progressive planning to recognise and accredit licensed premises that promote and practise alcohol-related harm reduction strategies.

## Introduction

In Australia, it is illegal to serve alcohol to intoxicated individuals, yet controlling intoxication still remains a severe public health issue. Concerns surrounding intoxicated individuals relate to their health and safety, as well as the safety and wellbeing of others in the community. A significant proportion of preventative illness and injury that results from intoxicated behaviour requires medical attention and places unnecessary burden on Australia's health system (MCDS 2006). In fact, injury and damage following excessive alcohol consumption on single occurrences generally causes more damage than longer term alcohol dependence (MCDS 2006). In Western Australia alone during 2005–06, alcohol was the principal drug of concern for which medical treatment was sought and accounted for almost 40 percent of closed treatment episodes (AIHW 2006).

In Australia, consumption of alcohol is at alarmingly risky levels with one in five Australians reportedly abusing or becoming addicted to alcohol in their lifetime (Teesson et al. 2010). Personal injury risks increase with the amount of alcohol consumed. In Western Australia in 2007, alcohol was a major factor in 36 percent of road deaths (AIHW 2008), the total hospitalisation costs associated with alcohol were \$33m (Xiao et al. 2008) and across Australia, one in three drownings of young adults aged 15 to 25 years involved alcohol (NHMRC 2009). Inebriated people experience impaired physical and cognitive functioning and such unsafe alcohol consumption correlates with numerous problems both for individuals and at a community level. Psychomotor impairment, delayed reaction time, disinhibition, impaired judgment, emotional and other behavioural changes are some of the more serious side effects (MCDS 2006).

Other harmful risks for intoxicated people include short-term alcohol-related illness, injury and death. Excessive alcohol consumption also places bystanders at risk of injury, verbal abuse, violence, traffic crashes and other harmful results (MCDS 2006). Alcohol-related violence remains a major cause of serious injury in Australia, with serious assaults resulting from alcohol use reported to be responsible for more than 8,661 hospital admissions in Australia for the period 1998–99 (Matthews et al. 2002). Over the 10 year period to 2005, on average 1,564 people were hospitalised per week due to alcohol-attributable injury and disease (Pascal, Chikritzhs & Jones 2009).

Intoxication is prevalent in public settings and licensed venues are at especially high risk for alcohol intoxication (Quigley & Leonard 2006). Problematic and criminal behaviours, including interpersonal violence and driving under the influence of alcohol are regularly attributed to licensed premises, indicating that such venues may be appropriate settings for public health interventions (Howard-Pitney et al. 1991; MCDS 2006). In a 2009 study, almost half of the perpetrators of violence and around 40 percent of victims of violence were reported to be intoxicated or had consumed alcohol prior to the incident (Dearden & Payne 2009). In Western Australia, the greatest demand on police and ambulance services is generally between the hours of 11.00 pm and 3.00 am on weekends. These are the hours when the businesses that are operating are mostly licensed premises whose primary function is to profit from the sale of alcohol. Research also shows an overwhelming link between the number of premises, late and/or extended trading hours, excessive alcohol consumption and antisocial behaviour (Hughes & Thompson 2009).

Addressing drinking behaviours, intoxication and the resultant behaviours from intoxication in Australia is influenced by several issues—the social acceptability of intoxication, the acceptance of licensed venues as places where intoxication happens and a general belief that violence and aggression at licensed venues is inevitable. Over the past 20 years, Australia has made significant moves to address issues of alcohol-related harm and violence through server regulations such as RSA training, state and territory liquor controls, security legislation and through localised liquor management plans and accords. Despite such interventions and media attention around the risks associated with unsafe drinking habits, intoxicated people continue to be able to easily access alcohol and be served in licensed venues.

Research into the alcohol service industry has identified a variety of reasons as to why bar staff continue to serve to intoxicated persons. Reported reasons range from managerial and economic issues, personal

characteristics of staff including their own drinking habits, little to no perceived threat of civil liability or legal action, lack of server training, lack of ability to identify intoxication, fear of confrontation, loss of gratuities, hedonism and even as an act of deviance (Gehan et al. 1999; McKnight & Streff 1993; Nusbaumer & Reiling 2003; Reiling & Nusbaumer 2006). Economic performance was reported as a significant priority and the greatest barrier to successful policy implementation (Reiling & Nusbaumer 2006).

Research conducted by McKnight and Streff (1993) investigated the reasons that encouraged bar staff to either continue serving to intoxication or to intervene. Motivations for suspending service were divided into internal factors that related to one's personal sense of upholding the law and protecting the public, and external factors, such as reducing the chances of financial loss through fines and possible license suspension (McKnight & Streff 1993).

Conversely, stimulation to continue service to intoxicated people was based around avoidance of patron confrontation, declines in appreciation for service and the owner's potential loss of continued business (McKnight & Streff 1993). Incentives to continue serving to intoxication were more prevalent than incentives to discontinue service (McKnight & Streff 1993).

Identifying intoxication in different environments and for different people has been highlighted as a significant barrier to the cessation of service to inebriated customers (Gehan et al. 1999). A number of factors have been found to impact a server's ability to identify intoxication and what is acceptable and unacceptable behaviour. Some factors relate to the server's personal values, some relate to the culture of the venue and others are to do with the patrons. For example, Reiling and Nusbaumer (2006) highlight that venue type influences acceptable and unacceptable behaviour—what may be acceptable behaviour in a sports bar or nightclub may be unacceptable in a licensed restaurant or small bar. The same study also identifies that the server's personal drinking behaviour has been shown to influence their perception of the consumption levels of patrons and what is considered acceptable and unacceptable behaviour (Reiling & Nusbaumer 2006), as does their level of experience and level of server training (Doherty & Roche 2003; Gehan et al. 1999; Holder et al. 1993; Reiling & Nusbaumer 2006). The ability of the customer to mask their overconsumption is another factor (Reiling & Nusbaumer 2006). Without adequate protocols for identifying an intoxicated person in the specific licensed environment, it is difficult for the employee to confidently refuse service of alcohol to them.

Server training interventions have been implemented to aid in identifying intoxication and teaching appropriate actions to implement; however, their effectiveness has been questioned (Gehan et al. 1999). McKnight (1991) found server training programs to be successful in increasing server education and improving attitudes relating to responsible service, but produced less promising outcomes for server intervention and service refusal to underage and/or intoxicated customers (McKnight 1991). Gehan et al. (1999) also reported that server training programs do not always facilitate the development of adequate skills and motivations for behaviour change and may only provide general knowledge and information (Gehan et al. 1999). Recommendations for improvement include developing programs that target managers and owners of licensed venues as opposed to only bar staff. Consistent criteria across programs must also be developed (Gehan et al. 1999; Howard-Pitney et al. 1991; McKnight 1991; Toomey et al. 1998). Training programs for managers should concentrate on establishing and enforcing internal policies in the workplace, emphasising responsibility and liability risks and finally, providing support for and endorsing the actions of their bar staff (Gehan et al. 1999). One-on-one sessions with follow-up appointments for managers implementing new policies were also suggested (Howard-Pitney et al. 1991). High turnover of staff in the hospitality industry is another barrier faced by managerial staff in terms of ensuring all staff undergo appropriate training to deal with intoxicated persons (Doherty & Roche 2003).

Managerial pressures felt by bar staff revolve around economic drives to make more sales. This includes over-serving and keeping regular customers on side. A study involving focus groups reported that actions practiced by managers (as opposed to internal policies they may implement) were far more influential on bar staff behaviour. This was particularly evident for liability issues and whether or not staff felt obliged to refuse or continue service to intoxicated persons (Gehan et al. 1999). Perceived hassles associated with refusing service were also described (Gehan et al. 1999).

Further review of the literature regarding willingness to over-serve and liability issues highlight the potential for effective interventions against serving to intoxication. A cost-beneficial solution of imposing infringements and enforcing existing laws and regulations that disallow further service of alcohol to already intoxicated people has been proven to successfully reduce alcohol-related injury and death (McKnight & Streff 1993). Unlike other interventions, liability initiatives can significantly change server behaviour and stimulate responsible alcohol service and management in licensed environments (Holder et al. 1993).

A correlation between the degree of concern for civil liability consequences and actual willingness to continue service to intoxication has been highlighted (Reiling & Nusbaumer 2006). Reiling and Nusbaumer (2006) further found that servers who deal with intoxicated persons more frequently are less fearful of civil liability risks and that police visits have little impact on compliance with laws to not over-serve. The type of hospitality venue and industry environment have also been shown to have an effect on workers' perceptions of risk because frequency of exposure to intoxicated customers varies across different hospitality venues (Nusbaumer & Reiling 2003). Therefore, interventions related to civil liability need to ensure that owners, managers and bar staff of licensed venues understand their rights, responsibilities and the risks they impose on themselves from illegal service to intoxicated patrons. Laws, regulations and workplace policies need to be imposed, endorsed and understood by all stakeholders in order to emphasise risk.

The final component of serving to intoxication investigated in this literature review was the different perceptions of bar staff as opposed to bar owners and managers. Focus group-based research conducted by Gehan et al. (1999) identified prominent perceptions and attitudes of bar staff regarding their willingness to over-serve intoxicated persons and then compared this with the attitudes and perceptions of licensed venue owners and managers. In summary, bar staff view licensed establishments as environments where action could be taken to reduce sales of alcohol to intoxicated persons. These employees often don't approve of illegally serving underage drinkers, but perceive the consequences of such actions, or of illegally serving intoxicated drinkers as minimal (Gehan et al. 1999). It was also reported that decisions to refuse such service are not consistently supported by management staff. Furthermore, bar workers would appreciate clearer and more consistent policies within their workplaces that are continually endorsed by management. Desires to participate in server training programs were also expressed (Gehan et al. 1999).

Through interviews with bar owners and managers, reluctance to accept responsibility for the behaviour of both customers and bar staff employees became apparent (Gehan et al. 1999). Although managers only reported minimal concern for disciplinary and enforcement actions by police and licensing authorities in regards to illegal service to intoxication, confusion with the wording and requirements of alcohol laws and a fear of server/establishment liability lawsuits were described (Gehan et al. 1999). Intuition and personal discretion was the most common strategy for decisions about service refusal and internal service policies did not appear popular with this group. Internal systems for monitoring staff and preventing against illegal alcohol sales were scarce. Finally, participation in training and methods to prevent illegal alcohol sales was not common (Gehan et al. 1999).

Doherty and Roche (2003) further examine factors linked with environmental regulation including attitudes related to drunken behaviour and alcohol promotions; policy and practices of licensed venues, management, security and bar staff; police activities and responses; and enforcement of legislation. The scope for preventative measures to target hospitality and alcoholic beverage industries regarding their roles and responsibilities in controlling intoxication is apparent and clearly necessary.

As a result of the literature review, recommendations, policy implications and scope for further investigation have been identified. These range from a need for more complex understanding of the motivations behind willingness to serve to intoxication, a focus on overcoming economic performance pressures (Reiling & Nusbaumer 2006), individualised training programs and legal enforcement efforts that are tailored to specific licensed venue types (Nusbaumer & Reiling 2003), and training programs specific for managers and owners of licensed venues (Gehan et al. 1999; Howard-Pitney et al. 1991). Howard-Pitney and colleagues (1991) also highlighted the negative outcomes of promotional practices such as happy hours and serving double shots. Recommendations from the paper included regulations to ban such promotional practices in combination with

educational strategies that illustrated to licensed establishments how responsible service practices would not place them in unfair competitive positions or harm customer numbers and economic gain (Howard-Pitney et al. 1991).

Attention needs to be focused on how and why intoxicated persons continue to be able to access more alcohol. The aim of the current study was to gain an understanding of why staff at licensed premises continue to serve patrons to intoxication and the factors that increase this, despite current laws and interventions. Motivating factors for continuing alcohol service and the different perspectives of both bar staff and venue owners and managers are investigated in this project.

## Comparison of responsible service of alcohol training requirements by state/territory

An audit of RSA training in each state and territory was conducted. Information was gathered from each liquor licensing regulatory body and the results entered into a table for comparison of requirements and training programs. There was great variation between states and territories in RSA regulations. The information provided in Table 1 demonstrates the difference in these regulations and requirements.

In each location where RSA is required, the rationale and the topics to be discussed are similar. Knowledge of state and territory regulations, laws and fines, standard drink measurements and recognising and understanding the process of intoxication are the core topics of all RSA training programs. Length of training sessions and depth of knowledge in each of the core topics varies not only by location, but also by registered training organisations (RTO) and approved trainers. In each location, the core topics are derived from state and territory law and regulations. As long as what is contained in these laws and regulations is covered by the RTO, there is no uniform curriculum or standard delivery of these topics. While this does allow for flexibility of delivery and the ability to tailor training to the needs of trainees, it does not create equality of training in the area of knowledge depth. It also calls into question quality control and outcome measures. The implications of the findings are further discussed in the recommendations section.

**Table 1** Responsible service of alcohol requirements at 2009

State/territory	Who is required to undertake RSA training?	When must RSA training be completed?	Training providers	Regulatory and accreditation
ACT	There is no requirement to undertake RSA training in the Australian Capital Territory. However, the <i>Liquor Act 1975</i> and the Liquor Licensing Standards Manual 2004 both refer to responsible service and provide specific examples of behaviour that promotes responsible service and that which does not	Not required but offered by the Canberra Institute of Technology	RTOs, online and in-person training	Business and Industry Licensing Unit, Australian Capital Territory
NSW	Anyone who is involved in the retail sale, supply or service of liquor in licensed venues (this includes promotional staff, club directors and volunteers serving liquor under a function license, and security officers working at licensed venues) to complete an RSA course	Completed prior to commencing work in a venue that serves alcohol	RTOs, online and in-person training	Office of Liquor Gaming & Racing, a Department of Communities New South Wales
NT	All staff members (including licensee and managers), security staff and volunteers	Completed prior to commencing work in a venue that serves alcohol	RTOs, online and in-person training	Department of Justice Licensing & Regulation, Northern Territory
Qld	Any staff members involved in the service of alcohol including managers and licensees	Thirty days to undertake from commencement of employment	RTOs, approved trainers, online and in-person training	Office of Liquor and Gaming Regulation, Queensland



<b>Table 1 (continued)</b>				
<b>State/territory</b>	<b>Who is required to undertake RSA training?</b>	<b>When must RSA training be completed?</b>	<b>Training providers</b>	<b>Regulatory and accreditation</b>
SA	There is no requirement to undertake RSA training in South Australia. However, each licensed venue must have a nominated and approved 'responsible person' on duty. As part of the approval process to become a 'responsible person', RSA training may or may not be required based on previous experience and knowledge of the industry	RSA training not required in South Australia. If required as part of 'responsible person' application, training is assigned on a case-by-case basis without an overarching requirement by the regulatory body	RTOs, online and in-person training	Office of the Liquor and Gambling Commissioner, South Australia. No direct supervision but rather deems appropriate RSA training on an ad hoc basis
Tas	All staff serving alcohol (including licensees and managers) and venue security staff	Must complete within three months of commencing employment	RTOs, online and in-person training	Department of Treasury and Finance
Vic	Employees of a supermarket or stand alone bottleshop; employees of a venue with an RSA condition; applicants for a new liquor license	Completed within three months of license being granted.  Licensee and manager required to take online refresher every 12 months, rest of staff every 24 months.  If it is a condition (all late night venues serving alcohol have it as a condition) then it is to be completed prior to commencing work	RTOs, online and in-person training	Department of Justice, Victoria
WA	Any staff member involved in the service of alcohol (including licensees and managers)	Must be completed within 30 days of commencing employment.  For those employed prior to 2007, 12 months was given (until April 2008) to complete RSA training	RTOs, online and in-person training	Department of Racing, Gaming and Liquor

## Previous and current interventions

There are only a handful of interventions that have been undertaken across Australia to date. These interventions were linked to studies that were undertaken to provide RSA training and measure the impact of the training on alcohol-related harm. There were also studies involving police that were used to evaluate the effectiveness of the roll out of RSA training.

During several months between 1992 and 1993, the National Centre for Research into the Prevention of Drug Abuse at Curtin University of Technology, Western Australia, implemented an RSA training program in the entertainment district of Fremantle, Western Australia. The training included information on intoxication identification, licensing laws and the effects of alcohol. While the outcome of the study found a 'small but [statistically] significant increase in knowledge among bar staff' the overall outcome of the project showed minimal impact in reducing service to intoxication (Lang et al. 1998: 39). The study found that the support of management in adhering to responsible service practices, the need to create stronger disincentives for not serving alcohol responsibly and 'the adoption of responsible practices is dependent on effective liquor licensing enforcement' (Lang et al. 1998: 39).

In 1993, a project was implemented in the tourist area/central business district of Queensland's Gold Coast. The Surfers Paradise Safety Action Project drew together a wide range of stakeholders to reduce violence



and alcohol-related harm in and around licensed premises. One of the main aspects of this intervention was a voluntary code of conduct for venues involved in the project. This code of conduct included RSA as part of the overarching harm reduction measures. The evaluation of this program in 1994 found that shortly after the project was implemented, there was a decrease in violence and alcohol-related harm. However, two years after its implementation in 1996, alcohol-related violence and harm levels had exceeded the pre-intervention rates.

From the abovementioned long-term findings, researchers noted some key factors that need to be in place for the long-term success of such violence and harm-reduction interventions. The key factors included economic incentives for positive change, use of positive media, awareness of gender relations and social norms towards alcohol, the need for licensees to be motivated and knowledgeable enough to create change and the importance of regulatory bodies such as liquor licensing and police to enforce laws and act against licensees who breach laws.

In early 2000, a survey was undertaken by the Hunter Centre for Health Advancement at the University of Newcastle, New South Wales. The survey examined the knowledge and attitudes of police in the Hunter Region of New South Wales in relation to RSA and alcohol policing strategies. The study findings showed that only half of the police interviewed felt that RSA laws were effective in reducing crime, although almost all respondents felt servers should be responsible for preventing patron intoxication. This is one insight into the obvious gap of server responsibility and effective support mechanisms such as training and enforcement for servers to meet this responsibility.

Second, there was strong police support for providing information to licensees about incidents occurring at their premises or by someone attending their premises. In addition, over two-thirds of police felt an educational approach with licensees would be more effective than enforcement. However, as previous studies have shown, education without enforcement is often not effective.

Finally, over two-thirds of police felt that monitoring and enforcement duties are best undertaken by specialised police, even though a majority felt it was appropriate police work. All these key findings point to a need for a consistent police approach that is evidence based.

Another survey conducted in 2002 and repeated 2006 looked at the experience of young adults and responsible service practice in New South Wales. The NSW Bureau of Crime Statistics and Research and the National Drug Research Institute at Curtin University, Western Australia investigated the impact RSA laws had on the occurrence of violence as witnessed by young patrons. While half the respondents did report observing some form of RSA practice, there was no significant change in the reported number of incidents of service to intoxicated patrons between 2002 and 2006. One of the recommendations from this survey states that it is important to 'obtain a better understanding of what works in encouraging the responsible service of alcohol' (Scott et al. 2007: 7).

More recent interventions within the past 18 months have covered a number of locally trialled solutions such as lockouts, increasing police presence in 'trouble' areas, switching serving containers from glass to plastic and move-on notices (requiring individual removal from entertainment districts). Many of these initiatives have been trialled in most major Australian cities. At the time of writing, there are conflicting results for the interventions and none have had long-term evaluations conducted to either support or dismiss their effectiveness. Thus, the area of alcohol-harm prevention and reliable research into RSA interventions is still in a stage of infancy in Australia and needs further development to create a viable evidence base for future interventions, policy and enforcement.

## Locations

Locations of the licensed premises in which the participants worked was captured in the survey data. Information on demographics, crime statistics, health statistics and numbers of licensed venues for the two study areas is explained to better understand potential influences on participant responses.

Crime statistics from the WA Police for assaults and where possible, alcohol-related crime has been highlighted for each of the locations. Assault crimes as determined by the police are made up of non-aggravated sexual assault, aggravated sexual assault, non-aggravated assault and aggravated assault.

WA Police research from 2005–06 shows alcohol was involved in 25 percent of threatening behaviour, 38 percent of assaults and 53 percent of aggravated assaults. A recent study conducted for WA Police estimated that duties directly attributable to alcohol cost police \$70.8m during 2004–05 and represented almost 11 percent of police operating costs. When additional duties, that were partly related to alcohol are included, the cost increased to \$126.6m; almost 20 percent of police operating costs over the year (WA Police 2010).

Table 2 shows an overall snapshot of crimes in Western Australia. In 2007–08, alcohol was a factor in 43.2 percent or 9,810 assaults that occurred in the state.

Liquor licence information was obtained from the WA Department of Racing Gaming and Liquor. There are 10 different categories of liquor licence available in Western Australia. Each varies in permitted trading hours and the manner in which liquor can be supplied to the community. Nine of the licences operate indefinitely once granted. Only occasional licences are granted for specific short-term periods. An active license is a fully functioning license with no conditions placed on the licensee. A conditional license lists criteria that must be met by the licensee before and/or during the period of the license. Breach of the conditional criteria may lead to cancellation of the licence. In Western Australia, there are currently 11,287 liquor licences.

The number of alcohol-related hospital admissions for chronic diseases increased significantly over the period 2002–06. The comparison of hospitalisation rates due to alcohol consumption among the nine health regions in Western Australia revealed significant differences between the regions and the state average. Alcohol-related hospitalisation rates for males were significantly lower than the state for North Metropolitan and South Metropolitan regions, while they were significantly higher for the Goldfields, Great Southern, Kimberley, Midwest, Pilbara and Wheatbelt regions. The Pilbara rate was around double that of the state and the highest hospitalisation rate was for the Kimberley, almost four times greater than the state rate. Similarly, for females, the North Metropolitan and South Metropolitan had rates significantly lower than the state, with significantly higher rates seen for the Goldfields, Great Southern, Kimberley (over 5 times greater than the state), Midwest, Pilbara and Wheatbelt. The rates for both males and females in the southwest were similar to those for the state.

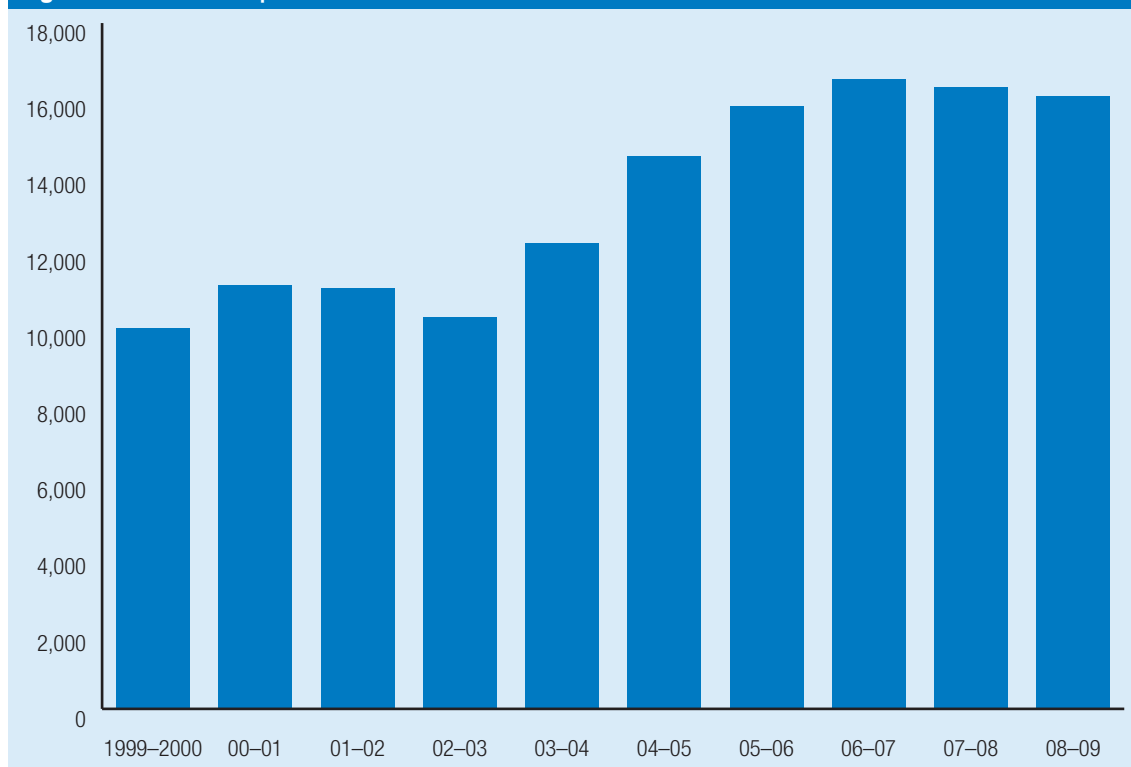
Table 2 WA Police Service monthly reported crime statistics 2007–08														
Offence	Year to date												Clearance rate (%)	
	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Total	
Homicide	5	9	8	4	10	12	8	5	7	7	0	9	84	90.5
Non-historical sexual assault	163	208	156	178	181	204	239	201	210	190	128	129	2,187	91.2
Historical sexual assault	252	165	109	188	165	108	100	132	122	74	77	224	1,716	84.8
Domestic assault	598	666	730	672	819	756	849	774	687	651	659	590	8,451	92.7
Non-domestic assault	1,051	1,118	1,151	1,206	1,364	1,307	1,331	1,217	1,257	1,013	1,193	1,049	14,257	77.8
Threatening behaviour	332	412	462	388	451	424	418	493	456	351	394	407	4,988	87.2
Deprivation of liberty	23	34	31	28	33	33	33	29	28	20	38	28	358	82.7
Robbery (business)	24	19	11	20	14	11	17	14	15	17	11	23	196	66.3
Robbery (non-business)	134	146	142	164	129	132	145	113	123	126	143	156	1,653	49.7
Total offences against the person	2,582	2,777	2,800	2,848	3,166	2,987	3,140	2,978	2,905	2,449	2,643	2,615	33,890	82.8
Burglary (dwelling)	1,949	1,917	2,081	2,362	2,266	2,244	2,384	2,291	2,300	2,035	2,324	2,273	26,426	19.1
Burglary (non-dwelling)	1,003	1,137	1,012	1,042	1,017	1,109	1,178	1,147	1,225	1,111	1,080	995	13,056	20.7
Motor vehicle theft	617	604	601	660	626	629	762	771	752	662	673	652	8,009	33.5
Theft	6,335	6,576	6,513	7,136	6,875	6,651	7,178	6,638	6,928	7,190	7,627	7,316	82,963	19.0
Arson	86	112	107	139	121	120	157	126	155	83	102	86	1,394	29.4
Property damage	3,520	3,705	3,540	3,960	3,913	4,188	4,435	3,871	3,936	3,563	3,609	3,758	45,998	22.5
Total offences against property	13,510	14,051	13,854	15,299	14,818	14,941	16,094	14,844	15,296	14,644	15,415	15,080	177,846	20.7
Total selected reported offences	16,092	16,828	16,654	18,147	17,984	17,928	19,234	17,822	18,201	17,093	18,058	17,695	211,736	30.7
Drugs (traffic)	211	260	230	157	158	201	211	211	266	173	205	179	2,462	92.9
Drugs (possession)	1,195	1,356	1,303	1,114	1,025	977	932	996	1,118	1,125	1,500	1,314	13,955	93.3
Receiving/illegal use	154	149	177	151	152	141	151	230	211	145	223	242	2,126	96.6
Total detected offences	1,560	1,765	1,710	1,422	1,335	1,319	1,294	1,437	1,595	1,443	1,928	1,735	18,543	93.6
Fraud	633	909	540	545	814	759	806	661	811	822	1,255	1,006	9,561	76.5
Graffiti	1,555	1,372	1,670	1,553	1,207	1,571	1,559	1,118	875	915	1,585	1,044	16,024	8.8
Breach of restraint	359	576	483	516	609	461	540	482	636	484	501	476	6,123	95.2

## Perth metropolitan area

The population of WA's capital, Perth and greater metropolitan region is over 1.7 million people, accounting for just over 74 percent of the entire state population. The state is experiencing substantial population growth ahead of the rest of the country, at a growth rate of 3.1 percent compared with 2.5 percent nationally (ABS 2009).

The crime statistics in Figure 1 show assaults for the greater metropolitan area for 2000 to 2009. The increasing rate of assaults is concerning.

**Figure 1** Greater metropolitan area assaults



The National Alcohol Indicators Project reports that Western Australians are drinking more alcohol per person per year than people in most other states and territories of Australia. Western Australia has the second highest average alcohol per capita consumption, second only to the Northern Territory (Pascal, Chikritzhs & Jones 2009).

The 10 venue types in Western Australia are casino, club, hotel—including small bars, nightclub, restaurant, liquor store, special facility which includes tourism, occasional, producer and wholesaler. The Perth metropolitan area as defined in this study includes all of the 10 types of licences.

Across the Perth metropolitan area, there are 2,268 licensed venues. In the Perth Central Business District alone there are 172 licensed premises.

The highest number of participants in any one area of Perth was in the central business district (n=25), with the next largest concentration clustered around the other main entertainment precincts of Perth being Northbridge, Fremantle and Burswood (n=27). The remainder worked across the metropolitan area from Port Kennedy in the south to Joondalup in the north and east to Roleystone.

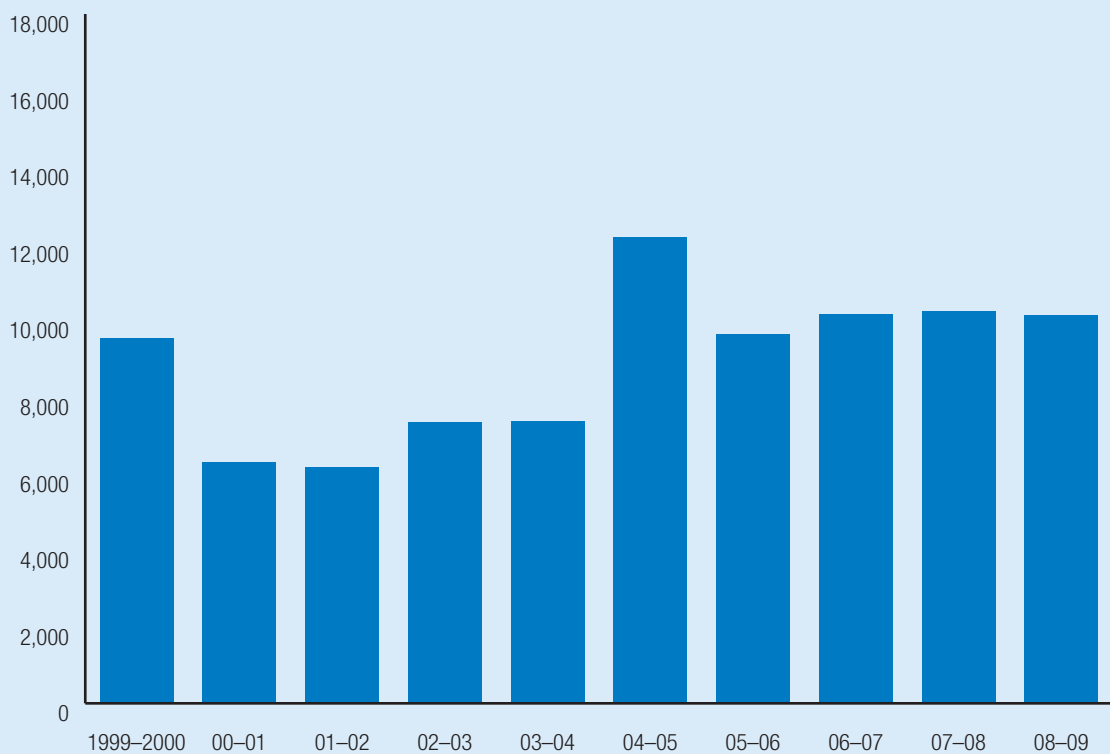
For the Perth metropolitan area in 2007–08, alcohol-related assaults were around 37 percent, or 5,499 for all domestic and non domestic assaults. For 2005–06, it is conservatively estimated that there were 30,202 alcohol-related injury and assault attendances to metropolitan hospital emergency departments (Xiao et al. 2009).

## Regional/rural

The remainder of WA's 670,000 people resides across nine regions, being the Kimberley, Pilbara, Gascoyne, Mid West, Goldfields, Wheatbelt, Peel, South West and Great Southern. The Gascoyne region is not counted by the Australian Bureau of Statistics as a separate region, part of it is included in the Pilbara and part in the Mid West. The Australian Bureau of Statistics' statistical divisions are the South West, Lower Great Southern, Upper Great Southern, Midlands (Wheatbelt) South Eastern (Goldfields), Central (Midwest), Pilbara and Kimberley.

In regional/rural areas, as with the greater metropolitan area, there has been an increase in the number of assaults, contributing to the overall statewide increase (see Figure 2).

**Figure 2 Regional/rural assaults by year (n)**



The Kimberley and Pilbara regions had the highest hospitalisation rates due to alcohol consumption. Alcohol-related hospitalisation rates for males were significantly higher for the Goldfields, Great Southern, Kimberley, Midwest, Pilbara and Wheatbelt regions. The Pilbara rate was around double that of the state and the highest hospitalisation rate was for the Kimberley, almost four times greater than the state rate. Similarly, significantly higher rates of females were seen for the Goldfields, Great Southern, Kimberley (over 5 times greater than the state), Midwest, Pilbara and Wheatbelt. The rates for both males and females in the South West were similar to those for the state (Xiao et al. 2008).

## Methodology

ICCWA staff met with key stakeholders in order to gain background information on locations and other alcohol-related projects and specific issues in Western Australia. Some key stakeholders ICCWA met with were the prevention branch at the WW Drug and Alcohol Office, Department of Racing, Gaming and Liquor, WA Police, the National Drug Research Institute and the Kalgoorlie Alcohol Action Project.

Based on information obtained from stakeholders, two metropolitan locations of Western Australia, Northbridge and Mandurah and one regional WA location, Kalgoorlie, were initially selected for the study. The information from stakeholders included crime statistics, number of licenses within the areas and the expert knowledge of the aforementioned organisations.

The participants targeted for the project were those currently working or who had previously worked serving alcohol in a licensed venue. As per the original framework, a series of focus groups for participants was organised and advertised in Mandurah and Northbridge. In Kalgoorlie, local networks were used to recruit participants and individual interviews were undertaken. The first focus groups and meetings were advertised through the organisation's newsletters, mail-outs, online networks and events. Flyers were also distributed at universities, TAFE colleges and backpacker hostels.

Data collection began in October 2008 following the first round of promotion. In November 2008, project staff travelled to Kalgoorlie to interview participants. ICCWA staff also met with several service providers in the alcohol and other drugs field working in Kalgoorlie and the wider Goldfields region. Further information was gathered about the alcohol culture of Kalgoorlie and current alcohol-related projects and interventions. Positive relationships with local residents were also made for recruitment purposes.

Despite reasonably wide advertisement, participant recruitment for the focus groups in all areas was very low. It was therefore necessary to re-visit recruitment strategies and subsequent methods of data collection. Advertising of the project was increased to include paid advertising in print media—local newspapers and university publications and networks of current and past students. In addition, a written survey utilising the same questions as those in the Kalgoorlie interviews was made available to participants through both a hard copy that could be sent via post and through a soft copy that could be emailed to participants.

The changes resulted in only a slight increase in participation. Several reasons may have contributed to the initial lack of participants. First, recruitment efforts may have been too general for the target population, which was specialised by both profession and geographical location. Second, potential participants may have perceived a threat to their job security and therefore been unwilling to share information that may have implied that either they or their employers were breaching legal obligations.

It was therefore deemed necessary to again restructure the data collection methods. The decision was made to open the study to participants from the whole of Western Australia. While this did increase participation slightly, it appeared there was also a need to offer a mode of data collection that assured total anonymity. An online survey was created that could be completed anonymously. The online survey was promoted through a wide variety of networks, print media and a major statewide student membership discount website and database.

## Limitations

Due to the collection of surveys online, via email and post, project officers were unable to expand lines of questioning due to the lack of face-to-face contact with majority of participants. This did not allow for response clarification by the participants or connection of response to overarching issues.

Second, the difficulty of engaging with participants somewhat limited the ability of the study to garner large amounts of data. To better validate the findings of this study, it would have been beneficial to engage a larger number of participants.

Given that indicators based on location were initially very important to the study, all forms of the survey required participants to state the location in which they worked (location of the licensed venue), their area of residence while working at the licensed premise and their current residential (if different from the previous location). Indicators based on location such as police crime statistics, number of licensees and population trends were then considered.

The survey consisted of 25 questions (mostly qualitative) that captured a range of demographic information about the participant, the venue in which they worked and their experience and beliefs on service to intoxication. A copy of the survey is included at *Appendix B*.

Over 400 surveys were collected, the majority through the online survey system. However, surveys that were not completed related to experience outside of Western Australia or were not as part of a venue as indicated below were not deemed viable. This resulted in only 141 viable surveys being analysed as part of the study.

## Results

Data was divided into metropolitan and regional, with 113 respondents from the metropolitan area (deemed to be within a 100km radius of Perth) and 18 respondents from regional areas.

The five questions with which the study was mainly concerned were:

- Who or what has had the biggest influence on whether you served patrons to intoxication or who were already intoxicated?
- In your experience, why do bar staff serve patrons to intoxication or serve patrons who are already intoxicated?
- In your experience, what leads bar staff to refuse service to someone who is intoxicated?
- In your experience, did your supervisor support your choice to refuse service? Please explain.
- In your experience, did your co-workers support your choice to refuse service? Please explain.

Other questions asked were around where and in what type of venue participants worked, whether they had undertaken any RSA training and how long they had worked in the industry. Differences for results from the two most commonly recorded venue types were also examined.

As mentioned earlier, despite a more targeted and earnest promotion of the project, participant numbers in regional areas were still low by comparison with the metropolitan area with a response rate of only 13 percent. To put this into perspective, at June 2009, there were nearly three times as many people living in the Perth metropolitan area as in the remainder of the state. Nearly four times as many people aged 20 to 24 years lived in the city as in the remainder of the state. The male/female ratio for Western Australia is in favour of males, by contrast with the respondents of the study.

Five core questions were asked of participants and responses grouped accordingly. Often more than one comment was made and so the first comment was used to group the responses. Responses to Questions 4 and 5 have been sorted into positive, negative and neutral responses. Where appropriate, quotes from participants have been used in descriptions and/or follow question responses in italics.

### Participant profile

The average participant/respondent in the study was a metropolitan-based 23 year old female who had worked in a metropolitan pub for almost two years and had undertaken RSA training. The quantitative results are recorded in Table 3.



**Table 3** Quantitative findings

	Female	Average age (yrs)	Average years at premises	RSA trained	Male	Average age (yrs)	Average years at premises	RSA trained	Venue type (female and male)
Metropolitan (n=120)	73%	22.2	1.95	85%	27%	23.12	2.5	82%	Pub (46%) Club (16%) Restaurant (11%) Sports bar (10%) Event (9%) Hotel Bar (6%) Bottleshop (2%)
Country (n=21)	72%	25.3	3.84	53%	28%	25.5	4.4	83%	Pub (52%) Club (24%) Restaurant (14%) Sports bar (10%) Event (0%) Hotel bar (0%) Bottleshop (0%)

## Qualitative findings by question

### 1. Who or what has had the biggest influence on whether you served patrons to intoxication or who were already intoxicated?

Overall, respondents reported that it was their 'own judgement' that influenced whether or not they served patrons to intoxication or who were already intoxicated, with just over one-third of respondents in the metropolitan area citing this response and just under one-third in the regional areas. Common sense and personal ethics—the 'right thing to do' and 'I wouldn't serve to intoxication'—as well as moral right and duty of care influenced participant decision. For country respondents, the influence of managers and other staff was of equal importance to their own judgement. Managers' influence and the influence of other staff was rated as the second most influential factor for respondents from the metropolitan area in serving patrons to intoxication or continuing to serve intoxicated patrons.

Responses to the third most common influence on servers differed between the metropolitan area and regional areas. Metropolitan-based respondents cited patrons, both in terms of their behaviour and whether or not they were known to serving staff (or the premises) as the third major influence on service to intoxication, with almost 20 percent of respondents indicating this as a reason. Patron behaviour noted by respondents included composing oneself to order drinks and going to other parts of the bar (if it was a large venue). For respondents in regional areas, law and enforcement was the third most influential factor, while for metropolitan regions this was less important. It should be noted that responses related to RSA training and knowledge of RSA were grouped with law and enforcement.

The only other factor listed by respondents was a busy environment but this was not significant, with only one respondent in both the metropolitan and regional areas each recording this response.

In terms of venue type, it is worth noting that responses did change somewhat, but due to the number of venue types across the sample size, the change is not telling. For respondents working in pubs, there was no change in responses but for respondents working in nightclubs, patron behaviour and management influences came out equally as important, closely followed by self judgement.

## 2. In your experience, why do bar staff serve patrons to intoxication or serve patrons who are already intoxicated?

Participants most commonly reported variations on the theme of their peers being too afraid to refuse service because of the perception that patrons would react negatively. Fear of confrontation in the form of abuse, aggression, intimidation or even violence was viewed as a pivotal factor in the decision to serve to intoxication and cited by over one-third of participants. Respondents believed that patrons would become violent or verbally abusive if they cut them off and so would continue to serve them despite knowing that they had already drunk too much. Continuing service rather than refusing patrons at signs of intoxication was deemed an easier and safer choice for staff than risking possible abuse, aggression and/or violence from patrons. It was also noted that fear of abuse may be more prevalent for female staff or staff faced with 'older and larger' patrons. It is interesting to note that respondents reported very strong support from both their managers and fellow staff to refuse service and yet still feared reprisal from patrons for refusal of service.

Difficulty in identifying intoxication was the next most common issue metropolitan respondents recorded as influencing bar staff to serve patrons to intoxication or serving patrons who are already intoxicated. Just over one-fifth of respondents recorded that knowledge and experience in recognising signs of intoxication and not being aware of the severity of the consequence of service to intoxication played a key role in service to intoxication.

Pressure from patrons to serve them, particularly if they were known to the staff or management emerged as the second most influential barrier to providing responsible service in regional/rural areas. Participants stated that knowing patrons negatively affects RSA, yet most participants reported they had a duty of care and felt an obligation of care towards patrons whether or not they were known to the participant.

Of concern was that revenue and economic factors were highlighted as the third most common reason for continuing service to intoxicated patrons in the metropolitan area and the forth most influential factor in regional areas. It was noted by respondents that patrons who were intoxicated also spent more on drinks, therefore generating more revenue for the premises. Intoxicated patrons were also more likely to tip bar staff, so both of these were seen as reasons to continue service. The need to serve and cater for regular patrons and ensure their business by serving to intoxication and beyond unfortunately outweighed issues of RSA. Participants stated they want to 'make a good impression on patrons' as they were choosing to spend their money at a particular venue. This desire for personal gain also lent itself to service favouritism as well as improving job security by meeting client demands rather than providing responsible service and duty of care.

Other responses cited as influential included staff not caring about their jobs, duty of care to patrons or the premises. Personal traits such as being shy and anxious, taking 'the easy way out', finding drunkenness 'funny' and not wanting to 'seem like the bad guy' were also recorded. Other issues related to different behaviour types including manipulative behaviours such as 'flirting' and if the patron was known to staff or management. Environmental factors of venue layout and being too busy to notice were also mentioned but not as major influences.

### Participant comments

*Can't be bothered saying no, no confidence to refuse, low care factor, don't care, can't be bothered, don't care/not my responsibility attitude, no confidence to refuse, lack of confidence*

*Weak nature and want to avoid problems, don't want to refuse people, don't have courage to stand up*

*Bit drunk but doing no harm*

*Don't want to embarrass patron*

*Awkward refusing friends*

*Don't pay attention to customers or their intox level*

*Need to 'be cool' and not give into law, they can serve if they choose*

*Think drunk is funny*

*Young and think they would like to be served in similar circumstances*

*Licensed premises need to make money so if patrons are not threatening, vomiting or violent, they are usually served*

For venue types, again only the two major venue types were examined. The top three responses remained the same with a slight difference between pub and club workers. The most influential factor remained that fear of negative patron behaviour meant staff would continue to serve patrons regardless of their state of intoxication.

### *3. In your experience, what leads bar staff to refuse to serve to someone who is intoxicated?*

Overwhelmingly, negative patron behaviour was the most highly rated factor that led bar staff to refuse service to patrons. Negative behaviour has been defined as any aggressive, violent, rude or abusive behaviour. Disturbing other patrons and harassing, threatening, irritating or becoming violent towards staff were also considered negative patron behaviours that would result in a refusal of service by bar staff. A little over half of the respondents in the metropolitan area gave this as their primary reason for refusing service. Over three-quarters of respondents in regional areas cited negative patron behaviour as the number one reason for refusing service.

Drunken patron behaviour (physical signs of intoxication such as slurring words, loss of balance and drowsiness) was the next most commonly reported reason for refusing service. While this was rated by just under one-fifth of metropolitan respondents, this is interesting and perhaps encouraging given some of the anecdotal evidence around the effectiveness of RSA training and warrants further investigation. Again it should be noted that 85 percent of metropolitan-based respondents had undertaken RSA training and over 50 percent of respondents from regional areas had undertaken RSA training.

Laws and fines were the next most highly rated service refusal determinants. Experience of the server was the least determining factor. The latter point is interesting given the results for the previous question. It follows that if one of the main reasons staff continue to serve patrons to intoxication and to serve patrons who are already intoxicated is inexperience, then inexperience would be the least likely reason that patrons are refused service. Inexperience has been defined previously as not knowing the laws, not being able to recognise signs of drunkenness and a general lack of common sense.

There was no change in responses across the two major venue types.

### *4. In your experience, did your supervisor support your choice to refuse service? Please explain.*

The majority of participants (almost 80%) in both metropolitan and regional areas reported that their supervisors supported their decision to refuse service to patrons. The supervisor's own behaviour in modelling refusal of service, venue culture, liability for patron behaviour and laws, fines and enforcement were cited as contributing to supervisors supporting refusal of service to patrons. Importantly it was noted that management had trust in their staff to correctly identify intoxication and refuse service and that refusal is part of the duty and responsibility of the server's role. Even when opinions about a patron's intoxication level differed among staff, it was important for a manager to back the server up.

Of the very few participants (n=16) who responded that they did not receive support from their supervisors, comments were made that the supervisor may bend rules for friends, locals, regular patrons and 'attractive young girls' and therefore overrule decisions. Additionally, the desire to generate income regardless of laws around intoxication was highlighted as another reason behind the lack of support from supervisors.

Responses of 'most of the time' or 'yes and no' were categorised as neutral responses. Reasons cited varied between lack of support based on lack of training and the rare response of no occurrence of intoxicated patrons asking for service.

The type of venue in which a respondent worked did not have any bearing on whether supervisors were supportive of refusal of service.

*5. In your experience, did your co-workers support your choice to refuse service? Please explain.*

The majority of participants in both metropolitan and regional areas responded affirmatively to this question. Support and solidarity for co-workers, a respectful, team approach, risk of fines and consequences of serving to intoxicated patrons were reported as reasons why co-workers supported refusal of service. More than 80 percent of all respondents recorded support from their co-workers and there was little difference between respondents in metropolitan areas and regional areas.

For respondents who recorded a lack of support from co-workers, lack of knowledge around the issue, inexperienced staff, not caring about patrons and viewing refusal of service as a character fault were noted. It was also identified that some co-workers served patrons after participants had refused service particularly if patrons were known to the other staff. Venue type did not influence responses.

## Emergent themes and implications

There are themes that emerged from study findings that have been used to inform the recommendations and identify areas needing further study. They are presented in groups by number of responses across various questions that indicated this theme. While some lend themselves to clear recommendations, others are a matter of attitude and cultural beliefs around alcohol for which there are no 'quick fix' solutions. They illustrate the need for far-reaching, long-term, systemic changes in both the hospitality industry and the wider community.

### Most influential

#### *Patron behaviour*

Patron behaviour in some form or another was by far the most common response across three of the five core questions. Negative and aggressive patron behaviours surfaced as the main reason to refuse service. This implies that service to a patron is dependent on their behaviour towards the server rather than responsible service being applied equally to all patrons. The perceived potential for negative or aggressive behaviour was also cited as a reason that respondents believed their colleagues continued serving to intoxication and past the point of intoxication.

Many participants saw patron behaviour as affecting other people who served alcohol but did not report patron behaviour as being an important factor for themselves when deciding on refusal of service. The implication here is that individuals are not able to recognise the ways in which patrons' behaviour may affect their own choices concerning the refusal of service. While they can recognise it in others, they may feel it is not a factor in their own decisions even though by their own admission they believe it affects the decisions of people who serve alcohol. Thus, while participants may feel they personally apply responsible service rules equally and fairly, they too may be affected by patrons' behaviour and not be cognisant of this very important influence on their own behaviours.

### Highly influential

#### *Laws, fines and training*

Laws, potential for subsequent fines and putting into practice RSA training were reported as influential for participants and important for others' refusal to serve to intoxication. They were seen as a factor in both supervisor and co-worker support when two groups had knowledge of the law and risk of fines. However, if these latter two groups did not have this knowledge, this was noted under inexperience and lack of industry knowledge.

This area is connected back to industry experience and knowledge, as well as to strong management and enforcement of responsible service in licensed venues. The implication is that strong management would incorporate knowledge of laws and fines into the training of premises' staff and support an informed environment.

One challenge for training programs is to instil job-related values in employees and tap into underlying sympathies to incorporate notions of right and wrong in relation to service to intoxication. Some participants highlighted the need for RSA training to include other skills such as refusal skills and improve on areas of patron management.

A licensed premises' environment that supports one's own personal beliefs is important. It is therefore an issue of human resources both in vetting and monitoring potential and new employees to identify job-related values. If internal influences are not present to support RSA, external influences should be present that are positive and create an environment that actively encourages and promotes RSA.

### *Self judgement, own morals*

A majority response was recorded for a reliance on self judgement, morals and common sense. The largest number of respondents indicated that as individuals, their own sense of right and 'good' had the most influence on whether they served patrons to intoxication or continued to serve those who were already intoxicated.

This is an area where some of the limitations of the study have influenced results. Had it been possible to conduct more face-to-face interviews, the ability to be able to clarify further and seek detail as to what gave individuals the confidence to rely on their own judgement would have been useful. It would have been interesting to note whether the judgement of respondents was influenced by training and induction, role modelling by management or a truly moralistic view.

### *Management of licensed premises*

Management of licensed premises both in terms of policy and practice, and human resources (actual managers), were regarded as highly influential across all areas. This influence was reported as being both positive and negative in the areas of role modelling and setting venue culture. The importance of managerial support for enforcement was also essential in whether or not participants or their co-workers refused service.

Therefore, ensuring managers create an environment that not only supports responsible service laws and regulations but also encourages staff to refuse service as appropriate is essential.

## **Influential**

### *Identifying patron intoxication*

The inability to accurately identify patron intoxication was highly important in explaining why others serve to intoxication. Participants noted other servers may not know the signs of intoxication and that patrons were often able to compose themselves long enough to order drinks and interact with the servers. Add to that a busy environment and the difficulty of having enough time to adequately assess a patron, service is likely to continue.

If a server cannot easily identify whether or not a patron is intoxicated and continues to serve them, the implication is that the server believes they are providing responsible service and therefore, not serving to an intoxicated patron. However, this may be an 'easy out' for those who lack confidence or the ability to refuse service and simply rely on the inability to recognise intoxication as a valid reason for continuing service. In this case, the implication is a lack of proper patron management through poor training and RSA application.

### *Economic gain*

Economic gain was a key factor that respondents believed caused others to serve patrons to intoxication. Licensed premises are businesses first and foremost that sell a product to customers for revenue. Alcohol is, of course, no ordinary commodity and this fact lends itself to a multifaceted approach to cultural change including patron expectation.

## **Other influences**

### *Pressure from patrons and favouritism*

Service favouritism (the practice of continuing service to friends and regular patrons despite intoxication) was the most common response for why participants were not given support by supervisors and co-workers in their refusal of service.

The implication is straightforward; RSA is not applied evenly to all patrons. As a result, patrons may try to ingratiate themselves with staff who show favouritism in order to skirt intoxication laws. Alternatively, staff may

seek to build relationships with patrons by not applying the aforementioned laws to them. In either case, an environment in which responsible service laws are not applied consistently or fairly is created, which lends itself to encouraging antisocial behaviour and a lack of respect for all liquor licensing laws and harm-reduction measures.

The service favouritism shown in regional/rural areas may be explained by wider social and cultural norms associated with regional/rural areas. Additionally, in areas of low population, businesses rely heavily on repeat business and regular patrons regardless of business type. These two factors may explain the reported inclination to value the patrons' desires above current laws and regulations in order to maintain both a societal/cultural and economic relationship.

### *Environment*

A supportive and healthy working environment has been reported to influence the decision to refuse service. This environment manifests itself in several ways. First, it may be a sense of duty and solidarity among supervisors and co-workers. This solidarity translates into positive support for refusal of service, supervisors trusting their workers' decisions to refuse service and past support for co-workers who refused service allowed participants to feel they too were supported in their decision to refuse service. Conversely, lack of supervisor and co-worker team cohesion was viewed as negatively impacting on RSA.

### *Experience and knowledge*

This is very closely linked to the ability to identify patron intoxication. Inexperience and lack of industry knowledge were reported as being highly important as to why others serve to intoxication. A lack of RSA training and other server interventions were specifically highlighted; however, the lack of necessary job skills such as patron management, personal refusal skills and inability to identify intoxication were reported. The general inexperience of a person due to their age or circumstances was also commonly identified.

The implication for this area is that people working in this industry believe a certain level of experience and knowledge is necessary to provide RSA. Not all participants elaborated on the exact experience and knowledge they believed to be lacking; however, refusal skills and patron management were highlighted by some as areas needing improvement.

### *Attitude*

Viewing refusal of service as a responsibility of one's role when serving alcohol influences the decision to refuse service. Participants reported that if they or their co-workers viewed refusal of service as just 'part of the job', it was more likely occur. Contrastingly, a perceived lack of commitment and work ethic and general indifference to the job were seen as negatively impacting RSA.

Overall, poor job-related behaviours and a lack of knowledge and experience were also exacerbated by poor staff management and lack of support to provide responsible service. The need for ongoing professional development and strong management structures is further discussed in the *Recommendations* section as it is a theme across several areas.

The need to create an image and/or culture for the venue was reported to be both a positive and negative influence in the refusal of service. Not wanting to develop a bad reputation was important in refusing service.

All three themes revolve around the creation of a professional supportive environment in which job responsibilities are clear and employees feel supported in their roles to undertake all aspects of their jobs including the refusal of service. This implies the need for better business development in terms of staff recruitment, working environment and work culture for licensed premises and their employees.

## Other implications

Across both the findings and emergent themes, it is important to acknowledge that RSA training on its own did not appear to be influential in the decision to refuse service. While laws and the risk of fines are a topic covered by RSA training, the training itself was not often referred to as a reason to refuse service. The implications from this lack of reference to RSA are many. Perhaps the most important is that the opportunity to influence bar staff through this formal training setting is not being utilised to its full potential. A more detailed discussion of this topic will be provided in the *Recommendations* section.



## Recommendations for policy making, training standards and law enforcement practices

Based on the findings, emergent themes and implications, the following recommendations are made.

### Responsible service of alcohol training requirements to be standardised across the nation

The review of RSA training requirements across Australia showed a lack of consistency in approaches by states/territories to reducing alcohol-related harm. Additionally, the requirements for RSA training differed greatly. It is important to realise that people within the hospitality industry migrate interstate and need skills that are portable and equally applied across Australia.

Furthermore, the requirement of RSA training across Australia would raise awareness and profile the importance of responsible service. This, in turn, may positively affect the operation of venues through higher training standards and work towards creating environments that better supported bar staff's ability to refuse service. RSA training should be required for all licensed premise staff who serve alcohol or work directly in an environment where alcohol is served (including security staff, glass collectors etc).

### Responsible service of alcohol training to include patron management techniques

It has been noted that in Western countries, there has been a shift to less government control and a move toward customer influence in commodities. As a result, the effectiveness of government policies and regulations to deal with alcohol-related problems has been diminished (Midford 2004).

Patron behaviour has been seen as a major influential factor on the decision to refuse service. Thus, patron management skills are essential to better address the negative influence patrons have on the decision to refuse service. The inclusion of patron management skills in RSA training is a preventative, proactive measure to reduce the likelihood of service to intoxication.

Furthermore, if RSA training including patron management skills is required nationally, it will assist to create environments that are supportive of employees and RSA.

In Canada in the 1990s, a training program called Safer Bars was developed by the Centre of Addiction and Mental Health to reduce violent incidents in and around licensed premises. The program up-skills staff to more effectively manage patrons and their aggression through a whole-of-house management system that relies on early intervention and proactive planning. External evaluation of the training showed a 30 percent reduction in violent incidents in venues where the training had been given and applied to the management system. The program also recorded a high satisfaction rate among participants.

ICCWA is currently conducting a pilot program of Safer Bars (Safer Bars WA) to ascertain if the program can be effectively implemented in an Australian context. Key stakeholders who are working to adapt and implement this project are the WA Drug and Alcohol Office, WA Police Service, Department of Racing, Gaming and Liquor, Australian Hoteliers Association (WA), local government, statewide venue associations and licensees. The results from this pilot will be available from March 2011. The pilot program has generated great interest and ICCWA has a waiting list for venues and associations that would like to be trained in Safer Bars WA management and application techniques.

## Program to work with licensed premises to help them take more responsibility for the role they play in preventing negative patron behaviour

It cannot be dismissed that the service of patrons to intoxication and continuation of service to intoxicated patrons has a causal effect on negative patron behaviour. Ongoing professional development will assist not only to create a workforce better able to manage patron influence but will also create more supportive environments for harm reduction through education and training. This additional support and training will also have a positive impact to worker attitude and workplace culture.

The role of the manager and the licensee in setting the venue culture is pivotal in RSA. In the intervention in Fremantle, the one venue that showed the greatest support for responsible service measures was reported as the venue in which the manager was ‘...very keen to co-operate [and] voluntarily adopted several new house policies suggested by the [researchers]’ risk assessment’ (Lang et al. 1998: 49). Furthermore, a study conducted in the United States examining servers’ willingness to serve to intoxication found managements’ motivations (especially in the area of economic return) extremely important in influencing RSA (Reiling & Nusbaumer 2006).

A framework for ongoing, required training should be considered as a legal requirement for the professional development of all employees who serve alcohol or work directly in an environment where alcohol is served (including security staff, glass collectors etc).

This could include, but not be limited to, a graduated training program in relation to age of servers, bi-annual or annual training courses in advanced patron management skills, updates in liquor licensing laws and refresher courses in responsible service skills.

## Required prevention plan for all licensed venues

All new license applications should include risk management and prevention plans outlining specific procedures and policies for venues. Existing licensees should be required to submit a plan in an agreed timeframe. The plan's aim would be to encourage each venue to map strategically for better patron management. Enforcement, licensing and other key stakeholders must assist and provide support in the creation and enforcement of a prevention plan.

Plans could include practices such as limiting customers to purchasing two drinks at each interaction, talking to patrons for a minimum time before service to assess intoxication or creating a gap in the line that patrons must walk through individually to assess physical signs of intoxication. However, they must be venue-based, practical and easily implemented. A significant feature of the Safer Bars training program is working with venues to develop a tailored action plan based on observations and feedback from venue staff around a number of different elements from physical venue layout to serving practices and closing procedures.

## Creation of positive harm-reduction programs that reward licensed premises and their staff for reducing alcohol-related harm through both incentives and disincentives

The creation of a program that rates licensed premises and gives them an edge in terms of harm reduction, patron duty of care and when applying for new or changes in licensing would encourage supportive environments.

There is a need to demonstrate to licensees and managers that taking on responsible serving practices and policies will not adversely impact on their profits (Lang et al. 1998). If this fact cannot be easily proven, it is unlikely that venues will voluntarily comply with responsible service laws.

One of problems with the current fines and legal responsibility of licensees is 'civil law suits are very seldom used against licensees, thus removing one of the major incentives for licensees' to adopt harm reduction policies and practices (Homel, Hauritz & Wortley 1997: 41–42).

If there are not enough substantial incentives and disincentives to provide responsible alcohol service, then it is unlikely that venues will comply, instead continuing to serve economic interests. This has been demonstrated through the Surfers Paradise Safety Action Project (1993–94) results. A voluntary code of conduct was established as part of a larger attempt to reduce crime in Surfers Paradise. While initially successful, a two year review of adherence to this code showed responsible service was 'an economic liability since so many licensees were flaunting its provisions in order to secure short-term profits' (Homel, Hauritz & Wortley 1997: 77).

In Essex in the United Kingdom, a scheme, also called Safer Bars but no relation to the Canadian Program, has been introduced by the police. The UK Safer Bars program is a free voluntary program for licensed venues that seeks to provide positive police and regulatory body involvement and advice in the development of safer venues at an individual venue level. There are several benefits to the licensee for being involved in this program. These benefits, as advertised by the Essex Police, target several areas of relevance to licensed venues. Business incentives include increased patronage, increased inclusion and promotion in the business community and eligibility for business awards and recognition. In the area of licensing, the benefits of the program are open communication between licensees and the related authorities, lower risk of having restrictions put on licenses and 'consistence and proportionate enforcement decisions' (Essex Police 2007: 3) The benefits also include community-oriented outcomes such as a reduction of fear of crime and disorder which, in turn, increased the likelihood of patronage.

Safer Bars UK runs a graded accreditation system. The licensed venues are given a set of essential, desirable and bonus criteria. Depending on the percentage within each criterion the venue meets, a star rating is given on a scale on one to five. For example:

- one star means the venue meets 100 percent of the essential criteria;
- three stars means 100 percent of the essential criteria, 40 percent of the desirable criteria and 40 percent of the bonus criteria are met; and
- five stars means 100 percent of the essential criteria , 80 percent of the desirable criteria and 80 percent of the bonus criteria are met.

While formal evaluation on this program is still being undertaken, it is an innovative approach towards incentives and disincentives to tackling service to intoxication and related issues.

## Recommendations to be together in a consistent, holistic approach rather than singularly

Both the literature and interventions that have been reviewed and the findings of this study clearly show there is no singular factor alone that determines RSA. There are a range of factors and influences that come into play when responsible service and the refusal of service are in question.

Therefore, it would be negligent to apply only one of these recommendations to policy, enforcement, future research, advocacy and community interventions. Instead, a holistic approach that addresses each area of need must be taken to effectively structure and support all initiatives in RSA. Thus, a coordinated approach to the implementation of these recommendations should be undertaken. This would involve the input and guidance of a panel of experts in various alcohol areas to ensure each recommendation would be viable and approached holistically.

## Recommendations for further research

Further research needs to be undertaken in the area of responsible service programs. To be most effective, longitudinal studies that focus on the factors that have been shown to impact upon responsible service, their implementation and enforcement would be highly important to reducing alcohol-related harm.

Ideally, a long-term research project team would create and implement a training program and monitor short and long-term impacts, while incorporating changes from evaluation to ongoing training, venue development and enforcement. This would allow a set of venues to work with a range of professionals in the alcohol field to trial the viability and sustainability of a coordinated, holistic responsible service and harm-minimisation program.

## Evaluation

### Project monitoring

The project has been closely monitored by ICCWA's management staff. Regular project updates have been given at ICCWA's staff meetings and through distribution of the ICCWA quarterly newsletter. The Chief Executive Officer has played a key role in the management and monitoring of this project and provided support to all project staff where required to assist in meeting project deliverables.

The Project Officer has also provided regular progress reports to the ICCWA Chief Executive Officer and the ICCWA Board of Management. Reports on the progress and achievements of the project have also been included in ICCWA annual reports and newsletters.

### Project evaluation

ICCWA acknowledges the importance of program evaluation, especially in determining the characteristics of future health-promotion and injury-prevention initiatives. The project has been subject to ongoing internal evaluation processes where changes to methodology, tools, community engagement and other processes have been modified or adapted in order to be the most appropriate and to enhance effectiveness.

It is also essential for information regarding the project to be collected from stakeholders once public consultation sessions commence. This will be done through brief evaluations, informal interviews and other factors that may include, but are not limited to, number of public consultation attendees, partnerships formed to address outcomes and recommendations of this study and number of reports distributed.

## Conclusion

The purpose of this study has been to examine why staff at licensed premises continue to serve to intoxication despite current laws and interventions. The study highlights societal and cultural acceptability of intoxication through participants' experience with intoxicated patrons, regardless of location or type of venue. A holistic approach that employs multifaceted prevention, intervention and enforcement systems is needed to facilitate cultural change and restructure social norms in relation to how alcohol is served and consumed in licensed premises. The findings highlight the challenges of responsible service across Australia and the many influences impacting on providing such service.

Patron behaviour of any type (drunkenness, aggressiveness, manipulation eg flirting) and the perception of the potential for negative patron behaviour was shown to have the strongest influence on whether staff served patrons to intoxication or continued service to those who were already intoxicated. Inability to recognise intoxication in patrons and a lack of industry knowledge and experience were reported as barriers to serving alcohol responsibly. Other areas of concern also emerged as influential to providing responsible service.

Currently there is heightened awareness of alcohol-related harms and the impact of intoxication. The author contends that public support for change has never been higher. In a discussion of how to effectively address alcohol issues, Midford (2004) highlights that alcohol use and misuse is largely seen by society as a problem of the individual rather than the community. Despite the deeply embedded social norms that govern alcohol use, such as the social acceptability of intoxication in times of celebration, individuals are seen as being responsible for their own alcohol consumption, use and misuse. When alcohol-related harm occurs, it is the individual who is called to account for their actions. Without whole of community recognition and acceptance of having a problem with alcohol, the motivation and commitment to embrace preventative measures will be lacking (Midford 2004).

There are indications that nationally, Australians want to see a reduction in alcohol-related harm and violence. Results of a 2007 survey by *Of Substance* magazine showed that four out of five people (85%) were concerned about alcohol in relation to public safety (Tinworth 2008). According to Wilson (2009), almost 80 percent of adult Australians acknowledge a national drinking problem. The point must be made, however, that collaborative and persistent approaches by a number of different stakeholders are necessary to support change. No one group or intervention can succeed in isolation.

## References

All URLs correct at July 2011

- Australian Bureau of Statistics (ABS) 2009. *Population by age and sex, regions of Australia 2010*. cat no. 3235.0. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3235.0>
- Australian Institute of Health and Welfare (AIHW) 2008. *2007 National Drug Strategy Household Survey: Detailed findings*. Drug Statistics Series no. 20. Canberra: AIHW
- Australian Institute of Health and Welfare (AIHW) 2006. *Alcohol and other drug treatment services in Australia 2004–05: Report on the national minimum data set*. Drug Treatment Series no. 5. Canberra: AIHW
- Collins DJ & Lapsley HM 2008. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. *Monograph Series* no. 64. Canberra: Australian Government Department of Health and Ageing
- Commonwealth of Australia 2009. *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: National Health and Medical Research Council of Australia
- Dearden J & Payne J 2009. Alcohol and homicide in Australia. *Trends & Issues in Crime and Criminal Justice* no. 372. Canberra: Australian Institute of Criminology. [http://www.aic.gov.au/publications/current\\_series/tandi/361-380/tandi372.aspx](http://www.aic.gov.au/publications/current_series/tandi/361-380/tandi372.aspx)
- Doherty S & Roche A 2003. *Alcohol and licensed premises: Best practice in policing*. A monograph for police and policy makers. South Australia: Australasian Centre for Policing Research
- Essex Police 2007. *Safer bars accreditation: Applicant's guide to accreditation and safer bars awards*. <http://www.essex.police.uk/pdf/Safer%20Bars%20Accreditation%20Scheme%20Applicant's%20Guide.pdf>
- Gehan J, Toomey T, Jones-Webb R, Rothstein C & Wagener A 1999. Alcohol outlet workers and managers: Focus groups on responsible service practices. *Journal of Alcohol and Drug Education* 42(2): 60–71
- Graham EK et al. 2004. The effect of the safer bars program programme on physical aggression in bars: Results of a randomized controlled trial. *Drug and Alcohol Review* 23(1): 31–41
- Holder H et al. 1993. Alcoholic beverage server liability and the reduction of alcohol-involved problems. *Journal of Studies on Alcohol* 54: 23–36
- Hommel R, Hauritz M & Wortley R 1997. *Preventing alcohol related crime through community action: The Surfers Paradise safety action project*. Monsey, NY: Criminal Justice Press
- Howard-Pitney B, Johnson M, Altman D, Hopkins R & Hammond N 1991. Responsible alcohol service: A study of server, manager and environmental impact. *American Journal of Public Health* 81: 197–199
- Hughes V & Thompson B 2009. *Is your house in order? Re-visiting liquor licensing practices and the establishment of an entertainment precinct in Northbridge*. Perth: Western Australia Police
- Injury Control Council of Western Australia (ICCWA) 2007. *Community violence among young people: A research report*. West Perth: Injury Control Council of Western Australia
- Lang E, Stockwell T, Rydon P & Beel A 1998. Can training bar staff in responsible serving practices reduce alcohol-related harm? *Drug and Alcohol Review* 17(1): 39–50
- Matthews S, Chikritzhs T, Catalano P, Stockwell T & Donath S 2002. *National Drug Research Institute national alcohol indicators project bulletin* 5. <http://ndri.curtin.edu.au/research/naip.cfm>
- McKnight AJ 1991. Factors influencing the effectiveness of server-intervention education. *Journal of Studies on Alcohol* 52(5): 389–397
- McKnight AJ & Streff F 1993. The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. *Accident Analysis and Prevention* 26(1): 79–88
- Midford R 2004. Community action to reduce alcohol problems: What should we try in Australia? *Centre Lines* 12: 3
- Ministerial Council on Drug Strategy (MCDS) 2006. *National alcohol strategy 2006–2009*. Canberra: Commonwealth of Australia
- Nusbaumer M & Reiling D 2003. Where problems and policy intersect: Servers, problem encounters and targeted policy. *Drugs: Education, Prevention and Policy* 10(1): 21–29

- Pascal R, Chikritzhs T & Jones P 2009. Trends in estimated alcohol attributable deaths and hospitalisations in Australia, 1996–2005. *National Alcohol Indicators Bulletin* no.12. Perth: National Drug Research Institute, Curtin University of Technology
- Quigley BM & Leonard KE 2006. Alcohol expectancies and intoxicated aggression. *Aggression and Violent Behavior: A Review Journal* 11: 484–496
- Reiling D & Nusbaumer M 2006. When problem servers pour in problematic places: Alcoholic beverage servers' willingness to serve patrons beyond intoxication. *Substance Use and Misuse* 41: 653–668
- Scott L, Donnelly N, Poynton S & Weatherburn D 2007. Young adults' experience of responsible service practice in NSW: An update. *Alcohol Studies Bulletin* no 9. <http://www.ndlerf.gov.au/pub/BOCSAR%20Responsible%20service%20of%20alcohol.pdf>
- Stockwell T 2001. Responsible alcohol service: Lessons from evaluations of server training and policing initiatives. *Drug and Alcohol Review* 20: 257–265
- Tinworth J 2008. Alcohol: What people think. *Of Substance* 6(2): 10–13
- Teeson M et al. 2010. Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: Findings of the 2007 national survey of mental health and wellbeing. *Addiction* 105(12): 2085–2094
- Toomey T et al. 1998. Qualitative assessment of training programs for alcohol servers and establishment managers. *Public Health Reports* 113(2): 162
- Turrisi R, Nicholson B & Jaccard J 1999. A cognitive analysis of server intervention policies: Perceptions of bar owners and servers. *Journal of Studies on Alcohol* 60: 37–46
- WA Police 2009. *Crime statistics*. <http://www.police.wa.gov.au/ABOUTUS/Statistics/CrimeStatistics/tabid/1219/Default.aspx>
- Wilson S 2009. Dramatic shift in drinking attitudes. *Of Substance* 7(4): 24–25
- Xiao J, Rowe T, Somerford P, Draper G & Martin J 2008. *Impact of alcohol on the population of Western Australia*. Perth: Epidemiology Branch, Department of Health Western Australia



## Appendix A

### Project reference group

Sergeant Steve Vassilou  
Licensing Enforcement Division  
Western Australian Police  
Sergeant ES (Scotty) Mitchell  
OIC Drug & Alcohol Policy  
Northern Territory Police  
Inspector Andy Jay  
Manager, Drug & Alcohol Strategy Unit  
Victoria Police  
Constable Krissy Barrett  
Drug & Alcohol Policy Coordinator  
ACT Police  
Chrysanthé Psychogios  
Assistant Director  
Research, International and Policy Section  
Drug Strategy Branch  
Australian Government Department of Health and Ageing

## Appendix B

### 1. Drink or Drunk Survey

Thank you very much for taking the time to complete this survey!

All information collected is confidential. While information that you provide us with may appear in our reports, there will be nothing to identify you as the source of that information.

None of the information collected will be used in a punitive manner. The information will be used to inform policy and practice to make licensed venues and the service of alcohol safer for patrons and staff.

Please answer the questions as they directly relate to your personal experience, opinions and thoughts.

**\* 1. If you wish to enter the draw to win prizes (shopping vouchers and movie passes) please be sure to include your contact details below. This information will only be used for the purposes of prize selection and will be destroyed after the winners have been contacted. Winners will be notified once the survey closes.**

☐ I agree to include my contact details for the purposes of the prize draw.

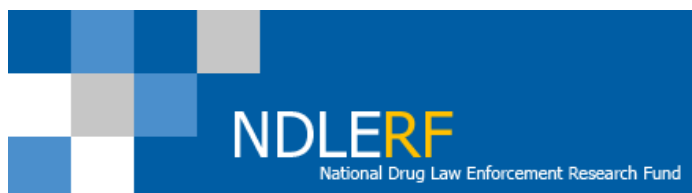
☐ I do not wish to enter into the prize draw.

### 2. Prize Draw Contact Details

Name:

Email Address:

Phone Number:



## 2. Default Section

### \* 1. Personal Details

name and email are optional

Name:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>

### \* 2. Gender

### \* 3. Age at time of working in licensed premise

### \* 4. Area of residence while working at licensed premise

### \* 5. Location of licensed premise

### \* 6. Type of licensed premise worked in (hotel, pub, club, RSL, etc.)

### \* 7. Describe the patrons of the licensed premise

### \* 8. How long working in the licensed premise?

9. If no longer working at the licensed premise, what was your reason for leaving?

### \* 10. Do you consume alcohol?

☐ Yes

☐ No

**11. If so, how often do you consume alcohol?**

- ☐ Once every few months
- ☐ Once a month
- ☐ Once a week
- ☐ A few times a week
- ☐ Daily

**12. When you drink, how much do you usually drink on one occasion?****13. Do you most often**

- ☐ Drink alone
- ☐ Drink with a meal
- ☐ Drink with friends
- ☐ Other (please specify)

**14. What is your main motivation to consume alcohol**

- ☐ To relax
- ☐ To socialize with friends
- ☐ To get drunk
- ☐ To forget problems
- ☐ To celebrate

Other (please specify)

**15. Where do you usually socialize?**

- ☐ home/friend's home
- ☐ hotel/pub
- ☐ nightclub
- ☐ social club
- ☐ restaurant

Other (please specify)

**\* 16. What are your views on being drunk/intoxicated?**

**\* 17. Briefly describe your experiences (positive or negative) working in a licensed premise.**

**\* 18. How do/did you identify patrons who were intoxicated?**

**\* 19. Who or what has had the biggest influence on whether you served patrons to intoxication or who were already intoxicated?**

**\* 20. In your experience, why do bar staff serve patrons to intoxication or to patrons who are already intoxicated?**

**\* 21. In your experience, what leads bar staff to refuse serve to someone who is intoxicated?**

**\* 22. In your experience, did your supervisor support your choice to refuse service? Please explain.**

**\* 23. In your experience, did your co-workers support your choice to refuse service? Please explain.**

**\* 24. Have you taken the Responsible Service of Alcohol Training?**

☐ Yes

☐ No

**25. If so, what impact did RSA training have on your behavior?**

### 3. Thank You!

ICCWA appreciates you taking the time to complete this survey.

Should you require further information about this study or you would like to be sent a copy of the results, please contact us at (08) 9420 7212 or on email at [arobertson@iccwa.org.au](mailto:arobertson@iccwa.org.au)

