

Evaluation of the Liverpool Say No To Drunks Pilot Intervention

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Summary

The sale of alcohol to drunk people is illegal in the UK. Despite this, drunkenness is a common feature of nightlife settings while public awareness of the law and bar server compliance with it appears to be low (Hughes and Anderson, 2008). A study conducted in Liverpool found that 84% of alcohol purchase attempts by pseudo-intoxicated actors in pubs, bars and nightclubs were successful (Hughes et al., 2014). Thus to address the sale of alcohol to drunks in the city's nightlife, Liverpool City Council and Merseyside Police developed and implemented the Say No To Drunks pilot intervention. The intervention aimed to: increase awareness of legislation preventing sales of alcohol to drunks; support bar staff compliance with the law; provide a strong deterrence to selling alcohol to drunks; and promote responsible drinking amongst nightlife users. It included: a social marketing and public awareness raising campaign; bar staff training; police enforcement; and the provision of breathalysers to door supervisors to support entry refusal. An evaluation was undertaken to inform the development of the pilot intervention and provide a baseline for evaluating future work. A range of methods were used including surveys with nightlife patrons, door supervisors and bar staff, nightlife area observations, and analyses of secondary data sources (e.g. police-recorded crime data).

Key findings

Pre-intervention nightlife survey

- The majority (95.8%) of nightlife patrons surveyed had consumed alcohol prior to taking part in the survey (referred to as drinkers).
- Two thirds (65.4%) of drinkers reported preloading and 20.0% en route loading. Preloading was significantly higher in younger people and students.
- In total, median expected alcohol use amongst drinkers over the course of the night out (including alcohol already consumed and expected to be consumed post survey) was 15.7 units. Median alcohol use was significantly higher among males, non-Liverpool residents and preloaders.
- Over one in eight (13.1%) of all participants intended to drink more alcohol after leaving the city's nightlife (e.g. at home).
- The majority (over 70%) of participants: expected their level of drunkenness to be high when they left the city's nightlife that night; reported a high drunkenness rating as their ideal level of drunkenness; thought that the typical level of drunkenness that people reach on a night out in the city centre was high; and believed that getting drunk was socially accepted in Liverpool's nightlife.
- Over six in ten participants agreed that: bar staff in the city centre do not care if people get drunk on their premises; if someone was drunk and tried to get served alcohol on a night out in Liverpool they would usually be served; and in the city centre it is easy for people who are drunk to buy more alcohol.

- Knowledge of the law was low: just under half (46.9%) of all participants thought that it was legal for a bar server to sell alcohol to someone who was already drunk and 53.5% thought that it was legal for a person to buy alcohol for a friend who was already drunk.

Post-intervention nightlife survey

- Only 17.2% of post-intervention nightlife survey participants reported being aware of the Say No to Drunks pilot intervention. However, a number of positive differences were observed between pre- and post-intervention survey findings¹:
 - The proportion of participants who correctly reported that it is illegal for a bar server to sell alcohol to someone who is drunk increased significantly (from 45.1% to 60.2%);
 - The proportion of participants that reported preloading on the night of the survey reduced significantly (from 65.4% to 53.9%); and,
 - The median number of alcohol units consumed whilst preloading reduced from 6.0 units to 5.1 units (although not significantly).
- After being shown the intervention posters, half (52.9%) of survey participants agreed that they demonstrated that people who are drunk in bars will not get served more alcohol. However, a third or less agreed that the posters: would make them feel safer on a night out in Liverpool; would make them more likely to come on a night out in Liverpool; and would make them drink less alcohol before or during a night out in Liverpool.

Post-intervention bar and door supervisor surveys

- Bars staff perceptions of the intervention were positive:
 - Over half (56.5%) reported feeling more comfortable refusing alcohol service to a drunk person since the launch of the intervention;
 - Over seven in ten (71.7%) stated they were less likely to serve alcohol to a person who is drunk since the launch of the intervention;
 - Six in ten (60.9%) felt the intervention helped them refuse alcohol service to a drunk person;
 - The majority (93.6%) agreed the intervention was effective in demonstrating that alcohol will not be served to a drunk person; and,
 - Nearly half (47.8%) believed that drunkenness had decreased in their bar since the launch of the intervention.
- One third (34.0%) of bar staff surveyed had participated in the Say No To Drunks training programme. Compared with those that had not participated, a higher proportion of trained bar servers stated that: they would never serve a drunk customer; they felt very confident in refusing service of alcohol to a person who is drunk; and they knew it was illegal to serve a drunk customer.
- Door supervisor knowledge of the intervention focused on the breathalysers:

¹ The pre- and post-intervention surveys were cross-sectional and thus involved different populations.

- The majority of those who had used a breathalyser as part of the intervention reported that they were easy to use.
- Views on the use of the breathalysers as a tool to prevent the service of alcohol to drunks were mixed.
- Less than half of door supervisors reported that they would like to continue using the breathalysers post-intervention as a method to support venue entry refusal.

Conclusion

Overall, findings from this study support the need for measures to increase public awareness of legislation on the sale and provision of alcohol to drunks and to address excessive alcohol use and social tolerance of drunkenness in Liverpool's nightlife. The evaluation suggests some positive impacts from the Say No To Drunks pilot intervention, including an increase in public knowledge of legislation on sales of alcohol to drunks and improved bar server confidence in refusing such sales. Although wider impacts were not observed, it is important that this pilot intervention is recognised as the first step in a developing body of work to prevent sales of alcohol to drunks and create safer and healthier nightlife environments in Liverpool. The data collected through this evaluation provides an important baseline for monitoring changes resulting through future work.

Key recommendations

- A culture of drunkenness and alcohol over-service is evident in Liverpool's night-time economy. The Say No To Drunks pilot intervention represents an important first step in addressing this culture and its development and refinement should form a key part of on-going work to address drunkenness and associated harms in the city.
- Although the evaluation identified few changes in attitudes and behaviours towards drunkenness, such outcomes are hard to identify and typically take time to emerge. Bar servers appeared to respond positively to the intervention yet methodologies did not permit robust investigation of changes in bar server practice. Re-testing bar server propensity to sell alcohol to drunks using actors would provide a more robust indication of the impact of the intervention and has been used to measure effectiveness elsewhere.
- The Say No To Drunks pilot intervention appears to have had some positive impact on increasing knowledge of legislation on the sale and provision of alcohol to drunks. Work to further develop public knowledge of this legislation should be prioritised.
- Despite enforcement activity being a key component of the evidence-based interventions on which Say No To Drunks was developed, this aspect of the programme was limited. Enforcement activity should be a strong feature of future work to ensure that there is a realistic expectation of prosecution for illegal alcohol sales among venue staff and managers.
- Training in identifying drunkenness and refusing service of alcohol to drunks should be maintained as a key feature of bar staff training.

- Consideration should be given to intervention materials to ensure they are visible to users of the NTE and the wider public, and that the messages they provide are clear, concise and relevant.
- The use of the breathalysers as part of the intervention should be reconsidered.
- Future media engagement should focus on the core messages from the intervention and the broader work implemented by partners to address drunkenness in the NTE.
- Work to prevent drunkenness and sales of alcohol to drunks should be undertaken as part of a broader strategic approach that recognises the wider influences on alcohol use. This should include consideration of policy options around permitted alcohol service hours and minimum unit pricing that are likely to influence both overall alcohol consumption and in particular harmful drinking behaviours such as preloading.

Other recommendations

- Whilst interventions to tackle the service of alcohol to drunks should focus on all venues in the city centre, further work should ensure that late night venues in particular have appropriate systems in place to prevent alcohol sales to drunks and effectively deal with the management of predominantly drunk customers.
- The role of venue promoters in encouraging or preventing drunkenness and related harms should be further investigated by local partners to ensure they do not promote drunkenness within the NTE and if possible, work towards supporting the prevention of drunkenness.
- Future interventions aimed at preventing drunkenness in the NTE should target preloading, particularly amongst younger age groups and students, as well as en route loading.

1. Introduction

Drunkenness is a common feature of nightlife settings in the UK and is associated with a wide range of health and social harms (Bellis et al., 2010; Hughes et al., 2008; McClatchley et al., 2014). These harms place large burdens on health, police and other public services (Anderson et al., 2007; Drummond et al., 2005). Consequently, an extensive range of policies and interventions have been implemented at local and national levels to reduce the harms associated with drunkenness in nightlife settings including high profile policing, changes to licensing laws and environmental measures to improve safety (e.g. late night transport security, street lighting and closed circuit television camera networks [Bellis and Hughes, 2011]). Whilst there is some evidence to indicate that such measures can contain and manage alcohol-related harms, they do little to reduce levels of drunkenness or address the seemingly acceptable culture of being drunk in UK nightlife (Bellis and Hughes, 2011).

Whilst drunkenness is often the norm in town and city centres at night, the sale of alcohol to people who are drunk is illegal under UK law and is regulated under Section 141 of the Licensing Act 2003. However, there are few convictions for serving drunks (HM Government, 2012) and both public awareness of the law and bar server compliance with it appears low (Hughes and Anderson, 2008). In May 2013, the Centre for Public Health, at Liverpool John Moores University undertook a study examining the propensity of bar servers in Liverpool to serve alcohol to drunks, with actors attempting to purchase alcohol while portraying a state of extreme inebriation. In 84% of purchase attempts (n=61 out of 73 randomly selected pubs, bars and nightclubs) the actors were sold alcohol, despite bar servers often clearly recognising them as being intoxicated (Hughes et al., 2014).

Similar studies in other countries have been used to inform the development of strategies to prevent drunkenness and associated harms in nightlife settings. In Stockholm, Sweden, a study found that 95% of alcohol purchase attempts by pseudo-drunk actors were successful (Andreasson et al., 2000). A multi-agency intervention (i.e. the STAD programme) was implemented that included awareness-raising activity, server training and increased enforcement of licensing legislation, and this was associated with reductions in both over-service of alcohol and alcohol-related violence (Wallin et al., 2005). Many of the features of the Stockholm intervention are already in use in the UK, including multi-agency partnership working and targeted licensing enforcement, yet the focus on drunkenness and bar server compliance with laws on sales of alcohol to drunks has to date been missing. However, prevention activity addressing underage alcohol sales has been successfully implemented including test purchasing, targeted enforcement and the introduction of schemes such as Challenge 21/25 to support staff in service refusal (LACORS, 2010; Home Office, 2010; Willner et al., 2000). Through such work, test purchasing operations across England found that sales of alcohol to minors reduced from 50% in 2004 to 15% in 2007 (Hughes et al., 2010).

Following presentation of the results and recommendations from the Liverpool study to multi-agency partners in the city, Liverpool City Council and Merseyside Police developed an intervention to address sales of alcohol to drunks. The Say No To Drunks pilot intervention (see Appendix 1) aimed to: increase awareness of legislation preventing sales of alcohol to drunks among licensees, bar staff and the public; support bar staff compliance with the law; provide a strong deterrence to selling alcohol to drunks through creating a realistic threat of prosecution for offenders; and promote responsible drinking amongst nightlife users. The intervention combined key features from the evidence-based STAD programme in Sweden and the UK Challenge 21/25 schemes. It also incorporated a breathalyser component based on a police-led intervention previously implemented in Norwich (Bamfield et al., 2014). Thus, the Say No To Drunks pilot intervention combined:

- A social marketing campaign that provided posters, t-shirts and badges for staff in licensed premises clearly informing customers that it is illegal for them to serve alcohol to people who are drunk;
- A new bar staff training session focusing on preventing sales of alcohol to drunks;
- Increased police enforcement activity in the intervention area;
- Wider public awareness raising through media engagement work; and,
- The provision of breathalysers to door supervisors to support entry refusal to drunks and increase public awareness that nightlife patrons will not be permitted entry to premises if intoxicated.

The Say No To Drunks pilot intervention ran from 17th October to 23rd November in Liverpool's Rope Walks nightlife area. The Centre for Public Health at Liverpool John Moores University was commissioned to evaluate the pilot intervention and provide a baseline for evaluating future work. The research aimed to:

- Explore patterns of alcohol consumption amongst nightlife patrons and their use of the night-time economy (NTE);
- Identify knowledge of legislation on the service of alcohol to drunks amongst nightlife patrons and bar staff;
- Assess the visibility of the intervention, and nightlife user, bar and door supervisor views on it; and,
- Explore the impact of the intervention on: drinking behaviours; expectations and tolerance of extreme drunkenness in Liverpool's nightlife; awareness of the law; and levels of alcohol-related harm occurring within the intervention area.

2. Methods

To fulfil the objectives of the study, multiple research methods were used.

2.1 Nightlife patron surveys: pre- and post-intervention

A short anonymous pre- and post-intervention survey was undertaken with patrons using the Rope Walks nightlife area (intervention area) on Friday and Saturday nights (pre-intervention survey: 17th and 18th October; post-intervention survey: 21st, 22nd and 28th November). The pre-intervention survey aimed to explore: personal drinking behaviours including preloading; nightlife behaviours, including time entering the nightlife environment, areas visited and expected to visit, and expected home time; expectations and tolerance of drunkenness in Liverpool's nightlife; and knowledge of legislation on service of alcohol to drunks. To explore the impact of the intervention, the post-intervention survey asked the same questions as the pre-intervention survey, as well as exploring participant awareness and perceptions of the intervention, and potential behavioural change as a result of the intervention. Surveys were designed to be completed by researchers on behalf of participants in face-to-face interviews.

Trained researchers working in teams of at least two conducted surveys with nightlife patrons between the hours of 10.00pm and 4.35am.³ Surveys were conducted opportunistically, with participants recruited in streets within the Ropewalks nightlife area. Prior to approaching potential participants, researchers visually assessed their level of intoxication based on criteria used by the police and in previous research (e.g. unsteadiness [Perham et al., 2007]). Individuals who appeared highly intoxicated were not approached due to ethical issues around their ability to provide informed consent, and researcher and participant safety. Researchers approached eligible participants and introduced themselves as being part of a research team from LJMU, provided a brief description of the research and survey, and asked them if they would like to take part. Of 812 individuals approached, 401 refused to participate (49.4% of those approached for the pre-survey and 49.3% of those approached for the post-survey). All remaining participants were provided with an information sheet explaining the purpose of the study, what it would involve and assuring them of confidentiality. The information sheet was also summarised verbally by researchers to ensure participants fully understood what the study entailed and what they were consenting to. No individuals declined to participate once the study had been fully explained to them. Two hundred and twenty two individuals took part in the pre-intervention survey and 189 in the post-intervention survey. Throughout the explanation of the study and

² An extra night of surveying was undertaken for the post-intervention survey. This was due to the impact of wet weather conditions and a major sporting event on the survey sample size on the weekend of 21st/22nd November.

³ Researchers were available to survey participants up to 6am but no eligible individuals were surveyed after 4.35am due to intoxication levels.

survey completion researchers continued to monitor and assess participant intoxication levels. Eleven individuals who had started the survey were deemed too intoxicated to participate. In these circumstances, researchers had been instructed to end the survey at a convenient point and thank the participant for their time. Thus, 214 pre- and 186 post-intervention surveys were used in the final analyses.

2.2 Nightlife area observations

On the nights that the nightlife patron surveys were conducted, researchers also undertook routine observations of the nightlife environment and its users (excluding the additional night of surveying [28th November] when only nightlife patron surveys were conducted). Five minute observations were undertaken every hour on the hour between 10pm and 6am (i.e. nine observations) in two specific locations (Concert Square and St Peters Square). Two data collection tools were used. Firstly, a nightlife environment observation tool allowed researchers to systematically record details about the area and nightlife users (including the number and profile of nightlife users; levels of intoxication; the general atmosphere and mood; the presence of police; and details of any alcohol-related harms experienced by nightlife users). The observation tool was completed independently by two researchers at the end of the five minute observation period. Secondly, a nightlife patron drunkenness tool measured the flow of people in the area and assessed their levels of intoxication. Here, a researcher counted every tenth person that walked past them⁴ (by counting legs to avoid being attracted to more intoxicated individuals) and visually assessed their levels of intoxication using three indicators: how steady they were on their feet; whether they were swaying; and how loud they were talking (Perham et al., 2007). This was conducted during the full five-minute observation period. A total of 660 nightlife patron drunkenness assessments were conducted during the observation periods.

2.3 Door supervisor and bar staff surveys

During the final weekend of the Say No To Drunks pilot intervention door supervisors and bar staff from venues that had implemented the intervention participated in a short anonymous survey. During the week prior to survey implementation, bar managers/owners from all Say No To Drunks pilot intervention venues were asked (via the intervention implementation coordinator [Appendix 1]) if they would permit researchers to approach door supervisors and bar staff during their working hours to invite them to complete the survey with a researcher. All bar managers/owners agreed. Thus, between 8pm and 1am (on 21st/22nd November), researchers conducted surveys with bar staff and door supervisors opportunistically at participating venues. All bar staff and door supervisors working that evening were eligible to participate in the survey, yet due to the practicalities of

⁴ If there were no nightlife patrons walking past the researcher, the researcher counted every tenth person in the area from their left to right hand side (or vice versa).

implementing the surveys during busy working hours researchers aimed to survey at least one door supervisor and one bar server from each venue. Where appropriate, copies of the surveys were left with venues for staff to complete at their convenience and collected by researchers later that night or the following day/week.

The door supervisor survey aimed to identify their perceptions and experiences of using the breathalysers. In total, 34 door staff completed the door supervisor survey, which was administered in an interview format, with the researcher asking questions and recording answers on the survey. Around ten door staff refused to participate because: they did not want to share their views on the intervention; they were not aware of the intervention; or they had not used the breathalyser during the intervention period. The bar staff survey also used both open and closed questions that aimed to identify: bar server practice; awareness of legislation around the service of alcohol to drunks; perceptions and experiences of the intervention; and details of any training/support that they had received in relation to the service of alcohol to drunks. Forty seven bar staff completed the survey and four refused to participate. The bar staff survey was designed to be completed by bar staff anonymously.

2.4 Exploration of breath test data

Door supervisors from all Say No To Drunks venues that had agreed to participate in the intervention and use the breathalysers were asked to record information (on a data collection sheet) on each breath test they conducted. This included: the test date; the approximate age and gender of the person completing the test; how drunk they thought the person was prior to conducting the test; the breath alcohol concentration (BrAC) test score; and the outcome resulting from the test score (i.e. if they were allowed into the venue or turned away). Door staff were also asked to record details (age, gender, perceived level of drunkenness, date) of those who refused to complete a breath test. All venues initially agreed to collect information. However, data collection format, consistency and quantity varied by venue, staff members and the week of the intervention. For example, whilst some venues completed the paper data collection sheet, door staff from other venues found it easier to record the information (in ink) directly onto the breath test tube (at their own request). Within and between venues, door staff recorded information in varying formats (e.g. age presented as a number and/or an age group). Further, data were not recorded consistently. To identify how well data were collected, venues were asked to save all used breath tubes. However, a number of venues had discarded the tubes whilst some door staff reported that individuals often wanted to keep the tube following completion of the test. Thus, the precise number of breath tests conducted during the intervention is not known, nor do we know the proportion of those who were tested for whom data were collected. In total, venues provided researchers (via the intervention implementation coordinator) with details of 806 breath tests. Of these, 86.6% had at least one piece of information recorded.

2.5 Analysis of routine data sources

Data from Merseyside Police (police-recorded violent crimes) and the Royal Liverpool Accident and Emergency department (A&E; assault-related attendances)⁵ were collected and analysed to explore the impact of the intervention on alcohol-related harms. Data on violent crimes (all and those occurring in licensed premises only) recorded on weekend nights⁶ in the intervention area⁷ during the intervention period⁸, and the five weeks before⁹, were analysed and compared to the same time periods from the previous year.¹⁰ Similar analyses were conducted on assault-related A&E attendances, however it is not known if these assaults occurred within the intervention area. Data on assault-related ambulance call outs were also obtained and analysed, however numbers were too low to be presented in this report.

2.6 Analyses of the Say No To Drunks bar staff training evaluation forms

In the four months leading up to the Say No To Drunks pilot intervention, the Alcohol and Tobacco Unit (ATU) (Liverpool City Council) provided training on refusing alcohol to drunks to 872 bar staff working in the city centre, including bar staff working at venues involved in the intervention. Trainees were provided with an evaluation form at the end of the session that assessed what they had learnt and their views on the training. Overall, 59 trainees from venues participating in the intervention completed an evaluation form. These forms were accessed, entered into a database and analysed by LJMU researchers for inclusion in the Say No To Drunks evaluation.

2.7 Data analyses

All data were entered, cleaned and analysed in SPSS v21. Analyses used descriptive statistics, chi-squared, analysis of variance, Mann Whitney U and Kruskal Wallis tests. To calculate the amount of alcohol consumed by nightlife patrons, drinks were coded into standard UK units using the following conversion: small glass of wine, 1.5 units; standard glass of wine, 2.1 units; large glass of wine, 3.0 units; pint of lager/beer/cider, 2.0 units; bottle of lager/beer/cider, 1.7 units; can of lager/beer/cider, 2.0 units; bottle of alcopops, 1.5 units; a single (25ml) shot of spirits, 1.0 unit; and a pitcher of cocktail, 6.0 units¹¹.

⁵ The closest A&E to the intervention area, based within the city centre.

⁶ Fridays, Saturdays and Sundays between 6pm and 5.59am.

⁷ Police beat E112.

⁸ For analyses the intervention period used was: 20th October to 23rd November 2014. The intervention commenced on 24th October 2014.

⁹ 2014: 15th September to 19th October.

¹⁰ 2013: pre comparison period - 16th September to 20th October/ during comparison period - 21st October to 24th November 2013.

¹¹ See: <http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx>.

2.8 Ethics

Ethical approval for the study was granted by Liverpool John Moores University Research Ethics Committee.

2.9 Study limitations

There are a number of limitations to this study that should be considered when interpreting the findings from this evaluation and if conducting similar research. Just under half of all nightlife patrons approached to participate in the survey refused. During the post-intervention survey weekend participant recruitment was affected by wet weather conditions and a large sporting event that took place in the city. Our study relied on self-reported estimates of alcohol consumption which were not verified. Finally, the type, method and frequency of breath test data collection varied by venue, door supervisor and across the intervention period.

3. Findings

3.1 Nightlife patron survey: pre-intervention

Sample characteristics

Two hundred and fourteen nightlife users took part in the pre-intervention survey; 47.2% on the Friday night and 52.8% on the Saturday night. Half (51.9%) of all surveys were completed between the hours of 10pm and 11.59pm. Half (50.0%) of participants were male. Participant ages ranged from 18 to 56 years, with a mean age of 24 years. Just under half (49.3%) of participants reported that they lived in Liverpool and nearly a third (32.9%) were students.

Nightlife usage

Nearly a fifth (18.2%) of participants stated that this was their first night out in Liverpool City Centre, whilst 28.6% reported that they typically go on a night out in Liverpool City Centre at least once a week, 26.9% one to three times per month and 44.6% once a month or less. On the night of survey, just under half (48.6%) of participants reported having come into Liverpool City Centre before 10pm. Over a third (37.6%) reported coming out between the hours of 10pm and 11.59pm and 11.8% between midnight and 1.59am. Half (49.3%) of participants stated that they expected to leave the city's nightlife area between the hours of 2am and 3.59am, whilst 28.4% stated that they expected to go home between 4am and 5.59am. Overall, survey participants expected to be out in the city's nightlife for an average of six hours.

Participants were asked which nightlife areas in the city centre they had visited, or intended to visit. At the time of survey, 14.8% of participants had not visited any pubs, bars or nightclubs. Of those who had visited at least one venue, two thirds (67.2%) had visited a venue(s) in one area of the city's nightlife, 27.6% had been to venues across two areas and 5.2% three areas. The majority (89.1%) had visited a venue in the Ropewalks area (intervention area), with smaller proportions reporting having visited venues in areas of Mathew/Victoria Street (21.3%), Albert Dock (14.9%), Hardman Street (6.9%) and other nightlife areas in the city centre (5.7%). The average number of venues visited at the time of survey was three (range: one to ten venues).

Alcohol consumption

The majority (95.8%) of participants had consumed alcohol prior to taking part in the survey (termed drinkers hereafter). A quarter of drinkers had started drinking before 6pm, 57.8% between 6pm and 9.59pm, and 16.6% between 10pm and 1.59am. The mean time between the first drink and survey participation was five hours. Two thirds (65.4%) of drinkers reported having consumed alcohol at home or a friend's home before coming out on their

night out (preloading). Younger age groups and students were significantly more likely to report preloading (Table 1). Further, 20.0% reported consuming alcohol prior to entering the city's nightlife, but after leaving their/a friend's home (en route loading). Nearly six in ten (59.5%) of those who drank en route to the city's nightlife reported consuming alcohol at a licensed premise (e.g. local pub), 24.3% on transport (e.g. bus, taxi), 10.8% in the street (e.g. whilst walking into the city's nightlife) and 5.4% at another location (e.g. at work). The majority (84.9%) of drinkers had consumed alcohol in a pub, bar or nightclub in the city's nightlife prior to survey participation, with older age groups significantly more likely to report this ($p < 0.05$; Table 1). Less than one in twenty (3.4%) drinkers reported drinking alcohol which had been purchased from an off-licence or supermarket since arriving in the city's nightlife (including any alcohol they may have brought out with them).

Overall, drinkers reported having consumed a median of 10.0 units of alcohol prior to survey participation, with males reporting significantly more alcohol consumption than females (males, 15.1; females, 7.9; $p < 0.001$). There were no significant differences between age groups, student status or residence (Table 1). The median number of units consumed whilst preloading¹² was six. Males reported drinking significantly more alcohol whilst preloading than females (males, 7.1; females, 4.2; $p < 0.001$). The median units consumed whilst en route loading¹² was four. Non-Liverpool residents reported drinking significantly more en route alcohol than Liverpool residents (non-Liverpool residents, 6.0; Liverpool residents, 3.7; $p < 0.05$). The median units consumed whilst in pubs, bars or nightclubs¹² in the city centre was six, with males and older age groups reporting significantly higher levels of alcohol consumption than females and younger age groups ($p < 0.001$ and $p < 0.01$ respectively; Table 1). Whilst only a small (3.4%) proportion of drinkers reported consuming alcohol in the city's nightlife environment that had been purchased from an off-licence or supermarket, the median units consumed was eight units. There were no significant differences between genders, age groups, student status or residence. At the point of survey, the majority (77.1%) of drinkers had consumed spirits, 45.4% beer or lager, 28.3% wine, 8.3% cider and 4.9% alcopops.

Participants were asked if they intended to consume any alcohol during the remainder of their night out (i.e. post survey). Overall, 86.1% of all participants reported that they would consume more alcohol (87.4% of drinkers). Of those who expected to consume more alcohol, the median expected units was 6.8 (males, 8.0; females, 5.0; $p < 0.001$). Thus, in total, median expected alcohol use over the course of the night out (including alcohol already consumed and expected to be consumed) was 15.7 units. Males and non-Liverpool residents reported expecting to consume significantly higher levels of alcohol over the course of the night out than their female/Liverpool resident counterparts ($p < 0.001$ and $p < 0.05$ respectively; Table 1). Amongst those who had consumed alcohol prior to survey

¹² Amongst those who reported this behaviour only.

participation, preloaders expected to drink significantly more alcohol over the course of the night out than non-preloaders (preload, 21.4; non-preload, 15.4: $p < 0.01$). Overall, 29.0% of expected alcohol use over the course of the night out was consumed prior to entering the NTE. Over one in ten (13.1%) of all participants (13.2% of drinkers) intended to drink more alcohol after leaving the city's nightlife (e.g. at home).

Drunkenness

Using a scale of 1 (completely sober) to 10 (very drunk), participants were asked: how drunk they felt at the time of survey; how drunk they thought they would be when they leave the city's nightlife that evening; what their ideal level of drunkenness is where they are as happy as they can be; and what they thought the typical level of drunkenness was that people reach on a night out in Liverpool City Centre. One in twenty (4.9%) of those who had consumed alcohol prior to survey completion reported feeling completely sober (Figure 1). The mean score for how drunk drinkers (i.e. those who had drunk prior to survey completion) felt at the time of survey was 4.1; there was no significant difference between genders. The mean score for how drunk drinkers (including those who had not drunk alcohol prior to survey completion but intended to during the remainder of their night out) felt they would be when they leave the city's nightlife that night was 6.6; there was a significant difference between genders (males, 7.0; females 6.3: $p < 0.05$). The mean ideal level of drunkenness reported by all participants was 6.2; there was a significant difference between genders (males, 6.4; females, 5.9: $p < 0.05$). The mean score for the perceived typical level of drunkenness that people reach on a night out in the city centre was 8.6; there was a significant difference between genders (males, 8.3; females, 8.8: $p < 0.01$).

Drunkenness ratings were grouped into two categories: low (one to five) and high (six to 10). At the time of survey, 24.9% of drinkers reported their current level of drunkenness as high, whilst 71% of drinkers (including those who had not drunk alcohol prior to survey completion but intended to during the remainder of their night out) expected their level of drunkenness to be high when they left the city's nightlife that night. Over two-thirds (72.0%) of participants reported a high drunkenness rating as their ideal level of drunkenness, whilst the majority (98.1%) thought that the typical level of drunkenness that people reach on a night out in the city centre was high.

Table 1: Alcohol consumption over the course of the night out, pre-intervention survey

Alcohol consumption:		All	Sex			Age group				Student			Liverpool resident		
			Male	Female	p	18-21	22-29	30+	p	No	Yes	p	No	Yes	p
Preloading	%	65.4%	63.1%	67.6%	NS	74.7%	65.5%	48.8%	<0.01	59.4%	77.3%	<0.05	67.0%	63.4%	NS
	Units	6.0	7.1	4.2	<0.001	5.0	6.0	5.6	NS	6.0	4.5	NS	6.0	5.1	NS
En route loading	%	20.0%	24.3%	15.7%	NS	20.3%	16.7%	24.4%	NS	21.0%	18.2%	NS	20.4%	19.8%	NS
	Units	4.0	4.0	4.0	NS	3.8	7.0	4.0	NS	4.0	4.0	NS	6.0	3.7	<0.05
City centre nightlife - purchased in pubs/bars/nightclubs	%	84.9%	89.3%	80.4%	NS	83.5%	79.8%	97.6%	<0.05	88.4%	78.8%	NS	85.4%	84.2%	NS
	Units	6.0	8.0	4.8	<0.001	5.9	6.5	8.0	<0.01	6.0	6.0	NS	7.2	6.0	NS
City centre nightlife - purchased from off-licences/supermarkets	%	3.4%	4.9%	2.0%	NS	2.5%	4.8%	2.4%	NS	2.2%	6.1%	NS	2.9%	4.0%	NS
	Units	8.0	8.0	12.0	NS	9.0	8.5	10.0	NS	10.0	6.0	NS	8.0	12.0	NS
Total units consumed prior to survey completion	Units	10.0	15.1	7.9	<0.001	9.4	10.6	9.5	NS	10.0	9.0	NS	11.0	9.1	NS
Expected units consumed post survey^	Units	6.8	8.0	5.0	<0.001	7.0	6.0	7.3	NS	6.9	6.0	NS	6.4	7.0	NS
Total units consumed during night out*	Units	15.7	22.4	12.2	<0.001	13.5	17.3	16.7	NS	16.5	14.3	NS	17.0	14.0	<0.05

^ Of those who reported that they would drink alcohol post survey only. NS = not significant. * Including reported and, or expected consumption.

NB: Units presented are the median value.

Figure 1: Participants perceptions on their and other nightlife users' level of drunkenness

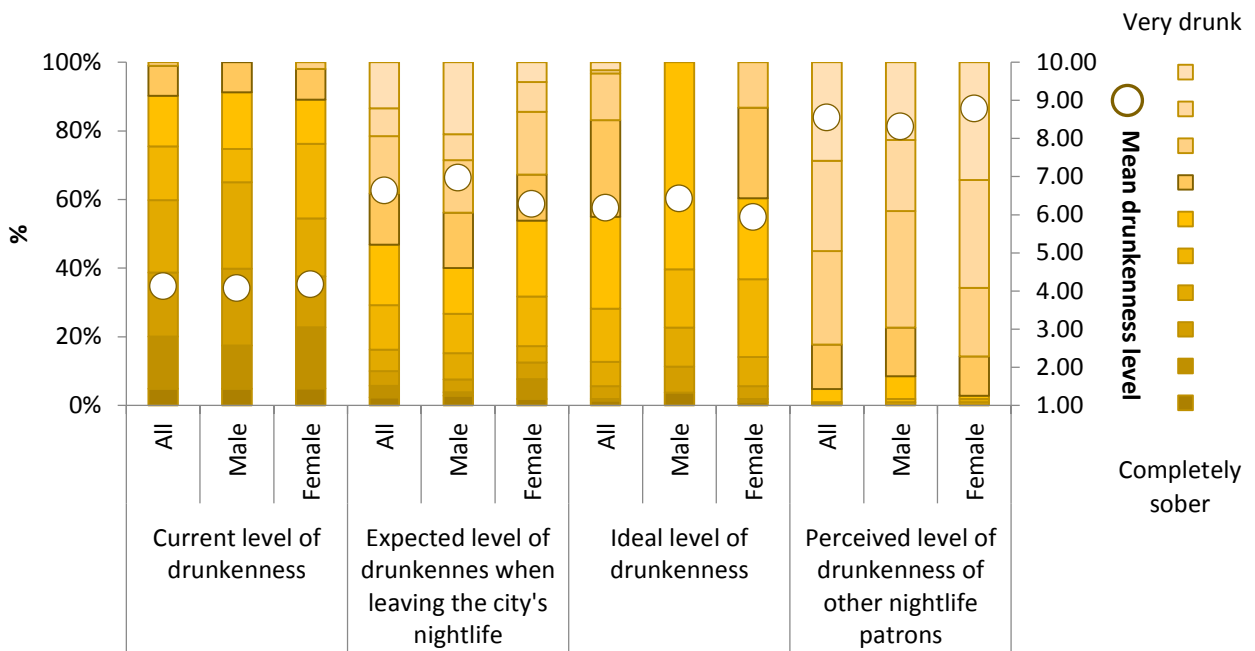
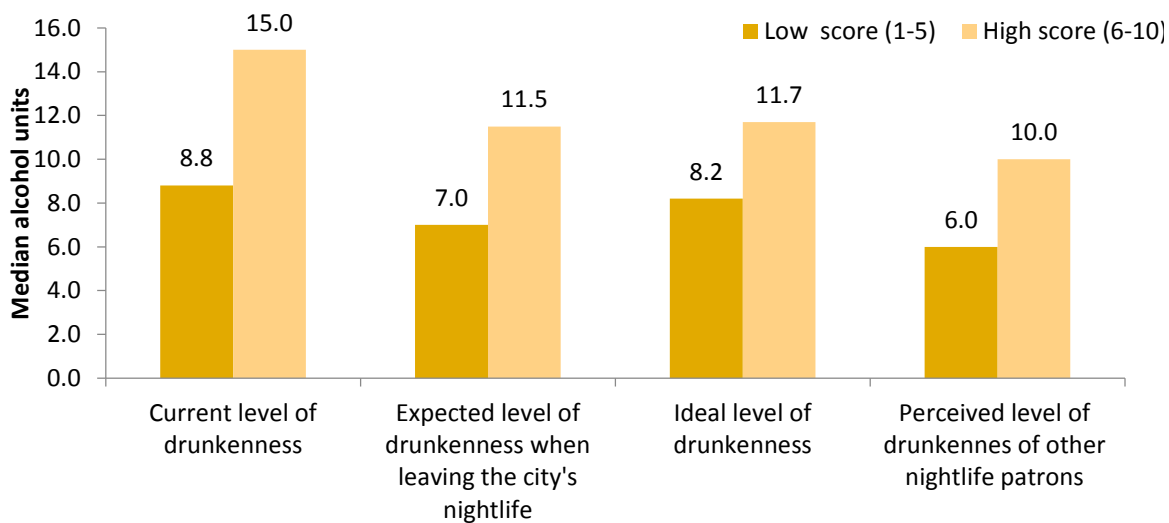


Figure 2 shows the median alcohol units consumed by the point of survey among drinkers reporting low and high scores for each drunkenness statement. There were significant differences between those who reported high and low drunkenness for: current drunkenness (high, 15.0 units; low, 8.8: $p < 0.001$); expected drunkenness upon leaving the city's nightlife (high, 11.5; low, 7.0: $p < 0.001$); and ideal level of drunkenness (high, 11.7; low, 8.2: $p < 0.001$).

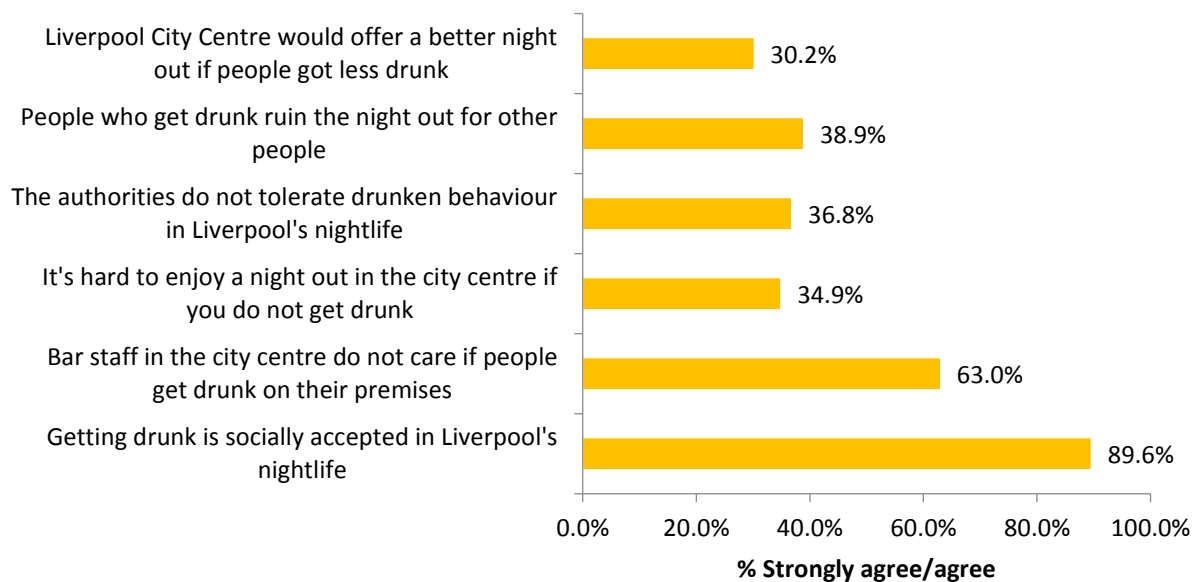
Figure 2: Median alcohol units consumed up to the point of survey of drinkers reporting a low (1-5) or high (6-10) drunkenness rating* for selected statements on drunkenness



* Drunkenness was rated on a scale of one to 10, with one being completely sober and 10 being very drunk. Ratings of one to five were classed as a low rating and ratings of six to 10 as a high rating.

Participants were asked how much they agreed or disagreed with a range of statements relating to drunkenness using a five point scale from strongly agree to strongly disagree¹³ (Figure 3). The majority (89.6%) of participants agreed (including strongly agree and agree) that getting drunk was socially accepted in Liverpool’s nightlife, with nearly two-thirds (63.0%) also agreeing that bar staff in the city centre do not care if people get drunk on their premises (Liverpool resident, 72.8%; non-Liverpool resident, 53.2%: $p < 0.01$). Over a third (36.8%) of participants agreed that the authorities do not tolerate drunken behaviour in Liverpool’s nightlife. Similar proportions agreed that: it’s hard to enjoy a night out in the city centre if you do not get drunk (34.9%); people who get drunk ruin the night out for other people (38.9%); and Liverpool City Centre would offer a better night out if people got less drunk (30.2%).

Figure 3: Proportion of participants strongly agreeing/agreeing with selected statements on drunkenness



Service of alcohol to drunk people

Participants were asked two questions relating to the service of alcohol to drunk people in licensed premises in Liverpool City Centre. Two thirds (66.7%) of all participants believed that if someone was drunk and tried to get served alcohol on a night out in Liverpool they would usually be served. Nearly three quarters (73.0%) also agreed (strongly agreed/agreed) that in the city centre it’s easy for people who are drunk to buy more alcohol in pubs, bars and nightclubs. Participants were asked if they would be more or less likely to go to a bar if they knew it would not serve alcohol to someone who was drunk. Three in ten (31.5%) stated that they would be less likely to go there, 18.3% more likely, whilst half (50.2%) reported that they would be neither more nor less likely to go there (i.e. no change).

¹³ Strongly agree, agree, neither, disagree and strongly disagree.

Perceptions of the law around drinking, serving and purchasing alcohol

Just under half (46.9%) of all participants thought that it was legal for a bar server to sell alcohol to someone who was already drunk, with a similar proportion (45.1%) stating that it is illegal (8.0% selected do not know). Just over half (53.5%) of participants thought that it was legal for a person to buy alcohol for a friend who was already drunk, whilst nearly a third (32.9%) thought that it was illegal and 13.6% did not know. Whilst the majority (79.3%) of participants thought that it was legal for a person to drink alcohol when they were already drunk, 16.0% thought it was illegal and 4.7% did not know.

3.2 Nightlife patron survey: comparison of pre- and post-intervention surveys

Sample characteristics

One hundred and eighty six individuals participated in the post-intervention survey compared with 214 in the pre-intervention survey. A significantly higher proportion of survey participants were male in the post-intervention survey (Table 2). There were no significant differences between pre- and post-intervention survey participants in: age group; student status; residence status; or regularity of nightlife use.

Table 2: Pre- and post-intervention survey sample characteristics

	Pre	Post	p
	n=214	n=186	
Male	50.0%	60.3%	<0.05
18-21 years	40.8%	34.9%	NS
22-29 years	39.9%	39.2%	
30 + years	19.2%	25.8%	
Student	32.9%	27.3%	NS
Liverpool resident	49.3%	54.3%	NS
Regular nightlife user*	57.0%	62.4%	NS

* Usually go on a night out in the city at least once a month
NS = not significant.

Alcohol consumption

Compared with pre-intervention survey drinkers, a smaller proportion of post-intervention survey drinkers reported preloading on the night of survey (e.g. drinking at home prior to their night out: pre, 65.4%; post, 53.9%: p<0.05). Further, among those that reported preloading, the median number of alcohol units consumed when preloading reduced from 6.0 in the pre-intervention survey to 5.1 in the post-intervention survey, although this reduction was not statistically significant (p=0.656). There were no significant differences in the proportion of pre- and post-intervention survey drinkers who reported en route loading (pre, 20.0%; post, 22.5%: p=0.555), or the median number of alcohol units consumed during en route loading (pre, 4.0; post, 4.0: p=0.476).

There were no significant differences in the proportion of pre- and post-intervention survey drinkers who reported having consumed alcohol that was purchased in pubs, bars or nightclubs (pre, 84.9%; post, 87.1%: p=0.537), or from an off licence or supermarket (pre,

3.4%; post, 3.9%: $p=0.788$) (at the point of survey). Further, there were no significant differences in the median number of units consumed that were purchased in pubs, bars or nightclubs or from an off licence or supermarket (at the point of survey) between pre- and post-intervention survey drinkers (pubs/bars/nightclubs, 6.0 to 7.0 units, $p=0.205$; off licence/supermarket, 8.0 to 7.0, $p=0.535$). Total median expected alcohol consumption over the course of the full night out did not differ significantly between pre- and post-intervention survey drinkers (pre, 15.7; post, 18.0: $p=0.291$).

Table 3: Alcohol consumption over the course of the night out, pre- and post-intervention survey

Alcohol consumption:		Pre	Post	P
Preloading	%	65.4%	53.9%	<0.05
	Units	6.0	5.1	NS
En route loading	%	20.0%	22.5%	NS
	Units	4.0	4.0	NS
City centre nightlife - purchased in pubs/bars/nightclubs	%	84.9%	87.1%	NS
	Units	6.0	7.0	NS
City centre nightlife - purchased from off-licences/supermarkets	%	3.4%	3.9%	NS
	Units	8.0	7.0	NS
Total units consumed prior to survey completion	Units	10.0	10.1	NS
Expected units consumed post survey^	Units	6.8	6.2	NS
Total units consumed during the night out*	Units	15.7	18.0	NS

^ Of those who reported that they would drink alcohol post survey only. NS = not significant. * Including reported and, or expected consumption. NB: Units presented are the median value.

Drunkness

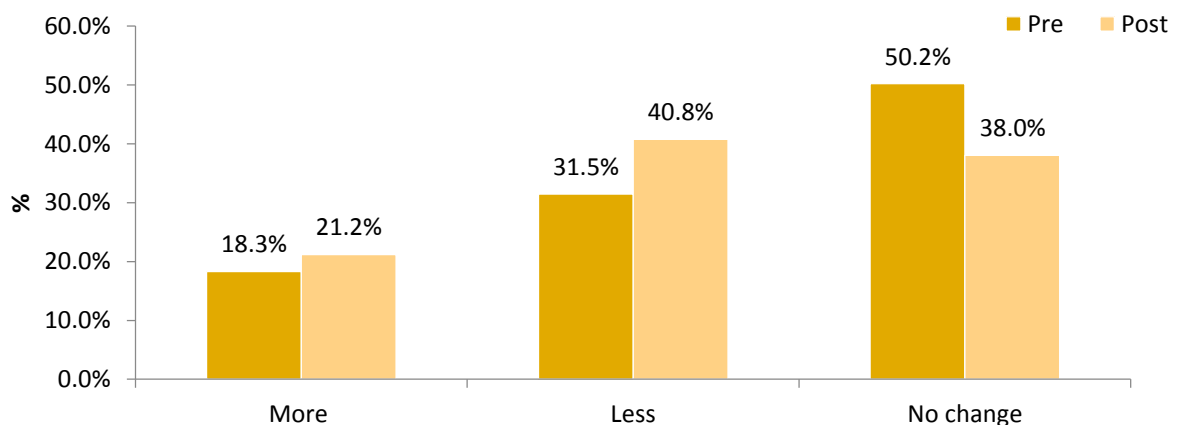
There were no significant differences between pre- and post-intervention surveys in the mean scores for how drunk those who had consumed alcohol felt at the time of survey. Further, there were no significant differences in how drunk drinkers (including those who had not drunk alcohol by the point of survey but intended to during their night out) felt they would be when they left the city’s nightlife. Further, there were no significant differences in the mean ideal level of drunkenness reported by all participants or the perceived typical level of drunkenness that people reach on a night out in the city centre. There was also no significant differences in how much participants agreed or disagreed with a range of statements relating to drunkenness (see Figure 3, page 18).

Service of alcohol to drunk people

Compared with pre-intervention survey participants, a higher proportion of post-intervention participants believed that if someone was drunk and tried to get served alcohol on a night out in Liverpool they would usually be served (pre, 66.7%; post, 72.5%: $p=0.209$).

Similarly, a higher proportion of post-intervention survey participants agreed (strongly agreed/agreed) that it is easy for people who are drunk to buy more alcohol in pubs/bars/nightclubs in the city centre (pre, 73.0%; post, 79.4%: $p=0.352$). However, the distribution of responses to the question on whether participants would be more or less likely (or no change) to go to a bar if they knew it would not serve alcohol to someone who was drunk varied between surveys ($p<0.05$), with more respondents reporting both more or less likely and fewer reporting no change (Figure 4).

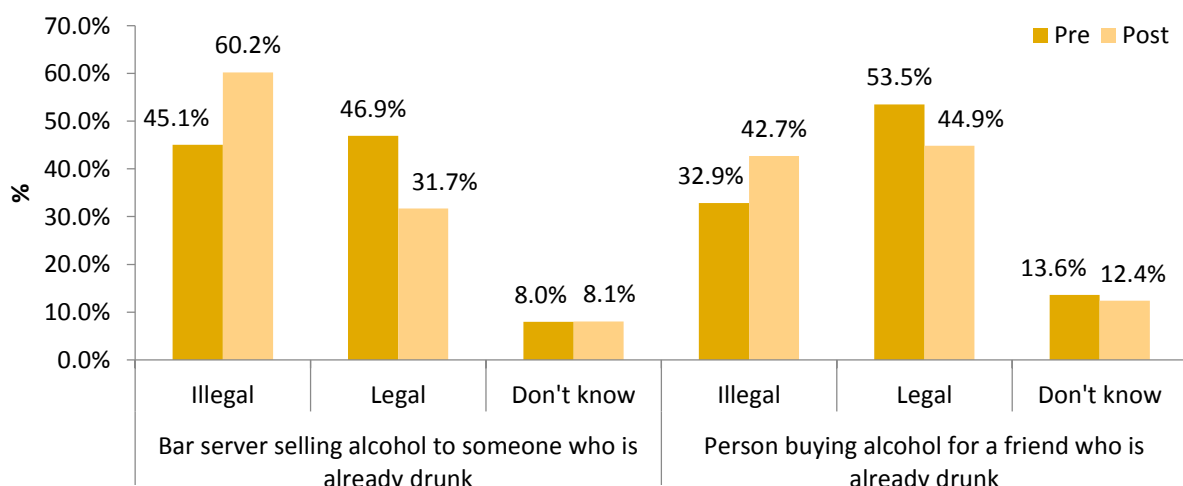
Figure 4: Proportion of participants that reported they would be more or less likely (or no change) to go to a bar if they knew it would not serve alcohol to someone who was drunk, pre- and post-intervention survey



Perceptions of the law around serving and purchasing alcohol

There was a significant increase in the proportion of participants believing that it is illegal for a bar server to sell alcohol to someone who was already drunk between pre- (45.1%) and post-intervention (60.2%) surveys ($p<0.01$). The proportion of participants reporting that it is illegal for a person to buy alcohol for a friend who is already drunk also increased from 32.9% to 42.7%, although this was not significant ($p=0.125$).

Figure 5: Participant perceptions of the law around serving alcohol to, and purchasing alcohol for, drunk people, pre- and post-intervention survey

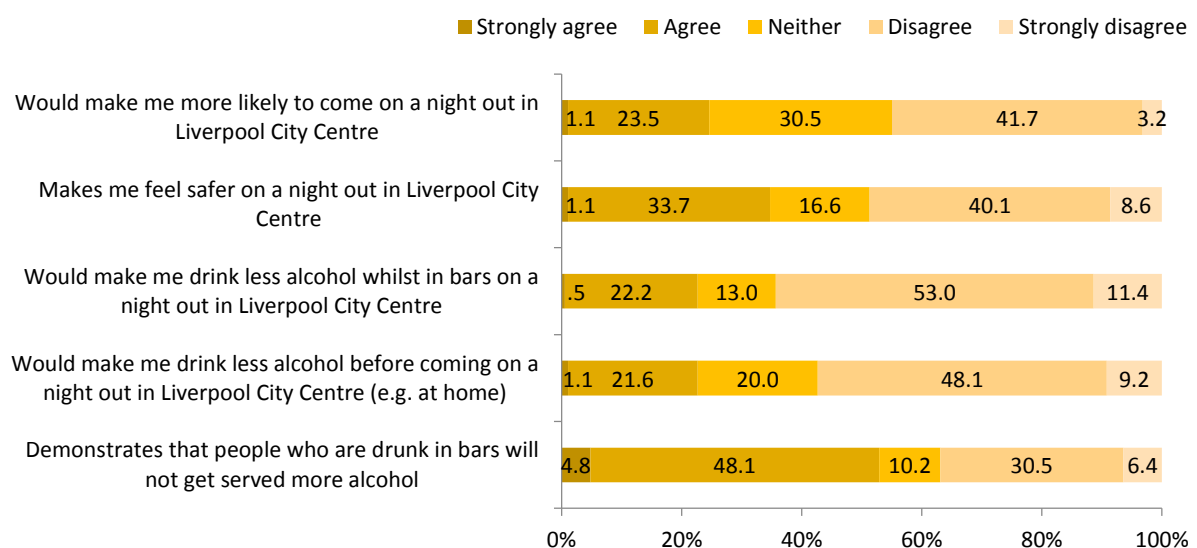


3.3 Nightlife patron survey: intervention awareness

Near the end of the post-intervention survey participants were informed about the Say No To Drunks pilot intervention and asked if they were aware of it; 14.0% (n=26) reported that they were aware of the intervention. Of these, 23.1% (n=6) reported having heard about it on the radio; 23.1% (n=6) had seen a poster; 15% (n=4) had heard about it via Facebook; 7.7% (n=2) had read about it in a newspaper or magazine article; whilst 3.8% (n=1) had seen a bar staff Say No To Drunks badge or t-shirt. Over three in ten (30.8%; n=8) reported knowing about the intervention via other means, primarily through seeing the breathalysers being used by door supervisors in participating venues. Participants were then shown the intervention posters to confirm whether or not they had seen them, and that the intervention they had reported being aware of was in fact Say No To Drunks. At this stage, a further six participants reported having seen the intervention posters. Thus, overall 17.2% of post-intervention survey participants were aware of the campaign.

All post-intervention survey participants were then asked how much they agreed or disagreed with a range of statements about the posters (Figure 6). Over half (52.9%) of all post-intervention survey participants agreed (strongly agreed/agreed) that the materials demonstrated that people who are drunk in bars will not get served more alcohol; a third (36.9%) disagreed (strongly disagreed/disagreed), whilst 10.2% selected neither agree/disagree. Much smaller proportions agreed with the remaining statements. A third (34.8%) agreed that the intervention makes them feel safer whilst on a night out in Liverpool City Centre. A quarter (24.6%) agreed that the intervention would make them more likely to come on a night out in Liverpool City Centre. Just over a fifth agreed that the intervention would make them drink less alcohol before a night out in Liverpool City Centre (22.7%) or whilst in bars on a night out in Liverpool City Centre (22.7%).

Figure 6: Post-intervention survey participant perceptions of the Say No To Drunks pilot intervention



3.4 Nightlife area observations

In two set locations in the Ropewalks nightlife area, researchers undertook routine observations of the environment and its users. Five minute observations were undertaken every hour on the hour between 10pm and 6am. Two data collection tools were used; a nightlife environment observation tool and a nightlife patron drunkenness tool. The observations aimed to provide a basic indication of whether the Say No To Drunks pilot intervention had any impact on the number or type of nightlife patrons visiting the area, or the levels of intoxication and unruly behaviours seen on the street.

Number and type of nightlife patrons in the area

In total, 72 observations were completed across the two locations; 36 in the pre-intervention period and 36 in the post-intervention period. There were no nightlife patrons present in three observations. Where they were present, the estimated number of nightlife patrons present in the observation area at any one time ranged from one to 350 (mean 98.6; Figure 7). The mean number of nightlife users was significantly higher on Saturdays than Fridays (Fridays, 55.9; Saturdays 137.7: $p < 0.001$). A significant difference was also seen across hour of observation ($p < 0.001$). Thus, the mean number of nightlife users in the area increased from the 10pm observation period to the 2/3am observation periods, with numbers then decreasing through to 6am (Figure 7). Overall, the mean number of nightlife users was higher during the pre-intervention observation periods compared with the post-intervention observations periods, although this was not significant (pre, 112.4; post, 85.9: $p = 0.257$)¹⁴.

The nightlife patron drunkenness observation tool also aimed to measure the number and movement of nightlife patrons within the area. Here, researchers visually rated the intoxication levels of every tenth person that walked past them¹⁵. During the pre-intervention observations the number of drunkenness assessments per hour peaked between midnight and 2am, whilst the post-intervention assessments peaked between 1am and 3am (see Figure 9, page 25).

Across all observation points when nightlife patrons were present, on average an estimated two thirds (66.0%) of nightlife users were male. There were no significant differences between observation day, hour or intervention period. On average, over half (58.7%) of nightlife users appeared to be aged 22-35 years, 27.7% aged 18-21 years, 12.2% over 35 years and 1.5% under 18 years¹⁶. Compared with Saturday night observations, a significantly higher proportion of nightlife users in the Friday night observations appeared to be aged 18-21 years (Friday, 33.4%; Saturday, 22.5%: $p < 0.01$). On average, over four in ten (42.6%)

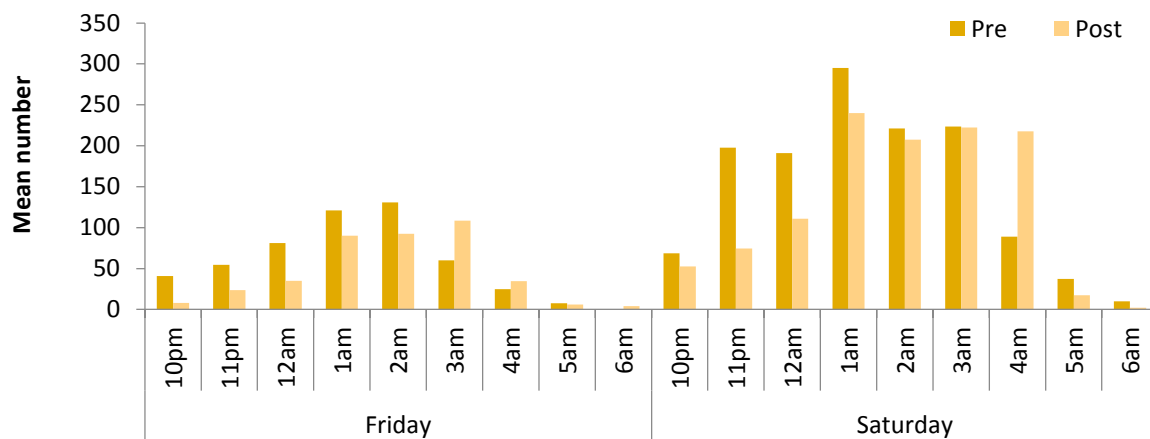
¹⁴ Post-intervention observations may have been affected by the weather conditions and a major sporting event that took place that weekend.

¹⁵ If no nightlife patrons were walking past, researchers observed every tenth person they could see.

¹⁶ Percentages do not add up to 100% due to rounding.

nightlife users were estimated to be in groups of males, 29.0% in mixed groups, 15.4% in groups of females, 8.3% in couples and 4.7% were alone. Compared with the pre-intervention observations, a significantly higher proportion of nightlife users in the post-intervention observations were estimated to be in mixed groups (pre, 24.9%; post, 32.7%; $p < 0.05$), whilst a smaller proportion were in groups of females (pre, 19.2%; post, 12.1%; $p < 0.01$). There were no significant differences by observation day or hour.

Figure 7: Mean estimated number of nightlife patrons in the observation areas by hour and day of observation, and pre- and post-intervention weekends, Concert Square and St Peters Square areas combined



NB: Figures for each observation area are provided individually in Appendix 2.

Nightlife patron intoxication

During the observation periods, intoxication levels of nightlife patrons were measured in a number of ways. The nightlife environment observation tool provided an overall assessment of levels of drunkenness during the observation period and an estimate of the proportion of individuals present in the observation area who were visibly intoxicated at a point in time. The nightlife patron drunkenness tool aimed to provide a random assessment of nightlife patron intoxication levels across the full observation period. Across all observation points, on average just over half (52.8%) of nightlife patrons in the area appeared to be visibly intoxicated. Compared with Friday night observations, a significantly higher proportion of nightlife users in the Saturday night observations appeared to be visibly intoxicated (Saturday, 60.9%; Friday, 44.1%; $p < 0.05$). There was also a significant difference by observation hour ($p < 0.001$; Figure 8), with the proportion appearing visibly intoxicated increasing from the 10pm observations to the 3-5am observation periods. No significant difference was observed between pre- and post-intervention observations ($p = 0.867$).

Overall intoxication levels of nightlife users in the observation areas were assessed using a scale from zero (no sign of intoxication) to nine (everyone is drunk) (Table 4). Across all observation points where nightlife patrons were present, the mean score was four (i.e. clear effects of intoxication showing). The mean intoxication score varied significantly by hour of

observation ($p < 0.001$), increasing from the 10pm observation to around 3-5am. There were no significant differences between observation day or intervention period. Figure 9 presents nightlife patron intoxication levels based on data captured in the nightlife patron drunkenness tool. During the pre- and post-intervention observations periods, the mean intoxication score increased steadily from the 10pm observation to around 4-5am.

In nearly three in ten (29.0%) observations where nightlife patrons were present, researchers witnessed the consumption of alcohol in the street by at least one nightlife patron (range 1-6 people; including alcohol drunk out of its original bottle and alcohol that had been poured into a plastic bottle).

Figure 8: Proportion of nightlife patrons in the observation areas appearing to be visibly intoxicated by hour and day of observation, and pre- and post-intervention weekends, Concert Square and St Peters Square areas combined

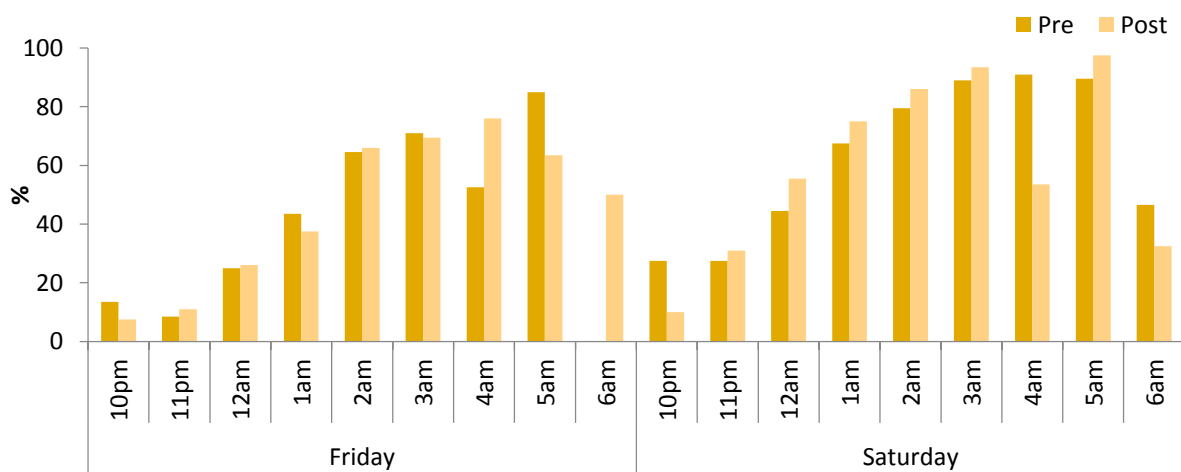
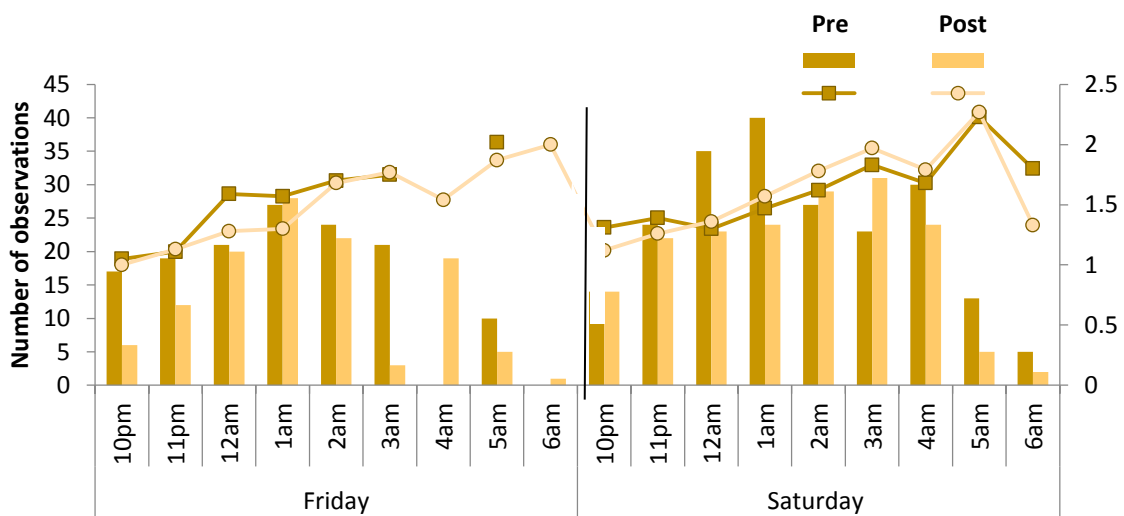


Figure 9: Number of nightlife patron drunkenness assessments and mean drunkenness score by day and hour of observation, and pre- and post-intervention weekends, Concert Square and St Peters Square areas combined



NB: A figure for the full weekend (i.e. Friday and Saturday combined) is provided in Appendix 2.

Environment

The environment of the area under observation and the behaviour of nightlife patrons within the area were assessed using a series of rating scales (from 0 to 9) measuring: noise levels; rowdiness; behavioural expectations; nightlife patron mood; and the overall atmosphere. On all scales, higher values represented more ‘problematic’ levels (see Table 4). Both the pre- and post-intervention observations showed a similar trend in mean scores (Figure 10 and 11). Thus, from the first observation at 10pm the mean score for each scale increased, peaking at 3am. From which point the mean scores for each scale reduced rapidly. There was a significant difference in all scale ratings by hour of observation ($p < 0.001$). Ratings for noise levels were significantly higher in the Concert Square area compared with St Peters Square (Concert Square mean, 3.5; St Peters Square, 2.5: $p < 0.05$; Appendix 2). Ratings for the overall atmosphere were higher on Saturdays than on Fridays (Saturday mean, 2.8; Friday, 1.8: $p < 0.05$). There were no significant differences in any of the scale ratings between pre- and post-intervention observations.

Police were present in the observation areas in over four in ten (44.4%) of all observations. There was no significant difference in police presence between observation weekday, hour or intervention period.

Figure 10: Mean ratings on environment and nightlife patron behaviour scales by hour of observation, pre-intervention weekend only, Concert Square and St Peters Square combined

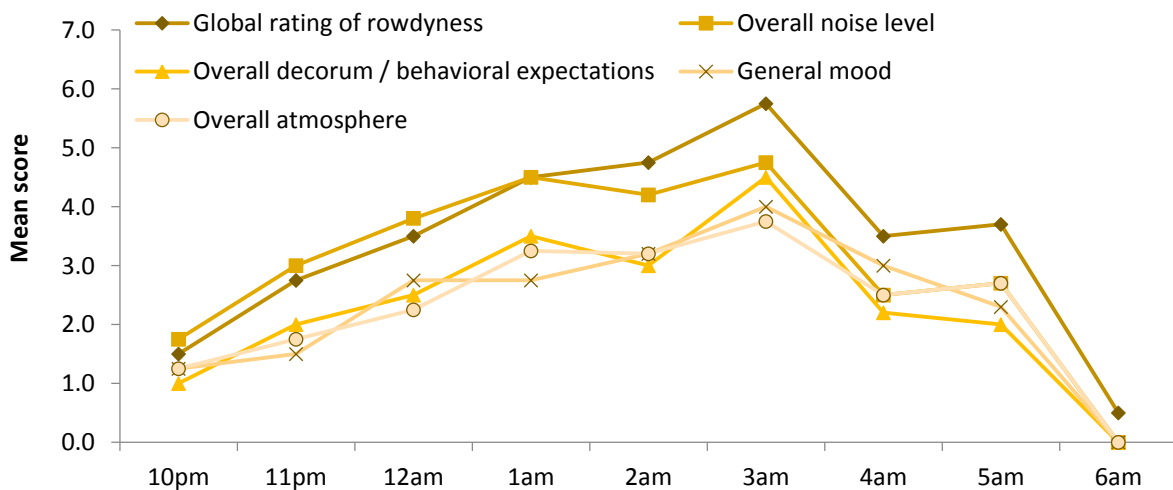


Figure 11: Mean ratings on environment and nightlife patron behaviour scales by hour of observation, post-intervention weekend only, Concert Square and St Peters Square combined

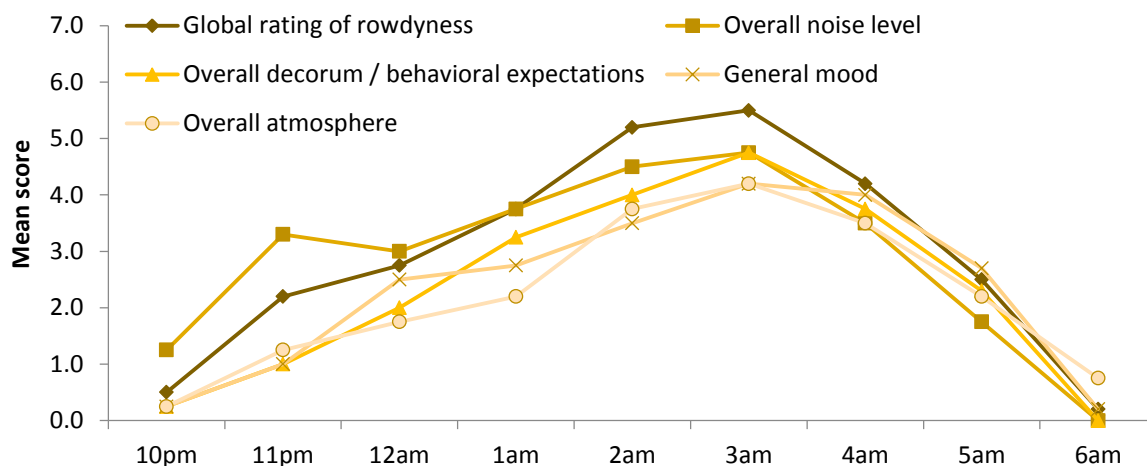


Table 4: Description of nightlife environment observational tool measurements

Label	Scale	Scale range
Intoxication	Intoxication level of people in the area (at any one time)	0 no sign of intoxication → 9 everyone is drunk
Noise	Overall noise level of the area	0 very quiet/easy to talk → 9 hurts ears/cannot talk
Rowdiness	Global rating of rowdiness in the area	0 none/very rare → 9 out of control
Permissiveness	Overall decorum / behavioural expectations (i.e. tolerance of abusive behaviour)	0 no offensive/abusive behaviour → 9 anything goes
Mood	General mood of nightlife patrons	0 all pleasant → 9 all hostile
Atmosphere	Overall atmosphere in the streets	0 very safe/comfortable → 9 very unsafe/threatening

3.5 Bar staff surveys

Sample characteristics

Forty seven bar staff completed the survey of which 59.6% were male. Participant ages ranged from 18 to 40 years, with a mean age of 24 years. The number of shifts worked in the past month ranged from five to 25, with a mean number of 15 shifts worked.

Alcohol service and drunkenness

Participants were asked two questions relating to the service of alcohol to drunk people. Eight out of ten (80.9%) participants stated they would never serve alcohol to a drunk

person and felt very confident (83.0%) in refusing the service of alcohol to a drunk person. Participants were also asked who they thought was responsible for preventing drunkenness and related problems within the bar. Overall, participants felt that bar staff (95.7%), door supervisors (85.1%), managers (70.2%), customers (31.9%) and the police (25.5%) were responsible for preventing drunkenness and related problems within the bar.

The Say No To Drunks pilot intervention

Participants were asked whether they recalled seeing or hearing about the Say No to Drunks pilot intervention. Questionnaire data revealed that the majority of participants had seen the t-shirts (72.3%) and posters (68.1%), over half (57.4%) recalled seeing the stickers/badges and a quarter (25.5%) had seen the cup/mug (Appendix 1). Moreover, one third (34.0%) of participants reported seeing information about the intervention in a newspaper article, and a fifth (21.3%) hearing about the intervention during a radio advert/discussion.

Participants were asked if they had referred to any materials from the intervention whilst serving alcohol to customers during the intervention period. Over a third (36.2%) of participants reported that they had. Of these, 86.7% specifically recalled the intervention materials they had referred to (e.g. badges, t-shirts and posters).

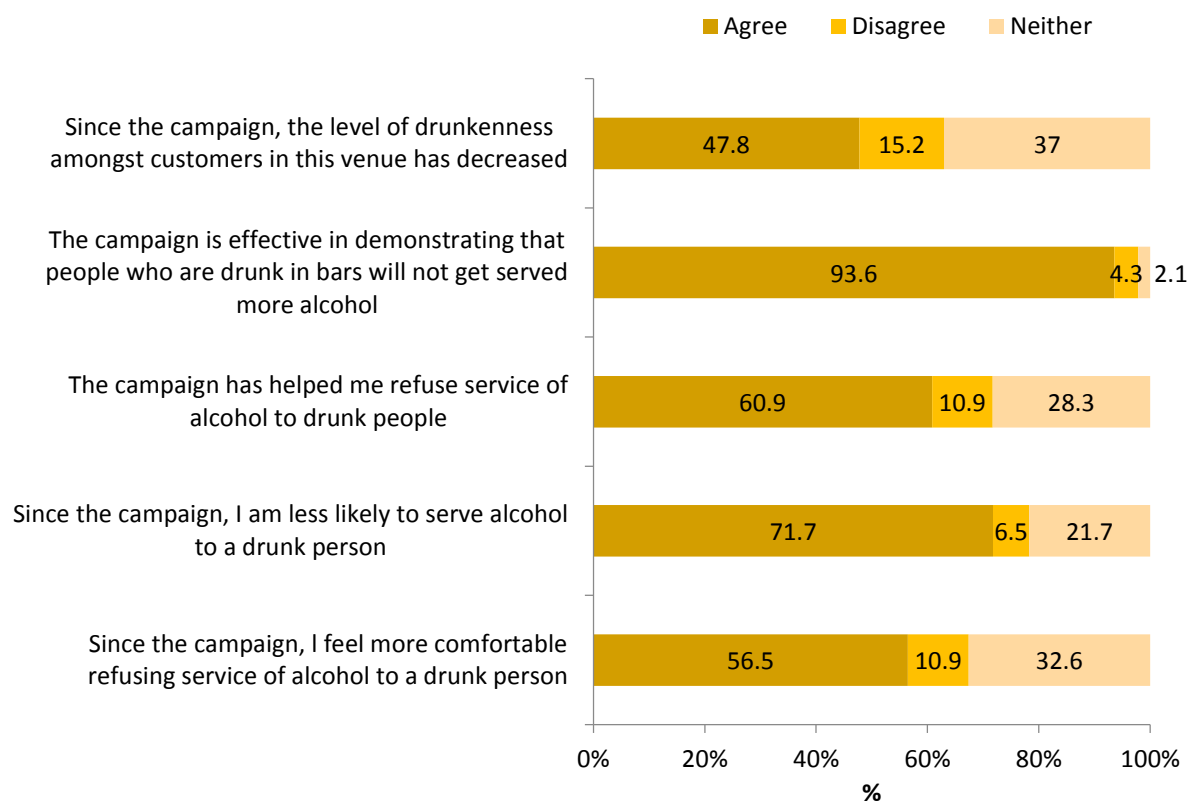
Participants were asked whether they knew it was illegal to serve alcohol to a drunk person prior to the Say No to Drunks pilot intervention being implemented. The majority (87.2%) stated that they had. However over half (56.5%) of participants reported feeling more comfortable in refusing the service of alcohol to a drunk person since the intervention was implemented, with 71.7% also stating that they were now less likely to serve alcohol to a person who is drunk (Figure 12). Moreover, 60.9% of participants felt that the intervention helped them refuse the service of alcohol to a drunk person, with the majority (93.6%) agreeing that the intervention was effective in demonstrating that alcohol will not be served to a drunk person. Nearly half (47.8%) of all respondents agreed that the level of drunkenness had decreased in their bar since the launch of the Say No to Drunks pilot intervention.

Alcohol server training

Participants were asked if they had participated in the Say No To Drunks bar staff training programme run by the Alcohol and Tobacco Unit. One third (34.0%) of participants reported receiving the training, with the majority (62.5%) having completed the training within the last three months. A higher proportion of those who had received the training stated that: they would never serve a drunk customer (trained, 87.5%; not trained, 77.4%; $p=0.533$); they felt very confident in refusing service of alcohol to a person who is drunk (trained, 93.8%; not trained, 77.4%; $p=0.337$); and they knew it was illegal to serve a drunk customer (trained, 93.8%; not trained, 83.9%; $p=0.336$).

Participants were also asked if they had received any other training around the service of alcohol to drunks. The majority (78.3%) said they had, with 60.7% of those participants having had the training within the last three months. Six in ten (60.0%) participants reported that they had received training/advice/information from their managers/supervisors on the service of alcohol to drunks as part of the Say No to Drunks pilot intervention. Of these, most (85.7%) recalled some aspects of the staff training and information provided by their managers/supervisors surrounding the service of alcohol to drunks (e.g. regular team meetings and training).

Figure 12: Bar staff views on the impact of the Say No To Drunks pilot intervention



3.6 Door supervisor survey interviews

A total of 34 door supervisor surveys were completed across 19 venues that were taking part in the intervention. Over three quarters (79.4%) of participants had worked as a door supervisor for three or more years. On average, in the past five weeks door supervisors had worked at the venue where they were being surveyed on four Fridays and four Saturdays. Nearly three in ten (29.4%) door supervisors also worked at another venue in the city centre.

Door supervisors were asked what they knew about the Say No to Drunks intervention. The majority (76.5%) were aware of the intervention; whilst just under a quarter (23.5%) were not. Further, of those who were aware of the intervention, the key theme that emerged was the use of the breathalysers. Nearly two-thirds (65.4%; n=17) mentioned using breathalysers,

with two linking the breathalysers to reducing violence in drunk customers, six discussing how they can be used as a tool to refuse entry into a venue and three mentioning using the 0.7 breath alcohol concentration (BrAC) cut off as a means to identify drunk people. Eight door supervisors discussed the intervention as a method of reducing violent incidents and behaviours linked to alcohol consumption, and seven mentioned refusing customer entry to venues if they were too intoxicated.

Almost three quarters (73.5%) of door supervisors who completed the survey had used the breathalyser machines during the intervention. Of these, all (100%) thought the breathalysers were easy to use and the majority (71.4%) thought they were a useful tool. However these findings are somewhat expected given that at some venues those who completed the survey were those who had the most experience of using the breathalysers through choice (i.e. they liked using the tool) and circumstance (i.e. they were the door supervisor tasked with conducting the breath tests). Of those who thought they were a useful tool, most thought it helped prove potential customers were too intoxicated and was a good back-up for refusing someone entry to a venue. Door supervisors who did not think the breathalyser was a useful tool tended to believe that their own judgement was good enough and that they would refuse the same people anyway. One door supervisor mentioned that nightlife patrons may perceive the breathalyser as a game of “who can get the highest score” and not take it seriously. Even amongst those who thought the breathalysers were a useful tool, practical, technical and ideological issues were still noted by many door supervisors.

Participants were asked what parts of the pilot intervention they thought worked particularly well, what parts did not work well and if they were aware of any barriers to its implementation. Given that the majority of door supervisors who were aware of the pilot programme viewed it as the breathalyser element only, the breathalysers were the main area of discussion and were viewed both positively and negatively. Ideologically door supervisors had opposing views on the use of the breathalysers. Thus from one perspective the breathalysers were welcomed, with door supervisors reporting that they acted as a deterrent, discouraging drunk people from trying to access the venue. Further, they were useful in refusing overly intoxicated customers entry into a venue and reduced levels of conflict at the venue entrance. Raising awareness around alcohol unit levels and safety was noted as a positive aspect of the breathalysers. On the other hand, the use of the breathalyser was seen as limited in its ability to add value to the role of a door supervisor, with door supervisors reporting that they do not, and nor should other door supervisors, need a tool to identify drunkenness, and if they do they are not skilled enough to be working as a door supervisor. It was also felt that they got in the way of being able to do the job properly and in some circumstances they made the job more difficult (see below). These door supervisors tended to have worked in the industry for many years and appeared to feel able to identify drunkenness and manage drunken behaviour and door entry effectively.

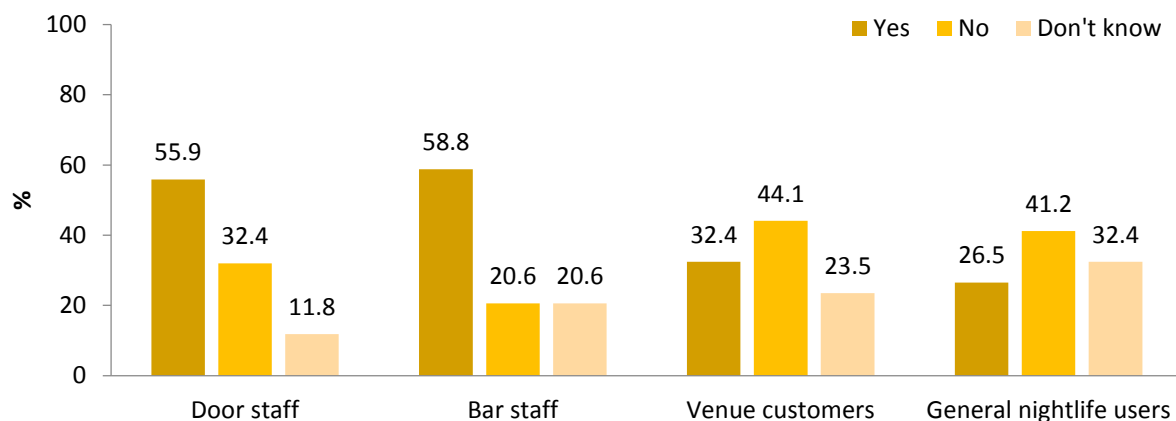
Where they had used the breathalyser during the intervention, most often they reported having done so reluctantly.

A number of practical and technical issues with using the breathalysers were highlighted. The length of time that it took to use the breathalyser and record the results (as part of the evaluation) was noted as a barrier to their use. This was particularly so during busy periods when they had to deal with large volumes of customers or when conducting a test with someone who was in a large group. Further issues were encountered in these circumstances due to interference with the test procedure from other group members. Thus, some door supervisors noted that they would be less likely to use the machine during busy periods or with someone in a large group. Further, many door supervisors stated that they were not clear about the procedure of using the breathalysers and whether they had to take a zero tolerance approach to refusing entry to those with a BrAC score above 0.7 or if it was at their discretion. Indeed feedback from door supervisors showed that each venue had a different approach to implementing the breath tests. Whilst some conducted tests with those who were clearly drunk (and when practical to do so), others conducted tests at random, testing customers whether they appeared to be drunk or not (a couple of door supervisors noted that it was a good way to engage with female customers). A number of door supervisors noted that they had to conduct a set number of tests per night and that this would sometimes mean testing customers unnecessarily (i.e. they did not appear drunk). Finally, many door supervisors queried the reliability of the breath test machines, noting that the battery life was too short and they felt that they did not always work properly (e.g. gave the wrong reading).

A number of other barriers to the implementation of the breathalyser element of the pilot intervention were raised. For example, some door supervisors stated that they had received conflicting views from bar owners/managers with regards to how they manage venue entry. Thus, whilst they were told to ensure they refuse entry to drunks, they were also reminded that they needed to ensure the venue was full. One door supervisor noted that he would not refuse a drunk person if that person was with a large group of friends who appeared to be sober, if the bar was empty, as the loss of business would outweigh the potential problems that one person may cause. This was reflected at another late night venue, where the door supervisor stated that the majority of people that came to the venue were drunk, so if they knocked every drunk person back the venue would be empty. A perceived lack of awareness about Say No To Drunks amongst the public was also noted as a barrier to implementing the breath tests. For example, it was reported that some customers did not take the breathalysers seriously. Equally however, door supervisors also mentioned that some customers avoided venues they knew were using the breathalysers and went elsewhere (i.e. a non-participating venue) and that this was a barrier to implementation.

Participants were asked if they thought the intervention had any impact. Three in ten (31.3%) agreed, whilst 62.5% thought it had no impact and 6.3% did not know. Perceptions of whether the intervention had an impact were closely aligned with the two opposing views of the breathalysers being viewed as a useful tool or not as described above. Those who did not know if the intervention had had an impact tended to believe that the intervention outcome depended on the venue and their bar staff. So for example, ensuring that bar staff were refusing sales of alcohol to drunks and that bar owners and managers were fully committed to this, despite the implications for alcohol sales. Figure 13 shows door supervisors opinions regarding whether the intervention has led to a greater awareness of the legislation around selling alcohol to drunks across different nightlife users and staff. Over half of door supervisors felt as though there was a greater awareness among door supervisors (55.9%) and bar staff (58.8%). Less than a third (32.4%) thought that the intervention had raised awareness in customers visiting the venue, and just over a quarter (26.5%) thought that it had raised awareness in nightlife patrons in general.

Figure 13: Door supervisor’s opinions on whether the Say No To Drunks pilot intervention led to a greater awareness of the legislation around selling alcohol to drunks amongst different nightlife workers and users



Over two thirds of door supervisors (69.7%) thought that the intervention had resulted in no change in the type of customers visiting their venue. Those who believed there had been a change felt as though potential customers who were too intoxicated would simply avoid the venue and go elsewhere. Door supervisors who believed that there was no change generally felt as though they would not have let overly intoxicated customers in to the venue anyway regardless of the intervention.

Door supervisors were asked what parts of the pilot intervention they would like to continue. Almost half (48.5%) of door supervisors would like to continue using breathalysers and 67.7% the materials (e.g. posters/mugs etc.).

3.7 Breath test data

As discussed in the methods section, the format, quality and quantity of the information collected for each breath test differed across venues within the study. This section presents the findings from the breath test data collection for those tests that had data recorded. As such, findings are not representative of all breath tests conducted throughout the intervention period; however it is likely that data represent a large proportion of tests conducted.

Breath tests

In total data for 806 breath tests were collected from 22 venues participating in the intervention. Almost three quarters (71.2%) of recorded breath tests were from 10 venues. The test date was recorded for 91% of all tests. Only six venues provided breath test data for every weekend of the pilot intervention. The number of breath tests recorded was not evenly spread over the five weekends of the intervention. Just under half (45.9%) of the tests with a date provided were conducted over the first two weekends of the intervention.

Participant demographics

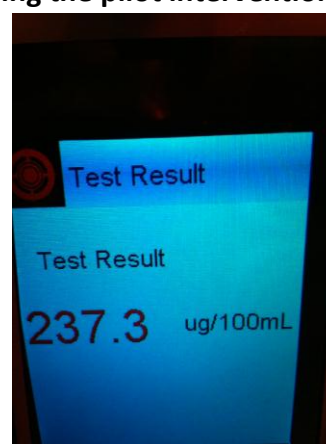
The estimated age of the person being breathalysed was provided for just over half (56.0%) of all recorded breath tests. Of these, the mean age was 25 years (range 18-51 years). Nearly half (48.8%) were aged 22-29 years, 30.1% aged 18-21 years and 21.1% aged 30 plus. Gender was recorded for the majority (84.0%) of breath tests. Of these, 66.5% were male.

Breath alcohol concentration (BrAC) score

The BrAC score was recorded for the majority (84.5%) of breath tests. BrAC scores ranged from zero to 180 (i.e. 1.8), with a mean of 62. However, anecdotal evidence suggested that BrAC scores higher than those recorded for the evaluation had been taken by door supervisors from a couple of venues when conducting the breath tests (Figure 14). Nearly three quarters (72.2%) of the recorded BrAC scores were over the UK drink drive limit (i.e. >35¹⁷) and 42.1% were over twice the limit (the cut-off point that venues used as a marker for entry refusal).

The mean BrAC score for males was higher than that for females, although this was not significant (males, 67; females, 53: $p=0.283$)¹⁸. There was no significant difference in mean BrAC between age groups¹⁹ (18-21 years, 52; 22-29, 56; 30 plus, 59; $p= 0.133$).

Figure 14: Example of a nightlife patron breath test reading taken during the pilot intervention



¹⁷ The drink drive limit in England, Wales and Northern Ireland is 35 micrograms of alcohol per 100 millilitres of breath (<https://www.gov.uk/drink-drive-limit>).

¹⁸ Both gender and BrAC were recorded in 81.9% (n=660) of the sample.

¹⁹ Both age and BrAC were recorded in 52.9% (n=426) of the sample.

Of those venues that provided breath test data, all except one had a recorded BrAC score of over 70. Overall, five venues accounted for 49.1% of BrAC scores over 70.

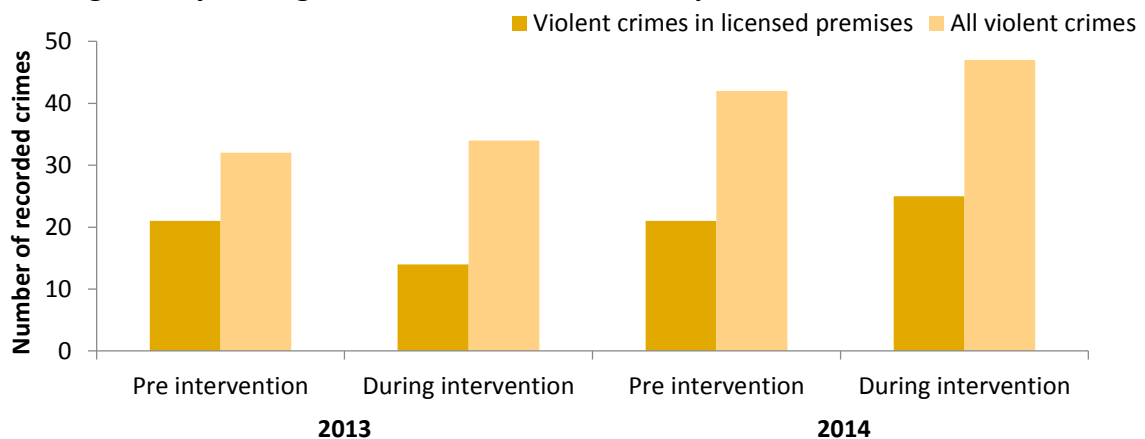
Venue entry

Over four in ten (43.9%) breath tests included information on whether the individual was permitted entry into the venue. Of these, 60.2% were permitted entry. One in ten (11.1%) of those permitted entry had a BrAC score of over 70 (17.6% of those with a BrAC score of over 70 were permitted entry).

3.8 Analyses of routine data sources

Throughout the Say No to Drunks pilot intervention period²⁰, during weekend nights the police recorded 47 violent crimes in the intervention area²¹ (Figure 15). This was compared to 34 in the same time period in the previous year (2013).²² Across licensed premises located in the intervention area, throughout the intervention period the police recorded 25 violent crimes during weekend nights (Figure 14). This was compared to 21 in the same time period in the previous year (2013). Similar changes in all violent crimes and those occurring in licensed premises were observed in the pre-intervention period.²³ It is important to note that increases in recorded violent crimes are likely to be due to changes in police recording practices. This is supported by A&E attendance data from the Royal Liverpool hospital that shows a reduction in assault attendances (during weekend nights) throughout the intervention period compared to the previous year (Figure 16).

Figure 15: Number of police recorded violent crimes in the intervention area (E112), weekend nights only, during and before the intervention period, 2013 and 2014



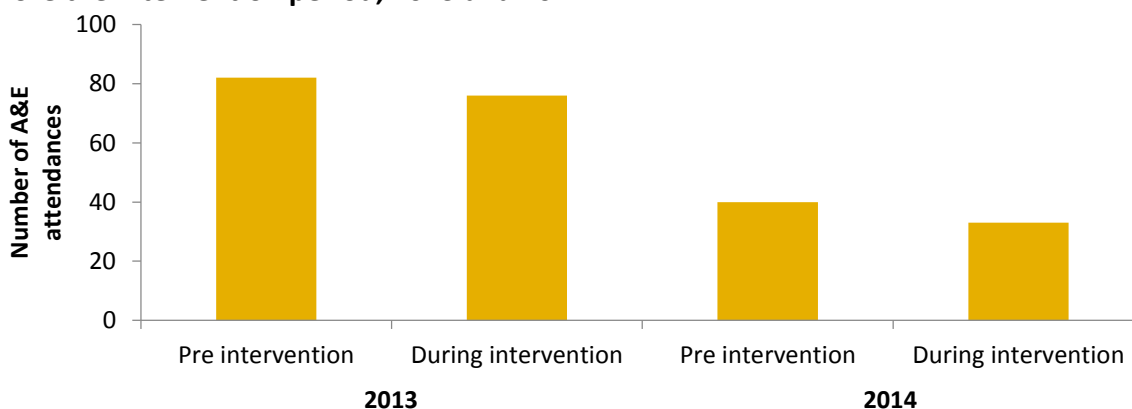
²⁰ For analyses the intervention period used was: 20th October to 23rd November 2014. The intervention commenced on 24th October 2014.

²¹ The police beat E112 was used as the intervention area.

²² 21st October to 24th November 2013.

²³ 2014: 15th September to 19th October. 2013: 16th September to 20th October.

Figure 16: Number of assault-related A&E attendances, weekend nights only, during and before the intervention period, 2013 and 2014



3.9 Say No To Drunks bar staff training evaluation forms

The Say No To Drunks bar staff training evaluation forms aimed to assess what participants had learnt during the training and their views on the training session. In total 59 evaluation forms from bar staff in five venues participating in the intervention were available for analyses. For most questions, responses were in free text format. For each of these questions, free text responses were grouped and analysed by key themes.

Refusal of the service of alcohol

Bar staff were asked to list the circumstances in which they would refuse a sale of alcohol. The majority (78.0%) reported that they would refuse to sell alcohol to someone who was too drunk. Other themes that emerged included refusing service to someone who: looked underage (69.5%); showed at least some signs of drunkenness (23.7%) (e.g. being uncoordinated, unsteady or having slurred speech); had fake or no identification (15.3%); was being aggressive (3.4%); and was purchasing alcohol for a drunk friend (3.4%).

Bar staff were asked to detail what procedure would indicate that they are carrying out due diligence if they refuse to serve alcohol to someone who is suspected of being drunk. The majority (62.7%) of bar staff said that they would inform a supervisor. Other key themes included recording the decision on the till²⁴ (49.2%) or in another format (20.3%), and offering the customer water (10.2%).

Identifying drunkenness

Bar staff were asked to detail two trigger points that could indicate that someone was too drunk to be served alcohol. The majority (86.4%) of bar staff cited unsteadiness as a trigger point. Approximately half (49.2%) listed fumbling and a fifth (20.3%) that the customer was slurring their words. Further trigger points included the customer struggling to handle money (16.9%) and other reasons (6.8%) such as falling asleep and aggressive behaviour.

²⁴ At some venues, tills have an option to record refusal of alcohol sales.

Implications of serving alcohol to drunks

Bar staff were asked to detail what could happen if their venue sold alcohol to someone who is drunk. Over two thirds (69.5%) thought they would face a fine, followed by the venue losing its licence (42.4%), facing some form of investigation (35.6%) and the venue being closed down (6.8%). Three (5.1%) bar staff discussed other outcomes such as losing their job and the venue receiving negative publicity.

The next question asked about the consequences faced by the individual for serving someone who is drunk. Almost all members of staff thought that they would face a fine (94.9%). A third of bar staff (33.9%) cited going to court and just over a fifth (22%) thought that they would face some form of disciplinary action from their employer.

Views on the training session

Trainees were asked if they found the information presented in the training session helpful to their job (with responses recorded as a yes/no tick box). The majority (93.2%) of bar staff found the information helpful (5.1% [n=3] did not answer the question). The one individual who did not find the information helpful said they “*do not understand why a drunk person cannot have another drink*”. Bar staff were asked what new information they had learnt from the training. The key theme that emerged was learning about fake identification (30.5%). Smaller proportions identified information relating to the service of alcohol to drunks including: the cost of fines (18.6%); the broader consequences of serving alcohol to drunks for bar staff (10.2%); the law around serving alcohol to drunks (6.8%); how to spot someone who is too drunk (3.4%); and information about the use of breathalysers by door staff during the intervention (3.4%). Other things listed included things such as that the venue could be shut down, information about the Liverpool Street Pastors, that Liverpool John Moores University was involved in the project and safety information.

Participants were asked if they felt more confident in refusing sales of alcohol to drunk people than they did before they participated in the training. Responses provided were in free text format, with 81.4% of trainees indicating that they felt more confident in refusing to serve a drunk person more alcohol after the training session. Staff were asked to rate the training on a scale of one to 10 (one being low and 10 being high), the mean score was 8.5.

4. Discussion and recommendations

The Say No To Drunks pilot intervention aimed to address the over service of alcohol in Liverpool's nightlife, based on findings from an earlier research study (Hughes et al., 2014). The intervention was developed based on evidence from programmes that have reduced illegal alcohol sales elsewhere, including the STAD programme in Stockholm (Wallin et al., 2005), the PAKKA programme in Finland (Holmila and Warpenius, 2012; Warpenius et al., 2010) and the Challenge 21/25 schemes in the UK (LACORS, 2010; Home Office, 2010). Thus, it combined four key components of partnership working, enforcement activity, staff training and awareness raising. In addition, a fifth component, the provision of breathalysers to door supervisors as a tool to support the refusal of entry to drunk customers, was built into the pilot. Despite little evidence of effectiveness, this measure is increasingly being piloted in town and city centre nightlife areas across England (Morris, 2015). The Say No To Drunks pilot intervention was implemented in the Ropewalks area of Liverpool's NTE (the intervention area) and was supported by a large proportion of pubs, bars and nightclubs within this area, who agreed to implement and support all aspects of the intervention. However, despite major efforts by local partners to implement all components of the intervention police enforcement activity implemented as part of the intervention was low key²⁵, not all bar staff received the Say No To Drunks training, and some venues did not use the breathalysers consistently. Despite this, the five-week pilot intervention was an innovative first step in reducing sales of alcohol to drunks and creating cultural change.

A range of methods were used to evaluate the Say No To Drunks intervention. By conducting nightlife patron surveys and observations prior to and at the end of the intervention period, the evaluation aimed to explore its impact on: drinking behaviours; expectations and tolerance of extreme drunkenness in Liverpool's nightlife; awareness of the law; and levels of alcohol-related harms occurring within the intervention area. Although the pre- and post-intervention surveys involved different participants and thus no definitive conclusions can be drawn, and only a few post-intervention survey participants reported being aware of the campaign, a number of positive changes were observed:

- The proportion of participants who correctly reported that it is illegal for a bar server to sell alcohol to someone who is drunk increased significantly;
- The proportion of participants that reported preloading on the night of the survey reduced significantly; and,

²⁵ Throughout the intervention period, police officers working in the intervention area were briefed to: challenge door staff regarding anyone obviously drunk trying to enter premises; and when possible conduct targeted visits to licensed premises to check drunkenness levels inside the venue and advise the staff of any patrons who were obviously drunk.

- The median number of alcohol units consumed whilst preloading reduced from 6.0 units to 5.1 units (although not significantly).

The first of these findings is critical as poor public awareness that the sale of alcohol to drunk people, and the purchase of alcohol on behalf of drunk people, is illegal will be a major barrier to compliance with this legislation. Increasing knowledge of these laws should help bar staff refuse sales of alcohol to drunks and promote better personal management of alcohol use among nightlife patrons. While the surveys suggested an improvement in public awareness of the legislation, however, even in the post-intervention survey around 40% of participants did not know it was illegal for bar servers to sell alcohol to a drunk person and over half did not know it was illegal for someone to buy alcohol for a drunk friend.

The latter two findings may be indicative of a reduction in preloading among nightlife patrons. As one of the key aims of the intervention was to discourage excessive preloading in individuals using the city's nightlife this finding is encouraging. However, survey participants who preloaded still expected to drink significantly more alcohol over the course of the night out than non-preloaders. Further, the median units of alcohol consumed that had been purchased in pubs, bars or nightclubs in the city increased (non-significantly) from 6.0 in the pre-intervention survey to 7.0 units post-intervention. The survey also found no effects of the intervention on attitudes towards drunkenness or perceptions of the service of alcohol to drunk people. Consequently, while findings may be suggestive of a shift in drinking behaviour from home to licensed premises, they do not currently support a wider impact on overall alcohol consumption or social tolerance of drunkenness. Equally, observations of the nightlife environment within the intervention area suggested that the general behaviour of nightlife users did not differ following the intervention; although there was some evidence from bar staff to suggest that changes may have been seen within premises. While these findings may suggest the intervention had limited impact, it is important to recognise that changing cultures of intoxication in nightlife environments and preventing the over-service of alcohol will take time. In Stockholm, sustained reductions in the service of alcohol to drunks were seen over a seven-year period following on-going work by local partners to address server practice and increase awareness (Wallin et al., 2005).

To measure awareness of the intervention amongst the public, the post-intervention nightlife survey asked participants if they had heard of Say No To Drunks. Overall, awareness of the intervention was low, with just 17.2% of participants having heard or seen it. Very few participants reported having seen supporting materials such as posters, t-shirts and badges, despite these materials intending to be highly visible and providing a consistent message over the intervention period. This suggests that the use and visibility of the materials may have been low; only a third of bar staff surveyed reported that they had referred to the materials when serving customers. However, given that bar staff would be more likely to refer to the materials with drunk customers and that for ethical reasons our surveys did not include drunk people, nightlife patron exposure to the intervention may be more widespread than suggested by the survey.

All post-intervention survey participants were shown images of the intervention posters and asked for their impressions of these. Just over half of respondents felt that the materials demonstrated that people who were drunk in bars would not get served more alcohol. However, less than a quarter felt the posters would make them reduce their alcohol use either before or during a night out in the city, suggesting that they may not be an effective tool for changing drinking behaviours in their current form. Perceptions of the intervention materials (including the posters) were more positive among bar servers however, with the majority of those participating in the survey feeling they demonstrated that people who were drunk in bars would not get served alcohol. Overall, half of all bar servers surveyed suggested that they felt more comfortable refusing service to drunk customers following the intervention, over 70% believed that they were less likely to serve alcohol to a drunk person, and over 60% felt that the intervention had helped them to refuse service. Whilst it is possible that some bar staff may have felt under pressure to be more positive about the intervention as surveys were conducted within venues, analyses do suggest a positive impact of the Say No To Drunks training. While the majority of bar staff reported knowing that the service of alcohol to drunks was illegal prior to the intervention, this was higher amongst those bar staff who had participated in the training. Thus, the evaluation suggests that the intervention may have had a positive impact in changing bar service knowledge of the laws around serving alcohol to drunks and making them feel like they are able to do so.

Most door supervisors interviewed had used a breathalyser during the intervention, all of whom thought it was easy to use. Despite this, there were opposing views on the use of the breathalysers. On the one hand, the breathalysers were welcomed and considered a useful tool in supporting entry refusal to drunks and avoiding/defusing conflict at the venue entrance. Similar findings have been reported in other areas where the door supervisor use of breathalysers has been piloted (e.g. Norwich [Bamfield et al., 2014]; Torquay [Office of the Police and Crime Commissioner, Devon and Cornwall, 2015]). On the other hand however, the breathalysers were considered to provide little benefit and in some cases even make the door supervisors' job more difficult, as well as potentially discouraging patrons from visiting venues where breathalysers were in use. As such, only around half of door supervisors interviewed reported that they would like to continue using the breathalysers.

Whilst the Say No To Drunks pilot intervention had multiple components, publicly the focus centred on the use of breathalysers and this may have undermined wider campaign messages regarding sales of alcohol to drunks. Thus, interviews with door supervisors found they appeared to know little about the broader aspects of the Say No To Drunks intervention, with many seeing it as simply the use of the breathalysers. Equally, media attention given to the intervention focused largely on the use of breathalysers and this was reflected in the nightlife patron survey. Amongst those who were aware of the intervention, most knew about the intervention as a result of knowing about, or seeing, the breathalysers in use in the NTE. Thus future development of the intervention should seek to even the balance between the different components of the intervention and ensure that the focus is placed on those that are supported by evidence, including partnership working and enforcement activity (Trollidal et al., 2013; Warpenius et al., 2010). Given findings regarding

the use of the breathalysers, careful consideration should be given to their longer-term use. The limited evidence available on their use elsewhere has been from smaller nightlife environments where universal implementation can be managed.

The Say No To Drunks pilot intervention forms a key part of a broader stream of work to reduce excessive alcohol consumption and related harms in Liverpool's NTE. An additional aim of this study was to support the development of such work by strengthening understanding of nightlife behaviours. Thus findings provide valuable information on drinking behaviours and how people use Liverpool's nightlife. On average, survey participants expected to be in Liverpool's NTE for six hours, with many intending to visit a number of areas of the NTE during their night out. This illustrates the importance of implementing interventions at a city centre wide level. Observations showed a peak in nightlife activity between midnight and 3am, with levels of drunkenness increasing as the night progressed from 10pm through to around 3-5am. Between 3-5am, the majority of nightlife patrons appeared visibly drunk and this has clear implications for licensed premises operating at this time, including the legality of alcohol sales and the consequences of dealing with drunk customers (Bellis et al., 2012). With dwindling numbers of patrons, this raises questions surrounding the value of operating and managing a NTE during these hours. Evidence from cities in Australia where licensing hours have been cut back (e.g. from 5am to 3.30am) and 'lock in' laws applied preventing new customers from entering licensed premises during the last hour (e.g. after 1am) have reported reductions in preloading as well as alcohol-related injuries and offending in the NTE (Miller et al., 2012).

Whilst interventions targeted at tackling the service of alcohol to drunks should focus on all venues in the city centre, further work should ensure that late night venues in particular have appropriate systems in place to prevent alcohol sales to drunks and effectively deal with the management of predominantly drunk customers. Researchers witnessed numerous instances of late night venue promoters trying to entice seemingly drunk individuals into venues to drink more alcohol, many of whom appeared to accept the offer. The role of venue promoters in encouraging or preventing drunkenness and related harms should be further investigated by local partners. Given their widespread presence within Liverpool's NTE, and their interactive role with nightlife patrons, they may be important partners in delivering appropriate messages to nightlife patrons.

Despite around a third of survey participants reporting that people who get drunk ruin the night out for others, and that the city would offer a better night out if people got less drunk, findings suggest that high levels of drunkenness are expected and tolerated in the city's nightlife. Certain groups were more likely to show higher alcohol use and risky drinking behaviours. For example, younger age groups and students were significantly more likely to report preloading. In addition to preloading, around one in five survey participants reported having consumed alcohol between leaving home/a friend's home and reaching the city's nightlife. Non-Liverpool residents were identified as consuming more alcohol en route to Liverpool's NTE and had greater overall alcohol consumption over the course of the night out than Liverpool residents (as did males compared to females).

With the links between preloading and alcohol-related harms, including excessive alcohol consumption and violence, established in a previous study of Liverpool's nightlife (Hughes et al., 2008), targeting interventions to discourage preloading and en route loading at key at-risk groups (i.e. young people, students, males and non-Liverpool residents) may be an effective approach. Thus, with en route loading occurring primarily in local pubs, on public transport and in the street, these locations could be targeted with future intervention material, potentially reaching nightlife users at a point when they are better able to make informed choices about their alcohol consumption. While the intervention was promoted in local hotels, future work could incorporate other locations where non-Liverpool residents may visit prior to entering the NTE such as transport centres and locations where large events are held.

Overall, findings from this study support the need for measures to address excessive alcohol use and social tolerance of drunkenness in nightlife. The study identified: high levels of alcohol use and widespread acceptability of drunkenness within Liverpool's NTE; a lack of public awareness that the sale of alcohol to drunks is illegal; and a perception that drunk people are readily served alcohol within the city's pubs, bars and nightclubs. The evaluation suggests some positive impacts from the Say No To Drunks pilot intervention, including an increase in public knowledge of legislation on sales of alcohol to drunks and improved bar server confidence in refusing sales of alcohol to drunks. Although wider impacts were not observed, it is important that this pilot intervention is recognised as the first step in a developing body of work to prevent sales of alcohol to drunks and creating safer and healthier nightlife environments in Liverpool. The data collected through this evaluation provides an important baseline for monitoring changes resulting through future work. Based on the evaluation findings, we make the following recommendations for taking forward work to reduce excessive drunkenness and prevent the sales of alcohol to drunks:

4.1 Key recommendations

- A culture of drunkenness and alcohol over-service is evident in Liverpool's night-time economy. The Say No To Drunks pilot intervention represents an important first step in addressing this culture and its development and refinement should form a key part of on-going work to address drunkenness and associated harms in the city.
- Although the evaluation identified few changes in attitudes and behaviours towards drunkenness, such outcomes are hard to identify and typically take time to emerge. Bar servers appeared to respond positively to the intervention yet methodologies did not permit robust investigation of changes in bar server practice. Re-testing bar server propensity to sell alcohol to drunks using actors would provide a more robust indication of the impact of the intervention and has been used to measure effectiveness elsewhere.
- The Say No To Drunks pilot intervention appears to have had some positive impact on increasing knowledge of legislation on the sale and provision of alcohol to drunks. Work to further develop public knowledge of this legislation should be prioritised.

- Despite enforcement activity being a key component of the evidence-based interventions on which Say No To Drunks was developed, this aspect of the programme was limited. Enforcement activity should be a strong feature of future work to ensure that there is a realistic expectation of prosecution for illegal alcohol sales among venue staff and managers.
- Training in identifying drunkenness and refusing service of alcohol to drunks should be maintained as a key feature of bar staff training.
- Consideration should be given to intervention materials to ensure they are visible to users of the NTE and the wider public, and that the messages they provide are clear, concise and relevant.
- The use of the breathalysers as part of the intervention should be reconsidered.
- Future media engagement should focus on the core messages from the intervention and the broader work implemented by partners to address drunkenness in the NTE.
- Work to prevent drunkenness and sales of alcohol to drunks should be undertaken as part of a broader strategic approach that recognises the wider influences on alcohol use. This should include consideration of policy options around permitted alcohol service hours and minimum unit pricing that are likely to influence both overall alcohol consumption and in particular harmful drinking behaviours such as preloading.

Other recommendations

- Whilst interventions to tackle the service of alcohol to drunks should focus on all venues in the city centre, further work should ensure that late night venues in particular have appropriate systems in place to prevent alcohol sales to drunks and effectively deal with the management of predominantly drunk customers.
- The role of venue promoters in encouraging or preventing drunkenness and related harms should be further investigated by local partners to ensure they do not promote drunkenness within the NTE and if possible, work towards supporting the prevention of drunkenness.
- Future interventions aimed at preventing drunkenness in the NTE should target preloading, particularly amongst younger age groups and students, as well as en route loading.

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6. Appendices

Appendix 1: The Say No To Drunks pilot intervention

Purpose

‘Say No To Drunks’ was a pilot intervention developed by Liverpool City Council Public Health and Alcohol and Tobacco Unit (ATU) teams, and Merseyside Police. The intervention aimed to:

- Raise awareness that it is illegal to serve alcohol to drunks;
- Support bar staff compliance with the law regarding the sale of alcohol to drunks; and,
- Encourage people to drink responsibly.

Intervention steering group and implementation coordinator

The intervention was developed, implemented and managed by a project steering group with representatives from Liverpool City Council Public Health and ATU teams, Merseyside Police, We Are Brave²⁶ and the Centre for Public Health, at Liverpool John Moores University. A member of the ATU team acted as the key contact for participating venues, coordinating the implementation of the intervention including: recruiting venues in collaboration with the police; implementing the Say No To Drunks bar staff training; training door staff on the use of the breathalysers and evaluation data collection; and visiting participating venues every week throughout the intervention period (of a weekend and weekday) to identify how the intervention was progressing, identify and address any issues, and collect the breathalyser tubes and evaluation data.

Target audience

The intervention was targeted towards nightlife users, and bar and door staff working in Liverpool’s nightlife, with a specific focus on the Ropewalks area (an area including around 36 pubs, bars and nightclubs across a number of streets). All venues in the area were approached by the ATU and police and asked to participate in the intervention via a letter and during an established meeting routinely held by licensees (i.e. Pubwatch). Twenty venues agreed to participate in the intervention, with a further three venues joining the intervention during the intervention period (there are around 35 venues in the intervention area). No venues dropped out of the intervention. The intervention primarily took place over the weekend period from Friday 17th October to Sunday 23rd November 2014.

Key elements of the intervention

The intervention included a number of key elements including:

- The development of a range of communication materials branded with the Say No To Drunks strapline to raise awareness of the law and the intervention, including:

²⁶ The marketing agency tasked with producing the intervention materials.

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- For staff: posters and information sheets for staff rooms; stickers and badges; t-shirts; and thermal mugs (for door staff; Figure A1);
- For the public: posters placed in public areas in participating bars, pubs and nightclubs; and wristbands (Figure A2);
- The provision of breathalysers to door supervisors to assist them in refusing entry to people who appear to be drunk;
- Training for bar staff provided by the ATU team so that they can confidently refuse sales to drunks;
- A dedicated webpage (Figure A3; www.saynotodrunks.co.uk); Facebook page (Figure A5: www.facebook.com/SayNoToDrunks) and twitter account (Figure A6; <https://twitter.com/saynotodrunks>); and,
- A media campaign including a press launch and social media activity (Figure A4).

Figure A1: Say No To Drunks thermal mug and staff t-shirt



Figure A2: The Say No To Drunks public posters



Website

An intervention website was established providing information on: the law around, and consequences of, serving alcohol to drunks; the intervention; preloading and associated risks; recognising the signs of drunkenness and things to do to reduce levels of drunkenness; street pastors and their role in supporting vulnerable nightlife users; and taxi ranks. A Google analytics report for the website shows that during the intervention period the site was visited 121 times by 88 unique users. The website was opened directly (i.e. the web address was entered into the search bar) in over a third (38.0%) of visits; 35.5% of visits were via social media; and 26.5% via an organic search (i.e. identified and accessed through a search engine).

Figure A3: The Say No To Drunks website (www.saynotodrunks.co.uk)



Say No To Drunks bar staff training session

The Say No To Drunks bar staff training session was delivered to 860 bar staff working in licensed premises across the city centre in the months leading up to the intervention, including venues participating and not participating in the intervention. Designed and delivered by staff from the ATU, the training session lasted for half an hour and covered: the law regarding the sale of alcohol to drunks and implications of serving drunk people for bar staff, the venue, customers, the NTE and local public services (e.g. health, police, council); signs commonly used to identify a drunk person; and methods to refuse service to a drunk person.

Press launch and media coverage

On the day before the launch of the intervention, a press launch was held to raise awareness of the intervention and of the law around serving alcohol to drunks. Held within a participating licensed premise, the event included photo opportunities and interviews

with: participating licensees; Liverpool City Council public health and AUT council staff; Merseyside Police; and local councillors (i.e. The Cabinet Lead for Adult Social Care and Health, and the Mayoral Lead for Community Safety). The event was covered: in local papers (Liverpool Echo; The Merseymart); on local radio stations (BBC Merseyside – twice, on the day of the press launch and two days later when the intervention commenced; Juice FM); on the local news (ITV News Granada bulletin); and on websites promoting Liverpool (<http://www.liverpoolconfidential.co.uk/>; <http://www.liverpoolexpress.co.uk/>).

Figure A4: Say No To Drunks press launch



Social media campaign activity

The Say No to Drunks social media campaign was conducted in two stages. Stage one was implemented prior to the intervention being launched and sought to engage followers on both Facebook and Twitter. In recognition that some members of the target audience may be reluctant to follow the intervention at this stage the Say No to Drunks strapline was not used. Rather the strapline Too Many Bevvies was used to engage with the target audience and build up followers, who would then be informed about the intervention upon its launch. Too Many Bevvies posted a variety of content to Facebook and Twitter about alcohol and drinking too much. Within two weeks the Twitter account had around 200 followers, with numerous posts favourite, retweeted and mentioned.

Figure A5: The Say No To Drunks Twitter account²⁷



²⁷ Snapshot of account taken on 7/1/15. Example tweets provided by We Are Brave.

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Figure A6: The Say No To Drunks Facebook account²⁷



Appendix 2: Nightlife area observations - additional data tables and figures

Figure A7: Mean number (approximate) of nightlife patrons in the Concert Square observation area by hour and day of observation and pre and post-intervention weekends

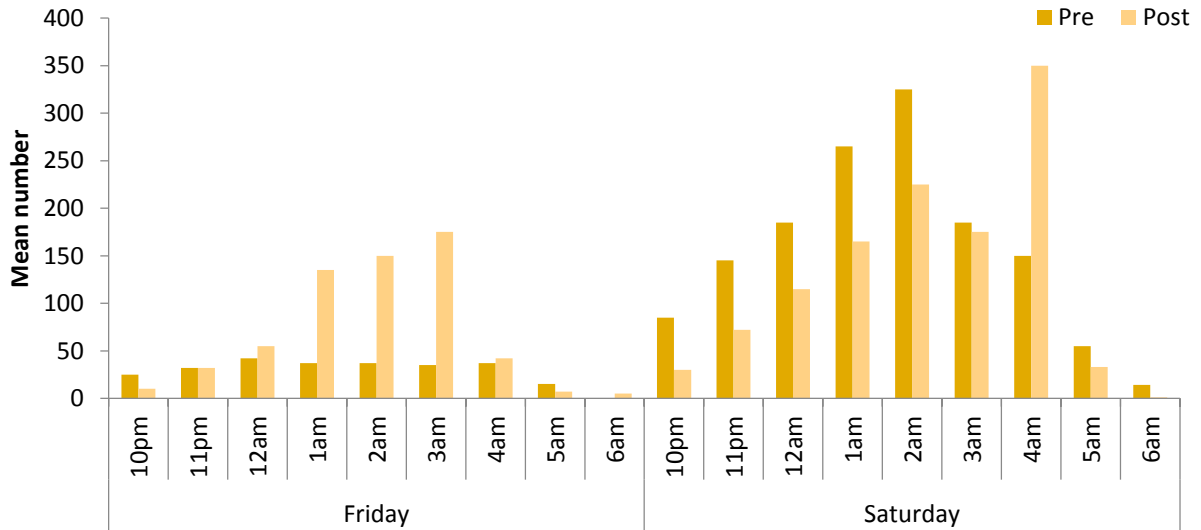


Figure A8: Mean number (approximate) of nightlife patrons in the St Peters Square observation area by hour and day of observation and pre and post-intervention weekends

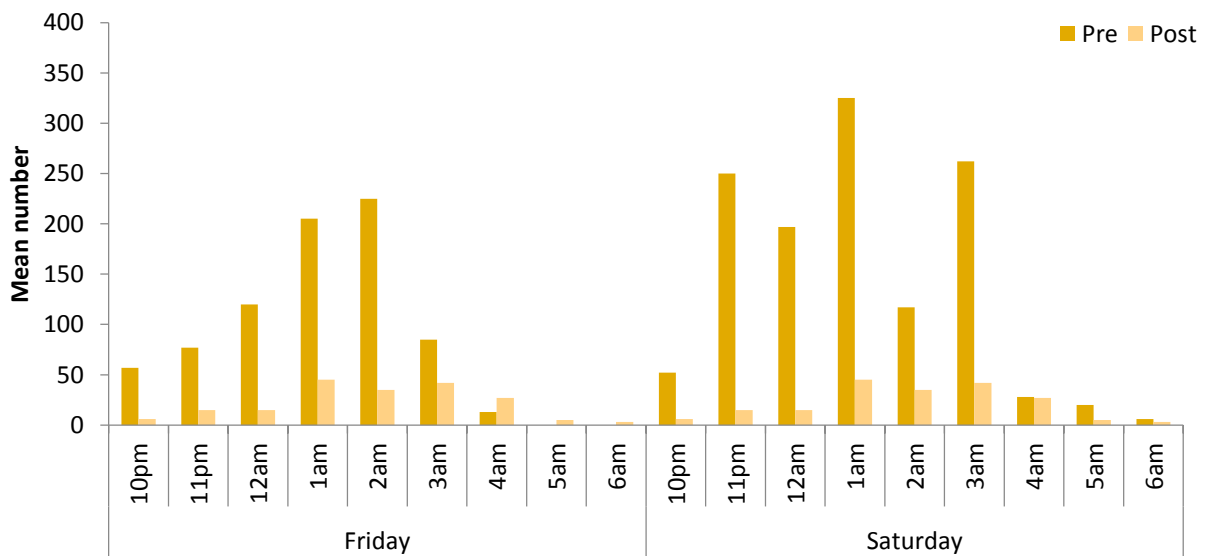


Figure A9: Number of nightlife patron drunkenness observations and their mean drunkenness score by hour of observation and pre and post-intervention weekends, Concert Square and St Peter’s Square combined

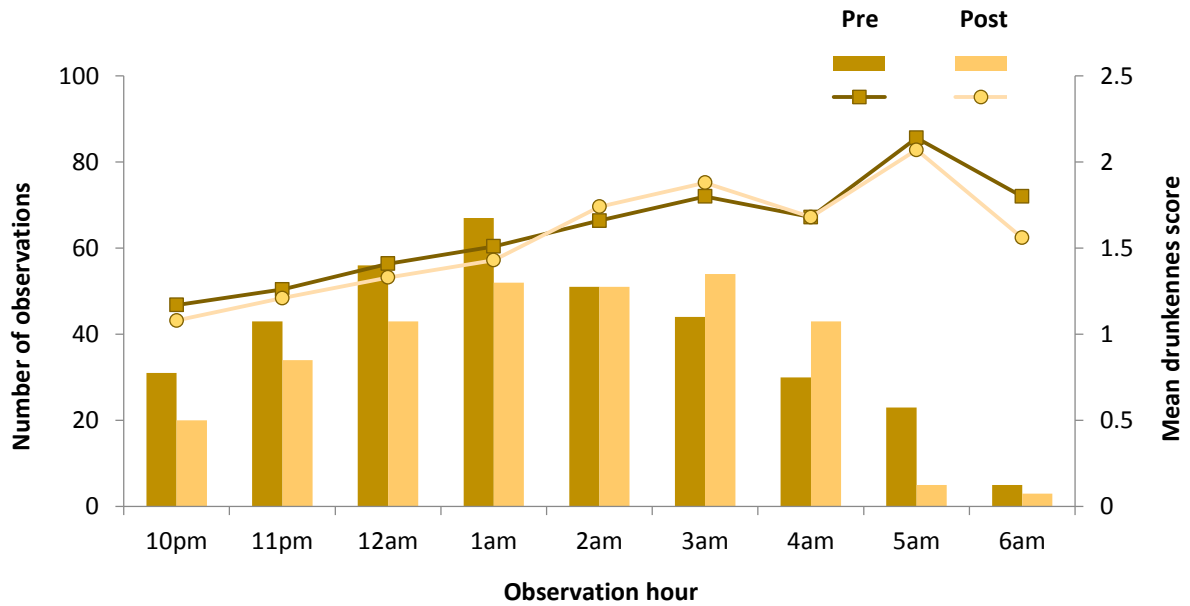


Figure A10: Mean ratings on environment and nightlife patron behaviour scales by hour of observation, pre-intervention weekend only, Concert Square only

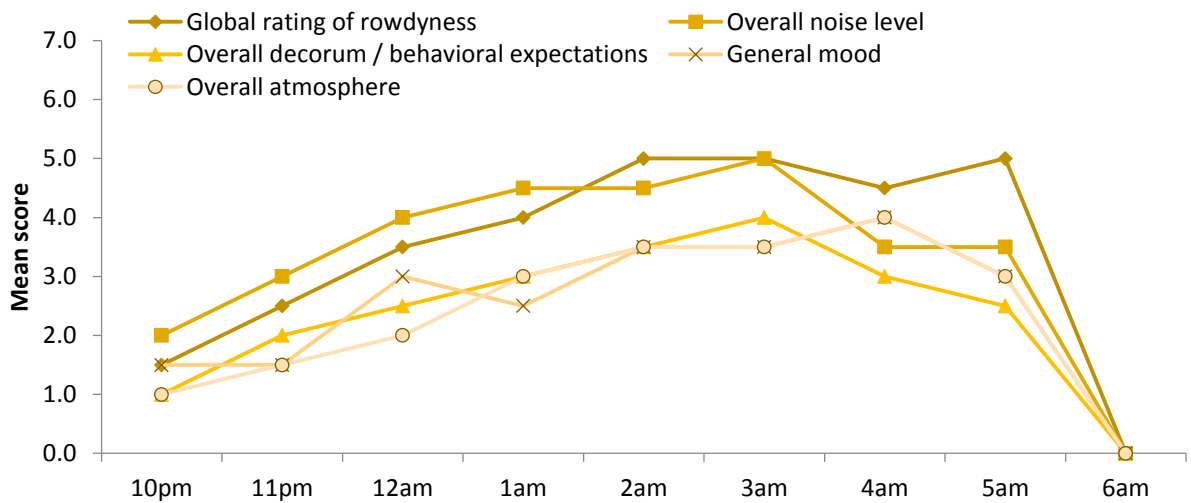


Figure A11: Mean ratings on environment and nightlife patron behaviour scales by hour of observation, post-intervention weekend only, Concert Square only

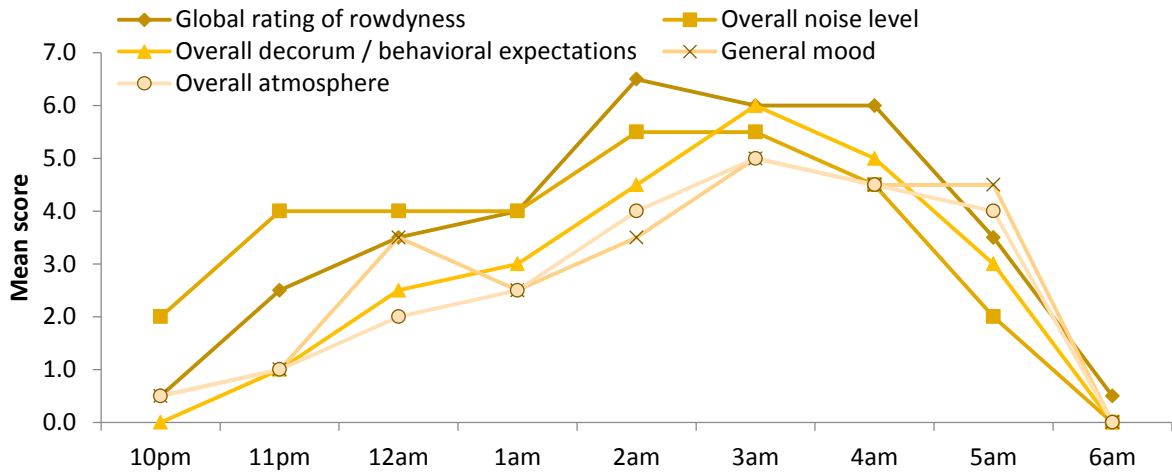


Figure A12: Mean ratings on environment and nightlife patron behaviour scales by hour of observation, pre-intervention weekend only, St Peter's Square only

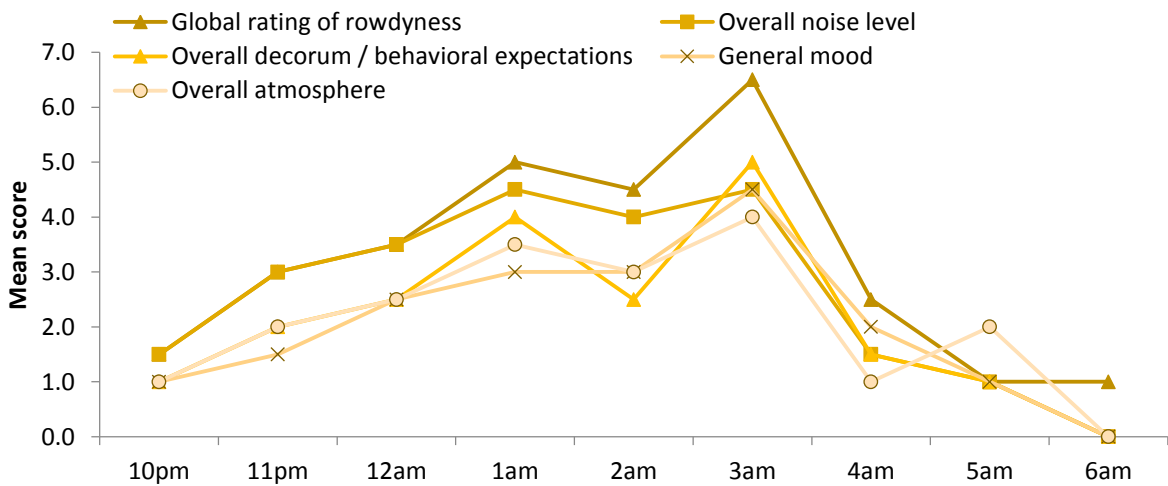


Figure A13: Mean ratings on environment and nightlife patron behaviour scales by hour of observation, post-intervention weekend only, St Peter's Square only

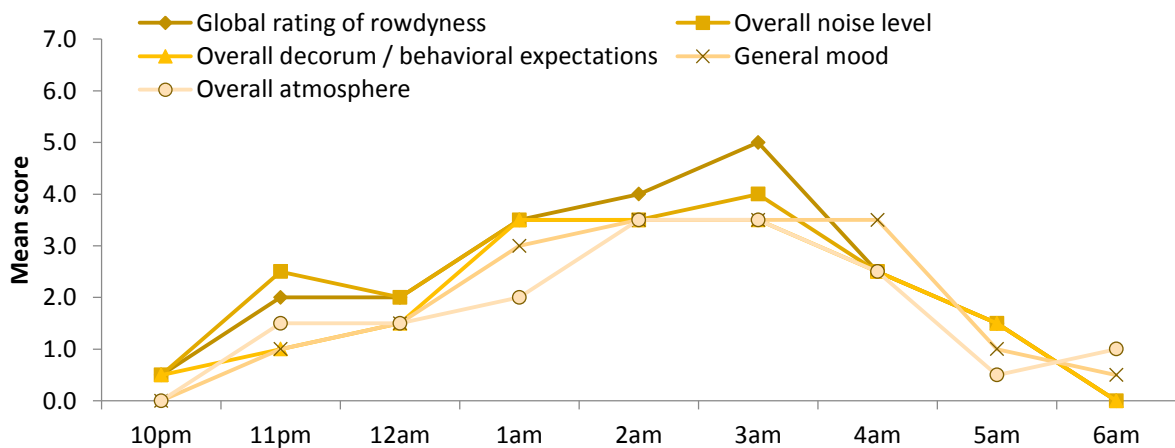


Figure A14: Number of nightlife patron drunkenness observations completed by hour and day of observation and pre and post-intervention weekends, Concert Square area only

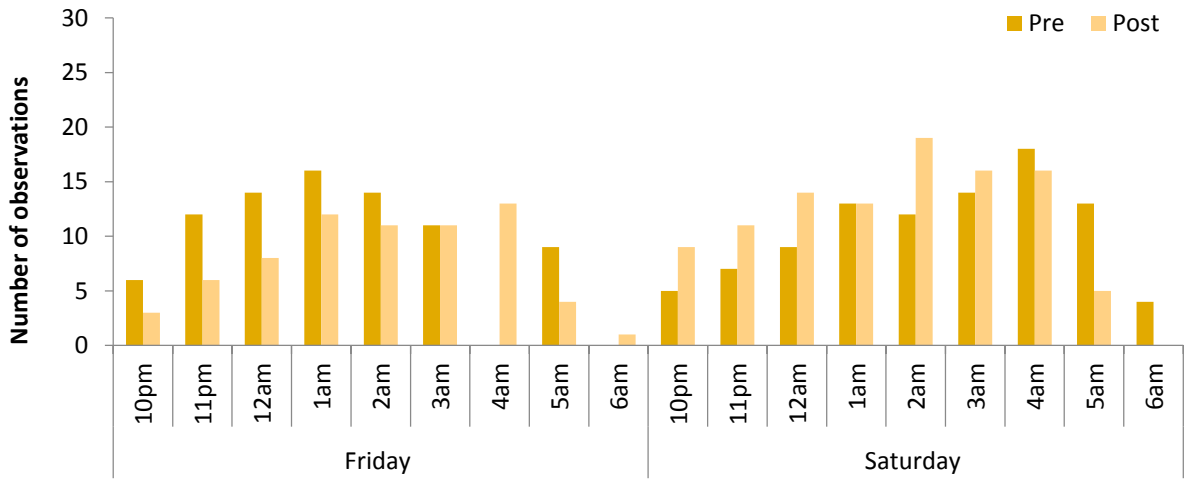
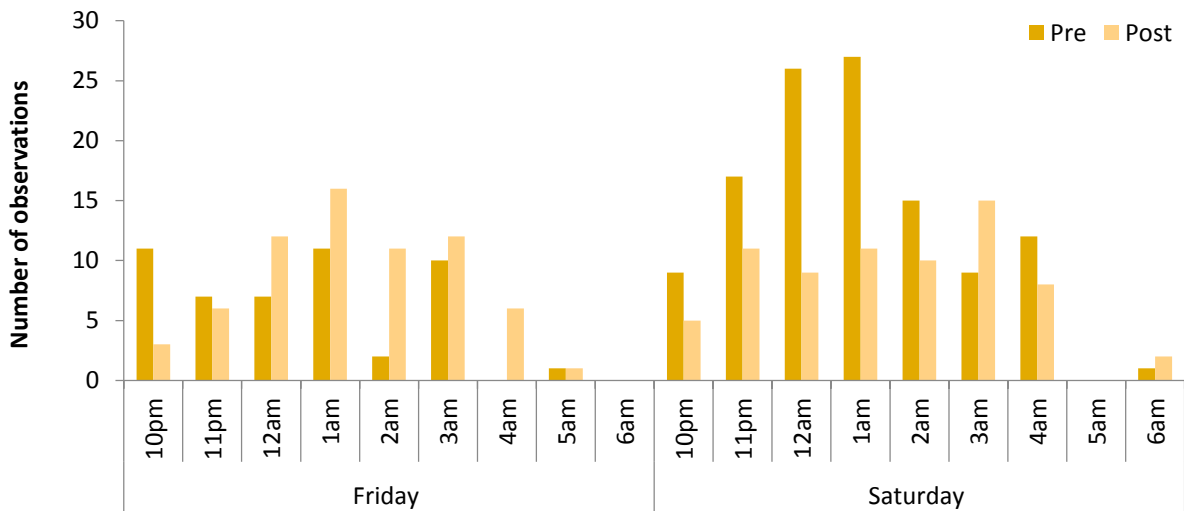


Figure A15: Number of nightlife patron drunkenness observations completed by hour and day of observation and pre and post-intervention weekends, St Peters Square area only



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