



Encouraging water consumption in licensed premises

Research summary

Introduction

Licensed premises are high-risk settings for risky drinking and alcohol-related harms (Graham & Homel 2008).

Offering free water to patrons in licensed premises is routinely recommended for alcohol harm reduction and is an important element of responsible service of alcohol, as it helps patrons slow their rate of alcohol consumption and intoxication (VCGLR 2017).

Licensed premises in Victoria are required by law to provide free drinking water to patrons, but individual venues can decide how it is supplied (e.g. on request at the bar or provided for self-service) (VCGLR 2017). Although this is a legislative requirement, there is no evidence that this legislation reduces harm from alcohol.

This research summary describes a trial conducted in Melbourne in 2015–16 to determine whether:

- simple behavioural approaches to increase water consumption in licensed premises are feasible and acceptable
- greater accessibility and promotion of free drinking water increases patrons' water consumption in licensed premises.

About this research

As part of a broader, multi-component initiative to encourage greater water consumption among all Victorians (VicHealth 2016), VicHealth sought to understand what factors might promote increased water consumption in licensed premises. A review of the existing literature found no published research investigating how changes in supply, accessibility and promotion of drinking water in this context might affect patrons' consumption of water.

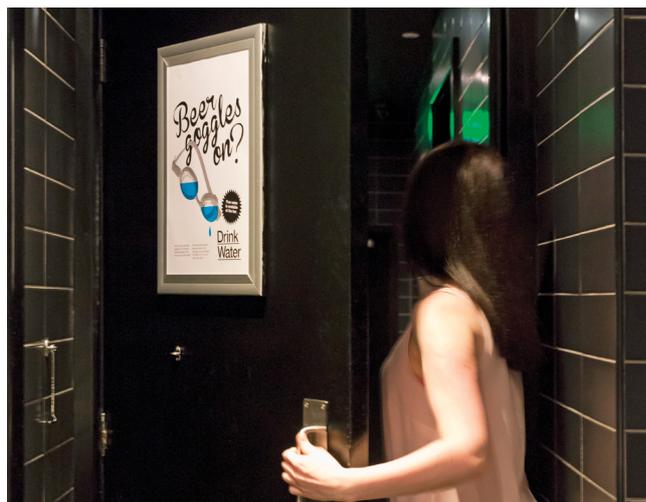
To address this research gap, VicHealth designed and implemented a two-phase trial of a behavioural intervention in a metropolitan Melbourne venue.

KEY FINDINGS

VicHealth trialled an intervention that included having an attractive water dispenser and promoting the availability of free water throughout a licensed premises. This research suggests that without intervention, very few patrons currently drink water in licensed premises in the night-time economy. However:

- it is likely that increasing the accessibility and promotion of free drinking water increased water consumption among patrons
- the intervention was well-received by bar staff who felt it:
 - was highly feasible and practical
 - would not be difficult to implement in the long term
 - could contribute to a reduced workload and safer work environment
- the intervention had no negative effect on bar sales.

Simple behavioural interventions to improve water supply, access and promotion can increase water consumption in licensed venues as part of wider efforts to reduce alcohol-related harms in the night-time economy.



Phase I: Developing a feasible and acceptable intervention

In the first phase of the trial, a group of public health administrators, researchers, regulators and licensed venue proprietors and staff designed three simple interventions that might increase patrons' consumption of water. Reflecting current evidence on successful behavioural insights approaches, each intervention was specifically designed to be easy, attractive, social and timely (The Behavioural Insights Team 2014). The interventions considered were:

1. providing an attractive water dispenser
2. promoting free water on the menu and posters and stickers throughout the venue
3. offering patrons a glass of water with every alcoholic drink purchased.

These interventions were trialled at four late-night licensed venues over four consecutive Saturday nights.

The feasibility trial found that:

- in general, water consumption in licensed premises is very low
- patrons' awareness of the availability of free drinking water, while still low, increased when the interventions were in place
- although venues are adhering to the regulations by providing free drinking water, very few actively promote it or make it easy to access.

Bar staff found that offering a glass of water with every alcoholic drink purchased was impractical to implement and irritating to patrons. Aside from this, implementing the other two simple, evidence-based behavioural approaches to increase water consumption in licensed premises was assessed to be feasible, acceptable and have the potential to increase patrons' consumption of water.

Phase II: Trialling the intervention

Setting and design

Based on the results of the feasibility trial, the chosen intervention was trialled in a late-night licensed venue in Metropolitan Melbourne.

In the baseline period (six weeks in February and March 2016), the availability of free drinking water was not promoted at the venue. Water was provided on request from bar staff, and jugs of water (for self-service) were located at the bar.

During the intervention period (six weeks in April and May 2016), water was available from an attractive water dispenser (the 'Oasis') located at the bar and on request from bar staff. The availability of free drinking water was advertised on promotional posters and stickers throughout the venue (e.g. on the dispenser itself, on doors and windows, behind and in front of the bar, and on bathroom doors and mirrors).

Data collection

Three sets of data were collected over the trial period:

- **Patrons' water consumption**
Data were collected on six Saturday nights between 9pm and 1am during each period of the trial (baseline and intervention). Observers used hand tally counters discretely hidden in their pockets to record the number of glasses of water consumed at the bar or taken from it. The number of patrons entering and leaving the venue was also observed, with the total number of patrons in the bar recorded on the hour.
- **Staff perspectives**
Using a structured questionnaire, telephone interviews were conducted with five venue staff members (managers and bar staff) both during and at the end of the intervention. The interviews were designed to capture any impact of the intervention on staff workload or work environment and feedback on how the initiative could be implemented permanently.
- **Sales data**
The venue calculated the percentage change in sales compared to the average for the baseline period for each night of the intervention. Separate data were provided for total nightly sales, and sales of alcoholic beverages, non-alcoholic beverages and bottled water.

The outside temperatures on each of the nights on which data were collected were also recorded to allow analysis of the effect of temperature on water consumption.

Results

Over the 12 observation nights (six in the baseline period and six in the intervention period), 2490 patrons attended the venue (1130 baseline and 1360 intervention).

Water consumption

While water consumption was low throughout the trial, average water consumption per patron significantly increased in the intervention phase, almost doubling from 0.123 to 0.236 glasses. The mean proportion of patrons observed drinking water increased from 12% during the baseline phase to 24% during the intervention phase. This difference was observed despite the fact that outside temperatures were cooler in the intervention period than baseline, and analysis suggested that outside temperature had no effect on water consumption patterns in this setting.

Staff perspectives

All staff interviewed agreed that the consumption of water at licensed venues contributed to a safer and more enjoyable work environment.

The water dispenser and the promotional posters and stickers were viewed positively by those interviewed, who felt that the dispenser created a good focal point for patrons entering the venue and potentially changing the dynamics at the bar.

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People would congregate around [the water dispenser], whereas with the jug they would just pour themselves a drink and walk off... they would now stand there and refill their glasses more than once.”

While some suggested that the appearance of the dispenser needed to be improved, interviewees generally felt that it would be easy to implement the initiative on a permanent basis, and that it would contribute to reduced workload and a safer work environment.

Sales data

Bar sales data collected by the venue showed that the intervention had no negative impact on sales of alcohol, soft drinks or bottled water.

Conclusions

Overall, the intervention was successful in increasing patrons' water consumption and was viewed positively by venue staff.

Because the second phase of the intervention was conducted in only one bar, it is possible that the effects of the intervention may be specific to that context. In addition, coinciding major events in the city and private functions held at the venue throughout the trial period may have affected patrons' demographics and motivations for drinking. It would be useful in future studies to increase the duration of the intervention and to incorporate a broader range of venues targeting more diverse demographics to determine whether these findings translate across different settings and can be maintained over longer periods of time.

However, the findings of this research do suggest that, beyond regulating to ensure free drinking water is available at licensed venues, activities to promote its availability and improve access, including simple behavioural interventions, are needed to increase patrons' water consumption as an alcohol harm reduction strategy.

References

Graham, K & Homel, R 2008, *Raising the Bar: Preventing aggression in and around bars, clubs and pubs*, Willan Publishing, London, UK.

The Behavioural Insights Team 2014, *EAST: Four simple ways to apply behavioural insights*, The Behavioural Insights Team, viewed 5 March 2017, <http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/>.

Victorian Commission for Gambling and Liquor Regulations 2017, *Free water for patrons*, VCGLR, viewed 5 March 2017, <http://www.vcglr.vic.gov.au/home/liquor/standard+licence+obligations/free+drinking+water+in+premises/>.

Victorian Health Promotion Foundation 2016, *Water initiative*, VicHealth, viewed 5 March 2017, <https://www.vichealth.vic.gov.au/search/water-initiative>.

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