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► [Interventions for disorder and severe intoxication in and around licensed premises, 1989–2009.](#)

Brennan I., Moore S.C., Byrne E. et al. [Request reprint](#)
Addiction: 2011, 106, p. 706–713.

Surprisingly, the big problem of disorder and violence associated with bars, clubs and pubs has not attracted a correspondingly large evidence base on how to prevent it. This review concludes that training bar staff to identify and respond to warning signs has some potential.

Original abstract *Aims* To systematically review rigorous evaluation studies into the effectiveness of interventions in and around licensed premises that aimed to reduce severe intoxication and disorder.

Methods A systematic search was conducted. Papers that rigorously evaluated interventions based in and around licensed premises to reduce disorder or intoxication were included.

Results Fifteen studies were identified. [Three](#) were randomised controlled trials which randomly allocated premises or areas to the intervention or to a [control](#) group. Another 12 were non-randomised trials which did not allocate at random, but still had a set of comparison premises or areas against which to benchmark the effect of the intervention. Outcome measures included test purchasing using research staff who pretended to be drunk, breath alcohol concentration of customers, server behaviour, police-recorded assaults, hospital injury data, arrests for disorderly conduct and the total number of other arrests. The most common intervention tested was responsible beverage server training which aims to develop the capacity of bar staff to identify risks (such as rapid drinking) and to equip them with the skills to address them proactively. Also tested were server violence prevention training, enhanced enforcement of licensing regulations, licensee accords which usually entail a voluntary agreement between licensees, police and local government, and a risk-focused consultation. Several studies tested multi-component interventions which typically implement a range of interventions including

those already listed as well as seeking to mobilise the community to influence norms, legislation and licensed premises policies, and to exert pressure on police to enforce legislation and on premises to address risk factors. Among randomised trials of violence prevention interventions, server training appeared the most successful, though training content varied considerably. No other intervention reduced violence. Of the 10 non-randomised trials, three reported a significant reduction in disorder and three significant reductions in intoxication. Interventions were usually targeted at individual licensed premises and these were most likely to reduce disorder, but not intoxication. Two community-level interventions were evaluated in randomised trials but neither reported a significant reduction in disorder. Of the other five community-level evaluations, three reported significant reductions in disorder, but the interventions varied considerably.

Conclusions Server training courses that are designed to reduce disorder have some potential, although there is a lack of evidence to support their use to reduce intoxication and the evidence base is weak.

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