

Preventing Excessive Alcohol Consumption: Responsible Beverage Service Training

Task Force Finding and Rationale Statement

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Task Force Finding and Rationale Statement

Intervention Definition

Responsible Beverage Service (RBS) training programs give owners, managers, and staff of establishments that serve alcohol knowledge and skills to help them serve alcohol responsibly and fulfill the legal requirements of alcohol service. Training programs for managers and owners most often provide guidance on implementation of service policies and practices. Training programs for servers focus on knowledge and skills that enhance their ability to prevent excessive alcohol consumption among patrons and minimize harms from excessive drinking that has already occurred. Server training may address: checking IDs; service practices that reduce the likelihood of excessive consumption; identifying and responding to early signs of excessive consumption (e.g., rapid consumption); identifying intoxicated patrons and refusing service to them; and intervening to prevent intoxicated patrons from driving.

Task Force Finding (October 2010)

The Community Preventive Services Task Force concludes there is insufficient evidence to determine the effectiveness of responsible beverage service (RBS) training programs for reducing excessive alcohol consumption and related harms at the community level. Although reviewed studies generally showed positive results for the measured outcomes, these results primarily came from academic research studies that evaluated programs focused on individual establishments and were implemented under favorable conditions (e.g., intensive training programs, short follow-up times). Because of these limitations, further evidence is necessary to assess the public health impact of sustainable, community-wide RBS training programs.

Rationale

This finding is based on a systematic review of 11 studies published between 1987 and 2009 that evaluated the effects of RBS training programs on establishments' alcohol service policies, server practices, alcohol consumption and intoxication among patrons, and alcohol-related harms. Although the reviewed studies generally found positive results on these outcomes, two major limitations make it difficult to assess the potential public health impact of RBS training programs. First, the studies evaluated were predominantly academic research trials conducted in selected establishments, with high-quality, intensive training programs. This raises questions about whether programs implemented under more natural conditions would produce similar results. Second, the results reported were assessed primarily at the level of individual establishments, making it difficult to estimate the community-wide impact of the RBS training programs. This problem is exacerbated by the potential influence of changes in alcohol service policies and practices on an establishment's clientele.

All four of the included studies that assessed changes in establishment policies associated with training for owners and managers reported some positive results, as did the seven included studies that assessed the effects of training on observed or self-reported server practices. Two studies that assessed ID checks of younger-looking patrons found that RBS training was associated with non-significant increases of 5 and 10 percentage points. Four studies that assessed refusal to serve obviously intoxicated patrons (or trained actors who appeared intoxicated) found a median increase of 5 percentage points (interquartile interval [IQI]: 3 to 14 percentage points). However, even after RBS training, the frequency of ID checks and service refusal remained low.

The four studies that examined the effects of RBS training on measures of either patrons' rate of alcohol consumption or total alcohol consumption generally found some evidence of decreased consumption. Five studies also found that RBS

training was generally associated with a substantial decrease in the proportion of intoxicated patrons leaving the establishment (median decrease of 26.7%; IQI: -58.2% to 9.5%). The estimated intervention effects on measures of patron alcohol consumption and intoxication, however, were small or in the unfavorable direction for the establishments in one of the two cities where a multi-site trial was conducted (Monterey, California). The study authors speculated, based on results of a survey of bar owners and other community members, that a perceived lax regulatory climate in Monterey may have contributed to the weaker effects than those observed in the other city (Santa Cruz), where the climate was perceived as less accepting of irresponsible practices. This speculation is supported by the fact that server participation in the RBS training in Santa Cruz was 100%, but only 60% in Monterey.

Only one included study assessed the effect of RBS training on alcohol-related harms. This study found that, following state-mandated RBS training in Oregon, fatal single vehicle nighttime crashes had decreased by an estimated 23% three years after an intensive mandatory RBS training program was introduced.

The RBS training interventions evaluated in the reviewed studies are not representative of the range of RBS training interventions currently in use. Most interventions reviewed were implemented by academic researchers in a small number of selected establishments, with intensive training programs delivered in person and often incorporated skill-building exercises. All of these interventions were delivered solely to establishments that sold alcohol for consumption on site (i.e., on-premises establishments). No current standard exists for RBS training programs, which are often much shorter than those evaluated in this review (e.g., a 45-minute videotape), involve self-directed instruction, and provide limited opportunities for skill-building.

The context in which RBS trainings took place was repeatedly identified as an important determinant of the effectiveness of the training in both the reviewed studies and in the broader literature on the topic. One of the key motivating factors for establishment owners and managers to encourage their staff to practice responsible beverage service is the desire to minimize the risk of civil lawsuits or sanctions by alcohol regulatory agencies that could result from irresponsible service practices (e.g., service to minors or intoxicated patrons). Although direct evidence of the influence these perceived risks had on the effectiveness of RBS training programs was limited, evidence suggested that they may influence both participation in RBS training programs and the degree to which service policies and practices change as a result of training.

No harms of RBS training itself were identified in the literature or by the review team. However, some states offer immunity from civil liability or regulatory sanctions for irresponsible service as an incentive for participation in an RBS training program. Such offers could have a negative overall public health impact by eliminating important motivating factors for responsible beverage service with demonstrated public health benefits in exchange for an intervention with an unclear public health impact.

To clarify the potential public health impact of RBS training programs, the Task Force encourages additional research to assess the effects of sustainable, community-wide RBS training programs on outcomes at both the establishment and community levels. Such research efforts should also document or evaluate the effects of contextual variables such as the perceived risk of civil liability and of sanctions for non-compliance with alcohol service laws. Information on the costs and cost effectiveness of these programs would also be desirable to facilitate estimation of their economic efficiency.

Although the available evidence is insufficient to determine the value of RBS training as a standalone intervention, servers and managers should know their legal responsibilities related to alcohol service and practical ways to meet those

responsibilities. By providing such information and developing necessary skills, RBS training may play a useful role in laying a foundation and improving the effectiveness of other interventions to prevent irresponsible service, such as enhanced enforcement of laws requiring responsible service.

The data presented here are preliminary and are subject to change as the systematic review goes through the scientific peer review process.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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