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Server Intervention

Will It Work?

ROBERT F. SALTZ, PH.D.

This decade has seen a leap in the public's concern over the number of lives lost in alcohol-related automobile crashes. Not surprisingly, this concern was focused first on law enforcement and the criminal courts and on the promotion of various public education campaigns targeted at drinking drivers.

At the same time, liability lawyers began to bring the issue into civil courts using so-called dram shop (liquor liability) laws that hold licensed servers of alcoholic beverages liable for damages resulting from service to minors or to intoxicated patrons. Victims of alcohol-related crashes were sometimes able to gain compensation through the courts by bringing suit against the licensed establishment that served the driver at fault, providing the victim could prove that the driver had been served alcohol even after reaching the point of intoxication. Before long, policymakers and prevention specialists began to realize that the existence of such liabilities could help them develop a new and unique strategy for reducing the rate of alcohol-related injuries and fatalities, a strategy that has come to be called server intervention.

Server intervention actually refers to a broad set of strategies for creating safer drinking environments by reducing the risk of intoxication and the risk that intoxicated patrons will harm themselves or others. It is a unique approach to prevention because it aims to modify the drinking context, a context that often presents strong inducements toward unsafe practices.

The specific features of server

Server intervention

comprises efforts at three

levels: the legal environment,

the community environment,

and the environment of a

given licensed

establishment.

intervention are still evolving. Early work in the field was conducted by James Mosher, who, in addition to providing a conceptual framework for server intervention, has also been particularly active in analyzing the merits and deficiencies of current liquor liability laws (see Colman et al. 1985; Mosher 1979, 1983, 1984a, 1984b, 1984c).

A comprehensive conceptual overview has been presented elsewhere (Saltz 1985). Here, I note briefly that server intervention comprises efforts at three levels: the legal environment, the community environment, and the environment of a given licensed establishment. The legal environment includes alcohol beverage control (ABC) codes, criminal statutes, and dram shop laws. The community environment includes the use of local planning and zoning ordinances to control the types and density of retail outlets (see Wittman 1982, 1983).

Server intervention is probably most closely identified with modifying the policies and practices (and possibly the physical characteristics) of the

establishment itself, as well as with training employees to implement those policies. The earliest forms of server intervention, in fact, concentrated almost exclusively on server training, with emphasis on ways of identifying minors and intoxicated patrons and on methods for cutting off service to intoxicated customers.

As experience with server training has grown, the importance of assessing and developing management policies has been recognized as well. In addition to training staff, the manager must also be responsible for evaluating the availability of food and nonalcoholic beverages, the availability of transportation for intoxicated customers, and the adequacy of staffing levels.

The training remains a necessary element because the servers must not only learn a new set of skills but must also redefine their relationship to the customer, understand the program goals, modify their attitudes about alcohol, and overcome any fears they may have about their new duties.

The evaluation described in this paper was limited to assessing server intervention at the establishment level. A comprehensive program—comprising changes in policies, procedures, and duties, along with 18 hours of staff training—was developed for a specific establishment with the aim of evaluating its impact on intoxication, consumption, and the establishment's performance as a business.

In the remainder of this paper, I will describe the intervention and comparison sites and how they were chosen, describe the server intervention program (both

policies and training), discuss the evaluation design, and conclude with a very brief look at preliminary results.

Selecting An Evaluation Site

Our criteria for selecting a likely site for evaluating server intervention included the following: First, given the experimental and mildly controversial nature of server intervention programs at the time, we wanted to begin our search at locations that might have some special reason to be concerned for the welfare of their customers. Second, we wanted a site where drinking was heavy enough to be able to show an impact if it were possible to do so. Third, we hoped to find a site that might allow more than the usually limited measures of effects on customers. Finally, we wanted to find a site where the special needs of evaluation research were sympathetically understood.

Our attention was thus directed toward institutional settings. We assumed that organizations with interests larger than making money from the sale of alcohol would be likely to support the program and would be relatively tolerant of research requirements. Our decision to seek the cooperation of the U.S. Navy was based on these criteria and on the knowledge that the Navy is particularly interested in ways to reduce the loss of life caused by driving under the influence (DUI).

Naval bases typically make alcoholic beverages available at several sites. Depending on the size of the base, there may be a package store, a bowling alley, and a golf course clubhouse, as well as a Navy club for each of three levels of Navy personnel (officers, chief petty officers, and enlisted personnel). These clubs are usually managed by civilians under Navy supervision. They typically employ civilians and some off-duty military personnel. We chose to look more closely at the enlisted clubs since, at the time our study began, they allowed all military personnel to drink 3.2 percent alcohol beer regardless of the State minimum drinking age law (which, in California, required drinkers to be 21 years old).

The Navy enlisted club had several advantages for the study. Its customers were from 18 to 25 years of age and likely to be moderate to heavy drinkers. Because customers were likely to come from a well-defined community (both socially and geographically), we could possibly collect data on a variety of events that would not otherwise be available, such as onbase DUI arrests, fights, acts of

vandalism, and other events related to intoxication. At the same time, we discovered that the clubs are by no means "artificial" businesses: They depend on their revenue to keep their staffs employed and also are under intense pressure to generate income that the local base can use to support recreational activities. Because alcoholic beverage sales represent a large proportion of the clubs' revenue and also have the highest profit margin, Navy club managers are just as concerned as commercial managers would be with how server intervention might affect profitability.

The next step was to select a specific club to approach for cooperation. Our search was limited to 25 naval bases on the Pacific coast. Financial data on club operations were collected to identify clubs that were structurally typical or atypical as judged by their operational characteristics.

Assessment and modification of establishment operating policies are absolutely essential to a successful server intervention program.

We wanted especially to avoid clubs that were particularly different from others, since that might be indicative of some eccentric characteristics that could either create unusual problems for implementation or threaten the generalizability of our evaluation.

We next conducted structured, face-to-face interviews with 12 managers of the more typical enlisted clubs. By this time, we were looking for management receptivity to server intervention; a measure (by self-report) of the current level of alcohol-related problems in the club; the manager's description of club customers; and general information regarding the club's operations, staffing, performance, and future. Through these interviews, we were able to identify a club that optimized the various quantitative and qualitative features we had been looking for. The manager of the chosen site, after receiving our proposal, gained approval from the base commanding officer and agreed to participate in the program and its evaluation.

We then selected a comparison site, where data would be collected but no

program would be implemented, that had appropriate "proximity" to the evaluation site. The proximity was based both on the data on club characteristics and geographic nearness of the two sites.

The club at which the program was implemented employs a staff of approximately 50 who have direct contact with customers as well as another dozen or so who fulfill administrative and support functions. The staff includes bartenders, cocktail waitresses, barbacks, security (floorwalkers and doorpersons), food line staff, and duty managers. On its busiest nights (usually Fridays), the club may serve as many as 800 customers and sell over \$3,000 worth of alcoholic beverages. For the fiscal year ending in September 1985, the club's sales in alcoholic beverages and food were \$556,000 and \$200,000, respectively.

Developing Policy at the Establishment Level

As stated earlier, assessment and modification of establishment operating policies are absolutely essential to a successful server intervention program. These policies are derived from two primary sources: a clear statement of goals for the server intervention program and onsite evaluation of preprogram practices and customer behavior relevant to those goals and to the financial well-being of the establishment. Effective policies result from blending well-articulated program goals with opportunities and constraints that become apparent through direct onsite review of operations.

Program goals are perhaps the most generic and easily transported of server intervention components. Even they, however, may require modification in a specific application. We developed the following major goals:

- Reduce the risk of intoxication.
- Reduce the risk of customers driving while intoxicated.
- Reduce the risk of underage drinking.
- Improve staff morale and functioning.
- Maintain profitability.
- Develop good community relations.

Before these general goals could be translated into concrete policies, the manager and the program developer first had to assess the current policies, operations, and staff and customer behavior in light of the goals in order to determine the specific needs of the club



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Initial research results suggest that server intervention training may be a viable strategy for preventing customers from drinking to intoxication.

and to identify promising avenues of implementation. A discussion of this kind of onsite assessment, together with examples of specific observations, can be found in the overview article (Saltz 1985).

Once the goals were articulated and the site had been evaluated, it was then possible to develop specific policies, procedures, and job duties to translate the goals into concrete actions. It is not possible to anticipate specific policy requirements for all establishments, but we can provide some examples from the specific site where we conducted the evaluation.

Reduce Intoxication

Policy 1: The club will promote responsible drinking through pricing, promotion, and general practice.

- 1.1 Nonalcoholic beverages will be available at all price points existing for alcoholic beverages.
- 1.2 Club will remain open for 1 hour after bar sales stop.
- 1.3 Beer will not be sold in pitchers, but only in large and small glasses or mugs.
- 1.4 Customers may order only one drink at a time (though it may be a double).

Policy 2: No customer will be served enough alcoholic beverages to reach a point of intoxication.

- 2.1 Servers will determine the customers' level of intoxication through either (a) behavioral clues, or (b) actual consumption.
- 2.2 Servers will refuse service of alcoholic beverages to a customer judged likely to be intoxicated.
- 2.3 Servers will be assigned to specific sections so that customers' drinking can be monitored.

Reduce the Likelihood of Customers' Driving While Intoxicated

Policy 3: The club will intervene to prevent any intoxicated customer from driving.

- 3.1 The club will determine the need for alternative transportation and arrange for same.
- 3.2 If no safe means of transportation is available, the club will arrange for overnight accommodations.

Reduce the Risk of Underaged Drinking

Policy 4: No underaged person will be permitted to drink an alcoholic beverage.

Improve Staff Morale and Functioning

Policy 5: Club will encourage food staff performance through training, incentives, and recognition. Staff meetings will be held on a monthly basis.

Maintain Club Profitability

Policy 6: Food will be available during all business hours.

Develop Good Community Relations

Policy 7: Club manager will be responsible for keeping the surrounding community informed of club policies and activities, and for developing support for them.

Of course, each of these policies included specific operational procedures. For example, Policy 5 (improve morale), included organizing servers and security personnel into working "teams" to encourage communication and to support servers in their intervention, and Policy 6 (maintain profitability) included raising drink prices by a marginal amount and adding nonalcoholic specialty drinks to the menu. The planning process did not end with the writing of new policies and procedures. Once the program had been implemented, the management and staff needed to experiment with some procedures to make them work. (This is an ongoing process. Management will need to monitor program effectiveness, train new staff, retrain existing staff, and be on the lookout for new strategies to incorporate into existing ones.)

Summary of Training and Training Curriculum

As policies were being developed for the club, the research staff hired a training consultant to help design a curriculum that would embody the principles of server intervention and blend them into the new policies that the club employees were going to follow. We designed the curriculum to emphasize that responsible serving practices were a part of what "good service" means. We wanted to avoid anyone thinking of the prevention theme in isolation from other aspects of professional service.

Approximately 45 employees

(bartenders, waitresses, food servers, security personnel, and managers) were divided into three mixed groups of 15 each for weekly training sessions. Each session ran from 3.5 hours to just over 4 hours. Each employee was involved in five training sessions. A full-day makeup session was held for nine employees (mostly security staff) who had missed one or two of the sessions. The content of each session was as follows:

Session I. Introduction: New Roles for Servers in a Changing Club (3 hours)

The first training session introduced the goals of the training within the context of various pressures on the Navy club to provide good service, to manage a safe and responsible environment, and to maintain profitability. This session highlighted society's growing interest in preventing drunk driving, the existence of liquor liability (dram shop) laws and their importance for the club and its employees, and the club manager's commitment to changing the current practices while preserving the best features that the club had to offer. Trainees were then shown how the training fit with management policy changes, and how their own roles with regard to customer service would change as a result. The training session concluded with a very detailed exploration of what it means to provide "good service" with emphasis on observing customers, being assertive, maintaining control, and being responsive to the customer's needs.

Session II. Alcohol as a Potential Problem Issue: Its Effects on Customers (3.5 hours)

This session focused on the customers' expectations and behavior concerning alcohol. The trainees first reported on their perceptions of customers' beliefs about the purposes and consequences of drinking, the perceived level of impairment brought about by drinking, and the attitudes customers have about the club's purposes and responsibilities. The trainees then discussed their own beliefs about these topics. The focus then shifted to alcohol impairment. After trainees discussed what they noticed about impairment, a film on drinking and driving demonstrated how seriously impaired a person becomes a .10 percent blood alcohol concentration (BAC). It also showed that drinkers are usually quite mistaken when they predict their capacity



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Servers are trained to identify potential problems at each contact with the customer.

for drinking. The session concluded with a lecture on alcohol physiology that concentrated on the short-term effects of alcohol on the body and introduced the key concept of "drink size," the maximum number of drinks that a person can have "in his or her system" without going over .10 percent BAC.

For small, medium, and large men, the respective drink sizes are four, five, and six (figuring 3.2 percent beer and 1-ounce shots in this particular setting); for women drinkers, three, four, and five drinks are the limit. "Drinks in the system" is calculated by taking the total number of drinks consumed and subtracting the number of hours that the person has been drinking (since one drink is normally absorbed by the body in about 1 hour). Thus, a large male can drink eight drinks in 2 hours and still be at his drink size (eight drinks minus 2 hours equals six). The drink size serves as the criterion for limiting service of alcohol.

Session III. Identifying Potential Problems: Use of the SIRR System (4 hours)

This session concentrated on the steps needed to identify a need for intervention. SIRR stands for Size Up, Interview, Rate and Relate. SIRR was adapted from the Michigan Licensed Beverage Association's "Techniques of Alcohol Management" training program, in which the server is to engage these steps—except for interview—at each contact with the customer. "Size Up" comprises two points: the server is to assign the drink size to the customer and also look for any visible signs of intoxication. "Interview" means the server should talk to the customer in order to find out whether he or she is driving, whether the customer has had something to eat or drink already, and to look for any clues to the customer's mood and purpose for coming. "Rate" requires the server to take the information obtained from the previous steps along

with the customer's drink count, and assign the customer to one of three categories: Green, Yellow, or Red (explained below, under Session IV). The final step of identifying potential problem patrons is "Relate," wherein the employee reports any Yellow or Red customers to other members of the serving team (waitress and security person). The training session made extensive use of role-playing exercises to build skill in each stage of the SIRR system.

Session IV. Responses to Potential Problems (4 hours)

This session focused on what steps should be taken with each of the three color-coded categories of customers (Green, Yellow, or Red) determined by the SIRR procedures. Green customers were given normal good service, with food promotion and deliberate rate of service to keep them Green. The Yellow customers were asked whether they might prefer a nonalcoholic beverage or perhaps some food, with the

explanation that their level of consumption, while not unacceptable, might lead to intoxication. Red-coded customers (who would reach their drink-size limit after one more drink) were strongly urged to reconsider the order for an alcoholic beverage. It was explained that they could be served one more drink but then could not be served another alcoholic beverage for another hour. If the customer was coded Red because of obvious signs of intoxication, no more alcohol was served to that person that night; and alternative ways home were found to make sure that he or she did not drive. As with the previous session, roleplaying was used to build skill in intervening for each type of situation.

Session V. Putting It All Together (4 hours)

As suggested in its title, this session combined what was learned in Sessions III (SIRR) and IV (Green, Yellow, Red) to give trainees further practice in identification and intervention. Many varied roleplays were conducted. The session concluded with a review of new policies by the club manager, with emphasis on how those policies are directed toward the same goals that were brought out in the training.

Our experience with the training was that employees were, overall, quite interested in the curriculum, many saying that the program was long overdue. Their participation was probably enhanced by the lack of opportunities for them to meet outside of working hours and discuss mutual problems and experiences.

Evaluation Design

The evaluation of the server intervention program is comprehensive in that it includes an assessment of program development and implementation (so-called process evaluation) as well as a design to measure the impact or outcome of the program, i.e., its effects on both the establishment and its customers.

The study design was guided by several broad principles held by the research team. First, as we are aware of no previous evaluation of server intervention, we consider the present evaluation to be more exploratory than confirmatory in nature. We wanted the research to remain as open as possible to unanticipated developments in the field, and we wanted to employ forms of data collection that would allow us to discover important elements that might otherwise have been overlooked.

Second, we feel quite strongly that evaluation research should strive to link process and impact analysis (see Hollister et al. 1979). Fortunately, many researchers now recognize the limitations of either form of analysis in isolation from the other. We often find, for instance, that summative evaluation results leave so many questions unanswered that they are nearly useless to policy and program audiences, especially if the results cannot show an impact. There is an unlimited number of ways for a program not to work, and if nothing can be said about how and where the program was

Evaluation research should strive to link process and impact analysis.

implemented and where difficulties were encountered, then the next attempted program will have to start from scratch and could easily duplicate the weaknesses of the previous effort. Process and impact evaluation complement each other and, we believe, should be employed together whenever possible.

Process Evaluation

Several procedures were employed to inform us about the development and implementation of the program. Face-to-face interviews were conducted with individual employees to determine how they understood their work, the customers, alcohol, alcohol-related problems, and the role of the club in preventing those problems. Unstructured observations and participant observations were made for many hours over a period of weeks in order to become acquainted with preprogram practices and operations. Critical notes were taken during each training session, which ended with a brief feedback questionnaire being given to all participants. Server training was preceded and followed by administration of a questionnaire intended to measure knowledge and attitudes about liquor liability, alcohol, the serving of alcohol, and the legitimacy of server intervention. Finally, on Thursdays, Fridays, and Saturdays for the month following program implementation, waitresses, security personnel, bartenders, and duty managers were interviewed while on the job in an effort to measure how much training and policy had been translated

into practice. Notes from observations were also being made during the course of these evenings.

Our primary goals in process evaluation were to understand how well the program fit into its setting, how successfully individual elements were implemented, and which factors may have been most responsible for program successes and failures. Which policies worked in practice? Which elements of the training were the most difficult to communicate? What role do customers play in the program implementation? To what extent does implementation depend on motivation? On skills? These are the kinds of questions we will address as our analysis proceeds.

Outcome Evaluation

Program impact is notoriously difficult to measure, especially when the program's target is an organization rather than individuals. We hoped to compensate for inherent measurement weaknesses by combining a multitrait, multimethod scheme (Campbell and Fiske 1959) with a nonequivalent control group design using pre- and posttesting (Cook and Campbell 1979).

The data used in our evaluation came from three basic sources: (1) archival data collected by the club or other Navy offices, (2) observations of customers' behavior, and (3) face-to-face interviews with randomly selected customers.

Archival materials include data on patronage; total liquor, beer, wine, and other beverage sales; sales by individual waitresses; number of customers reprimanded for specific rule violations (including fights, underage drinking, and "overintoxication"); and number of times the base police had to be called for assistance. Additional archival data were collected on the number of onbase DUI arrests and on the monthly size of the base population. These data cover a period of 5 months prior to and 4 months after the beginning of the intervention period, which began in early September 1985.

Customer behavior was assessed by observation and interview. These data were collected for a period of 3 months prior to and 3 months after the intervention period began, on every Thursday, Friday, and Saturday evening. A team of two field workers would enter the club at a fixed time and then find an empty table that afforded a good view of other tables. Each observer then selected two or three tables to observe. For a 2-hour period, the team recorded the time

at which a customer or group of customers arrived at a table, a description of the group's composition, and the time at which a new drink was brought to the table. Times at which members of the group left or returned to the table were also recorded, along with the time of departure or the end of the observation period, whichever came first. After the observation period was over, the team then conducted a small number of interviews with randomly selected customers. The interviews included items on each customer's arrival time, his or her expected length of stay, food and alcohol consumption while at the club, frequency of patronage, satisfaction with club, self-reported frequency of drunkenness, beliefs about his or her drinking limits, and demographic characteristics.

With these data, we plan to address a number of questions about the impact of the program. We plan to look for a drop in the number of alcohol-related incidents in the club, of course, but we also are keenly interested in the impact of the program on the distribution of alcohol consumption among customers. How many customers are drinking at levels that would require intervention? If the program does have an impact on the customers' consumption, will it be across the board, lowering consumption among light, moderate and heavy drinkers? Or will it affect only the latter? Will its impact be to truncate the distribution at the high end, leaving other drinkers unaffected? Or will there be a modest effect on moderate drinkers and a more powerful one on the more heavily drinking customers?

We are also concerned with the program's impact on sales and on the overall financial health of the establishment. Sales and patronage data will enable us to estimate per capita sales and the club's ability to attract and keep customers.

Early Results

The program went into full implementation on September 11, 1985. At the time of this writing (January 1986), we have just begun to look at the data collected from customer interviews. From interviews with club staff and from our own observations, we have some additional preliminary indications of how the program is working.

Customer reaction has been mild and positive. Sale of beer by the pitcher was eliminated, but plastic cups were replaced by glassware at the same time, so that customers perceived the change as an "upgrade" and were happy with it.

There were early indications that some waitresses were having difficulty with drink counting. Though all waitresses were able to keep track of their customers' absolute number of drinks, some were forgetting to account for the length of time that the customer was there, resulting in premature intervention in some cases. Individual on-the-job training helped overcome this problem.

The new policies and training emphasized the need for regular communication between waitresses and security staff, especially for identifying customers who needed watching. These two groups of staff had nothing to do with each other prior to the program, and old habits were hard to break. We often found that waitresses did not know where the closest security person was and would not contact him or her about specific customers. Likewise, a security person may have seen a customer with signs of intoxication but would not report the fact to the waitress. Newly hired security staff, however, were highly conscientious about keeping in touch with the waitresses.

Solicited and unsolicited reports from club employees indicate that the staff feels that the program is having an observable impact. As one duty manager puts it, "In the month since the program went into effect, I haven't seen one sleeper—and a lot less stumbling drunks." As we continue to review the data, we will find out whether the staff's impressions are borne out.

A look at some selected outcome measures from the interview data gives us

Table 1 Comparison of Mean Values on Selected Outcome Measures¹ at Intervention and Comparison Site for Pre- and Postintervention Periods

Measure	Site	Preintervention	Postintervention
Number of Drinks Consumed Prior to Interview	Intervention	5.7	4.9
		5.6 (163)	4.8 (197)
	Comparison	6.2	5.5
		6.1 (104)	5.6 (139)
Number of Drinks "In the System" ²	Intervention	3.9	2.8
		5.0 (161)	4.1 (197)
	Comparison	4.3	3.6
		5.6 (104)	4.8 (138)
Rate of Consumption (Drinks per Hour)	Intervention	3.5	2.3
		4.8 (160)	2.0 (196)
	Comparison	3.2	2.8
		3.0 (103)	2.5 (138)
Percentage of Customers with BACs of .10 Percent or more	Intervention	33	21
		47 (159)	41 (196)
	Comparison	30	29
		46 (103)	46 (135)

1. Mean Standard Deviation (Number of Cases).

2. Equals total number of drinks minus number of hours at the club.

reason for optimism. Table 1 compares four measures of alcohol consumption before and after the program went into effect at the intervention site. The table shows, for the first three measures, a decline in consumption for both sites, but a larger drop at the intervention site. The percentage of customers with presumed BACs of .10 percent or more was unchanged at the comparison site but was cut by one-third at the intervention site, a sizeable change for this phenomenon (presumed BAC was calculated using the customer's consumption, weight, and length of stay at the club prior to the interview). The four measures are ordered, in a sense, by how large an impact the program was expected to have. The program was not specifically targeted to light and moderate drinkers, so we did not necessarily expect the per capita consumption to decline to the same degree as percentage of intoxicated customers. (In fact, there was no discernable program impact on per capita consumption.) Further analysis will reveal how the different kinds of drinker were in fact affected by the intervention.

As a check that the results were not biased by differences between pre- and postintervention samples, similar means were calculated for customer age, sex, rate of patronization, and length of time at the club before being interviewed (see Table 2). There seem to be no major differences in sample composition over the two time periods. If the rate of patronization can be treated as an outcome measure, the program does not seem to have driven customers away from the test club.

As of this writing, results are not available concerning the program's impact on business. In discussions with managers, we have learned that gross sales varied similarly at the two sites, with a sales spurt in the first and third months following implementation of the program, and drops in sales for the second and fourth months. Sales records data are currently being analyzed.

These early indications give us hope that server intervention is, indeed, a viable strategy for reducing the risks associated with drinking to intoxication. If further analysis corroborates the findings presented here, prevention specialists should press for policies that promote the widespread development of server intervention programs. These would include a reform of current dram shop laws to maximize their potential for

prevention, the development of a standard server training curriculum and the means to deliver it, and a solution to the current lack of affordable liability insurance for those many owners and managers of retail alcohol beverage outlets who have a genuine commitment to protecting their customers and serving the community. ■

Robert F. Saltz, Ph.D., is a study director at the Prevention Research Center in Berkeley, CA. He is currently conducting the evaluation of server intervention described in this paper.

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Table 2 Comparison of Mean Values on Selected Descriptive Measures¹ at Intervention and Comparison Sites for Pre- and Postintervention Periods

Measure	Site	Preintervention	Postintervention
Age	Intervention	21.1	21.8
		2.5	3.6
		(162)	(197)
	Comparison	21.9	20.9
		3.9	2.1
		(104)	(137)
Percent Male	Intervention	80	76
		40	43
		(162)	(196)
	Comparison	84	81
		37	40
		(104)	(139)
Number of Times Patronized Club in Last Month	Intervention	3.8	4.0
		4.9	5.2
		(157)	(192)
	Comparison	5.9	5.6
		7.0	6.3
		(103)	(138)
Number of Hours at the Club Prior to Interview	Intervention	2.1	2.4
		1.3	1.3
		(161)	(197)
	Comparison	2.1	2.2
		1.2	1.3
		(104)	(138)

¹ Mean Standard Deviation (Number of Cases).