

All-Wales Licensed Premises Intervention (AWLPI): a randomised controlled trial of an intervention to reduce alcohol-related violence

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Declared competing interests of authors: Kerenza Hood is a member of the National Institute for Health Research Clinical Trials Unit Standing Advisory Committee.

Published September 2015

DOI: 10.3310/phr03100

Plain English summary

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Public Health Research 2015; Vol. 3: No. 10

DOI: 10.3310/phr03100

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain English summary

Violence that occurs in and around premises licensed for the on-site sale and consumption of alcohol continues to burden public services, including the NHS. This project developed an intervention for delivery by environmental health practitioners (EHPs) to premises that had a history of violence occurring. This project assessed the impact of this intervention on police-recorded violence, considered the acceptability of the intervention to both EHPs and premises staff and further considered the costs and benefits of this approach.

This project has successfully delivered an evaluation of a large complex intervention and is the first to test this approach in the licensed trade in the UK. Results indicate that the intervention was associated with an increase in police-recorded violence. The intervention successfully reached virtually all premises that were eligible to receive it and the approach was broadly acceptable to both EHPs and premises staff owing to its statutory nature. Secondary analyses suggest that the greater the intervention dose (in this sense, the more enforcement of change provided by EHPs), the more likely the intervention is to have an effect. However, enforcement through follow-up visits was rarely used by EHPs suggesting partial implementation failure. The intervention may require a longer period to embed in normal practice and the use of a multiagency approach to promote full implementation. Smaller independent premises were less responsive to the intervention and may require such enforcement to promote action. Methodological problems might also have influenced results: premises closure meant that the trial was underpowered, police data may not be reliable to target the intervention and assess outcome effectiveness, and intervention premises might have received greater attention from the police and related authorities and, therefore, had more violence recorded for them. Additional work is required to understand how best to integrate health data into future projects so that more robust outcomes can be used.

Public Health Research

ISSN 2050-4381 (Print)

ISSN 2050-439X (Online)

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This report

The research reported in this issue of the journal was funded by the PHR programme as project number 10/3010/21. The contractual start date was in April 2012. The final report began editorial review in November 2014 and was accepted for publication in May 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PHR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the PHR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PHR programme or the Department of Health.

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