

Evaluating the use of polycarbonate glassware in pubs and clubs

Karen Hughes, Zara Anderson, Mark A Bellis & Gayle Whelan
Centre for Public Health, Liverpool John Moores University
WHO Collaborating Centre for Violence Prevention



Centre for Public Health



World Health Organization



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE



Background

- Broken glass major cause of unintentional and intentional injury
- 74% of bar staff report at least one unintentional glass injury
- One in 20 incidents of violence in England and Wales involve glasses and bottles as weapons
- >100,000 violent incidents
 - >45,000 woundings
 - >50,000 minor injuries



Impacts

- Glass-related violence
 - Lethal
 - Serious injury
 - Permanent scarring
 - Psychological damage
 - PTSD
 - Anxiety
 - Self-consciousness
- Financial costs
 - Estimated £100 million
 - NHS, police, courts

Teen admits killing barmaid with broken bottle

Tuesday, March 17, 2009



Victim Emma O'Kane and Neil McNulty



Prevention?

- Health professionals advocating for safer glassware
- Pushed by police & licensing
- Toughened glass
 - Randomised controlled trial
 - Low quality
 - Increased injuries to bar staff
- Polycarbonate glass (plastic)
 - Poor public perceptions
 - Widespread use rejected by alcohol industry
 - Reduces drinking experience, warms beer, increases costs, patronising to drinkers,





Polycarbonate Glass (PCG)



- High quality
- Very strong plastic
- Virtually unbreakable
- Hard wearing
- Variety of glass types
- Looks like real glass
- Environmentally friendly

Impacts and acceptability not yet tested

The Study



- Lancashire police and health services
- Reducing violent injuries
- Assess the impacts of high quality PCG in bars and nightclubs
- Assess its acceptability to drinkers and staff in licensed premises
- 3 Lancashire towns/cities
 - Preston
 - Burnley
 - Chorley



Methods

- 5 venues in each area, plus comparison sites
- ‘Cases’ provided with enough PCG to replace entire stock (free of charge)
- Comparisons continued with standard glassware
- 3 month study period
 - Customer surveys (pre/post)
 - Bar staff survey
 - Venue observations
 - Staff interviews
 - Venue data collection
 - Secondary data collection



Limitations

- Challenges in measuring effectiveness of interventions in nightlife settings
 - Venues shut down, change management, change staff..
 - Few venues involved
 - Few incidents of violence
 - Customers using both PCG and non-PCG bars
 - Crime and A&E data not linked to individual venues
- Mixed methods – quantitative and qualitative



Results: Injuries

- **Glass breakages reduced from average of 17 per week in PCG venues to zero**
- No significant changes in A&E attendances (expected)
- Venue data - reduced customer & staff injuries recorded in PCG venues (small numbers; also ↓ staff injuries in non-PCG)
- Customer survey – reduced glass injuries in those surveyed in PCG venues (↑ in control venues)
- *“It’s been a great success. Huge amount of health and safety benefits. Less staff obviously cutting themselves and less customers with little cuts on their toes”*



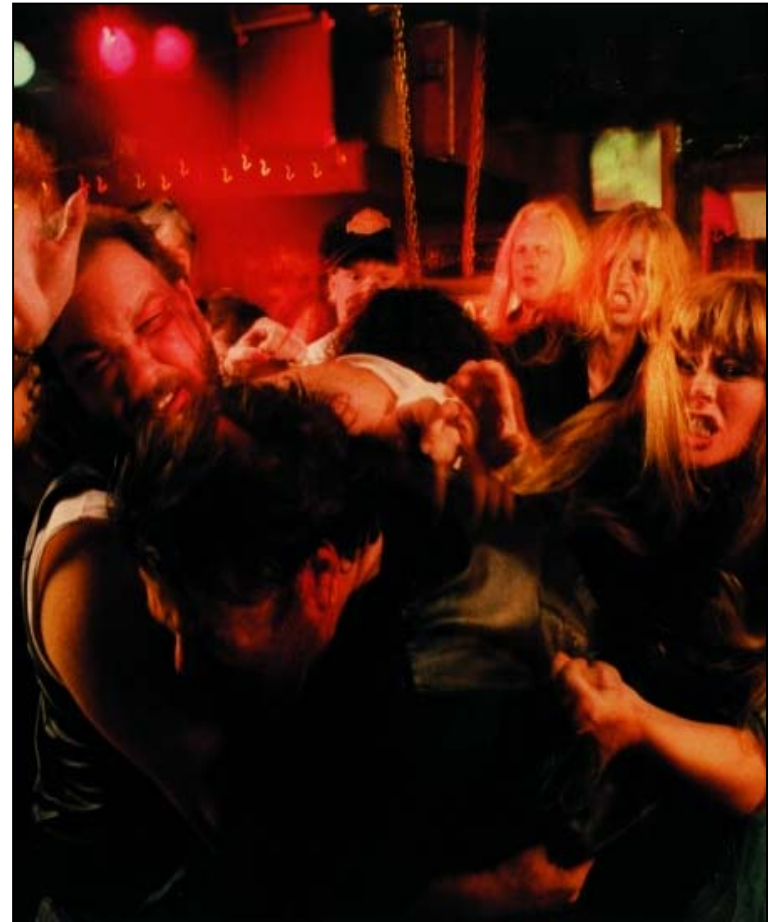
Perceptions of Safety & Violence

- No changes in customer feelings of safety and perceptions of violence in overall area or in PCG venues
- % surveyed in PCG venues who thought there was a problem with glass-related assaults in the area increased
- *“Even the glass collectors say it’s fantastic and they feel much safer going into a crowd when the nightclub’s packed”*



Experience of Violence

- Police data showed no changes in the number of glass- related assaults over trial period (expected)
- No changes in customers experience of violence over trail period.
- Data collected by venues showed the number of observed fights was very low (< 1 per week)



Business Impacts

- Sales data - no changes in either PCG or comparison sites
- Managers reported no negative effects on business
 - No sales changes, no shift in customer purchases
- *“I haven’t had to order as many glasses as I usually do”*
- Most customers said use of PCG would not affect their choice of bar
- % saying they would be more likely to visit a venue if it used PCG increased from 11% to 27%
- Older customers less likely to want to visit a PCG bar





Drinking Experience

- Most customers did not think PCG affected drinking experience
- Some negative remarks
 - altered taste, warmer drinks
- **Light weight** only downside reported by managers/licensees
 - knock over easily, would benefit from being weighted
- *“It helps keep the drink cold, that’s the feedback we’re getting”*
- *“I think it makes the drink cooler and keeps the head on it”*



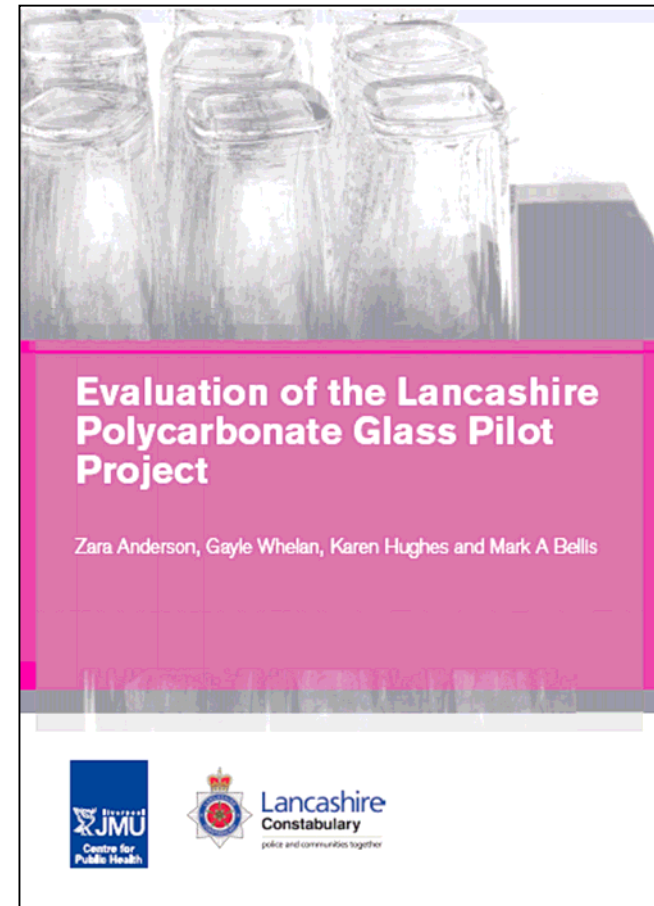
Acceptability

- Overall acceptable to both customers and staff
- Initial scepticism among managers and licensees soon dispelled
- *“We’ve had no bad reaction whatsoever to polycarbonate. They’re just as good if not better than glass. They’re quite a robust vessel and they’ve stood up really well. Initially I did think people would shy away from them but it’s not affected business at all and it’s been a very positive move for us”*
- **All venues that adopted PCG reported they would keep using it after the trial period given its safety and cost benefits**



Summary

- Shows high quality PCG is acceptable to staff and customers
- Suggests PCG could reduce serious injury
- Larger scale research required to establish effects
- Public awareness campaign – injury prevention
- Safer glassware **not** a violence prevention measure
- Harm reduction
- Part of a broader strategy to address root causes of violence



www.cph.org.uk





violence prevention the evidence

Preventing violence by
developing life skills in children
and adolescents



Centre for
Public Health

www.cph.org.uk



World Health
Organization

Thank You

10TH WORLD CONFERENCE ON INJURY PREVENTION & SAFETY PROMOTION

Safety 2010 World Conference

21st-24th September 2010
Queen Elizabeth II Conference Centre, London, UK

Co-sponsor  World Health Organization



Karen Hughes

Centre for Public Health

Liverpool John Moores University

WHO Collaborating Centre for
Violence Prevention

k.e.hughes@ljmu.ac.uk

www.cph.org.uk

www.safety2010.org.uk



World Health
Organization



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE



liverpool
JMU

Centre for
Public Health