The Promotion and Use of Public Breath Testing Devices

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ABSTRACT

The use of public breath testing devices is one strategy to reduce drink driving. Research was conducted in New South Wales during 1994 to determine the attitudes, knowledge and experience of licensed premises with regard to public breath testing devices.

A three stage research method was used, involving in-depth discussions with managers/owners, the development of a draft questionnaire which was then piloted, and finally a survey of 144 managers/owners of premises.

The results show that the experience of managers/owners of premises with public breath testing devices is that they are accurate (80%), have no negative effect upon alcohol sales (93%) and are a service for their patrons (26%) which assists them in determining whether to drive (49%).

Managers/owners of premises without devices were generally positive toward them (54%), and see them as fairly accurate (53%).

While there are minor issues which need to be addressed, such as improved servicing and providing information on the accuracy of devices, the results indicate that there is opportunity to broaden the availability of public breath testing devices.

INTRODUCTION

The use of public breath testing devices is an important potential road safety strategy to reduce drink driving by providing accurate information to drivers about their blood alcohol concentration (BAC).

Survey research in New South Wales (NSW) has indicated that there is wide acceptance amongst the NSW driving public that drink driving is socially unacceptable (Span, 1995). Many people who drink wish to stay under the limit so as to be able to legally drive. However, there are some difficulties for them in determining their exact BAC level.

Public education in NSW has largely focussed on guidelines for the number of standard drinks a person can consume and stay under the legal limit. In giving such guidelines road safety authorities are forced to emphasise that they are just that, guidelines, and that actual BACs can vary greatly depending upon: age, sex, weight and height, whether or not a meal has been eaten, and the person’s state of health.

A more exact way for drivers to come to an understanding of the relationship between alcohol intake and their BAC is through self testing. One barrier to this approach is the lack of availability of public breath testing devices for drivers to use.
In NSW some members of the liquor industry have raised a number of issues which they consider to be barriers to providing public breath testing devices. These barriers include: the cost of devices, their accuracy, the possible deleterious effect on revenue, and the issue of legal liability.

To determine the perceived extent of these problems amongst the managers/owners (from here on referred to as managers) of registered clubs and licensed premises in NSW, a survey was carried out of managers of premises with and without public breath testing devices.

**AIM**

The aim of the research was to determine the target group’s attitudes to breath testing devices (accuracy, use), to determine the perceived impact of the devices on their business, determine the reason for removing devices among those lapsed users of the devices, and to determine the reasons for not installing devices.

**METHOD**

Six known distributors of public breath testing devices in NSW were approached to provide names of premises with public breath testing devices. Two responded with information on premises with devices, providing a list of 70 premises.

In-depth interviews were undertaken with six randomly selected managers of premises. Two managers were from premises with devices (one hotel and one club), one lapsed premises, and three premises which had never had devices (two hotels and one club).

The information gathered from these interviews was used to develop a draft questionnaire, which was then piloted on four participants from the in-depth interviews, and ten new respondents (five who had devices installed and five who did not). Fine tuning of the questionnaire was undertaken on the basis of the results.

Finally, interviews using the refined questionnaire were conducted between 17 and 24 October, 1994. A telephone interviewing method was used. Managers from all of the seventy premises with devices were interviewed. A further seventy four managers of premises without devices were interviewed.

Both metropolitan (75%) and country premises (25%) were included in the sample. Of the premises with devices, 51% were registered clubs, 40% were local hotels or taverns, 3% international hotels, and 6% were other licensed premises.

The non-user premises were randomly selected from the list of licensed premises and registered clubs in the telephone directory. The type of premises (that is, hotel, club or restaurant) did not significantly differ from the premises with devices.

**RESULTS**

**Overall Opinion**

Managers were asked to rate their overall opinion of the idea of having a breath testing device installed in premises like theirs. Of those managers of premises which had devices,
49% responded that it was a very good idea, and 33% that it is a good idea (totalling 82%). Of managers of premises without devices, significantly fewer (12% \( p < .05 \)) said they were a very good idea, and 42% a good idea (54% total). Only 4% of managers of premises with devices and 15% (significant difference \( p < .05 \)) of managers of premises without devices stated that public breath testing devices were a poor idea for premises like theirs.

**Accuracy**

Managers were asked to rate the accuracy of public breath testing devices. Of those managers of premises with devices, 21% rated them as extremely accurate, and 59% as fairly accurate. In contrast, significantly fewer (7% \( p < .05 \)) managers of premises without devices rated them as extremely accurate. Of managers of premises without devices, 53% said they were fairly accurate. In total, 11% of manager of premises with devices, and 24% of managers of premises without devices, rated them as not at all accurate.

Managers were asked to give the reason for their ratings. The reasons given for the positive appraisal of accuracy included:

- Their knowledge of the regular checking and calibration of the devices;
- The fact that they had received no complaints about the accuracy of the devices; and
- An assumption that the distributors wouldn’t be in business if their devices weren’t accurate.

The reason given for stating that they were inaccurate included:

- Personal experience or reports from friend/family of results which they considered to be incorrect;
- Concerns about their perceived accuracy compared to Police devices; and
- Patrons using them incorrectly so that they get a wrong reading.

**Reasons for Installing Devices**

Managers of premises with devices were asked the reasons why they were installed. Almost half (49%) responded that they were an added facility to assist patrons/members to determine whether or not to drive. Around one quarter (26%) saw them as a service for patrons/members, and 14% stated that they were installed to encourage responsible drinking.

**Reasons for Not Installing Devices**

The managers of premises without devices were asked why they had not installed a breath testing device. The responses included:

- They had never thought of it (20%);
- The local crowd lived within walking distance (19%);
- They had never been approached by a distributor (15%);
• They believed they were inaccurate (14%); and
• Patrons/members who don’t walk make other arrangements and don’t drive (10%).

Only 5% stated that they had not installed a device because of legal liability, and 7% stated that they would not go to the expense of having one installed. Of those managers were mentioned cost, all of them were from venues which had an estimated attendance of less than 800 people per week.

Reasons for Removing Devices

A very small sample (n=7) of managers interviewed had had a device removed from their premises. The reasons given for removing the devices were: inaccuracy (n=3), renovations (n=2), lack of use (n=1), and it was being vandalised (n=1).

Revenue

Managers were asked whether or not they saw breath testing devices as a good money earner for the venue. Of those managers of premises with devices, 93% disagreed with this statement. Significantly fewer (57% p<.05) managers of premises without devices disagreed with this statement, with 38% neither agreeing or disagreeing.

In terms of a detrimental effect on revenue, managers were asked what effect the breath testing device would have, or had had, on alcohol sales. Of managers of premises with devices, 93% considered that sales had remained the same, while 88% of managers of premises without devices thought that sales would be unchanged if they installed a device.

Servicing of Devices

Manager of premises with devices were asked about their experience with the servicing of devices.

Over half (55%) stated that the devices were serviced once a month or more frequently. A small number (10%) stated that they were serviced once every 2 months, a further 10% once every three months, and 14% less often than every three months. A total of 10% were unaware of how often the device was serviced.

In terms of satisfaction with the level of service provided by the distributor, 67% stated that the service was either good or very good, while 20% stated that it was fair, and 4% that it was very poor.

The reasons given for the positive appraisal of the service included:

• The servicing was carried out regularly;
• The servicing was done without the venue having to approach the distributor;
• They perceived that the device was serviced professionally and efficiently; and
• They had not had any problems or complaints about the machine.

The reasons given for the negative appraisal of the servicing included;

• If there was a problem with the device it was hard to get service;
• Servicing wasn’t carried out regularly;
• The service technician did not inform them of the status of the machine once the servicing was completed; and
• The servicing wasn’t being carried out.

Cost
Managers of venues without devices were asked about the costs involved in installing a device. Of these managers, 60% of thought that they were free to install, and 53% thought that maintenance was free.

DISCUSSION
The results of the survey provide important insight into the suggested barriers to wider availability of public breath testing devices.
Premises with devices are more likely to be very positive toward public breath testing devices and to see them as a good idea.
The reason for this positive appraisal appears to stem from the fact that they have a device and they generally see it as accurate, it has not had a detrimental effect upon revenue, and most, although not all, have received what they consider to be good servicing support.
In summary, those premises with devices have generally had positive experiences with them. They see the provision of a public breath testing device as a service to their patrons/members.
Non-user venues are more cautious in their appraisal of public breath testing devices. The vast majority of non-users (73%), however, rate them as either a fair or good idea. Most non-user can therefore be seen as not actively being opposed to public breath testing devices on premises such as theirs.
The reasons for not installing devices can be divided into three categories: those who state that they are opposed to them (either for legal, cost or accuracy reasons), those who don’t see any need for one on their premises (those who state that their clientele don’t drink and drive), and those who had never given the issue any thought. Most responses fall into these second and third categories.
The large number who stated that they had either never been asked (15%) or never thought of it (20%) may indicate that there is some opportunity to increase the number of devices installed.
One factor which may work against increasing the number of available devices is the fact that the majority of the managers of premises without devices thought that they were free to install or that servicing was free. Given this perception, if the cost of installing and servicing a device was comparatively high (for example, compared to other vending machines they provide), managers may be less inclined to have one installed. This could be particularly so with smaller premises, who were more likely to cite cost as a reason for not having installed a device.
Finally, the results point to the fact that there is room for improvement in the quality of service provided by distributors to premises. Almost one in four rated the service they received as either fair or poor. For an industry which is seeking to expand, this level of dissatisfaction may act as a disincentive to other premises to install a public breath testing device.

REFERENCES