

Managing COVID-19 transmission risks in bars

Insights for policymakers and practitioners

Responding to the emergence of COVID-19, governments around the world have introduced a range of measures aimed at addressing the risk of transmission of the virus in licensed premises. Such measures have included operating guidance, closures, curfews, or alcohol sales bans. Bars face particular challenges to operating safely within COVID-19 restrictions. Distancing and protective measures designed to reduce viral transmission may be less accepted in social spaces like bars than in other settings. Moreover, the ability and willingness of customers to comply with distancing and other guidance may be compromised due to alcohol intoxication, potentially increasing virus transmission risks. Outbreaks linked to licensed premises have occurred worldwide, including major clusters of infection.

In order to inform future guidance and policy and minimise the risk of further outbreaks, it is important to understand how government guidance, premises management and consumer behaviour interact. This briefing provides insights for policymakers from the 'Managing COVID-19 transmission risks in bars' research, undertaken in Scotland in Spring/Summer 2020. As the only study of its kind to date, the findings help to fulfil an urgent need for evidence to inform and underpin evolving COVID-19 measures. Its findings and implications will be of interest to all policymakers considering whether and how bars and pubs can operate at an acceptable level of COVID-19 transmission risks.

Key findings

Expectations prior to re-opening:

- In interviews prior to re-opening, businesses expressed a willingness to work within government requirements. However, there were commercial challenges to making this a reality, including concerns over the costs involved and a risk of compromising the customer experience.
- Interviewees expressed a degree of confidence that the sector would be able to moderate transmission risks given prior expertise in managing customer behaviour (including drunkenness). However, a need for staff training was acknowledged.

Venue operation after re-opening:

- On re-opening, observed venues had introduced new layouts, signage, queuing and one-way systems but the latter were sometimes ignored. Pinch points were problematic in nearly all venues, with entrances, corridors, doorways and bar counter areas leading to bottlenecks and people congregating, often unchallenged.
- Most venues required customers to provide contact details to support contact tracing, had staff wearing face coverings or visors, and had tables distanced at least one metre apart.
- A minority of venues (nine) did not collect customer details for contact tracing, including one venue visited after this became mandatory. In several venues, staff wore no PPE and tables were closer than one metre apart.
- Fewer than half of venues offered table service only – which helps avoid any possibility of queuing for service at the bar; in one, a continuous queue for the bar formed in the one-metre space between tables.
- Fewer than half of venues had a basic system (for example, a sign on the toilet door) in place to limit the number of customers entering toilet areas; most had no measures to ensure physical distancing inside those areas, with no cubicles or sinks condemned. Overcrowding and poor physical distancing was observed within toilet areas in some premises.

Observed incidents of COVID-19 transmission risk:

- Fieldworkers observed a wide range of incidents with potential to increase virus transmission risk, which varied in frequency and seriousness. There were three venues in which no incidents were observed; multiple incidents were observed in most venues.
- Most incidents were simple or short-lived, but potentially more serious incidents were observed in eleven venues, which were repeated or continuous in nature, involved larger numbers of customers, or involved staff.
- Customer drunkenness was observed to contribute to most of these more serious incidents, which featured various combinations of singing, shouting, or playing music, mixing between groups, customers taking selfies with other customers and staff, shaking hands or embracing staff or others apparently not in their households.
- In most premises, no staff interventions or attempts to enforce restrictions were observed. Where interventions were made, they were largely ineffective.

Study

A team of researchers led by the University of Stirling undertook a study aimed at examining the management of COVID-19 transmission risks in bars upon re-opening after Scotland's first COVID-19 lockdown in summer 2020, including business practices, and consumer and staff behaviour.

Researchers conducted 18 interviews including with representatives of six major relevant Scottish and UK trade associations, owners of different sizes and types of premises in varied locations, and a convenience sample of other relevant stakeholders (excluding hotel operators). The interviews were followed by a series of bar observations conducted after licensed premises in Scotland had reopened. The sample reflected a range of premises in terms of location, local deprivation, and venue characteristics including size, availability of food, and/or aimed at families/sports fans etc. The duration of customer visits or level of ventilation in premises were not assessed.

Fieldworkers spent up to two hours posing as customers in 29 different bars at weekends in July and August 2020, conducting semi-structured observations, without premises' knowledge. They reported on venue description and physical set-up including access, queues, toilet management and ordering systems, hygiene measures, and incident reporting. For full details of the study, methodology, and government guidance for licensed premises in Scotland during the study, and detailed incident reports like the box opposite, please refer to the research paper.

Example of Observed Incident

Five men in their mid to late 20s were drinking at a table for four. After ordering more drinks at the bar, two of the men stopped and began speaking to another table with a different household of two women in their early 20s. They were leaning over the table, and one of the men made contact with one of the women on numerous occasions, hugging her before returning to his table. It was observed that one of the members of security staff saw this but no intervention made. These men then began interacting with another table directly behind them, chatting, etc. This group of men made close contact with six tables in total in this way, with no intervention from staff. They then left their table to go outside but returned 10 minutes or so later. At this time, they crowded around the area with the sanitizer. Two groups of other young men were walking past, and they ended up making up a big group, with three groups combined.

Implications for policy and practice

- Reducing transmission risk for COVID-19 in bars involves attempts to modify long-standing norms of behaviour in social spaces where alcohol directly impairs customer ability and likely willingness to follow new rules.
- Premises characteristics, operation, intoxication and the actions (or inaction) of customers and staff interact to give rise to transmission risks, in ways that may be difficult to fully control.
- It remains to be seen whether support for bar operators and sanctions for higher risk premises can sufficiently and cost-effectively reduce the risks; if bars are open, continued monitoring of practices and impacts is needed throughout the pandemic. As incidents were more common in the evenings, curfews may be one option to reduce the risks. Risks may also be ameliorated by stopping alcohol being sold in bars, or eliminated through closure of premises.
- Blanket measures such as curfews/closures may be less resource intensive to enforce than monitoring individual premises and may have ancillary benefits in terms of protecting staff from occupational risk and reducing pressure on emergency services from alcohol-related injuries or disorder.
- Attention also needs to be paid to the impact of closures on businesses, economic activity, employee hardship and ownership patterns in the sector, and diversion of some drinking to the home with associated risks of gender-based violence or alcohol-use disorders for a minority.

About this research

This briefing is based on research undertaken by Professor Niamh Fitzgerald, Dr Isabelle Uny, Ashley Brown, Douglas Eadie, Dr Allison Ford, and Martine Stead, all of the Institute of Social Marketing and Health, University of Stirling, with Professor Jim Lewsey, Institute of Health and Wellbeing, University of Glasgow.

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