### RESEARCH ARTICLES

TRACI L. TOOMEY, PHD 
ALEXANDER C. WAGENAAR, PHD
GUDRUN KILIAN 
ORVILLE FITCH 
CATHERINE ROTHSTEIN
LINDA FLETCHER

## Alcohol Sales to Pseudo-Intoxicated Bar Patrons

### SYNOPSIS

**Objectives.** Many establishments serve alcoholic beverages to obviously intoxicated patrons despite laws against such sales. To guide the development of interventions to reduce these illegal alcohol sales, this study used actors feigning intoxication to determine whether servers recognized obvious signs of intoxication and to assess the tactics servers used when dealing with intoxicated patrons.

Methods. Male actors ages 30 to 50 acted out signs of obvious intoxication as they attempted to purchase alcoholic beverages. If served during the first attempt, these pseudo-intoxicated buyers made second purchase attempts during the same visit. Observers accompanied the actors; after each visit, actors and observers recorded the servers' behavior and comments.

**Results.** Alcoholic beverages were served to actors portraying intoxicated patrons at 68% of first purchase attempts and 53% of second purchase attempts (62% of a total of 106 purchase attempts). The most common refusal technique was a direct refusal (68% of refusals), made with either no excuse or with reference to the actors' apparent intoxication level. Servers' second most commonly used refusal technique was offering alcohol-free beverages, such as coffee or water (18% of refusals).

Conclusions. Further research is needed to determine why servers who recognize intoxication serve alcoholic beverages and what training, outlet policies, and external pressures are needed to reduce illegal alcohol sales to obviously intoxicated patrons.

All authors are with the Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis. Dr. Toomey is a Research Associate; Dr. Wagenaar is a Professor; Ms. Kilian, Mr. Fitch, and Ms. Rothstein are Community Program Specialists; and Ms. Fletcher is a Community Health Coordinator.

Address correspondence to:

Dr. Toomey, 1300 South 2nd St., Suite 300, Minneapolis MN 55454; tel. 612-626-9070; fax 612-624-0315; e-mail <toomey@epivax.epi.umn.edu>.

ost states prohibit the service of alcohol to obviously intoxicated patrons.¹ In addition, many states have so-called "dram shop" statutes that allow injured third parties to recover damages from licensed retail alcohol sales establishments resulting from illegal service of alcohol to intoxicated patrons.² These laws on alcohol sales have been enacted both because drivers with higher blood alcohol levels are at greater risk for traffic crashes³.⁴ and because intoxication is associated with many other injuries, crimes, and health problems.⁵-9 Studies have shown that half or more of all drinking drivers have been recent customers at licensed establishments, bars in particular.¹0.¹11

Despite these deterrent laws, many establishments continue to sell alcoholic beverages to obviously intoxicated patrons.<sup>12</sup> To increase servers' refusals of illegal alcohol sales, it is important to understand their context: Does a server have the ability to recognize intoxication? Does a server choose to act on the awareness that a patron is apparently intoxicated? Is a server less likely to refuse service if he or she believes the intoxicated patron is not driving afterward? Do servers who refuse to serve intoxicated customers use special refusal skills? Are servers who refuse to serve intoxicated customers supported by other staff and management?

Answers to these questions could guide interventions to eliminate illegal alcohol sales to intoxicated customers. If servers at a particular establishment are found serving alcoholic beverages to obviously intoxicated patrons, law enforcement officers may need to issue citations to increase compliance with the law. If the management does not support servers who refuse illegal alcohol sales, then an intervention is needed to change the culture and management practice of the entire establishment. Another intervention used to change server behavior and establishment cultures is responsible beverage service training for servers, managers, and owners. Many local and state governments throughout the United States mandate that servers participate in training programs. 13 One vital component of these programs is training in recognizing and cutting off alcohol service to intoxicated customers. 13,14 When refusing service, servers are encouraged to use special refusal techniques such as "caring statements" and to offer alternative, alcohol-free beverages.

Evaluations of server training programs suggest that these programs have had a limited effect on ending alcohol sales to intoxicated patrons.<sup>14–21</sup> To fully evaluate

these programs, however, and to develop other interventions to reduce illegal alcohol sales, we need to first assess the context of sales and refusals of alcoholic beverages. To do this, we used actors playing the role of intoxicated patrons to observe: (a) whether servers recognize obvious signs of intoxication, and (b) the specific intervention tactics servers use when encountering an apparently intoxicated patron.

### **M**ETHODS

Purchase attempts were made by pseudo-intoxicated buyers at 24 establishments from August 1997 through November 1997 as part of the development and preliminary evaluation of Project ARM (Alcohol Risk Management). Project ARM is a one-on-one training program for owners and managers of establishments serving alcoholic beverages. Project ARM staff assess an establishment's risk of illegal alcohol sales by asking management and staff to complete a survey about current policies and practices. Based on the assessed risk level, ARM trainers then recommend model policies for each establishment to reduce risk.

**Recruitment and training of pseudo-intoxicated buyers.** Applicants, recruited through a newspaper advertisement, were invited to a two-hour training session run by three of the present authors (authors GK, OF, and LF), each of whom had experience in the hospitality industry. The actors were given a list of signs of intoxication to act out, and role playing techniques were used to build their proficiency in displaying signs of obvious intoxication.

Following the training session, a panel of 10 judges rated the perceived intoxication level of each of the actors as they acted out signs of intoxication. Most of the judges had experience in the hospitality industry. Those who did not have hospitality experience represented the "reasonable person" recognized by law as the standard by which conduct is judged. For example, in a dram shop lawsuit, a judge may ask whether a "reasonable person" would have thought the patron was obviously intoxicated. We selected the three actors judged to be best able to portray obvious intoxication. The three actors were male, ages 30, 34, and 44.

**Setting.** We selected the 24 outlets included in the present study based on diversity in: location (urban vs suburban), clientele, size, and risk of illegal sales of alcoholic beverages (membership vs non-membership in a high-risk

# Before attempting to make a purchase, the actor sprayed himself with whiskey and rumpled his hair and clothing.

insurance pool.) All of these outlets were located in a metropolitan area in Minnesota.

Through observation, we characterized the 24 establishments as follows: (a) eight college bars located adjacent to colleges or universities and serving a predominantly young clientele, (b) three bowling alley bars located in entertainment complexes, (c) four suburban bars serving a mixed clientele, including older patrons and families, (d) three urban bars serving a working class clientele, (e) three urban bars serving a professional clientele, and (f) three high-risk bars with reputations of serving a heavy drinking clientele. The high risk bars were chosen from a statewide list obtained from the high-risk liability insurance pool. (Minnesota mandates dram shop liability insurance coverage for establishments with liquor licenses. To insure the availability of insurance to all businesses, the state has established a state-run insurance plan for high-risk establishments that have a history of multiple lawsuits.)

The number of attempted visits to each establishment varied from one to five, for a total of 68 attempted visits. Ten of the bars served as control sites for Project ARM—nine of these were visited four times, twice at baseline and twice post-intervention, and the tenth was visited only once because of physical risk to buyers. Five of the bars were intervention sites for Project ARM; each was also visited four times, but we excluded the follow-up visits to the five intervention sites from the present analysis because the intervention may have affected the outcomes of interest. A total of 21 visits were made to the remaining nine outlets to pilot test the ARM program, to validate the risk assessment survey, or both.

Actors were denied entrance at five attempted visits. Security or service staff refused to allow the actor to enter or asked him to leave before he requested service based on his apparent intoxication level.

All outlet visits were made on Thursday, Friday, and

Saturday evenings. One of the actors made 17 visits, another 19 visits, and the third 32 visits. Although there was a possibility that an actor would be recognized when he made repeat visits to the same establishment, we felt the possibility was small given the large staffs and crowd sizes at each outlet. The actors did not visit the same establishment more than once within a month.

**Purchase protocol.** The pseudo-intoxicated buyers made a total of 106 purchase attempts during 63 visits. If served after the first purchase attempt, the actor made a second purchase attempt about 10 minutes later.

During purchase attempts, actors followed a standardized script and detailed protocols that we adapted from a protocol used in a previous study.<sup>15</sup>

Before attempting to make a purchase, the actor sprayed himself with whiskey and rumpled his hair and clothing. Once in sight of the establishment's door, he began to act out minor signs of intoxication. If establishment staff allowed him to enter, the actor staggered to the bar to find a seat. The actor asked several confused questions of the server while demonstrating slow, slurred speech, inappropriate laughter, and forgetfulness. He asked what kind of beer was available and then ordered a double vodka. If establishment staff refused the actor's request, the actor asked for a beer instead.

If served, the actor asked twice how much he owed and then asked for directions to the restroom. He staggered to the restroom with his drink, leaving it somewhere on the way. He returned in five minutes and ordered a second double vodka from the same server while continuing to exhibit drunken behavior. If establishment staff refused to serve another double vodka on the second request, the actor asked for a beer instead. If the staff person asked the actor if he were driving, the

actor said he was meeting someone who would be driving him home.

One of four Project staff observers (authors TLT, OF, CR, and LF) accompanied an actor on each purchase attempt, entering the outlet first to ensure that they did not appear to be together. The observer never acknowledged knowing the actor unless service or security staff detained the actor. In such cases the observer stepped in, pretended to be a friend or relative, and volunteered to take the actor home.

Following each visit, the actor and observer each recorded on data forms any comments and behaviors (such as rolling eyes, looks of irritation) of servers, other staff, and customers responding to the actor's apparent intoxication level. The data forms were reviewed by two researchers (authors TLT and OF) to determine whether servers recognized signs of intoxication and to identify the tactics servers used when refusing to serve alcohol to the actor. The researchers coded the server's "recognition of intoxication level" for purchase attempts in which there was a direct refusal of alcohol; purchase attempts in which a refusal of alcohol was accompanied by oral communication about intoxication; and instances in which the server made clear reference to the buyer's apparent intoxication level prior to serving him an alcoholic beverage.

In addition, refusal techniques were coded into five categories: (a) directly refusing service, with or without reference to intoxication level, (b) offering alcohol-free beverages, (c) using caring statements (such as "I do not want to serve you because I care that you may get hurt"), (d) offering to call a cab, and (e) soliciting the help of

other staff. More than one code was recorded if a server used more than one refusal technique.

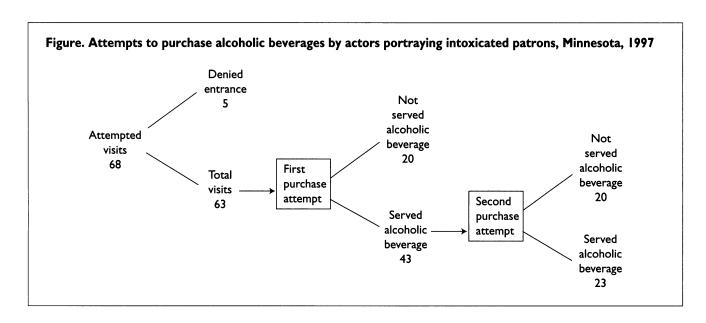
### RESULTS

Alcoholic beverages were served to a pseudo-intoxicated patrons at 43 of first purchase attempts, representing 68% of 63 visits. (See Figure.) At 32% of visits, buyers' requests for alcoholic beverages were refused. In each case of refusal of service, the server made a comment about the actor's behavior or demeanor. For example, some servers told the actors that they could not serve them because of their slurred speech or because they looked as if they had "had enough."

If the actor's first purchase attempt was successful, he made a second purchase attempt. Actors were served alcoholic beverages at 23 (53%) of 43 second purchase attempts.

Recognition of apparent intoxication. In five (8%) of 66 cases in which actors were served alcoholic beverages on either the first or second purchase attempt, establishment staff made explicit statements acknowledging the actors' apparent intoxication level. Examples of these statements include: "I'll just give you one" and "Have you been drinking all day?" On two of these occasions, the server asked whether the actor was driving and served him a double vodka when he answered no. On one of the five occasions, the server refused to sell the actor a double vodka because of his intoxication level but was willing to sell him a beer.

In all but three cases in which an actor was served



Establishment staff refused to serve alcoholic beverages to actors feigning intoxication at only 40 of 106 purchase attempts.

the first drink, the server gave no indication whether he or she recognized the buyer's apparent intoxication level. In several cases, the actor later reported that the server did not even look at him when he placed his order.

In 15 (24%) of 63 visits, the server did not make any statement about the actor's intoxication level when serving the first drink but made a statement about the intoxication level when the actor requested the second drink (and refused to serve the second drink).

In nearly every establishment, the observers noted that other customers appeared to be aware of and made comments about the actor's apparent intoxication level to other customers or establishment staff even when the establishment staff did not.

Refusal tactics. Establishment staff refused to serve alcoholic beverages at 40 of 106 purchase attempts. The most common refusal technique was a direct refusal (68% of refusals), made with either no excuse or with reference to the actor's intoxication level. Servers' second most commonly used refusal technique was offering alcohol-free beverages, such as coffee or water (18% of refusals). In two cases, servers used caring statements such as "Customers are part of our family" and "I wouldn't want anything to happen to you." On two occasions, servers offered to call cabs as part of their refusals. In three (8%) of the refusals, servers received direct assistance from managers or other servers.

### DISCUSSION

The generalizability of the results of this study is limited because of the non-random selection of establishments and the small sample size. Nevertheless, this study provides useful insight into alcohol service to intoxicated individuals. The majority of purchase attempts resulted in a sale to the pseudo-intoxicated buyer despite the law making such service illegal.

We could not determine whether a server who did not explicitly acknowledge the actor's apparent intoxication served him because he or she (a) failed to recognize the signs of intoxication or (b) recognized intoxication but decided to serve an alcoholic beverage anyway. In several of these cases, the actor and observer believed that the server was too busy or too preoccupied with other tasks to notice the actor's behavior. Other servers were thought to have noted the actor's condition without giving any sign of acknowledgement. Servers made clear statements about the actor's intoxication level and still served him an alcoholic beverages in only 8% of cases. Interviews with servers following purchase attempts could have provided a better understanding of why they served apparently intoxicated patrons. However, such interviews were not possible in this study because we did not want to notify the outlets that we were observing their serving practices.

Project staff observed that customers noticed and made comments about the actor's intoxicated state at nearly every establishment. This suggests that any failure to recognize the actors' apparent intoxication level was not the fault of the protocol or the actors' ability to appear intoxicated.

One goal of server training programs is to enhance servers' ability to recognize intoxication. Training will not increase refusal rates among those who recognize intoxication but choose to serve anyway or among those who have the necessary skills to recognize intoxication but do not have the time to use them. Outlets may need to have more staff on duty on busy nights or limit crowd size so

servers have time to recognize intoxication levels. Servers may also need to be trained to focus on a customer for 20 to 30 seconds before taking a drink order.

Some servers questioned whether the actor was driving before they served him an alcoholic beverage even though state law specifies that it is illegal to serve an intoxicated patron regardless of whether he or she plans to drive. Servers may need more information about alcohol-related problems other than traffic crashes—for example, homicides, suicides, assaults, and drownings. Few server training programs provide information about alcohol-related problems other than traffic crashes.<sup>13</sup>

More research is needed to determine whether establishment staff serve alcoholic beverages to patrons they recognize as intoxicated due to lack of concern about breaking the law, lack of knowledge of the law, lack of fear of any consequences from law enforcement or employers, or lack of support by management. Changes in management policy or increased community pressure may be needed to influence servers' behaviors. Increasing fear of civil, criminal, or job sanctions may be the most effective tool available. Well-publicized enforcement

efforts could serve to make the risks of illegal alcohol sales outweigh the benefits of such sales for both servers and management.<sup>12</sup>

Fewer than half of the servers used any of the refusal strategies typically taught in server training programs, such as offering alternative, alcohol-free beverages or telling customers that they cared about them and would not serve them just as they would not serve a family member in a similar condition. The servers we observed may or may not have received training. Those who attended training sessions may have found a direct refusal to be as effective as other approaches.

Further research should explore how servers choose refusal tactics and ways of encouraging use of the most effective techniques. In addition, research is needed to determine the training components, characteristics of establishments, level of management pressure and support, and level of community enforcement necessary to reduce alcohol sales to intoxicated customers.

Preparation of this paper was assisted by Grant #028812 from the Robert Wood Johnson Foundation (Alexander C. Wagenaar, Principal Investigator).

#### References

- Aiello SA. Appendix A: state summaries. In: Mosher JF, editor. Liquor liability law. 2 vols. New York: M. Bender; 1998.
- Mosher JF, Colman VJ. Prevention research: the Model Dram Shop Act of 1985. Alcohol Health Res World 1986;Summer:4-11.
- Howat P, Steet D, Smith I. Alcohol and driving: is the 0.05% blood concentration limit justified? Drug Alcohol Rev 1991;10:151-60.
- Moskowitz H, Burns MM, Williams AF. Skills performance at low blood alcohol levels. J Stud Alcohol 1985;46:482-5.
- Hayward L, Zubrick SR, Silburn S. Blood alcohol levels in suicide cases. J Epidemiol Community Health 1992;46:256-60.
- Murdoch D, Pihl RO, Ross D. Alcohol and crimes of violence: present issues. Int J of the Addictions 1990;25;1065-81.
- 7. Pernanen K. Alcohol in human violence. New York: Guilford Press; 1991
- Roizen J. Estimating alcohol involvement in serious events. In: National Institute on Alcohol Abuse and Alcoholism (US). Alcohol consumption and related problems. Alcohol and Health Monograph 1. Washington: Government Printing Office; 1982. Pub. No.: (ADM) 82-1190. p. 179-219.
- Roizen J. Issues in the epidemiology of alcohol and violence. In: Martin SE, editor. Alcohol and interpersonal violence: fostering multidisciplinary perspectives. Research Monograph No. 24. Washington: National Institutes of Health (US), National Institute on Alcohol Abuse and Alcoholism; 1993. Pub. No.: 93-3496. p. 3-36.
- O'Donnel M. Research on drinking locations of alcohol impaired drivers: implementations for prevention policies. J Public Health Policy 1985;6:510-25.
- 11. Foss RD, Perrine MW, Meyers AM, Musty RE, Voas RB. A roadside survey in the computer age. In: Perrine, MW, editor. Alcohol, drugs, and traffic safety: proceedings of the 11th International Conference on

- Alcohol, Drugs and Traffic Safety; 1989 Oct 24–27; Chicago. Chicago: National Safety Council; 1990.
- McKnight AJ, Streff FM. The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. Accid Anal Prev 1994;26:79-88.
- Toomey TL, Kilian GR, Gehan JP, Perry CL, Jones-Webb R, Wagenaar AC. Qualitative assessment of training programs for alcohol servers and establishment managers. Public Health Rep 1998;113:162-9.
- McKnight AJ. Server intervention: accomplishments and needs. Alcohol Health Res World 1993;17(1):76-83.
- McKnight AJ. An evaluation of a host responsibility program: final report. Washington: Department of Transportation, National Highway Traffic Safety Administration (US); 1987. Pub. No.: DOT HS 807 380.
- Russ NW, Geller ES. Training bar personnel to prevent drunken driving: a field evaluation. Am J Public Health 1987;77:952-4.
- Saltz RF. The roles of bars and restaurants in preventing alcohol impaired driving: an evaluation of server intervention. Evaluation and Health Professions 1987;10:5-27.
- Gliksman L, Single E. A field evaluation of a server intervention program: accommodating reality. Presented at the Canadian Evaluation Society Meeting; 1988 May; Montreal, Canada.
- Gliksman L, McKenzie D, Single E, Douglas R, Brunet S, Moffatt K. The role of alcohol providers in prevention: an evaluation of a server intervention programme. Addiction 1993;88:1195-1203.
- Molof MJ, Kimball C. A study of the implementation and effects of Oregon's mandatory alcohol server training program. Eugene (OR): Integrated Research Services, Inc.; 1994.
- Howard-Pitney B, Johnson MD, Altman DG, Hopkins R, Hammond N. Responsible alcohol service: a study of server, manager, and environmental impact. Am J Public Health 1991;81:197-9.