



Habitual Addiction Training Outline.

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What are a beverage retailer's responsibilities?

Not allow any violation of law on the licensed premises

And in particular:

Not serve an underage person

Not serve someone habitually addicted to alcohol.

You have received training on preventing the sale or service of alcohol to “minors”, that is, persons under 21 years of age. This is an important part of your job and something I am sure you are all sensitive to. You have also received training on preventing the service of alcohol to intoxicated patrons and preventing alcohol service leading to intoxication. But you should be aware that in Florida it is equally important that you not sell or serve alcohol to persons habitually addicted to alcohol and a violation of that law can lead to penalties against you and against your employer as selling to a minor and subject the business to civil lawsuits and judgments.

Few will disagree with the need to help alcoholics refrain from drinking. But does this *really* affect you and your business? The answer is yes. An estimated 90% of American adults drink alcohol and up to half of American men have problems which are caused by alcohol. Between 10% and 20% of men and between 3% and 10% of women either abuse or have become dependent on alcohol. These are your customers. There are somewhere between 700,000 and one million adults habitually addicted to alcohol in Florida.

In Florida over 1,000 people die and over 17,000 people are injured in impaired driving cases. Many of these impaired drivers were involved in crashes after leaving beverage licensed premises. And many of these drivers were habitually addicted to alcohol. Do you see a connection?

The two statutes that prohibit service of alcohol to someone habitually addicted are F.S. FS 762.125 and 562.50. It is important for you to look at those statutes and understand how they impact your businesses and your job.

768.125 states -- A person who sells or furnishes alcoholic beverages to a person of lawful drinking age shall not thereby become liable for injury or damage caused by or resulting from the intoxication of such person, except that a person who willfully and unlawfully sells or furnishes alcoholic beverages to a person who is not of lawful drinking age or who knowingly serves a person habitually addicted to the use of any or all alcoholic beverages may become liable for injury or damages caused by or resulting from the intoxication of such minor or person.

Florida statute 562.50 states -- Any person who shall sell, give away, ... any alcoholic beverage, ... to any person habitually addicted to the use of any or all such intoxicating liquors, after having been given written notice by wife, husband, father, mother, sister, brother, child, or nearest relative that said person so addicted is an habitual drunkard and that the use of intoxicating drink or drinks is working an injury to the person using said liquors, or to the person giving said written notice, shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Do people habitually addicted to alcohol patronize your business? – Yes. No business is immune.

Do these customers wear a sign that says “habitually addicted to alcohol”? No.

So how do you know and how do you avoid committing a violation of Florida Law by serving alcohol to a person habitually addicted to alcohol?

One way is to rely on written notice from a family member as outlined in FS 562.50. How many of you have ever put on notice by a family member? Not many.

You can also take notice of the actions and behaviors of your patrons. That is the key to responsible retailing of alcoholic beverages and what this training session is all about.

Question: How do you tell if someone is habitually addicted to alcohol? Do you look for a red nose? WC Fields had a red nose. But do all habitually addicted patrons look like WC Fields? The answer, of course, is no. People habitually addicted to alcohol do not look different from other patrons, but they ___(act)___ differently than other patrons. And that is what you should look for. Their actions.

How do you tell if a person is Habitually Addicted to alcohol? A Habitually Addicted person is someone who by their public actions and/or the individual owner and/or employee awareness or knowledge exhibits one or more of the following:

- A craving, a strong need, and/or a compulsion to drink often in spite of experiential problems or foreseeable harms.
- A loss of control in limiting the amount, frequency, and/or inappropriateness of alcohol consumption on any given occasion.

- Demonstration of tolerance to the effect of beverage alcohol that is unusual based on the person's gender, weight, and age and/or the actual or perceived need to drink greater amounts of alcohol in order to achieve the same level of intoxication.
- Physical dependence to the discontinuance of alcohol consumption and demonstration of withdrawal symptoms such as nausea, sweating, shakiness, and anxiety occur when alcohol use is stopped after a period of heavy drinking.

We know that habitual addiction is a chronic, progressive, and often fatal disease. It is a primary disorder and not a symptom of other diseases or emotional problems. The chemistry of alcohol allows it to affect nearly every type of cell in the body, including those in the central nervous system. After prolonged exposure to alcohol, the brain adapts to the changes alcohol makes and becomes dependent on it. The severity of this disease is influenced by factors such as genetics, psychology, culture, and response to physical pain.

Since we are keying in on the actions of your customers as an indication of habitual addiction, let's talk about "normal" drinking behaviors in your business.

- How many drinks do the majority of your guests have while visiting your establishment? (Ask for answers).
- Do you have guests who don't drink? Of course.
- Do you have guests who drink too much? I hope not, but you probably have.

When you have a guest who has had too much to drink, how do they act? (Ask for examples of when a customer has had too much). How did you tell they had too much? (Ask for examples). The actions and behaviors of your customers should provide you with keys to their intoxication level and guide your actions. You will rely on your experience in this assessment. You should also rely on training and good management practices to serve these customers in a responsible manner.

Let's talk about different factors to determine how alcohol affects your customers. Question: What are the variables that influence how alcohol affects people? (List these as attendees provide them)

Answers: Size (height / weight), gender, ethnicity, physical condition, what you eat, how much sleep you had, medications you are taking, emotions, and the actual alcohol content of the drink you have chosen.

Are these factors you can observe? Yes.

Let's look at a couple of these factors in greater detail:

The Characteristics of Drinks.

Are all drinks equal in their effects on the body? No.

Alcohol content in different drinks varies and sometimes making one drink twice as strong as another drink. All drinks are not created equal.

Alcohol Content in Various Beverages:

Beverage	Percent Alcohol	Proof
Beer	4-6	8-12
Wine	7-15	14 - 30
Champagne	8-14	16-28
Distilled Sprints	40-95	80 - 190

On the basis of this information you can see that drinking equivalent amounts of beer, wine, champagne, or distilled spirits will provide greatly varying amounts of alcohol to the drinker.

So how much of each of the above would one have to drink to take in equivalent amounts of alcohol? The answer depends upon the exact alcohol content of each beverage, but on the average 12 ounces of beer is equivalent to 4-5 ounces of wine which is equivalent to 1.25 to 1.5 ounces of distilled spirits.

Other Drink Considerations:

- Watery drinks such as beer are absorbed by the body more slowly.
- Foods (especially fatty foods) delay alcohol absorption by preventing it to make contact with the intestinal lining and enter the bloodstream. (But remember, it only delays absorption).
- Carbonated beverages, such as soda pop and coolers, speed up the emptying of the stomach into the small intestines, where alcohol is absorbed faster.
- The absorption rate of a drink depends on its strength. Alcohol is most rapidly absorbed when the concentration of the drink is between 10% and 30%. When the concentration is below 10%, its relatively low alcohol content slows down alcohol absorption by the body. The larger volume of non-alcohol fluids decreases stomach emptying.

Behavioral Effects

Alcohol's action on the brain produces a number of behavioral effects. These effects are dependent upon the 1) Amount of alcohol taken in, 2) The time period over which the alcohol is drunk, 3) Food consumed with or before drinking, 4) Whether other drugs are being taken at the same time, 5) The previous drinking history of the individual, 6) The genetic background of the individual, 7) The mood and psychological makeup of the individual and 8) The environment when alcohol is consumed.

1. Amount of alcohol consumed:

- Generally small amounts of alcohol with a BAC = 0.03 - 0.12 produce lowered inhibitions, feelings of relaxation, more self confidence, diminished judgment, reduced attention span, and slight incoordination.
- BAC's of 0.09 to 0.25 induce less coordination, slower reaction times, loss of balance, blurred vision, exaggerated motions, difficulty in remembering.
- Higher BACs up to 0.3 result in confusion, dizziness, slurred speech, severe intoxication, alterations in mood including withdrawal, aggression, or increased affection, and diminished ability to feel pain.
- Even higher BACs, to 0.4, can result in stupor, being incapacitated, having loss of feeling, being difficult to arouse, and lapses in and out of consciousness.
- Finally, as the blood level approaches 0.50 the person may die due to a variety of physiological complications such as diminished reflexes, slower heart rate, lower respiration, and decreased body temperature.

2. Time over which the alcohol is consumed: Drinking quickly results in more alcohol in the stomach and small intestine which results in greater absorption into the blood stream. If alcohol is taken in faster than it is metabolized (1/3 oz to 1/4 oz. per hour in an average person), the BAC continues to rise. Is time important in observing changes in behavior? Yes.

- The peak blood alcohol concentration for a fasting person occurs between ½ and two hours after drinking.
- The peak blood alcohol concentration for a non fasting person occurs between one and as much as six hours. Food in the stomach prolongs the time before alcohol intoxication occurs.

3. Food: Food in the stomach will compete with the alcohol for absorption into the bloodstream and will slow the uptake of alcohol.

4. Use of other drugs with alcohol: The use of other drugs with alcohol can result in increased effects of the alcohol. This can occur by enhancing the absorption and distribution of alcohol, action on the same chemical systems in the brain as alcohol, and/or slowing the metabolism of alcohol through competition at the liver for processing the substances.

5. Previous drinking history: The guest's drinking history is influential in determining the effects of current alcohol consumption. Often times, dependent upon the amount and timing of prior alcohol consumption, the person will develop a tolerance. Tolerance to alcohol can be loosely defined as needing more and more alcohol to produce the same effect. Therefore, a person who has developed tolerance will need more alcohol to produce some of the same effects. In addition to tolerance, it is probably that after heavy long-term drinking, damage has been done to the brain and to the liver.

6. Age: Drinkers 50 and older may be at significant risk of habitual addiction. Older drinkers undergo a decrease in their ability to metabolize alcohol which means that drinkers consuming the same amount they used to drink can become much more impaired. High rates of alcohol abuse symptoms are found among clinical samples of older adults admitted to hospitals, psychiatric facilities, and emergency rooms. Alcohol abuse can lead to increased risks for hip fracture, alcohol-related traffic accidents, adverse interactions with medications, and risk for depression. Habituation may occur because older drinkers are retired and drink more often than when they were working, may use alcohol to self-medicate to overcome medical issues or depression, or may use alcohol in conjunction with medications creating a synergistic effect. The U.S. population is aging and because the number of older adults with substance abuse problems is expected to grow, alcoholic beverage retailers need to alert to patrons age 50 or older demonstrating behaviors described in this document.

7. Genetic background: The genetic background of an individual is important in the way individuals respond to alcohol. For example, the Asian population carries modifications of enzymes responsible for the metabolism of alcohol. This may cause facial flushing and they may become sick after drinking. Women are generally more responsive than men to the same amount of alcohol because of differences in metabolism and differences in the amount of body water.

8. Mood and psychological makeup: Use of alcohol tends to intensify the mood of the user. If you are sad, alcohol will tend to make you sadder. If you are happy, alcohol may make you happier. The psychologically make-up of an individual becomes important since alcohol may diminish some controls, which keep the person functioning well under usual circumstances. Loss of those controls may lead to difficulties such as aggression and other unwanted behaviors.

9. Environment: The environment in which a person drinks is an important determinant of the effects of alcohol. For example drinking at a festive party will often cause the person to become more festive. In contrast, drinking at sad occasions would result in more sadness.

How much alcohol can people drink - safely? And consuming alcohol safely is the key to responsible retailing.

BAC Chart for Men

Approximate Blood Alcohol Percentage
Body Weight in Pounds

Drinks	100	120	140	160	180	200	220	240	
1	.04	.03	.03	.02	.02	.02	.02	.02	Driving Skills
2	.08	.06	.05	.05	.04	.04	.03	.03	Significantly Affected
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	Criminal Penalties

6	.23	.19	.16	.14	.13	.11	.10	.09	For DUI
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	Possible Death
10	.38	.31	.27	.23	.21	.19	.17	.16	

Subtract .01% for each 40 minutes of drinking.

One drink = 1.25oz of 80 proof liquor, 12 oz of beer, or 5 oz of non-fortified wine.

BAC Chart for Women

Approximate Blood Alcohol Percentage
Body Weight in Pounds

Drinks	90	100	120	140	160	180	200	220	240	
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	Driving Skills
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	Significantly Affected
3	.15	.14	.11	.10	.09	.08	.07	.06	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	.09	Criminal Penalties
6	.30	.27	.23	.19	.17	.15	.14	.12	.11	For DUI
7	.35	.32	.27	.23	.20	.18	.16	.14	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.15	
9	.45	.41	.34	.29	.26	.23	.20	.19	.17	Possible Death
10	.51	.45	.38	.32	.28	.25	.23	.21	.19	

Subtract .01% for each 40 minutes of drinking.

One drink = 1.25oz of 80 proof liquor, 12 oz of beer, or 5 oz of non-fortified wine.

Is gender important in observing alcohol behaviors?

You can see from the chart that women become more intoxicated with lower amounts of alcohol. Why do you think this is? Women are generally more responsive than men to the same amount of alcohol because of differences in metabolism and differences in the amount of body water. In general women are affected faster and more significantly by alcohol. Because men have a naturally larger blood volume and bodily water concentration due to their larger size, it takes them longer to get drunk with the same amount of alcohol than it does for a woman.

Lean vs. Fat?

Are fat and thin drinkers affected the same? No. Increased fat content in the drinker indicates less water in the body systems, which causes faster alcohol intoxication since there is less water for alcohol to dissolve in.

How do different BAC levels affect your customers?

BAC 0.01- .0.05:

Behavior nearly normal by ordinary observation.

BAC 0.03 –0.12:

Mild feeling of happiness and ease (euphoria), sociability, talkativeness.
Increased self confidence; decreased inhibitions.
Reduced attention, judgment, and control.
Reduced coordination. Can't perform find task as well.

BAC 0.08:

Legally drunk.

BAC 0.09 –0.25:

Emotionally instability; lost of critical judgment.
Impairment of perception, memory and comprehension.
Decreased senses; prolong to reaction times
Reduced visually acuity: peripheral vision and glare recovery.
Impaired balance and drowsiness.

BAC 0.18 –0.30

Disorientation, mental confusion: dizziness.
Exaggerated emotional states.
Vision problems.
Increased pain tolerance.
Increased muscular (motor) in coordination; staggering gate; slurred speech.

BAC 0.25 –0.40

Nearly total losses of motor functions.
Markedly reduced response to stimuli.
Marked muscular in coordination; inability to stand or walk.
Vomiting; incontinence of urine and stool.
Decreased consciousness; sleep or stupor.

BAC 0.35 –0.50

Complete unconsciousness and depressed or absent reflexes.
Impairment of circulation and respiration and low body temperature.
Incontinence and possible death.

BAC 0.45 +

Death from breathing arrest.

What is your responsibility under your employer's policy: to keep people from getting intoxicated or to deal with them after they are intoxicated?

Alcohol's direct action on the brain is as a depressant. It generally decreases the activity of the nervous system. One could ask how it could be a depressant if after one or two drinks a person tends to talk more and become more active. The answer is that alcohol can cause a reduction of a person's inhibition, e.g., it causes a reduction in the normal social inhibitions we utilize every day.

Going back to our earlier definition, there are four elements associated habitual addiction.

- A craving, a strong need, and/or a compulsion to drink often in spite of experiential problems or foreseeable harms.
- A loss of control in limiting the amount, frequency, and/or inappropriateness of alcohol consumption on any given occasion.
- Demonstration of tolerance to the effect of beverage alcohol that is unusual based on the person's gender, weight, and age and/or the actual or perceived need to drink greater amounts of alcohol in order to achieve the same level of intoxication.
- Physical dependence to the discontinuance of alcohol consumption and demonstration of withdrawal symptoms such as nausea, sweating, shakiness, and anxiety occur when alcohol use is stopped after a period of heavy drinking.

I want to address tolerance specifically at this point because it is an important consideration in determining if a patron is habitually addicted to alcohol. Many habitually addicted drinkers don't appear as drunk as someone with lower tolerance, even when they're drinking more and more. High tolerance to alcohol may allow a drinker to mask some behaviors controlled by the central nervous system (such as gross motor skills like walking and talking). But behaviors controlled by the autonomous nervous system (facial flushing, confusion, flushing face, watery eyes, red eyes, sweating, and fight and flight responses) can not be masked and can serve as an indicator of intoxication.

Let's go back to the chart of behaviors;

What if a female at 130 lbs drinks two drinks in an hour? What behavior would you expect? What about 4 drinks in an hour? Now, what if she visited your business once or twice a week and drank and exhibited these behaviors every time she comes in? What would that indicate to you? (Craving, loss of control in drinking).

What about a 190 lbs male who drinks 14 drink units in two hours? What behaviors would you expect? What would you think if this person was walking around as though he had not been drinking? (Tolerance).

Do you know of people “who can hold their liquor”? Have you served guests who seemed to have a wooden leg? How does someone get that way? (Develop tolerance)

Of these four elements of habitual addiction we discussed previously, servers and licensees generally have the opportunity to observe *craving*, *loss of control*, and *tolerance*.

How do you apply this knowledge and information to the responsible service of alcohol in your establishment?

Let's start by doing a little reflection on your “typical” customer. Why do people come to your establishment? Food? Entertainment? Atmosphere? Friends? To get drunk? If the later is why people come to your establishment, you are already in serious trouble. Coming to your establishment to get drunk certainly is out of the norm for your business and your customers.

Let's go back to one of the first things we mentioned. What are beverage retailer's responsibilities?

- 1) Not allow any violation of law on the licensed premises
- 2) And in particular:
 - Not serve an underage person
 - Not serve someone habitually addicted to alcohol.

And I will ask again, how do you identify someone habitually addicted to alcohol? You observe their drinking patters and their behavior and compare that to the norm. You consider your guest's *tolerance* to alcohol, you observe their *craving* or *compulsion*, and you determine if they have a *loss of control* over their drinking. Your job is to make sure your customer is not habitually addicted to alcohol because service to someone habitually addicted to alcohol is illegal. This is not something you can choose to do or not do. It is an obligation of the profession you have chosen.

Question: Do you make these assessments before someone gets intoxicated? Yes. After they start shows signs of impairment, it is too late to prevent the violation of law.

But how do you determine if someone has developed a tolerance to alcohol and is able to mask some of the outward signs of intoxication? You monitor their drinking activities,

not their behavior. Remember, waiting until there are changes in behavior is too late to prevent impairment.

So if you see someone ordering and consuming drink after drink. Is this outside the norm? Is this something you should be watching? Yes, of course.

Do you monitor the number of drinks consumed and the time they were consumed? Yes.

Do you take into account the strength of the drink? Absolutely. And do you consider the other factors we have discussed such as gender and weight. You must.

Your business should consider implementing an alcohol service policy which sets the number of drinks that can be served to a customer per hour. Two drinks per hour certainly is a reasonable policy to have.

Does consumption of more alcohol than two drinks an hour tell you absolutely that this person is habitually addicted to alcohol? Probably not, although depending on the amount consumed, you should be engaging your restaurant or bar manager in intervention strategies. But if that guest engages in this behavior *each and every time they come in*, there is a good chance the Judge and Jury will find that you should have recognized this as behavior consistent with someone habitually addicted to alcohol and hold you and the business responsible for serving that guest.

It is clear if someone comes in to your business on several occasions and exhibits “problem drinking” behaviors (craving, compulsion, loss of control, tolerance, or physical dependence) you can be construed to be on notice that the person is habitually addicted to alcohol. But what about a one time drinking occurrence? Can you be held responsible for serving someone habitually addicted to alcohol, since they don’t carry a card identifying them as such? The answer is clearly yes. Let me explain.

We have to go back to those behavior charts, your experience, and the norms in your business. We talked earlier about the 190 lbs male who drank 14 drink units in two hours? What behaviors would you expect? What would you think if this person was walking around as though he had not been drinking? That shows behaviors outside the norm – far outside the norm. This indicates the drinker has developed what? Tolerance. And in this case the jury asked: “why did a highly trained and experienced server not recognize this behavior?”

Again, what is the best way to serve your guests: monitoring drinking activities, or looking for their intoxicated behaviors? In this case had the server monitored drinking activities two things would have happened. 1) The server would have clearly made the connection between the number of drinks served, the drinker’s individual traits, and his behaviors resulting in the recognition that he was habitually addicted to alcohol. And 2) the guest would not have had the opportunity to become impaired. In this case the

server's recognition of the guest's high level of tolerance should have caused them to cut the guest off and intervened in the guest's driving and the person he ran into would still be alive. Remember, if someone is starting to demonstrate intoxication behaviors, it is probably too late to intervene by reducing the number of drinks served.

Servers will often say that they do not have the time to observe and keep track of the behaviors of their guests. It is a matter of priority. A beverage retailer has an obligation to provide a sufficient number of trained, competent, and sober employees to prevent violations of law from occurring on the premises, including preventing the sale and service of alcohol to persons habitually addicted to alcohol. And servers must take the position that in addition to providing world class hospitality, they also have to protect the guest and the public from harm by paying attention to their guests and all the factors impacting responsible and safe service of alcohol.

George Gobel, the late actor and comedian, said: "I've never been drunk, but often I have been over-served." You should make sure that habitually addicted guests are not served because your guest is often not capable of exercising control on their own.

Now, let's cover any questions you have.