

BARTENDER AND SERVER WORKBOOK

VOL6

Identification of Intoxicated Patrons

Coaching the Experienced Bartender & Server



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Welcome and Introduction

The Coaching the Experienced Bartender series is designed for bartenders and servers like you who are already skilled in the basics of serving alcoholic beverages. The objective of the workbook is to refresh your knowledge and awareness and build on your current skills and training to help you reach a new level of responsible alcohol service.

One of the most important duties you have as a bartender or alcohol server is helping your guests drink responsibly to promote a satisfying hospitality experience. It helps ensure the safety of your guests and others in the community. Just like first responders, bartenders, alcohol servers, and other front of the house staff have a responsibility to protect the community. You accomplish this task by preventing your patrons from becoming intoxicated, by not serving intoxicated patrons, and by not allowing intoxicated patrons to drive away from your location. Your knowledge of responsible alcohol service and your ability to apply this knowledge is absolutely vital to the success of your establishment and to the safety of your community.

One of the most important duties you have as a bartender or alcohol server is helping your guests drink responsibly to promote a satisfying hospitality experience.

Public safety must be a personal and professional consideration of everyone in the alcoholic beverage industry. Professionals in the retail beverage alcohol industry must adopt and employ a personal value system for the safe service of alcohol and commit to preventing the sale of alcoholic beverages to underage persons, persons who are intoxicated, and/or persons habitually addicted to alcohol.

It may be counterintuitive to those in the hospitality business to deny someone alcohol service. Refusing service can place employees in a challenging and stressful situation. Sometimes putting limits on alcohol service is the best thing you can do for your patron. Alcoholic beverage service policies, practices, training, and management prepare and help you to provide your guests with a wonderful experience and help you to protect your guests, yourself, and others from alcohol-related harms. In the long run, guests and the community

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will be grateful for your concern and action. You have the right to refuse service to anyone you do not feel comfortable serving unless that refusal is based on the individual's constitutionally protected rights (i.e., race, creed, color, gender, sexual orientation, religion).

All front of the house and customer contact employees must be prepared to contribute to and support responsible alcohol service. This behavior applies to hosts/hostesses, servers, bartenders, bar-backs, bussers, valets, security, coat checkers, cashiers, managers, and food runners, and anyone else who comes into contact with guests.

The workbooks in this series are designed to provide information to help you understand and implement the law and rules in your community, recognize and prevent intoxication, recognize and prevent alcohol service to and consumption by habitually addicted patrons, checking identification and preventing alcohol service to and consumption by persons under 21 years of age, use of legal and illegal drugs with alcohol and the effect(s) of that poly-drug use on patrons, and difficult situations occurring in your establishment.

Engaging in responsible alcohol service is not a once-a-year or a once-every-5-years activity. It is a daily duty to your guests, your coworkers, your establishment, and yourself. By applying the skills you acquire and enhance through completing this series of workbooks, you will make a significant contribution to responsible alcohol service.

Some information presented builds on information presented in the National Restaurant Association's ServSafe program, the American Hotel and Lodging Association's CARE program, and Health Communications, Inc.'s Training for Intervention ProcedureS (TIPS) program.



Definition: Obviously Intoxicated

What is your definition of an impaired/intoxicated person?

Is your goal to prevent impairment/intoxication or manage patron intoxication once they reach that level?

Which of the following is a sign of intoxication:

- A) Clumsiness
- B) Slurred speech
- C) Aggression
- D) All of the above

Are any of the signs listed in the question above the first sign(s) you would expect to see as a patron becomes impaired/intoxicated?

Circle your answer: **Yes** **No**

Are there other signs would you expect to see?

What is an intoxicated person? A common definition is when someone is inebriated to the extent that his or her mental and/or physical faculties are substantially impaired and the impairment is shown by significant emotional change, diminished mental functioning, and uncoordinated physical action or significant physical dysfunction that would be obvious to a reasonable person.

Impairment is generally recognized as "some loss of ability to perform activities (such as

driving) that involve potential risk.”

Responsible beverage service involves preventing customers from becoming intoxicated. Practically speaking, this issue is more complex than preventing service to minors.

When people drink even small amounts, they tend to lose their inhibitions. At first, they're relaxed and talkative. They may even display mood swings. But as they drink more, they shed more and more inhibitions. This shedding of inhibitions leads to loss of judgment. Behavior becomes socially unacceptable. People with loss of judgment may start dancing or singing, or getting overly friendly with you or others. Because they lack judgment, they tend to overrate themselves. Poor judgment can also cause intoxicated guests to think that they're okay to drive when, in fact, they're not. People with slowed reactions may lose their train of thought. They may forget that they have ordered another drink or where they put their car keys. They may also have glassy, unfocused eyes or slurred speech. The final behavioral cue, poor coordination, can be seen when guests stagger, stumble, or spill drinks.



Determining Intoxication

There are two ways to assess a guest's level of intoxication: by counting the number of drinks served and by observing the guest for emotional, behavioral, and physical changes.

Counting the number of drinks and determining limits to drink service is the gold standard for identifying patron intoxication. This method allows you to determine intoxication in the early stages, before the patron is a risk to himself or herself and others. You are then able to pace drink service so to prevent further intoxication.

Assessing behavior is also a way to determine intoxication. However, behaviors generally develop 30 to 45 minutes after consumption of alcohol, so this approach is not as useful for preventing intoxication. Assessing behaviors is most useful in determining initial drink service and in assessing additional drink service if drink service is paced, which allows the manifestation of behaviors associated with intoxication before the next drink service.

Both drink counting and assessment of behaviors of intoxication can be useful in

determining patron intoxication. Each of these processes has benefits. A combination of these two approaches may be best for preventing intoxication.

Behaviors Associated with Intoxication

When do observable behaviors associated with impairment/intoxication begin to manifest for most drinkers?

What are the main limitations of relying on behavioral cues in assessing patron intoxication?

What are the three types of behaviors you should look for in assessing a patron's impairment/intoxication?

1) _____ 2) _____ 3) _____

For most people, impairment occurs at blood alcohol concentrations (BACs) of between .04% and .08%. In addition to counting drinks, you can learn a lot about how the alcohol your guests have consumed is affecting them by carefully watching for emotional, physical and behavioral changes. Keep in mind that a change in behavior is more significant than the actual behavior itself. There is a big difference between a normally loud and boisterous guest and a guest who is quiet when he or she first arrives at your establishment and then becomes loud and boisterous after a few drinks.

When alcohol reaches the brain, the brain no longer functions normally. This abnormal functioning results in physical, behavioral, and emotional changes, including relaxed inhibitions,

impaired judgment, slowed reaction time, and impaired motor coordination.

Some behaviors are self-evident and may be sufficient to indicate intoxication. Other behaviors may not be self-evident. In those cases, you may need to rely on a combination of several behaviors or the emergence of the behavior(s) after alcohol consumption.

In general, behaviors associated with intoxication are demonstrated through three types of behaviors: autonomic, emotional and behavioral, and physical dysfunction.

Autonomic Behaviors

What are autonomic behaviors and how do they tell you that a patron is intoxicated?

Autonomic behaviors are those that come on as the body responds to the consumption of alcohol. Classic examples include:

- Strong odor of alcohol coming from the guest's breath
- Reddening and glossiness of the guest's eyes
- Increase in perspiration
- Changes in emotion
- Inability to focus, double vision, and slowed pupil reaction;
- Flushed face
- Sweat on the face
- Loss or limited direct eye contact by the guest

Regardless of a guest's tolerance to alcohol, these behaviors will be evident and will begin to appear early in the intoxication process.

Emotional and Behavioral Changes

How can you use emotional and behavioral changes to determine patron intoxication?

Is a change in behavior more or less important than the actual behaviors in determining patron intoxication?

Circle your answer: **More** **Less**

Emotional and behavioral changes are the classes of behaviors that are most prevalent as a guest approaches and passes 0.08 BAC. While the list of these behaviors is lengthy, the key is changes in attitudes, affect, emotions, and emotional responses. For example, someone who comes in somber and becomes happy after several drinks is showing this sort of change.

One indication of intoxication is when a guest's behavior becomes socially unacceptable. People with a loss of judgment may start dancing or singing or getting overly friendly with you or others. Because they lack judgment, they tend to overrate themselves. Poor judgment may also cause intoxicated guests to think they are OK to drive when, in fact, they are not.

Another indication of a guest being intoxicated is when the patron becomes relaxed and talkative. He or she may even exhibit mood swings. As the guest drinks more, he or she sheds inhibitions. This shedding of inhibitions leads to the next cue.

Inhibitions restrain or suppress a person's emotions, actions, or thoughts. A guest's normal inhibitions will become relaxed, allowing the



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person to say or do things he or she normally would not. Guests with relaxed inhibitions may be overly friendly, be unfriendly, depressed, or quiet, use foul language, become loud, and make rude comments.

People with lowered inhibitions become more talkative, relaxed, and friendlier than they ordinarily might allow themselves to be. Someone who appears more talkative than normal or a talkative person who is louder than normal is someone with lowered inhibitions. In a drinking situation, this person may not be intoxicated, but is someone to watch.

Alcohol depresses the part of the brain that controls impulsive behavior. People began to relax and loosen up. The drinker may say or do unexpected things. Some common signs that inhibitions have become relaxed include:

- **Overly friendly behavior**
- **Changes in speech pattern**
- **Inappropriate or unexpected flirting or suggestive behavior**
- **Crude language or behavior**
- **Emotional displays or outbursts**
- **Overly loud speech**
- **Use of foul language**
- **Becoming Loud**
- **Obnoxious behavior**
Such as obscenity, being overfriendly or argumentative
- **Personality changes**
Such as quiet guest becoming overly friendly; outspoken guest becoming quiet and withdrawn
- **Antisocial behavior**
Such as leaving a group of friends and drinking alone
- **Annoying other patrons or employees**
- **Noisy or rowdy behavior**
Such as speaking too loudly or showing off
- **Frequent and rapid mood changes**
- **Making rude or offensive comments**

Emotional and Behavioral Changes: *Impaired Judgment*

How quickly can a drinker's judgment be affected by alcohol?

What are common behaviors that might indicate patron intoxication?

The first part of the body affected by alcohol is the brain, particularly the part of the brain that allows a guest to think clearly and make good decisions. The sedative effects of alcohol impair judgment in a way that is usually not noticed by the drinker. The part of the brain that controls social inhibitions is also affected, causing people to say and do things they normally would not. These effects can actually begin with the first drink and will increase in intensity with additional drinks.

Drinking faster, behaving inappropriately for the situation, annoying others around them, or using foul language are examples of poor judgment that you may see when someone is becoming intoxicated. At this point, the person should slow down or stop drinking. You may have to help them with this required step.

A guest's ability to make sensible decisions will be affected as intoxication increases. Guests with impaired judgment may complain about the strength of a drink after having consumed others of the same strength, begin drinking faster, or switch to larger or stronger drinks. The guest may make irrational or argumentative statements or become careless with money (i.e., buying drinks for strangers).

As more alcohol is consumed, brain function



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becomes increasingly more depressed and the individual may display further impaired judgment. The abilities to think clearly, make decisions, and behave rationally are all impaired. Some clues that judgment may be impaired include:

- **Aggression or Provoking violence**
- **Boasting behaviors**
Such as statements concerning ability to hold one's liquor or superior physical or mental abilities
- **Annoying others**
- **Irrational statements or behavior**
- **Being careless with money, including offering to buy drinks for strangers or employees**
- **Drinking more quickly, Switching to larger or stronger drinks, or Ordering multiple drinks at a time**
- **Saying things that don't make sense**
- **Purchasing excessive amounts of alcohol**
- **Complaining about the strength or price of a drink after having consumed others of the same strength and price without complaint**

A guest's ability to make sensible decisions will be affected when he or she is intoxicated. For some people, after a few drinks, their judgment is off the mark. They will think the same drink is a little weaker or act surprised or complain about the price. Some people will start drinking faster, or they can get a little careless with their money. They might make irrational statements. They may even start an argument or fight.

You want to pay attention to see if alcohol intensifies their behavior. Some people become obnoxious. Others withdraw and become antisocial. Some guests get very emotional.

Emotional and Behavioral Changes: *Mood Swings*

Is change in mood more or less important than the patron's actual mood in determining patron intoxication?

Circle your answer: **More** **Less**

Why?

You can often tell someone is feeling the effects of alcohol when he or she loosens up and let down his or her guard. Some people go through a dramatic personality change. An impaired drinker will often exhibit mood swings, moving from being argumentative to happy, from happy and outgoing to very quiet, or from unfriendly or overly friendly. The impaired guest might start out quiet and withdrawn and end up very talkative and animated.

Physical Changes

What type of behaviors associated with intoxication are the last to manifest (after autonomic and behavioral/emotional changes) in an intoxicated patron?

Some people really slow down after they have been drinking. Their eyes become unfocused. You can see their pupils are dilated, and they may look kind of drowsy. They may lose concentration.

Physical Changes: *Physical Dysfunction*

The type of behaviors most lay people consider to be evidence of patron intoxication is physical dysfunction. Physical dysfunction includes the behaviors most commonly identified

in the responsible alcohol server training programs as examples of patron intoxication.

General examples of physical dysfunction include stumbling or wobbling while walking, falling or slipping off the bar stool, and bumping into walls. Unfortunately, these are generally example of extreme intoxication, not early intoxication. Once these behaviors are observed, the

drinker is already very intoxicated. These are also the behaviors that drinkers who have developed a high tolerance to the effects of alcohol may have learned to partially mask. While some behaviors can be somewhat masked by high tolerance, in large part, the experienced drinker simply learns how to minimize the appearance of the behaviors. For example, an experienced drinker may learn to put his or her hand on the back of bar stools or walls when moving about the bar so to help maintain balance and not appear overtly intoxicated to the casual observer.



Physical Changes: *Slowed Reaction Time*

A guest's reaction time and responses will become slower as he or she becomes increasingly intoxicated. Guests with slowed reaction time may talk or move slowly, be unable to concentrate, lose their train of thought, or become forgetful, drowsy, glassy-eyed, lose eye contact, or become unable to focus. Slowed reactions are demonstrated by the following clues:

- Dazed or glassy look
- Loss of train of thought
- Inability to light a cigarette
- Slurred or irregular speech



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A guest's reaction time and responses will become slower as he or she becomes increasingly intoxicated. Guests with slow reaction time may:

- Talk or move more slowly than they did when they were less or not intoxicated
- Become drowsy
- Unable to concentrate, lose their train of thought, or become forgetful
- Become glassy-eyed, become unable to maintain eye contact, or become unable to focus.

Physical Changes: *Vision*

The following table summarizes the effects of alcohol on vision:

Visual Aspect	Impairment
Visual Acuity or Sharpness of Vision	Alcohol can cause vision to become blurry, making it more difficult to perceive the traffic scene and make good driving decisions.
Side or Peripheral Vision	When sober, most people have about 180 degrees of side vision. Even while looking straight ahead, they can detect objects moving at the side. As BAC rises, side vision decreases.
Color Distinction	Color plays an important role in the highway transportation system. Alcohol reduces your ability to distinguish colors, decreasing your ability to perceive the color of traffic lights and other color related indications.
Night Vision	Alcohol decreases your night vision, reducing your eyes' ability to automatically and quickly regulate the amount of light entering the eyes.
Distance Judgment	Alcohol decreases your ability to accurately judge distances. Determining how far objects are from your vehicle is a critical driving skill.
Focus	The eye is able to change focus rapidly from objects close by to objects far away. Alcohol slows this ability, reducing the ability to see things clearly soon enough to respond properly.

Physical Changes: *Decreased Coordination*

Poor coordination, can be seen when guests stagger, stumble, or spill drinks. When food is served, guests may have trouble handling knives and forks. They may also fumble with change. Progressively higher doses of alcohol lead to greater physical impairment. Dropping things, stumbling, staggering, and having trouble picking things up indicates that someone is losing coordination. In a drinking situation, this person is intoxicated, should not be served additional alcohol and should not drive.

Physical Changes: *Impaired Motor Coordination*

A guest's motor skills will be affected as he or she becomes increasingly intoxicated. Guests with impaired motor coordination may stagger, stumble, fall down, or bump into objects, be unable to pick up objects, or may drop them. Intoxicated guests may spill drinks or miss their mouths when drinking, sway when sitting or standing, slur their speech, and have difficulty lighting a cigarette.

These behaviors are indicators of someone who is losing coordination. In a drinking situation, this person is intoxicated, should not be served additional alcohol and should not drive. Examples of loss of coordination include:

- Loss of balance, or stumbling or walking into objects or people
- Difficulty handling coins or selecting money from a wallet or purse
- Becoming drowsy, being unable to sit upright, or falling asleep
- Falling down
- Being unable to stand up straight
- Swaying
- Clumsiness, including spilling drinks
- Talking or moving slowly
- Inability to pick up change off counter;
- Being unable to concentrate, losing train of thought, or becoming forgetful
- Dropping things
- Difficulty in signing bar checks or calculating the tip.

Physical Changes: *Loss of Physical Coordination*

People get a lot less coordinated when they had been drinking. They may push over a drink; they may become clumsy and lose their balance. If someone is sleeping by the pool, he or she might just be taking a nap, but most people don't nap in the bar. People tend to get very sleepy when they drink. They may have a hard time picking up or holding things.

Behaviors Associated with Various BAC Levels

Some of your guests may not display these obvious clues. Heavy drinkers and alcoholics may have developed a tolerance to alcohol or have years of drinking experience. These factors may enable them to control the visible signs of intoxication. Remember, just because a heavy drinker or alcoholic does not display these behaviors does not mean these individuals are not intoxicated; they simply do not display visible clues. When dealing with these guests, you must make special efforts to assess their level of intoxication.

Intoxication lags behind alcohol consumption. You must make serving decisions based on behaviors while alcoholic beverages are working their way through the drinker's system and have not yet manifested themselves.

It may be beneficial for you to consider the increasing effects of alcohol consumption drink by drink. While these behaviors are not related to any particular gender, body size, or other person, this information is intended to give you an example of how intoxication might progress for a guest weighing 150 lbs.

After 1 drink the 150-pound guest likely has a BAC of between 0.02% and 0.03%. This person may become animated, outgoing, and more talkative and his or her inhibitions are lowered.

After 2 drinks the 150-pound guest likely has a BAC of between 0.04% and 0.05%. His or her reaction time will be slower. This person may appear relaxed and friendly. Reaction time begins to slow.



After 3 drinks the 150-pound guest likely has a BAC of between 0.06% and 0.07%. His or her judgment is not sound. This person will not think clearly and may do or say things that are rude or unreasonable, and reasoning is less reliable. Reaction time slows down.

After 4 drinks the 150-pound guest likely has a BAC of between 0.08% and 0.09%. His or her hearing, speech, vision, and balance are adversely affected. This person may have difficulty pronouncing words. As eye muscles become more relaxed, focusing and tracking becomes more difficult. Although the drinker may not be aware of it, reaction time is greatly slowed.

After 5 drinks the 150-pound guest likely has a BAC of between 0.10% and 0.11%. Most of his or her behaviors are affected. Body parts do not seem to work together. Speech may be slurred. Performing any task that requires the use of hands and feet is difficult. Walking without stumbling also is difficult.

After 12 drinks a 150-pound person's BAC will be about 0.30%. At this level, a coma or deep sleep is not unusual. If there is enough alcohol in the stomach when the person passes out, the BAC level will continue to rise. If the BAC reaches 0.40%, the person will be in a deep coma and near death.

Alcohol is a drug that inhibits a person's ability to make rational choices about his or her own alcohol intake, even at the .04% BAC level. Secondary consequences can be serious for the drinker and people exposed to the drinker.

Effects at Specific BAC Levels

What is the threshold BAC level (the lowest level) at which you may be able to identify a patron's intoxication level?

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The effects of alcohol intoxication are greatly influenced by individual variations among users. Some users may become intoxicated at a much lower BAC level than is shown.

BAC Level	Effects
0.02-0.03 BAC	No loss of coordination, slight euphoria and loss of shyness. Depressant effects are not apparent. Mildly relaxed and maybe a little lightheaded. Legal definition of intoxication for people under 21 years of age.
0.04-0.06 BAC	Feeling of well-being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Some minor impairment of reasoning and memory, lowering of caution. Your behavior may become exaggerated and emotions intensified (Good emotions are better, bad emotions are worse). 0.04 g% is the level of intoxication for commercial vehicle operators.
0.07-0.09 BAC	More noticeable impairment of balance, speech, vision, reaction time, and hearing. Feeling of elation, euphoria, or depression evident. May be loud with some exaggeration of emotion and behavior. Judgment and self-control are reduced. Caution, reason and memory are impaired. Slight decrease in reaction time and coordination. .08 is legally impaired and it is illegal to drive at this level. You will probably believe that you are functioning better than you really are.
0.10-0.125 BAC	Significant impairment of motor coordination and loss of good judgment. Speech may be slurred; balance, vision, reaction time and hearing will be impaired. Euphoria.
0.13-0.15 BAC	Coordination and balance becoming difficult. Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced and dysphonia (anxiety, restlessness) is beginning to appear. Judgment and perception are severely impaired. Decision-making skills lack logical analysis. Blackouts can occur at any level BAC, but they are especially common at this BAC and above. Blackouts or when a drinker is conscious but has no memory of his/her actions or conversations.
0.16-0.19 BAC	Dysphonia (a state of feeling unwell or unhappy, higher anxiety, depression, and restlessness) predominates. Nausea may appear. The drinker has the appearance of a "sloppy drunk."

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0.20 – 0.24 BAC	Felling dazed, confused or otherwise disoriented. May need help to stand or walk. If you injure yourself you may not feel the pain. Some people experience nausea and vomiting at this level. The gag reflex is impaired and you can choke if you do vomit. Blackouts are likely at this level so you may not remember what has happened.
0.25 – 0.29 BAC	All mental, physical and sensory functions are severely impaired. Needs assistance walking. High level of mental confusion. Increased risk of asphyxiation from choking on vomit and of seriously injuring yourself by falls or other accidents.
0.30 BAC	STUPOR. You have little comprehension of where you are. You may pass out suddenly and be difficult to awaken. Severe intoxication; minimum conscious control of mind and body; needs hospitalization. 0.30 BAC: Loss of consciousness.
0.35 BAC	Coma is possible. This is the level of surgical anesthesia.
0.40 BAC and up	Onset of coma, and possible death due to respiratory arrest.
0.50 BAC	Death from organ failure (heart, lungs). 50% of people will die from alcohol poisoning with this BAC.
0.60 BAC	100% of people die at this BAC.

Adapted from Kurt M. Dubowski, Ph.D., D.A.B.C.C., D.A.B.F.T.
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50 Common Indicators Associated with Intoxication (By Category)

There is not one “silver bullet” to rely on to determine patron intoxication. As we have learned, changes in autonomic responses, changes in behavior and emotions, and the on-set of physical dysfunction are useful in determining patron intoxication.

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While drinkers display different behaviors associated with intoxication, this list may help you identify behaviors that can indicate patron intoxication:

Appearance

- 1) Flushed face
- 2) Bloodshot, glassy eyes
- 3) Droopy eyelids
- 4) Dazed look
- 5) Blank stare
- 6) Body tremors
- 7) Disheveled clothing

Speech

- 8) Thick, slurred speech
- 9) Loud, noisy speech
- 10) Speaking loudly, then quietly
- 11) Rambling train of thought
- 12) Slow response to questions or comments
- 13) Bravado, boasting
- 14) Making irrational statements

Attitude (Adding Alcohol only Makes Things Worse)

- 15) Annoying other guests
- 16) Being argumentative
- 17) Being aggressive or belligerent
- 18) Being obnoxious or mean
- 19) Making inappropriate sexual advances
- 20) Being overly friendly to other guests
- 21) Being boisterous

Behavior

- 22) Swaying, staggering, or stumbling
- 23) Being unable to sit upright or falling off barstool
- 24) Being careless with money
- 25) Having difficulty making change
- 26) Being restless
- 27) Being depressed or sullen
- 28) Crying or acting moody
- 29) Making extreme or sudden changes in behavior
- 30) Being overly animated or entertaining
- 31) Making crude speech or gestures
- 32) Drowsiness
- 33) Lack of focus and eye contact
- 34) Having difficulty standing up; Clumsiness
- 35) Unusual walk
- 36) Falling off of chair
- 37) Falling asleep
- 38) Can't find mouth with glass
- 39) Falling down
- 40) Difficulty lighting cigarettes
- 41) Lighting more than one cigarette
- 42) Clumsiness
- 43) Having difficulty remembering
- 44) Spilling drinks or food
- 45) Disoriented
- 46) Agitated, anxious
- 47) Grinding teeth
- 48) Odor of alcohol, marijuana, or chemicals
- 49) Excessive perspiration
- 50) Repeated trips to restroom or outside area

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Often the onset of behaviors associated with intoxication follow a predictive pattern:

- 1) **Relaxed:** Unusually relaxed or laid back
- 2) **Deliberate:** Making a special effort to articulate
- 3) **Chummy:** Overly friendly, particularly with strangers
- 4) **Uninhibited:** Suggestive language, mild profanity
- 5) **Warm:** Red-faced, sweating, loosened clothing
- 6) **Silly:** Giggling, "cute," self-satisfied
- 7) **Expansive:** Exaggerated gestures
- 8) **Red-Eyed:** Bloodshot, heavy-lidded eyes
- 9) **Loud:** Speaking too loudly, dominating conversation
- 10) **Withdrawn:** Going off by oneself
- 11) **Careless:** Miscalculating distance or depth
- 12) **Slouched:** Overly relaxed posture
- 13) **Close:** Standing too close when talking to someone
- 14) **Physical:** Touching others when talking
- 15) **Clumsy:** Trouble using hands, poor coordination
- 16) **Confused:** Slow to process, flustered, forgetful



Let's See What You Learned

1) What is your definition of an impaired/intoxicated person?

2) Is your goal to prevent impairment/intoxication or manage patron intoxication once they reach that level?

3) Are any of the signs listed in the question above the first sign(s) you would expect to see as a patron becomes impaired/intoxicated?

Circle your answer: **Yes** **No**

4) Are there other signs would you expect to see?

5) When do observable behaviors associated with impairment/intoxication begin to manifest for most drinkers?

6) What are the main limitations of relying on behavioral cues in assessing patron intoxication?

7) What are the three types of behaviors you should look for in assessing a patron's impairment/intoxication?

1) _____ 2) _____ 3) _____

8) What are autonomic behaviors and how do they tell you that a patron is intoxicated?

9) How can you use emotional and behavioral changes to determine patron intoxication?

10) Is a change in behavior more or less important than the actual behaviors in determining patron intoxication?

Circle your answer: **More** **Less**

11) How quickly can a drinker's judgment be affected by alcohol?

12) What are common behaviors that might indicate patron intoxication?

13) Is change in mood more or less important than the patron's actual mood in determining patron intoxication?

Circle your answer: **Yes** **No**

14) Why?

15) What type of behaviors associated with intoxication are the last to manifest (after autonomic and behavioral/emotional changes) in an intoxicated patron?

16) What is the threshold BAC level (the lowest level) at which you may be able to identify a patron's intoxication level?
