

The Identification of Alcohol Intoxication by Police

John Brick and John A. Carpenter[†]

Background: The identification of alcohol intoxication by police, bartenders, social hosts, and potential passengers is an important issue in the prevention of alcohol-related driving accidents. This study examines the ability of police officers to correctly identify and make ratings of the sobriety of target drinkers presented on video.

Methods: Raters were asked to determine (1) whether the target drinker had been drinking alcohol, (2) whether it was "okay" to serve the target another drink, and (3) whether the target drinker was "okay" to drive. A rater confidence score for each target evaluated, as well as demographic characteristics about the raters, was obtained.

Results: Drinkers were accurately targeted to low (0.08–0.09%), medium (0.11–0.13%), and high (0.15–0.16%) blood alcohol concentrations (BACs) by using a method previously described. At lower BACs, most police officers were unable to identify whether or not targets had been drinking. Raters were "pretty sure" that targets in the 0.15–0.16% range had been drinking and "not sure" whether or not they should be served another drink or drive a car.

Conclusions: The ability of raters to reliably identify target drinkers who were too intoxicated to drive safely was not obtained until the BACs were relatively high. These results suggest that prevention measures must focus on improving behavioral observations made of potential drunk drivers. Implications for bartenders and social hosts are discussed.

Key Words: Blood Alcohol Concentration, Drinking and Driving, Intoxication, Identification, Prevention.

THE ABILITY TO determine intoxication has important prevention implications, particularly, but not exclusively, with regard to the prevention of drunk driving. Police officers investigating a possible drunk driving case have a number of cues available to them to assist them in determining whether someone is too intoxicated to drive. These cues include observations of the motor vehicle operation. In the field, police may also ask the driver questions or ask him or her to perform simple mental and dexterity tests, or they may ask the driver to exit the vehicle to perform Standardized Field Sobriety Tests. All of this information is helpful in the investigation of possible intoxicated driving. Then, on the basis of field observations, police officers can request a blood or breath sample to determine, by chemical means, the concentration of alcohol in the driver.

Although blood or breath alcohol analysis is an extremely useful tool for identifying individuals who are too intoxicated to drive, such instrumentation is generally available only to scientists, clinicians, and law enforcement personnel.

One goal of preventionists is to prevent the intoxicated driver from entering his or her vehicle in the first place. Bartenders, social hosts, passengers, and others, who may be required to make decisions and interventions regarding the ability of a person to drive generally have fewer tools and less training available to them than do police officers to determine if someone is too intoxicated to drive. Moreover, there are instances when the many normal sources of information are not available, even to police. For example, a defendant may refuse to provide a blood or breath sample or may refuse to perform psychophysical tests. There are also times when equipment malfunctions or is unavailable, or there is an operator error that precludes or excludes the collection and use of objective chemical test evidence. In those cases, behavioral observations from police or lay witnesses are important in providing the triers of fact, or jurors, with a cogent picture of the allegedly intoxicated person. This is often an important legal issue in civil litigation in which there is a question as to whether a bartender or social host served alcohol to a visibly intoxicated person (e.g., dram-shop cases). In other instances, a passenger may simply, or not so simply, have to make a decision about

From Intoxikon International, Yardley, Pennsylvania (JB); and the Center of Alcohol Studies, Rutgers, The State University of New Jersey, Piscataway, New Jersey (JAC).

†Deceased.

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Reprint requests: Dr. John Brick, Intoxikon International, 1006 Floral Vale, Yardley, PA 19067; Fax: 215-504-8002; E-mail: intoxikon@aol.com

This paper is dedicated to my friend, colleague, and coauthor, the late Dr. John A. Carpenter.