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**Number of Tables: 2**

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**What proportion of on-trade alcohol is served to those who are already potentially intoxicated? An analysis of event-level data.**

*John Holmes PhD<sup>1</sup>, Colin Angus MSc<sup>1</sup>, Alessandro Sasso PhD<sup>1</sup>, Abigail K. Stevely MPH<sup>1</sup>, Petra S. Meier PhD<sup>1,2</sup>.*

<sup>1</sup> School of Health and Related Research, University of Sheffield, 30 Regent Street, Sheffield, S1 4DA, UK.

<sup>2</sup> MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Berkeley Square, 99 Berkeley Street, Glasgow, G3 7HR, UK

### **Corresponding author**

John Holmes

Section of Public Health, ScHARR

University of Sheffield

30 Regent Street

Sheffield

S1 4DA

UK

Tel: +44 (0)114 222 6384

Email: [john.holmes@sheffield.ac.uk](mailto:john.holmes@sheffield.ac.uk)

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## 1 **Abstract**

2 **Objective:** Over-service (i.e. venues serving alcohol to intoxicated drinkers) is a major  
3 contributor to alcohol-related harm. This paper estimates the proportion of all alcohol sold  
4 in on-trade premises in Great Britain that is drunk by people likely to already be intoxicated.  
5 Secondary analyses explore variation by age and gender, and from 2009-2017.

6 **Method:** We used cross-sectional data from one-week drinking diaries collected  
7 continuously from 2009-2017 via a nationally-representative stratified quota sample of  
8 90,968 adults resident in Britain who consumed alcohol in the on-trade across 139,938  
9 occasions. We first identify the amount of pure alcohol consumed in occasions after  
10 individuals reach each of three consumption thresholds indicating potential intoxication: at  
11 least increasing risk (>48/64g for women/men), at least high risk (>106/128g) and very high  
12 risk (>144/192g). We then calculate the proportion of all alcohol consumed in the on-trade  
13 each year that is accounted for by consumption beyond these thresholds.

14 **Results:** In 2017, of all on-trade alcohol consumed, an estimated, 43.3% was drunk by those  
15 who had already drunk to increasing risk levels, 20.5% by those who had already drunk to  
16 high risk levels and 10.1% by those who had already drunk to very high risk levels. Greater  
17 proportions of the alcohol consumed by women and younger people was consumed beyond  
18 these levels, but the proportion did not change substantially from 2009-2017.

19 **Conclusions:** Depending on the consumption threshold used, potentially intoxicated  
20 drinkers consume between 10% and 43% of pure alcohol drunk in on-trade venues in Great  
21 Britain, suggesting over-service is commonplace.

22 **Key words:** Alcohol drinking; Alcohol Intoxication; Adult; Cross-sectional studies



## 24 **Introduction**

25 Drinking to intoxication increases the risk of harm to drinkers and those around them (Rehm  
26 et al., 2017). It also places a burden on the police, ambulance services and emergency  
27 departments, especially on weekends when intoxication is commonplace in many bars, pubs  
28 and nightclubs (Institute of Alcohol Studies, 2015). A major contributor to this problem is  
29 licensed venues serving alcohol to people who are already intoxicated. This can arise  
30 directly when intoxicated people buy alcohol for themselves or indirectly when their  
31 companions buy alcohol on their behalf.

32 Targeted efforts to reduce such over-service have been largely unsuccessful (Buvik &  
33 Rossow, 2015; Graham et al., 2014; Jones et al., 2011). Most countries have long-standing  
34 laws which ban both sales to intoxicated patrons and purchasing alcohol for intoxicated  
35 people, but these laws are widely flouted, poorly enforced and rarely used in prosecutions  
36 (Lenk et al., 2014; Nicholls & Morris, 2014). An alternative solution is Responsible Beverage  
37 Service (RBS) training, but evaluation evidence shows mixed results and suggests RBS is only  
38 effective when combined with enforcement and well-designed partnership-working across  
39 multiple stakeholders; a requirement that has proved difficult to achieve in most real-world  
40 settings (Graham, et al., 2014; Jones, et al., 2011; Moore et al., 2012; Rossow & Baklien,  
41 2010). Given the failure of efforts to reduce over-service, this paper offers a new analytical  
42 perspective with a view to stimulating innovative thinking in this area.

43 Previous research into the extent of over-service has focused primarily on direct over-  
44 service by using pseudo-intoxicated patrons (i.e. actors pretending to be drunk).

45 Importantly, this means it has focused on visible intoxication, not intoxication per se.

46 Studies in several countries have found bar-staff serve alcohol to actors portraying high-

47 levels of visible intoxication (e.g. dropping money, falling asleep, stumbling, slurring,  
48 knocking over drinks) on between 50% and 95% of occasions, with figures usually at the  
49 higher end of this range (Andreasson et al., 2000; Buvik & Rossow, 2015; Goodsite et al.,  
50 2008; Gosselt et al., 2013; Hughes et al., 2014; Lenk et al., 2006; Rydon et al., 1996; Toomey  
51 et al., 2016; Toomey et al., 2004; Wallin et al., 2002). Follow-up interviews consistently find  
52 that bar-staff noticed the customer was intoxicated but served them anyway (Buvik, 2013;  
53 Gosselt, et al., 2013; Rydon, et al., 1996; Toomey, et al., 2004), in some cases replacing  
54 drinks the actors spilled or up-selling to ensure the actor purchased more alcohol than they  
55 had requested (Hughes, et al., 2014; Rydon, et al., 1996). The reasons given by bar-staff are  
56 diverse and include hectic working conditions, conflict avoidance and the maintenance of an  
57 exuberant atmosphere; although direct over-service is also frequently observed in quieter  
58 conditions. Many studies test for predictors of direct over-service relating to the actor, bar-  
59 staff, venue and surrounding neighbourhood, drawing on the extensive literature on 'bad  
60 bars' (Graham et al., 2006; Graham & Homel, 2008; Green & Plant, 2007). There is some  
61 limited evidence that direct over-service is more common to female actors (Buvik & Rossow,  
62 2015), by younger bar-staff (Buvik & Rossow, 2015; Toomey, et al., 2004), and in poorly lit,  
63 disorderly and crowded venues with large proportions of younger or intoxicated patrons  
64 (Buvik, 2013; Buvik & Rossow, 2015; Gosselt, et al., 2013; Wallin et al., 2005). One study  
65 also found that bars belonging to corporate entities are more likely to over-serve (Toomey,  
66 et al., 2016). However, these results are inconsistent across studies and the key finding is  
67 that direct over-service to visibly intoxicated patrons occurs routinely in most situations.

68 An important limitation of the above literature is its methodological uniformity, which  
69 facilitates comparison across studies but limits the dimensions of the problem studied and

70 the diversity of metrics available to characterise it. This may hinder thinking on intervention  
71 approaches and design. For example, the focus on *direct* over-service means we know  
72 much less about the extent, nature or predictors of *indirect* over-service, while the focus on  
73 *visible* intoxication draws attention towards poor serving practices and away from the  
74 extent to which general intoxication is central to the economic viability of licensed venues  
75 or the practical challenges of avoiding over-service. Pseudo-intoxicated patron studies are  
76 also labour-intensive and this necessarily limits the size and diversity of samples. As a  
77 result, most analyses suffer from low statistical power, researchers usually only collect data  
78 in and around major cities, and few time series datasets are available to assess trends in  
79 over-service. Some studies have used alternative methods, such as street intercept surveys  
80 (Miller et al., 2014; Moore et al., 2011) or covert observation in bars (Coomber et al., 2017;  
81 Graham, et al., 2006), and these point toward similar conclusions regarding the extent of  
82 over-service. However, such studies still tend to rely on labour intensive methods that  
83 produce cross-sectional data from major urban centres at weekends, with few population-  
84 level estimates or data for other settings available.

85

86 This study adopts a new approach to studying over-service, which includes both direct and  
87 indirect over-service and moves closer to studying intoxication in general. It aims to use  
88 occasion-level drinking diary data from a British nationally-representative market research  
89 survey to: (i) estimate the proportion of alcohol consumed in on-trade premises (e.g. bars,  
90 restaurants, nightclubs) by patrons who have consumed above three consumption  
91 thresholds (ii) compare estimates by gender and age, and (iii) examine how estimates  
92 change between 2009 and 2017. While the distribution of problems across gender and age

93 is a basic epidemiological concern, the focus on time trends is of particular interest as on-  
94 trade alcohol consumption per capita fell by 14% during this period (British Beer and Pub  
95 Association, 2019). This decline coincided with the UK Government's 2012 Alcohol Strategy,  
96 which empowered local communities to tackle problems in the night-time economy. It also  
97 coincided with and the introduction of new licensing conditions for on-trade venues in 2010  
98 that included prohibitions on irresponsible promotions (e.g. all-you-can-drink deals or  
99 dispensing alcohol directly into the mouth), mandatory provision of drinking water and, in a  
100 2014 update, provision of smaller serving sizes on request (HM Government, 2012; Home  
101 Office, 2014).

## 102 **Methods**

103 The University of Sheffield ethics committee reviewed and approved this study (Ref:  
104 017910).

### 105 *Data*

106 Data come from the 2009-2017 Alcovision survey, a commercial market research product  
107 collected by Kantar and used in previous occasion-level research (Ally et al., 2016).

108 Alcovision is a continuous, cross-sectional, retrospective, online survey of approximately  
109 30,000 individuals per year aged 18+ and resident in Great Britain. Alcovision draws quota  
110 samples based on age, gender, social class and geographic region from Kantar's online  
111 managed access panel. It delivers invitations to participate on set dates that are timed to  
112 ensure completion of the survey occurs throughout each month and that each day of the  
113 year is included in fieldwork. Alcovision oversamples Scotland residents and 18-34 year-olds  
114 to allow detailed analyses of these smaller populations. Kantar then construct sampling

115 weights based on age-gender groups, social class and geographic region using UK census  
116 data.

117 In addition to providing sociodemographic data, Alcovision participants complete a detailed,  
118 one-week, retrospective drinking diary. They are asked to report on the characteristics of  
119 their drinking occasions over the last week, with an occasion defined as a significant time-  
120 period, such as lunchtime, early evening or late evening. Participants can report a maximum  
121 of two on-trade and two-off-trade occasions for each day, working back in time from the  
122 day before the survey is completed. The questionnaire asks participants to report on earlier  
123 occasions first, so any occasions that are not reported due to the maximum are likely to  
124 occur later in the day.

125 The drinking occasion, not the individual, is our unit of analysis. Following Mustonen et al.  
126 (Mustonen et al., 2014), we used information on the start-time and duration of reported  
127 drinking occasions to redefine occasions as a period of drinking with no more than two  
128 hours between consecutive drinks regardless of location, so that we can examine drinking in  
129 mixed on- and off-trade occasions. The 2009 to 2017 Alcovision data include data from  
130 90,968 individuals who consumed alcohol in the diary week across 139,938 on-trade  
131 occasions.

### 132 *Measures*

133 For each of their reported drinking occasions, participants can report alcohol consumption  
134 in one off-trade location and up to three on-trade locations. For each location, participants  
135 report the drinks they consumed at brand-level (e.g. Carlsberg, Smirnoff), serving or

136 packaging sizes, and the amount consumed in 'serves'. We convert serves into grams of  
137 ethanol using additional information we collected online on products' alcoholic strength.

138 As a small number of respondents report unrealistically high values, we cap consumption  
139 using thresholds informed by consultation with clinicians. The data are structured as  
140 brands, nested within occasions, nested within days, nested within weeks and we cap  
141 brands, occasions and days at 320g (40 UK units), meaning each diary week cannot involve  
142 drinking more than 2,240g (280 UK units).

143 We address our primary aim by calculating the proportion of on-trade alcohol sold to people  
144 who have already consumed above specific thresholds within an occasion. The thresholds  
145 are based around multiples of the standard UK definition of binge drinking (NHS, 2020). For  
146 men and women respectively, the thresholds are:

- 147 • Increased risk (standard definition of binge drinking): 64g and 48g;
- 148 • High risk: 128g and 96g;
- 149 • Very high risk: 192g and 144g.

150 These are necessarily arbitrary thresholds as there are no widely-accepted thresholds for  
151 occasion-specific risk and we cannot calculate intoxication levels more accurately as  
152 Alcovision does not record the necessary data to calculate blood alcohol concentrations  
153 (BAC) or monitor changes in BAC levels over time. However, the thresholds are nonetheless  
154 useful indicators as there is increasing confidence that drinkers would be significantly  
155 intoxicated as the threshold rises. There is also extensive evidence that occasion-level  
156 consumption is associated with increased risk of multiple harmful outcomes (Rehm, et al.,

157 2017). Our graphical results provide the opportunity to calculate alternative thresholds for  
158 readers who wish to do so.

159 Drinker characteristics used for subgroup analyses are gender (men or women) and age (18-  
160 25, 26-35, 36-55 and 56+).

### 161 *Analysis*

162 Data manipulation for our analysis is designed around UK units (1 unit = 8g ethanol),  
163 although we refer to grams or pure alcohol elsewhere for the benefit of international  
164 readers. For the population and each subpopulation of interest within each year of data, we  
165 assign the units within each occasion a number representing the approximate order in  
166 which participants consumed them. We then calculate the proportion of all on-trade  
167 alcohol that is consumed beyond each threshold. For example, for increasing risk  
168 consumption, we calculate the proportion of on-trade units that are the 7<sup>th</sup> or higher unit in  
169 the occasion for women and the 9<sup>th</sup> or higher for men. We cannot order the drinks  
170 consumed within a location precisely and this prevents us from examining the  
171 characteristics of alcohol consumed by potentially intoxicated drinkers (e.g. type of  
172 beverage); however, we can identify alcohol consumed in the off-trade prior to drinking in  
173 the on-trade. Off-trade alcohol is not included in the numerator or denominator of our  
174 proportions, but the first on-trade unit in an occasion may still be the ninth unit overall, and  
175 thus contributes to determining the individuals' level of intoxication.

176 Our analytical approach can only accommodate integer numbers of units (i.e. it cannot  
177 handle the 7.49<sup>th</sup> unit). Therefore, where drinks contained a non-integer number of units  
178 (e.g. a pint of beer containing 1.8 units), we round to the nearest integer.

179 We do not present statistical tests of differences as the large sample size means all  
180 confidence intervals are small (e.g. maximum 95% CI =  $\pm 0.7\%$  for main results in Table 2). As  
181 such, any differences in the results that are of practical significance will always be  
182 statistically significant.

## 183 **Results**

### 184 *Prevalence of drinking to intoxication*

185 Table 1 shows the proportion of on-trade occasions within the analytical sample that involve  
186 at least increasing, high and very high risk levels of consumption. Data are shown for the  
187 sample as a whole, as well as by gender, age and year. Half (50.7%) of occasions involve  
188 drinking to at least increasing risk levels, 17.5% involve drinking to at least high risk levels  
189 and 8.3% involve drinking to very high levels. Although men are more likely to drink to at  
190 least increasing risk levels, similar proportions of men's and women's occasions involve  
191 drinking to at least high or very high risk levels. Age differences are small for increasing risk  
192 consumption levels, but younger drinkers are more likely to drink to at least high and very  
193 high levels. There was no consistent trend over time in the proportion of occasions  
194 involving drinking to at least increasing or high risk levels, but the proportion involving  
195 drinking to very high risk levels increased slightly from 7.5% to 9.0%.

### 196 *Proportions of pure alcohol consumed by intoxicated drinkers*

197 Figures 1a-c show for the population in 2009 and 2017, for each gender and for each age-  
198 group the proportions of all on-trade pure alcohol that is drunk by those who have already  
199 consumed above particular thresholds within that occasion. These figures suggest that  
200 over-service is likely to be commonplace across the population, with significant proportions

201 of on-trade alcohol consumed by those whose consumption levels suggest they are likely to  
202 already be intoxicated to varying degrees.

203 Table 2 shows the proportion of on-trade pure alcohol consumed by drinkers who are  
204 already above our consumption thresholds. In 2017, almost half (43.3%) of on-trade alcohol  
205 is consumed by drinkers who have already consumed to at least increasing risk levels, 20.5%  
206 is consumed by drinkers who have already drunk to at least high risk levels and 10.1% is  
207 consumed by individuals who have already drunk to very high risk levels.

208 For men, the proportions of their total on-trade alcohol consumed after already having  
209 drunk to increasing, high and very high risk levels are 41.0%, 18.0% and 7.2% respectively.

210 For women, the equivalent figures are 48.2%, 26.1% and 14.6% respectively. The share of  
211 total alcohol consumed by potentially intoxicated drinkers is much greater for younger than  
212 older drinkers. For example, the proportion of on-trade alcohol consumed by drinkers  
213 already above our increasing risk threshold is 55.2% for 18-25 year-olds and 30.0% for those  
214 aged 56 and over. The drop-off in this proportion is particularly marked between the 36-55  
215 and 56+ age groups.

216 Between 2009 and 2017, the proportion of on-trade alcohol consumed by potentially  
217 intoxicated drinkers increased slightly from 42.2% to 43.3% for the increasing risk threshold,  
218 from 18.1% to 20.5% for the high risk threshold and from 7.9% to 10.1% for the very high  
219 risk threshold. Within subpopulations, the increases over time were largest for women and,  
220 in most cases, for those aged between 26 and 55.

221

222

223 **Table 1: Sample size of individuals and occasions and proportion of occasions exceeding consumption**  
 224 **thresholds by gender, age and year.**

	Individuals <sup>a</sup>	On-trade occasions <sup>b</sup>	On-trade occasions involving at least this level of consumption <sup>c</sup>		
			Increasing risk	High risk	Very high risk
			N	N	%
All	90,968	139,938	50.7	17.5	8.3
<b>Gender</b>					
Men (ref)	52,676	87,150	57.0	17.7	7.8
Women	38,292	52,788	39.2	17.3	9.2
<b>Age</b>					
18-25 (ref)	25,672	38,169	54.9	25.8	14.7
26-35	20,900	30,559	52.1	21.8	11.2
36-55	27,762	42,808	53.9	19.6	8.7
56+	16,634	28,402	44.8	9.6	3.4
<b>Year</b>					
2009 (ref)	10,615	17,018	50.8	17.3	7.5
2010	9,973	15,877	51.2	17.4	7.9
2011	10,548	16,692	51.2	18.2	8.6
2012	10,470	16,582	52.0	18.3	8.7
2013	10,295	15,550	50.7	17.2	8.3
2014	10,409	15,788	49.8	17.4	8.2
2015	10,262	15,356	50.1	17.2	8.2
2016	10,033	15,057	50.3	17.1	8.5
2017	8,440 <sup>d</sup>	12,018	49.5	17.7	9.0

<sup>a</sup>Respondents who drank during the diary week only.

<sup>b</sup>Including occasions that involved off-trade drinking before or after on-trade drinking.

<sup>c</sup>Increasing risk: >48/64g for women/men; High risk: >96/128g for women/men; Very high risk: >144/192g for women/men.

<sup>d</sup>July 2017 data were lost during processing by Kantar, causing a reduction in the sample size for 2017.

225

226

227 **Table 2: Proportion of on-trade pure alcohol consumed by drinkers who have already drunk up to the**  
 228 **increasing, high and very high risk consumption levels by year.**

<b>Year</b>	<b>All (%)</b>	<b>Men (%)</b>	<b>Women (%)</b>	<b>18-25 (%)</b>	<b>26-35 (%)</b>	<b>36-55 (%)</b>	<b>56+ (%)</b>
<b>Increasing risk (&gt;48g for women and &gt;64g for men)</b>							
2009	42.2	41.8	43.4	55.5	47.3	42.3	28.5
2017	43.3	41.0	48.2	55.2	49.1	45.1	30.0
<b>High risk (&gt;96g for women and &gt;128g for men)</b>							
2009	18.1	16.9	21.3	30.2	21.9	16.7	8.1
2017	20.5	18.0	26.1	32.1	25.8	20.9	9.3
<b>Very high risk (&gt;144g for women and &gt;192g for men)</b>							
2009	7.9	6.0	11.1	15.7	13.8	6.5	2.6
2017	10.1	7.2	14.6	17.7	15.5	9.9	3.2

229

## 230 Discussion

231 Of all pure alcohol consumed in the on-trade in Great Britain in 2017, we estimate that  
232 43.3% was consumed by those who had already consumed to increasing risk levels, 20.5%  
233 was consumed by those had already consumed to high risk levels and 10.1% was consumed  
234 by those who had already drunk to very high risk levels. This suggests that direct or indirect  
235 over-service to potentially intoxicated patrons is widespread. This is particularly the case for  
236 younger adults and likely reflects their increased propensity to drink to intoxication.  
237 However, this is not simply a phenomenon associated with early adulthood and is prevalent  
238 in all age groups. Over-service is also more common in women's drinking occasions, and  
239 increases in over-service between 2009 and 2017 appear larger among women. This may  
240 reflect the general increases in women's drinking over the study period or previous  
241 evidence of a shift in the distribution of women's drinking, such that a greater share of  
242 consumption is now concentrated among heavier drinkers (Holmes et al., 2019).

243 This is the first study to use occasion-level data from a large representative sample of the  
244 general population to provide an indication of the prevalence and time-trends in direct and  
245 indirect over-service to intoxicated patrons within the on-trade. However, there are a  
246 number of limitations to our analysis. First, the relationship between occasion-level  
247 consumption and intoxication varies across the population and is unobserved in this study.  
248 We cannot accurately estimate BAC or changes in BAC over an occasion as a measure of  
249 intoxication as we do not have data on individual physiology or the timing of each drink  
250 consumed. We mitigated this by investigating three levels of consumption linked to the  
251 standard UK definition of binge drinking, and presenting these as indicators of potential  
252 intoxication. We also present our results graphically as a continuous curve. Although levels

253 of intoxication may be modest for some drinkers after consuming 48g or 64g of alcohol, it is  
254 very likely that drinkers who have consumed over 144g or 192g of alcohol would be  
255 intoxicated to a level that should prohibit the direct or indirect purchase of more alcohol.  
256 Second, our data are collected using a quota sample of online panel members that, although  
257 designed and weighted to provide representative samples of the British population, may still  
258 contain biases. Declining response rates to postal and telephone surveys, and the  
259 prohibitive costs of face-to-face studies mean online sampling methods are increasingly  
260 common within largescale alcohol survey research, despite their limitations (Rehm et al.,  
261 2021). Nonetheless, we encourage other researchers with occasion-level datasets to adopt  
262 our approach to provide alternative estimates for comparison. Third, the data are also  
263 subject to potential self-reporting biases, but the diary design employs techniques that  
264 should increase accurate reporting, such as recent recall and capturing contextual details of  
265 drinking (Casswell et al., 2002; Greenfield & Kerr, 2008; Stockwell et al., 2008).

266 Over-service is an important contributor to alcohol-related harm and researchers have  
267 presented compelling arguments as to why and how it should be tackled but, as discussed  
268 above, prevention efforts to date have had only limited success (Jones, et al., 2011). Our  
269 analysis and framing of the problem offers useful insights to guide new work in this area. In  
270 particular, it draw attention to both direct (service to potentially intoxicated patrons) and  
271 indirect (proxy purchasing for intoxicated patrons) over-service. The latter is particularly  
272 relevant in countries like Britain, where round-buying is common, and increases the  
273 difficulty of managing and regulating over-service. It also highlights that over-service may  
274 occur repeatedly within an individual drinking occasion. As such, it contrasts with previous  
275 research using pseudo-intoxicated patrons by framing over-service as a continuous act of

276 omission by staff rather than a discrete one. A small number of pseudo-intoxicated patron  
277 studies have asked actors to make further purchase attempts if the first is successful, but  
278 ethical and practical problems regarding what to do with the purchased drinks present  
279 challenges for this method (Toomey et al., 1999). Overall, our approach and findings  
280 emphasise that addressing over-service means managing the intoxication of patrons in  
281 general, rather than simply refusing purchase attempts by visibly intoxicated patrons. The  
282 scientific literature is unclear on the extent to which Responsible Beverage Service (RBS)  
283 training and related interventions consider these three points. Some papers discuss bar-  
284 staff being influenced by the intoxication norms of the venue but our results highlight the  
285 importance of fully incorporating into RBS training, if not already present, a focus on  
286 managing intoxication levels of all patrons as an on-going process rather than a series of  
287 discrete and disconnected choices by staff presented with customers showing greater or  
288 lesser symptoms of intoxication. Depending on the venue type, this may include lock-out  
289 laws, breathalysing patrons on entry, drinks tokens to limit consumption, restricting up-  
290 selling and other quantity-based promotional offers, and careful management of sales  
291 practices for 'down-in-one' style drinks (e.g. shots, shooters or bombs).

292 In Britain, debates about over-service are muted but fall under a broader Government  
293 strategy that emphasises the need for a partnership and community empowerment  
294 approach, whereby local licensing authorities, police, ambulance services and other public  
295 and community bodies work alongside alcohol producers and retailers to manage the  
296 excesses of the night-time economy (Community Alcohol Partnerships, 2016; HM  
297 Government, 2012). Researchers have not robustly evaluated the effectiveness of this  
298 strategy, although our findings suggest it has not markedly affected the rate of over-service

299 in a period of declining on-trade consumption. The present research can however  
300 contribute to the strategy's on-going development by drawing attention to the scale, social  
301 patterning and time-trends associated with the problem. It also highlights further concerns  
302 regarding the potential need for reform of laws prohibiting over-service with a view to  
303 better-reflecting the nature of the problem, as discussed by Nicholls and Morris (2014).  
304 Finally, it adds to previous evidence of a conflict of interest embedded within partnership  
305 approaches to alcohol policy, whereby commercial actors have a strong financial incentive  
306 to continue selling alcohol to those at risk of harm (Bhattacharya et al., 2018).

307 As noted above, the research literature on over-service is dominated by a relatively uniform  
308 research design involving pseudo-intoxicated actors making test purchases. Although  
309 robust and informative, other research designs are required to provide a broader  
310 perspective and set of metrics. Further exploration of how to use diary data creatively to  
311 describe over-service and its associated characteristics appears a promising way forward,  
312 particularly for providing large-scale nationally representative evidence. We  
313 opportunistically used previously collected market research data, but a more feasible  
314 approach for other researchers may be primary data collection via ecological momentary  
315 assessment (e.g. recording drinking behaviour in near real-time via smartphone apps).  
316 There is an emerging literature on drinking occasions using this method (Kuntsche &  
317 Labhart, 2012; Labhart et al., 2013; Monk & Heim, 2014; Thrul et al., 2017), and there is  
318 considerable potential for combining multiple forms of data (e.g. GPS, licensing records,  
319 ambulance and emergency room records) to develop a robust picture of where, when and  
320 how over-service occurs and leads to harmful outcomes. Measures that permit more  
321 accurate assessment of intoxication (e.g. height, weight and timing of drinks, or self-reports

322 of intoxication or intoxication symptoms) would greatly increase the robustness of our  
323 approach, while collecting contextual information (e.g. the brand or beverage, location and  
324 type of occasion) for alcohol consumed before and after intoxication thresholds would  
325 provide greater insight for the design and targeting of prevention efforts.

## 326 **Conclusion**

327 Depending on the consumption threshold used, drinkers who are potentially intoxicated  
328 consume between 10% and 43% of pure alcohol drunk in on-trade venues in Great Britain,  
329 suggesting over-service is commonplace. Further data suggest it is particularly common for  
330 women and younger drinkers, but there is little evidence that levels of over-service are  
331 changing over time.

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## References

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338 Ally, A. K., Lovatt, M., Meier, P. S., Brennan, A., & Holmes, J. (2016). Developing a social  
339 practice-based typology of British drinking culture in 2009-2011: implications for alcohol  
340 policy analysis. *Addiction* (Abingdon, England), *111*(9), 1568–1579.

341 [doi:10.1111/add.13397](https://doi.org/10.1111/add.13397). [Medline](#)

342 Andréasson, S., Lindewald, B., & Rehnman, C. (2000). Over-serving patrons in licensed  
343 premises in Stockholm. *Addiction* (Abingdon, England), *95*(3), 359–363.

344 [doi:10.1046/j.1360-0443.2000.9533596.x](https://doi.org/10.1046/j.1360-0443.2000.9533596.x). [Medline](#)

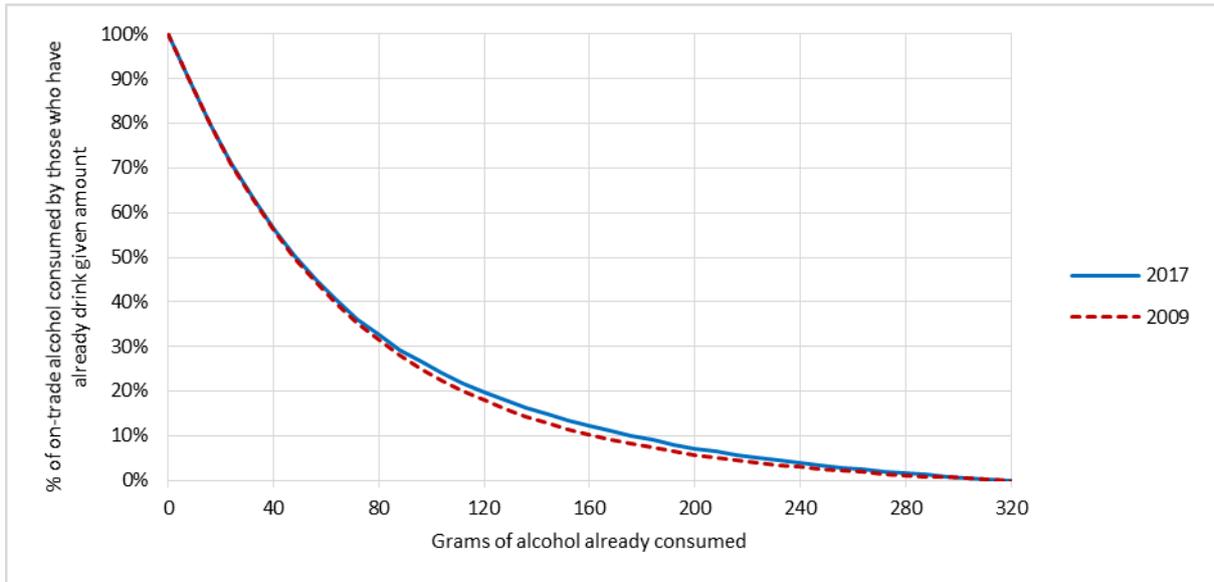
345 Bhattacharya, A., Angus, C., Pryce, R., Holmes, J., Brennan, A., & Meier, P. S. (2018). How  
346 dependent is the alcohol industry on heavy drinking in England? *Addiction* (Abingdon,  
347 England), *113*(12), 2225–2232. [doi:10.1111/add.14386](https://doi.org/10.1111/add.14386). [Medline](#)

348 British Beer and Pub Association. (2019). *Statistical Handbook 2019*. London: Brewing  
349 Publications Limited.

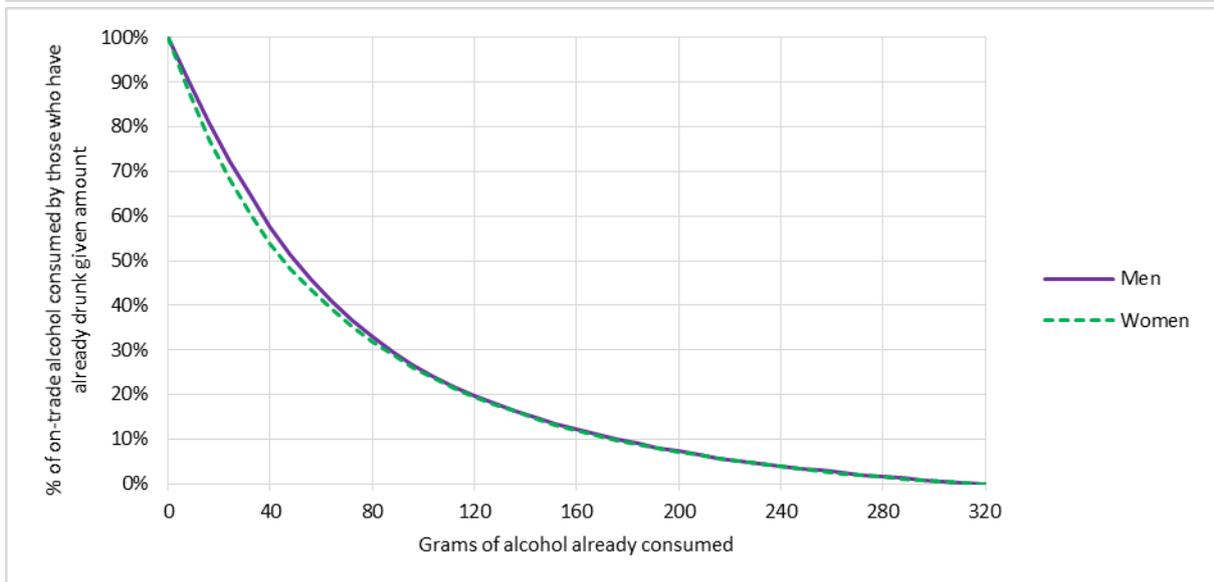
- 350 Buvik, K. (2013). How bartenders relate to intoxicated customers. *The International Journal*  
 351 *of Alcohol and Drug Research*, 2(2), 1–6. [doi:10.7895/ijadr.v2i2.120](https://doi.org/10.7895/ijadr.v2i2.120).
- 352 Buvik, K., & Rossow, I. (2015). Factors associated with over-serving at drinking  
 353 establishments. *Addiction (Abingdon, England)*, 110(4), 602–609.  
 354 [doi:10.1111/add.12843](https://doi.org/10.1111/add.12843). [Medline](#)
- 355 Casswell, S., Huckle, T., & Pledger, M. (2002). Survey data need not underestimate alcohol  
 356 consumption. *Alcoholism, Clinical and Experimental Research*, 26(10), 1561–1567.  
 357 [doi:10.1111/j.1530-0277.2002.tb02456.x](https://doi.org/10.1111/j.1530-0277.2002.tb02456.x). [Medline](#)
- 358 Community Alcohol Partnerships. (2016). *Impact Report 2016: Community Alcohol*  
 359 *Partnerships (CAP)*. Retrieved from <http://www.communityalcoholpartnerships.co.uk/>
- 360 Coomber, K., Droste, N., Pennay, A., Mayshak, R., Martino, F., & Miller, P. G. (2017).  
 361 Trends Across the Night in Patronage, Intoxication, and Licensed Venue Characteristics  
 362 in Five Australian Cities. *Substance Use & Misuse*, 52(9), 1191–1201.  
 363 [doi:10.1080/10826084.2017.1302955](https://doi.org/10.1080/10826084.2017.1302955). [Medline](#)
- 364 Goodsite, B., Klear, L., & Rosenberg, H. (2008). The impact of behavioral signs of  
 365 intoxication on bartender service. *Drugs Education Prevention & Policy*, 15(6), 545–551.  
 366 [doi:10.1080/09687630701725405](https://doi.org/10.1080/09687630701725405).
- 367 Gosselt, J. F., Van Hoof, J. J., Goverde, M. M., & De Jong, M. D. T. (2013). One more beer?  
 368 Serving alcohol to pseudo-intoxicated guests in bars. *Alcoholism, Clinical and*  
 369 *Experimental Research*, 37(7), 1213–1219. [doi:10.1111/acer.12074](https://doi.org/10.1111/acer.12074). [Medline](#)
- 370 Graham, K., Bernards, S., Osgood, D. W., & Wells, S. (2006). Bad nights or bad bars? Multi-  
 371 level analysis of environmental predictors of aggression in late-night large-capacity bars  
 372 and clubs. *Addiction (Abingdon, England)*, 101(11), 1569–1580. [doi:10.1111/j.1360-0443.2006.01608.x](https://doi.org/10.1111/j.1360-0443.2006.01608.x). [Medline](#)
- 373
- 374 Graham, K., & Homel, R. (2008). *Raising the Bar: Aggression in and Around Bars, Pubs and*  
 375 *Clubs*. Cullompton: Willan Publishing.
- 376 Graham, K., Miller, P., Chikritzhs, T., Bellis, M. A., Clapp, J. D., Hughes, K., et al. (2014).  
 377 Reducing intoxication among bar patrons: some lessons from prevention of drinking and  
 378 driving. *Addiction (Abingdon, England)*, 109(5), 693–698. [doi:10.1111/add.12247](https://doi.org/10.1111/add.12247).  
 379 [Medline](#)
- 380 Green, J., & Plant, M. A. (2007). Bad bars: a review of risk factors. *Journal of Substance Use*,  
 381 12(3), 157–189. [doi:10.1080/14659890701374703](https://doi.org/10.1080/14659890701374703).
- 382 Greenfield, T. K., & Kerr, W. C. (2008). Alcohol measurement methodology in  
 383 epidemiology: recent advances and opportunities. *Addiction (Abingdon, England)*,  
 384 103(7), 1082–1099. [doi:10.1111/j.1360-0443.2008.02197.x](https://doi.org/10.1111/j.1360-0443.2008.02197.x). [Medline](#)
- 385 Government, H. M. (2012). *The Government's Alcohol Strategy (Cm 8336)*. Retrieved from  
 386 London: Holmes, J., Ally, A. K., Meier, P. S., & Pryce, R. (2019). The collectivity of  
 387 British alcohol consumption trends across different temporal processes: a quantile age-  
 388 period-cohort analysis. *Addiction (Abingdon, England)*, 114(11), 1970–1980.  
 389 [doi:10.1111/add.14754](https://doi.org/10.1111/add.14754).
- 390 Home Office. (2014). *Guidance on Mandatory Licensing Conditions: For suppliers of*  
 391 *alcohol and enforcement authorities in England and Wales*. Retrieved from  
 392 [https://www.gov.uk/government/publications/guidance-on-mandatory-licensing-](https://www.gov.uk/government/publications/guidance-on-mandatory-licensing-conditions)  
 393 [conditions](https://www.gov.uk/government/publications/guidance-on-mandatory-licensing-conditions)

- 394 Hughes, K., Bellis, M. A., Leckenby, N., Quigg, Z., Hardcastle, K., Sharples, O., &  
 395 Llewellyn, D. J. (2014). Does legislation to prevent alcohol sales to drunk individuals  
 396 work? Measuring the propensity for night-time sales to drunks in a UK city. *Journal of*  
 397 *Epidemiology and Community Health*, *68*(5), 453–456. [doi:10.1136/jech-2013-203287](https://doi.org/10.1136/jech-2013-203287).  
 398 [Medline](#)
- 399 Institute of Alcohol Studies. (2015). *Alcohol's impact on emergency services*. Retrieved from  
 400 [http://www.ias.org.uk/uploads/Alcohols\\_impact\\_on\\_emergency\\_services\\_full\\_report.pdf](http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf)
- 401 Jones, L., Hughes, K., Atkinson, A. M., & Bellis, M. A. (2011). Reducing harm in drinking  
 402 environments: a systematic review of effective approaches. *Health & Place*, *17*(2), 508–  
 403 518. [doi:10.1016/j.healthplace.2010.12.006](https://doi.org/10.1016/j.healthplace.2010.12.006). [Medline](#)
- 404 Kuntsche, E., & Labhart, F. (2012). Investigating the drinking patterns of young people over  
 405 the course of the evening at weekends. *Drug and Alcohol Dependence*, *124*(3), 319–324.  
 406 [doi:10.1016/j.drugalcdep.2012.02.001](https://doi.org/10.1016/j.drugalcdep.2012.02.001). [Medline](#)
- 407 Labhart, F., Graham, K., Wells, S., & Kuntsche, E. (2013). Drinking before going to licensed  
 408 premises: an event-level analysis of predrinking, alcohol consumption, and adverse  
 409 outcomes. *Alcoholism, Clinical and Experimental Research*, *37*(2), 284–291.  
 410 [doi:10.1111/j.1530-0277.2012.01872.x](https://doi.org/10.1111/j.1530-0277.2012.01872.x). [Medline](#)
- 411 Lenk, K. M., Toomey, T. L., & Erickson, D. J. (2006). Propensity of alcohol establishments  
 412 to sell to obviously intoxicated patrons. *Alcoholism, Clinical and Experimental Research*,  
 413 *30*(7), 1194–1199. [doi:10.1111/j.1530-0277.2006.00142.x](https://doi.org/10.1111/j.1530-0277.2006.00142.x). [Medline](#)
- 414 Lenk, K. M., Toomey, T. L., Nelson, T. F., Jones-Webb, R., & Erickson, D. J. (2014). State  
 415 and local law enforcement agency efforts to prevent sales to obviously intoxicated  
 416 patrons. *Journal of Community Health*, *39*(2), 339–348. [doi:10.1007/s10900-013-9767-9](https://doi.org/10.1007/s10900-013-9767-9).  
 417 [Medline](#)
- 418 Miller, P., Pennay, A., Droste, N., Butler, E., Jenkinson, R., Hyder, S., et al. (2014). A  
 419 comparative study of blood alcohol concentrations in Australian night-time entertainment  
 420 districts. *Drug and Alcohol Review*, *33*(4), 338–345. [doi:10.1111/dar.12145](https://doi.org/10.1111/dar.12145). [Medline](#)
- 421 Monk, R. L., & Heim, D. (2014). A real-time examination of context effects on alcohol  
 422 cognitions. *Alcoholism, Clinical and Experimental Research*, *38*(9), 2454–2459.  
 423 [doi:10.1111/acer.12504](https://doi.org/10.1111/acer.12504). [Medline](#)
- 424 Moore, S. C., Brennan, I., & Murphy, S. (2011). Predicting and measuring premises-level  
 425 harm in the night-time economy. *Alcohol and Alcoholism (Oxford, Oxfordshire)*, *46*(3),  
 426 357–363. [doi:10.1093/alcalc/agr011](https://doi.org/10.1093/alcalc/agr011). [Medline](#)
- 427 Moore, S. C., Murphy, S., Moore, S. N., Brennan, I., Byrne, E., Shepherd, J., & Moore, L.  
 428 (2012). An exploratory randomised controlled trial of a premises-level intervention to  
 429 reduce alcohol-related harm including violence in the United Kingdom. *BMC Public*  
 430 *Health*, *12*(1), 412. [doi:10.1186/1471-2458-12-412](https://doi.org/10.1186/1471-2458-12-412). [Medline](#)
- 431 Mustonen, H., Mäkelä, P., & Lintonen, T. (2014). Toward a typology of drinking occasions:  
 432 Latent classes of an autumn week's drinking occasions. *Addiction Research and Theory*,  
 433 *22*(6), 524–534. [doi:10.3109/16066359.2014.911845](https://doi.org/10.3109/16066359.2014.911845).
- 434 NHS. (2020). Binge drinking. Retrieved from <https://www.nhs.uk/live-well/alcohol-support/binge-drinking-effects/#:~:text=Binge%20drinking%20usually%20refers%20to,a%20single%20session%20for%20women>

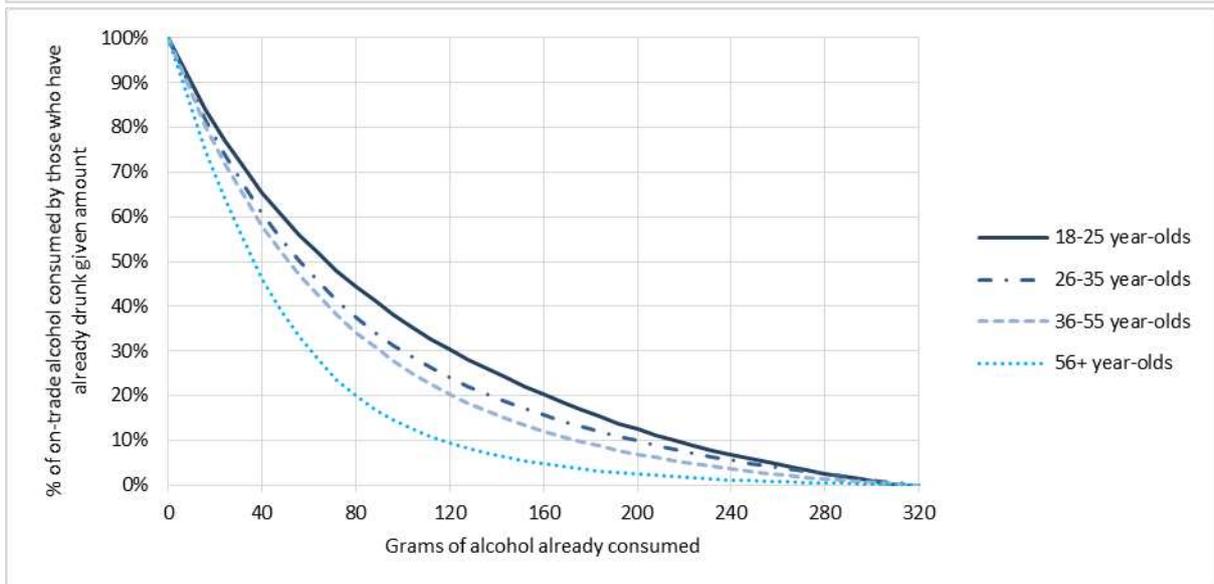
- 438 Nicholls, J., & Morris, J. (2014). *One too many? Sales to drunk customers: Policy,*  
439 *enforcement and responsibility.* Retrieved from London: Rehm, J., Gmel, G. E., Gmel,  
440 G., Hasan, O. S. M., Imtiaz, S., Popova, S., . . . Shuper, P. A. (2017). The relationship  
441 between different dimensions of alcohol use and the burden of disease—an update.  
442 *Addiction* (Abingdon, England), *112*(6), 968–1001. doi:10.1111/add.13757.
- 443 Rehm, J., Kilian, C., Rovira, P., Shield, K. D., & Manthey, J. (2021). The elusiveness of  
444 representativeness in general population surveys for alcohol. *Drug and Alcohol Review,*  
445 *40*(2), 161–165. doi:10.1111/dar.13148. [Medline](#)
- 446 Rossow, I., & Baklien, B. (2010). Effectiveness of Responsible Beverage Service: The  
447 Norwegian Experiences. *Contemporary Drug Problems,* *37*(1), 91–107.  
448 [doi:10.1177/009145091003700105.](#)
- 449 Rydon, P., Stockwell, T., Lang, E., & Beel, A. (1996). Pseudo-drunk-patron evaluation of  
450 bar-staff compliance with Western Australian liquor law. *Australian and New Zealand*  
451 *Journal of Public Health,* *20*(3), 290–295. doi:10.1111/j.1467-842X.1996.tb01031.x.  
452 [Medline](#)
- 453 Stockwell, T., Zhao, J., Chikritzhs, T., & Greenfield, T. K. (2008). What did you drink  
454 yesterday? Public health relevance of a recent recall method used in the 2004 Australian  
455 National Drug Strategy Household Survey. *Addiction* (Abingdon, England), *103*(6), 919–  
456 928. doi:10.1111/j.1360-0443.2008.02219.x. [Medline](#)
- 457 Thrul, J., Labhart, F., & Kuntsche, E. (2017). Drinking with mixed-gender groups is  
458 associated with heavy weekend drinking among young adults. *Addiction* (Abingdon,  
459 England), *112*(3), 432–439. doi:10.1111/add.13633. [Medline](#)
- 460 Toomey, T. L., Lenk, K. M., Nederhoff, D. M., Nelson, T. F., Ecklund, A. M., Horvath, K. J.,  
461 & Erickson, D. J. (2016). Can Obviously Intoxicated Patrons Still Easily Buy Alcohol at  
462 On-Premise Establishments? *Alcoholism, Clinical and Experimental Research,* *40*(3),  
463 616–622. doi:10.1111/acer.12985. [Medline](#)
- 464 Toomey, T. L., Wagenaar, A. C., Erickson, D. J., Fletcher, L. A., Patrek, W., & Lenk, K. M.  
465 (2004). Illegal alcohol sales to obviously intoxicated patrons at licensed establishments.  
466 *Alcoholism, Clinical and Experimental Research,* *28*(5), 769–774.  
467 [doi:10.1097/01.ALC.0000125350.73156.FF.](#) [Medline](#)
- 468 Toomey, T. L., Wagenaar, A. C., Kilian, G., Fitch, O., Rothstein, C., & Fletcher, L. (1999).  
469 Alcohol sales to pseudo-intoxicated bar patrons. *Public Health Reports,* *114*(4), 337–342.  
470 [doi:10.1093/phr/114.4.337.](#) [Medline](#)
- 471 Wallin, E., Gripenberg, J., & Andréasson, S. (2002). Too drunk for a beer? A study of  
472 overserving in Stockholm. *Addiction* (Abingdon, England), *97*(7), 901–907.  
473 [doi:10.1046/j.1360-0443.2002.00160.x.](#) [Medline](#)
- 474 Wallin, E., Gripenberg, J., & Andréasson, S. (2005). Overserving at licensed premises in  
475 Stockholm: effects of a community action program. *Journal of Studies on Alcohol,* *66*(6),  
476 806–814. doi:10.15288/jsa.2005.66.806. [Medline](#)  
477



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481 ***Figure 1: Proportion of pure alcohol consumed by those who have already drunk up to certain consumption thresholds***  
482 ***(a) in 2009 and 2017; (b) by gender in 2017 and (c) by age group in 2017***

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