

This entry is our account of a review or synthesis of research findings selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the UK. Unless indicated otherwise, permission is given to distribute this entry or incorporate passages in other documents as long as the source is acknowledged including the web address <http://findings.org.uk>. The original review was not published by Findings; click on the [Title](#) to obtain copies. Free reprints may also be available from the authors – click [Request reprint](#) to send or adapt the pre-prepared e-mail message. Links to source documents are in [blue](#). Hover mouse over [orange](#) text for explanatory notes. The Summary is intended to convey the findings and views expressed in the review. Below are some comments from Drug and Alcohol Findings.

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### ► [Effectiveness of policies restricting hours of alcohol sales in preventing excessive alcohol consumption and related harms.](#)

Hahn R.A., Kuzara J.L., Elder R. et al.

**American Journal of Preventive Medicine: 2010, 39(6), p. 590–604.**

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*UK research is inconclusive, but international research from developed nations supports the belief that increasing on-licence opening hours leads to more drinking and more alcohol-related harm.*

**Summary** International bodies have recommended controlling hours and/or days when alcohol sales are permitted as way of reducing excessive alcohol consumption and related harms. Such measures are thought to work by altering the availability of alcohol and also as a result leading consumers to change their purchasing habits including how much they buy and when and where. Such changes may then affect drinking patterns or overall levels, resulting in changes in alcohol-related problems. Changes in drinking may not be the only way hours of sale affect alcohol-related health. For example, some changes may lead to greater concentrations of drinkers in pubs and bars, increasing the risk of alcohol-related aggression, or divert drinkers to less restricted areas with consequent displacement of drinking and related harm, and perhaps extra harm due to more driving and more drink-driving.

A [separate review](#) has assessed the effects of changing *days* of sale, concluding that increases lead to increased consumption and related harms. The question addressed by the featured review was how – *within* allowable days of sale – the number of *hours* during which regulations allow alcohol to be bought and served affects excessive alcohol consumption and related harms, and whether there such impacts are only noticeable above a certain threshold change in hours. The threshold it seemed reasonable to investigate was two hours a day. Most prior reviews have combined findings on days and hours, and none have investigated threshold effects.

It also seems possible that any resultant harm will be reduced when premises have to apply for extra hours and meet certain safety criteria rather than when the extra hours

are applied across the board, though in the event the studies found by this review were unable to answer this question.

Results of reviewed studies had to be published in English and reflect non-transient changes in hours (eg, not for a special one-off event) in **high-income** economies when these were the sole intervention affecting drinking and related harm rather than part of a combined programme. Studies of impacts outside the jurisdiction where changes were made were not considered. Within the jurisdiction, trends in drinking and related harm had to be benchmarked against a comparison area not subject to changes in hours or against the same area before the changes.

## Main findings

Ten studies were found of six changes in hours (four in Australia) of at least two hours a day, all increased opening hours at on-premises outlets such as pubs and bars and mostly comparing before and after outcomes. Of the ten studies, six found an increase in alcohol-related harms including crash and alcohol-related injuries, violence, emergency room admissions, and driving under the influence. Two found decreased alcohol-related harms, one no effect, and another an increase in alcohol consumption which did not meet criteria for statistical significance.

Among these studies were three of the UK Licensing Act of 2003 which (subject to local licensing requirements) permitted sales 24 hours a day in England and Wales. Two studies found a relative decrease in harms (violent crime and alcohol-related facial injuries) while a third study found a relative increase in alcohol-related assault and injury.

Six studies were found of five changes in hours of less two hours a day, all increased opening hours at on-premises outlets such as pubs and bars and mostly comparing before and after outcomes. Results were mixed and inconsistent. Only one (Australian) study reported clearly negative effects in the form of substantial increases in wholesale alcohol purchases, assaults, and motor vehicle crashes. Other studies reported small and inconsistent changes in sales, consumption, alcohol-related mortality, and motor vehicle crashes.

Among these were studies of the extension in Scotland in 1976 of closing time from 10 to 11 at night. These found only small changes in sometimes opposing directions, including increased consumption among women but decreased among men and a small per capita increase in beer consumption. In 1988, England and Wales extended closing hours from 10:30 to 11 at night and opening time from 11 to 10 in the morning. Outcomes including alcohol-related mortality and morbidity, dependence, and absenteeism were heterogeneous, and included the seemingly contradictory findings that compared with the benchmark jurisdiction (Scotland), convictions for underage sales increased by 64% while sales to minors fell substantially. Another finding was a near 16% increase in recorded violent crime.

## The authors' conclusions

This review found that increasing the hours when alcohol may be sold in on-licensed premises by at least two hours a day increased alcohol-related harms. According to criteria adopted by the US government's [Community Guide](#) to identify effective health-related programmes, on grounds of alcohol-related harm, these findings are sufficient to

support resistance to attempts to add two hours or more a day to permitted alcohol sales hours. By extension, it seems reasonable to assume that reducing hours by the same amount would reduce harms, but no study tested this proposition directly. Evidence was insufficient to determine whether smaller changes in hours have any meaningful impact, none was available relating to off-licence sales, and none assessed economic impacts, in particular any losses in sales and tax revenues from restricting hours.

## FINDINGS

This is one of a number of reviews intended to inform decisions made by US communities on health-related programmes. The reviews are considered by a task force with particular expertise in public health, which takes their finding in to account in making its recommendations. The task force considered this review and another on changes in the [days](#) on which alcohol can be sold. On the basis of "strong evidence of effectiveness", it [recommended](#) maintaining existing US limits on the days on which alcoholic beverages are sold as one strategy for the prevention of excessive drinking and related harms. On the basis of the featured review, the task force judged the evidence "sufficient" to also recommend similar actions for similar reasons in relation to the hours during which alcohol can be sold at on-premises outlets.

The task force was concerned with impacts on "excessive" alcohol consumption, but the featured review reported on impacts on total or per capita consumption. Presumably the presumption is being made that overall increases also mean increases in the proportion of the population drinking excessively and/or in the intensity of drinking by excessive drinkers. That presumption is reasonable but by no means certain.

Though it found UK evidence equivocal ([▶ below](#)), Britain's National Institute for Health and Clinical Excellence [also concluded](#) that as well as reducing the number of outlets, making it harder to buy alcohol by limiting days and hours when it can be sold effectively reduces alcohol-related harm.

Despite some possible local impacts ([notably](#) in alcohol-related overnight emergency department admissions at an inner London hospital), nationally and in aggregate the UK Licensing Act of 2003 which permitted sales 24 hours a day in England and Wales lacked a clear and consistent impact on overall levels of drinking or related crime and disorder ([1 2 3](#)). But the act permitted rather than required 24-hour service and changes in hours were subject to local licensing decisions. In practice, on-licence premises extended hours only slightly and apart from hotels, which have always been able to serve guests 24 hours a day, all-day licenses were largely confined to off-licensed premises including supermarkets and petrol stations.

*This draft entry is currently subject to consultation and correction by the study authors and other experts.*

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