

Recommendations on Maintaining Limits on Days and Hours of Sale of Alcoholic Beverages to Prevent Excessive Alcohol Consumption and Related Harms

Task Force on Community Preventive Services

The personal, financial, and public health burden of excessive use of alcohol has been of concern to U.S. leaders, policymakers, and the public for many years. In the objectives for Healthy People 2020,¹ the nation's public health agenda for the next 10 years, some alcohol-related goals and objectives from Healthy People 2010² will be carried over and some new goals and objectives will be added, as shown in Table 1.

In recognition of the need to reduce the negative effects of alcohol use in the U.S., the Task Force on Community Preventive Services (Task Force) has issued three previous recommendations to reduce excessive alcohol use (Regulation of Alcohol Outlet Density; Increasing Alcohol Taxes; and Enhanced Enforcement of Laws Prohibiting Sales to Minors; www.thecommunityguide.org/alcohol/index.html) and nine recommendations to reduce alcohol-impaired driving (available at www.thecommunityguide.org/mvoi/AID/index.html). In this report, two new recommendations from the Task Force are presented: Maintaining Limits on Days of Sale, and Maintaining Limits on Hours of Sale. These recommendations are intended to prevent excessive alcohol consumption and related harm by regulating access to alcohol.

The Task Force, an independent, nonfederal group, is developing the *Guide to Community Preventive Services* (*Community Guide*) with the support of USDHHS in collaboration with public and private partners. The CDC provides staff support to the Task Force, but the recommendations presented here were developed by the Task Force and they are not necessarily the recommendations of the CDC, USDHHS, or collaborating agencies or partners. The specific methods for and results of the reviews of evidence on which this recommendation is based are provided in the accompanying articles.^{3,4} The methods for conducting systematic evidence reviews and translating the evidence on effectiveness into recommendations

for the *Community Guide* have been previously published.⁵

Intervention Recommendations

Limiting Days on Which Alcoholic Beverages Are Sold

On the basis of strong evidence of effectiveness, the Task Force recommends maintaining existing limits on the days on which alcoholic beverages are sold as one strategy for the prevention of excessive alcohol consumption and related harms. Evidence for this recommendation is based on studies assessing the effects of repealing limits on sales of alcoholic beverages on weekend days in "off-premises" settings (i.e., for consumption off premises, such as grocery, convenience, or liquor stores) and in "on-premises" settings (i.e., for consumption on premises, such as restaurants, bars, or ballparks).³ Removal of limits on days of sale in off-premises settings resulted in small increases both in consumption of alcohol and in motor vehicle fatalities.³ Removing limits on days of sale in on-premises settings found small increases in levels of consumption and substantial increases in motor vehicle-related harm.³ Too few studies evaluated imposing new limits on days of sale; the Task Force therefore had insufficient evidence to determine the effectiveness of this intervention on excessive alcohol consumption and related harms.

Limiting Hours During Which Alcoholic Beverages Are Sold

On the basis of sufficient evidence of effectiveness, the Task Force recommends maintaining existing limits on the hours during which alcoholic beverages are sold at on-premises outlets as another strategy for preventing alcohol-related harms.⁴ The studies in the review assessed the effectiveness of increasing hours of sale by either 2 or more hours or less than 2 hours in on-premises settings. Studies that examined increasing hours of sale by 2 or more hours found increases in vehicle crash injuries, emergency room admissions, and alcohol-related assault and injury. One study found a decrease in violent crime.⁴ Studies that assessed the effectiveness of increasing hours

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Table 1. Summary of selected proposed *Healthy People 2020* alcohol-related objectives^a

Objective number	Objective
SA ^b HP2020-1	Reduce cirrhosis deaths ^c
SA HP2020-7	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages ^c
SA HP2020-8	Reduce average annual alcohol consumption ^c
SA HP2020-16	Decrease the proportion of adults who drank excessively in the previous 30 days ^d
SA HP2020-20	Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities ^d

^aSource: www.healthypeople.gov/hp2020/Objectives/TopicArea.aspx?id=46&TopicArea=Substance+Abuse

^bSA, substance abuse

^cObjective retained from Healthy People 2010

^dObjective new to Healthy People 2020

of sale by less than 2 hours showed inconsistent effects, suggesting that changes of less than 2 hours in the sale of alcohol in on-premise settings had no substantial effect on alcohol-related harms.⁴ The Task Force found insufficient evidence to determine the effectiveness of increasing existing limits on hours of sale at off-premises outlets, because no studies were found that assessed such evidence.⁴

Interpreting and Using the Recommendations

Laws and/or ordinances govern the hours and days during which alcoholic beverages can be sold. In some communities or municipalities, those who wish to retain existing laws or ordinances in an effort to reduce alcohol-related harms can use the above recommendations to support maintaining the existing days of sale (i.e., not adding more days) and continuing to limit the hours during which alcoholic beverages can be sold on those days (i.e., not increasing the hours of sale). State preemption laws may preclude change at the local level. In such situations, legislative change must occur at the state level first.

References

1. USDHHS. Healthy people 2020: The road ahead. www.healthypeople.gov/hp2020/default.asp.
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5. Briss PA, Zaza S, Pappaioanou M, et al. Developing an evidence-based guide to community preventive services—methods. *Am J Prev Med* 2000;18(1S):35–43.