


DRUG & ALCOHOL FINDINGS *Research analysis*

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▶ [The impact of extended closing times of alcohol outlets on alcohol-related injuries in the nightlife areas of Amsterdam: a controlled before-and-after evaluation.](#)

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de Goeij M.C., Veldhuizen E.M., Buster M.C. et al.

Addiction: 2015, 110(6), p. 955–964.

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Adding just one or two hours to late-night opening times for bars and clubs in two of Amsterdam's nightlife areas led to a persistent 34% increase in alcohol-related injuries, a trend reflected in both the numbers of accidental injuries and those due to violence.

SUMMARY This paper examines how levels and trends of alcohol-related injuries changed in two nightlife areas of Amsterdam after a new policy was implemented allowing venues that serve alcohol to extend their closing times by one or two hours. This policy was part of a wider package to make the city more attractive to tourists and other visitors.

Venues were required to apply to extend their opening times (the change was not implemented automatically), and, in order to minimise risks to public order, they were required to draw up a security plan which was then reviewed by the police. The policy was confined to two districts where it was assumed that any risks to public order and the residential environment would be lower than in other nightlife areas because fewer people lived there, the streets were relatively wide, and public transport was well organised.

To assess the impact of extended closing times, the authors compared alcohol-related injuries in two areas with extended closing times (Leidseplein and Rembrandtplein) to three nearby and similar areas where venues were not allowed to extend their hours (Dam, Koningsplein, and the Red-light district), both before and after the introduction of the policy. Alcohol-related injuries were defined as ambulance attendances either directly or indirectly related to alcohol consumption. This mainly included alcohol poisoning, loss of consciousness, wounds and other injuries. To determine whether injuries were 'alcohol-related', the authors referred to the short descriptions of the emergency call, the perspective of the paramedics attending the scene, and feedback from the emergency department.

Main findings

Before the policy was implemented, numbers of reported alcohol-related injuries were similar across the two sets of nightlife areas featured in this study. After the policy was implemented, the number of injuries per month were higher in areas with extended opening times. Overall, the one-hour extension was associated with a statistically significant increase in alcohol-related injuries of 34%. This increase was at least as evident for injuries due to violence as for other injuries. In a finer-grain analysis, increases in injuries were only statistically significant at particular times (weekends and between 2am and 5:59am), and for certain



Key points

From summary and commentary

Venue closing times were extended in two nightlife areas of Amsterdam in a bid to enhance the appeal to tourists and visitors.

This had a substantial impact on the number of alcohol-related injuries attended to by paramedics, with a 34% increase observed after the policy had been implemented.

This finding emphasises the need for public health to be a key consideration of nightlife and alcohol policy.

subgroups (men, individuals aged 25–34, and people transported to a hospital).

The authors' conclusions

There is strong evidence that extended closing times produced an increase in the number of alcohol-related injuries during the night-time in two nightlife areas in the central district of Amsterdam. It is “important to consider this negative impact on public health when making policy choices about closing times of alcohol outlets”.

FINDINGS COMMENTARY Extending [hours of sale](#) increases the [availability](#) of alcohol, which is associated with an increase in alcohol consumption and related harms. Conversely, [limiting the sale](#) of alcohol, for example through the regulation of closing times and alcohol [outlet density](#), can help to reduce consumption and related harms. Yet in practice, decisions about licensing are not made solely in the interests of public health, but are balanced against a range of factors including commercial interests.

In Amsterdam, extended closing times were introduced as part of a wider package to make the city and the nightlife more appealing to tourists, alongside longer-term “municipal investments to increase the capacity or number of bars, clubs, and restaurants, and plans to increase the number of cultural venues, such as theatres, that can legitimately sell alcohol alongside activities included in their cultural programme”. Some measures were taken to mitigate risks stemming from extended closing times, though arguably relating to public order more so than health (although the two are related for example in the case of injuries resulting from alcohol-related violence).

The authors found that a one-hour extension had quite a substantial effect on the number of alcohol-related injuries and suggest that this type of evidence should be taken into account when making policy choices about closing times. However, as this [commentary](#) points out, other micro factors might be at play in the availability of alcohol (and the subsequent impact on related harms), complicating matters for policy makers. These include the time of ‘last drinks’ within venues, the hours that alcohol can be consumed on the premises, and the use of ‘lockouts’.

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