

The European Health Alliance on Alcohol (EHAALog) calls on Cyprus to reject extension of alcohol sales hours

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The **European Health Alliance on Alcohol (EHAALog)**, a coalition of 27 European and national health organisations representing over 2 million medical professionals and healthcare providers, expresses its strong opposition to the proposed extension of alcohol sales hours in Cyprus. Evidence from many sources demonstrates that increasing the availability of alcohol—particularly through longer opening hours—leads to higher levels of alcohol consumption and significant increases in alcohol-related harms.

A health professional perspective: policies must reduce, not increase harm

From a health professional perspective, the proposed extension of alcohol sales hours is not aligned with established principles of prevention and responsible health system stewardship. In both clinical and public health practice, interventions are evaluated based on their ability to reduce risk, prevent harm, and relieve pressure on healthcare services. Alcohol is a toxic, psychoactive, carcinogenic, teratogenic, and addictive substance, with well-documented impacts across a wide range of conditions, including cancer, cardiovascular disease, liver disease, injuries, and mental health disorders. Policies that increase population-level exposure to such a risk factor are therefore expected to lead to greater harm and increased demand on already overstretched health systems. This runs counter to the fundamental responsibility of governments to protect and promote public health. Moreover, as the proposed amendment specifically targets the nightlife environment, it is likely to disproportionately affect young people—a group particularly vulnerable to alcohol-related harm—further heightening concern among EHAALog members.

Extending alcohol sales hours increases measurable harm

Research consistently demonstrates that extended trading hours are associated with measurable increases in injuries, violence, and traffic collisions. Evidence summarised by Global Action on Alcohol, Drugs and Addictions¹ indicates that extending alcohol trading hours by one hour leads to a **16% increase in alcohol-related crime** (with additional evidence pointing to greater impacts in lower socioeconomic status areas)², a **34% increase in alcohol-related injuries requiring hospital treatment**, and a **30% increase in traffic collisions in rural areas**, potentially also worsening health inequalities. These findings reflect a broader international trend: when alcohol becomes more accessible for longer periods, harms rise correspondingly.

Empirical evidence from Reykjavík provides a clear example. A study titled “*Alcohol-related mishaps on weekends in Reykjavík*”³ demonstrated that extended nightlife opening hours were associated with a rise in alcohol-related incidents during weekends, including injuries and disturbances requiring emergency or police intervention. This highlights how later closing times intensify the concentration of

¹ Alcohol Action Ireland: <https://alcoholireland.ie/our-work/campaigns/sale-of-alcohol-bill/>

² Han S, Branas CC, MacDonald JM. The Effect of a Sunday Liquor Sales Ban Repeal on Crime: A Triple Difference Analysis. *Alcohol Clin Exp Res*. 2016;40(5):1111–1121. <https://pubmed.ncbi.nlm.nih.gov/articles/PMC5464788/>

³ Ragnarsdóttir et al., 2011, *Nordic Studies on Alcohol and Drugs*.
<https://journals.sagepub.com/doi/epdf/10.2478/v10199-011-0009-0>

alcohol consumption during nighttime hours and increase the burden on health services and law enforcement.

International public health organisations have consistently emphasised that limiting alcohol availability—through reduced sales hours, controls on outlet density, and pricing measures—is a cornerstone of effective alcohol harm reduction policy. Evidence from Central and Eastern Europe further reinforces the relationship between reduced alcohol availability and improved health outcomes. The study “*Estimating the impact of availability restrictions and taxation increases on alcohol consumption, 100% alcohol-attributable and all-cause mortality in the Baltic countries and Poland 2001–2020*”⁴ found that policies restricting alcohol availability—alongside taxation measures—were associated with reductions in alcohol consumption and significant declines in alcohol-attributable mortality. These findings demonstrate that **availability policies are among the most effective population-level tools for reducing alcohol-related harm.**

Cyprus, like many European countries, already faces considerable health and social costs as a result of alcohol consumption. Extending alcohol sales hours would exacerbate pressures on emergency departments, law enforcement, and community safety, while increasing preventable injuries and deaths.

EHAAL Recommendation

Given the well-established and consistent evidence that increasing alcohol availability leads to increased harm, EHAAL calls on the Government of Cyprus to **reject the proposed extension of alcohol sales hours.**

Policies that expand access to alcohol are incompatible with the fundamental responsibility of governments to protect population health and reduce preventable harm. Extending sales hours would be expected to increase alcohol-related injuries, violence, and pressure on already strained health services.

Instead, EHAAL urges the Government of Cyprus to **maintain and strengthen existing restrictions on alcohol availability**, in line with the best available evidence and the expert guidance of the Cyprus National Addictions Authority.

EHAAL stands ready to support Cyprus in advancing **evidence-based, high-impact alcohol policies** that are favourable to public health and strengthen the sustainability of health systems.

⁴ Rehm J, Gobina I, Janik-Konieczny K, Jiang H, Miscikienė L, Petkeviciene J, et al. *Estimating the impact of availability restrictions and taxation increases on alcohol consumption, 100% alcohol-attributable and all-cause mortality in the Baltic countries and Poland 2001–2020*. Journal of Health Inequalities. 2024;10(1):12–16.
<https://www.termedia.pl/Estimating-the-impact-of-availability-restrictions-and-taxation-increases-on-alcohol-consumption-100-alcohol-attributable-and-all-cause-mortality-in-the-Baltic-countries-and-Poland-2001-2020,100,54325,1,1.html>

About the European Health Alliance on Alcohol (EHAALog)

The [European Health Alliance on Alcohol \(EHAALog\)](#) is a coalition of 27 European and national health organisations representing over **2 million medical professionals and healthcare providers**. EHAALog works to reduce alcohol-related harm across Europe through evidence-based advocacy, education, and engagement with policymakers.

Members of European Health Alliance on Alcohol (EHAALog)

European Association for the Study of the Liver (EASL)
European Renal Association (ERA)
United European Gastroenterology (UEG)
European Psychiatric Association (EPA)
European Geriatric Medicine Society (EuGMS)
European Medical Students' Association (EMSA)
World Family Doctors - WONCA Europe
European Federation of the Associations of Dietitians (EFAD)
European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN)
European Society of Radiology (ESR)
European Academy of Paediatrics (EAP)
Standing Committee of European Doctors (CPME)
European Society for Clinical Nutrition and Metabolism (ESPEN)
Association of European Cancer Leagues (ECL)
European Society of Cardiology (ESC)
International Society of Addiction Medicine (ISAM)
European Society of Emergency Medicine (EUSEM)
European Academy of Neurology (EAN)
European Cancer Organisation (ECO)
European Society for Medical Oncology (ESMO)
Biomedical Alliance in Europe (BioMed Alliance)
European Federation of Internal Medicine (EFIM)
European Heart Network (EHN)
European Board and College of Obstetrics and Gynaecology (EBCOG)
European Association of Dental Public Health (EADPH)
European Federation of Addiction Societies (EUFAS)
International Federation of Medical Students' Association (IFMSA)