Alcohol attitudes and behaviours in Wellington survey 2024

Research and Evaluation

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Absolutely Positively Wellington City Council
Me Heke Ki Pōneke

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Project background

In December of 2013, the Sale and Supply of Alcohol Act 2012 came into force. The objective of the Act is to allow safe and responsible sale, supply, and consumption of alcohol and to minimise harm caused by excessive or inappropriate consumption of alcohol. Under the Act, territorial authorities can have local alcohol policies that provide for local licensing preferences of their communities.

The Wellington City Council (WCC) Policy Team is investigating implementing a local alcohol policy. As a part of this process, the WCC Research and Evaluation Team has conducted an online survey as a 'temperature check' on the use of, and attitudes towards, alcohol in Wellington City. This survey covers a broad range of alcohol-related topics and will help to inform Wellington City Council's approach to alcohol management.

Key results

Alcohol consumption

- **Most people in Wellington City drink alcohol**. Most respondents said that they had had a drink containing alcohol in the past year (89%). Based on drinking behaviours, we determined 87% were current/past-year drinkers (2% said they had drunk in the past year, but then later said they usually drink at a frequency of 'never', or that they usually consume zero drinks).
- **The most common pattern of drinking is a moderate one**. The most common drinking frequency for past-year drinkers was two to four times a month (34%). The majority of past-year drinkers said they typically consume one or two standard drinks on a typical drinking occasion (55%). However, heavy episodic drinking (consuming six or more drinks on one occasion) is also relatively common, with 11% of past-year drinkers reporting this level of consumption weekly or more, 25% reporting it monthly or more, and 66% reporting it at some time in the past. When drinking behaviours were assessed using a scale which indicates risk to one's health, the majority of respondents exhibited behaviour patterns which were indicative of a low risk (62%).
- **Pre-drinking is common.** The majority of past-year drinkers said they pre-drink (58%). When asked how often they consume alcohol or drink at other locations before going out to licensed venues, the most common response respondents gave was less than half of the time (41%). The majority of respondents said that when they pre-drink, they typically consume one or two standard drinks (61%). However, some respondents said they consume alcohol or drink at other locations before going out to licensed venues all of the time (13%), and some said that the typically consume high amounts (five or more standard drinks) when they pre-drink (17%).
- **Drinking low or zero alcohol is common.** 33% of respondents overall said they drink low or zero alcohol (defined respectively as: alcohol lower than 1.15% alcohol by volume but higher than 0.5%; alcohol lower than 0.5%). The most common place respondents reported purchasing these beverages was at the supermarket (80%).
- **Non-drinkers do <u>not</u> tend to go out to licensed venues.** 41% of non-drinker respondents said they never went out to licensed venues such as pubs, bars, taverns or nightclubs, and 49% said they did so at a frequency of monthly or less.
- **Trends for demographic subgroups in Wellington City broadly align with national trends.** Where comparisons to national data were possible, the behavioural patterns of alcohol consumption by demographic (such as age, ethnicity, gender etc) followed the same trends as

those seen nationally (and this was true for other topics we asked about, e.g. attitudes towards alcohol or harms experienced because of alcohol).

Alcohol purchasing

- **Most people purchase alcohol**, regardless of drinking status. 87% of respondents overall reported purchasing alcohol in the last 6 months. When this was split by drinking status, 94% of current drinkers and 74% of non-drinkers reported purchasing alcohol in the last 6 months.
- **Most people purchase from both on- and off-licence venues.** 87% of people who had purchased alcohol in the last 6 months reported purchasing on-licence, and 89% reported purchasing off-licence.
- **Most people purchase alcohol in their neighbourhoods. It is more common for people to have purchased alcohol off-licence in their neighbourhoods, versus on-licence.** Of those who had purchased alcohol off-licence in the last 6 months, 87% reported doing so in their neighbourhood at least once. In comparison, of those who had purchased on-licence in the last 6 months, only 73% reported doing so in their neighbourhood at least once.
- **The most popular place to buy alcohol from is the supermarket.** The most common places respondents reported purchasing alcohol from in the past 6 months were supermarkets (79%), pubs/bars/taverns/nightclubs (66%), restaurants/cafés (65%), and at alcohol shops (60%). When asked where they purchased from frequently, the most common response respondents gave was supermarkets (63%).
- **Most people buy alcohol on a Friday or Saturday evening.** Across a range of licensed premise types, the most reported typical times and days of purchase were Friday and Saturday, between 5pm and 8:59pm.

Attitudes towards alcohol

Note: In this section, 'agree' and 'disagree' refers to the combined percentage of answers from people who answered either 'agree/disagree' or 'strongly agree/disagree'. Respondents were also able to respond with 'neither agree nor disagree', 'don't know', and for some questions, ''unsure/not applicable'.

- **Most people express a positive personal attitude towards alcohol.** When respondents were presented with positive statements about their personal relationship to alcohol, most respondents agreed with them. For example, most respondents agreed that they are comfortable with how much they drink (82%), and that they enjoy social occasions more when they drink (44%). As well as that, when presented with negative statements about their personal relationship to alcohol, most respondents disagreed. For example, most respondents disagreed that they sometimes feel pressure to drink more than they want to (71%), that they sometimes feel regretful after they drink alcohol (60%), or that they feel dependent on alcohol (85%).
- **Most people agree that alcohol has an important social/economic role in the city.** For example, the majority of respondents agreed that the sale of alcohol is an important contributor to Wellington's economy (54%), that the sale of alcohol is important in creating employment in Wellington (54%), and that both the on-licence and off-licence sale of alcohol is important for recreation and socialising in Wellington (76% for on-license, 56% for off-license).
- **Opinions vary as to whether drinking behaviours are an issue in the city.** Whilst half of respondents agreed that binge drinking is an issue in Wellington's drinking culture (50%), with a relatively small proportion disagreeing (13%), opinions were fairly split on whether Wellington

has a drinking problem (21% agree, 32% neither agree nor disagree, 26% disagree), and most respondents agreed that the majority of people drink responsibly in Wellington (47%).

- **Opinions vary on the topics of harm and alcohol availability.** For example, whilst a little over a third of respondents agreed that the harms related to alcohol consumption are worse than they were 5 years ago (34%), many also disagreed with this statement (23%) or gave a neutral response (24%). Whilst about half of respondents agreed that it is too easy to access alcohol (47%), a similar proportion also agreed that alcohol availability is important for Wellington's vibrancy (47%).

- **Opinions vary on Council's role in alcohol management.** Whilst over a third of respondents agreed that Wellington City Council should prioritise regulating alcohol sale and supply in Wellington (37%), close to a third also disagreed (29%). Conversely, around a third of respondents agreed that the current restrictions on alcohol sale and supply in Wellington are adequate for addressing alcohol-related harm (35%), whilst around a quarter disagreed (27%).

- **Most people are aware of safe drinking limits.** When asked what they thought would be a good limit of standard drinks to set if they wanted to reduce the risk of injury in a single drinking occasion, 85% of respondents named a number at the Health Promotion Agency's recommended limit or below. When asked what they thought would be a good weekly limit of standard drinks to set if they wanted to reduce long-term health risk, this figure was 97%. (In both cases, the most common limit named was two standard drinks).

Experiences of harm

- **Most people say nuisances (with alcohol being a cause or contributing factor) seldom happen in their neighbourhood, but happen often across Wellington City.** When respondents were asked about nuisances/less serious crimes (such as loud noise, graffiti, littering) with alcohol being a cause or contributing factor, about 50% responded that alcohol contributes to these in their neighbourhood 'never or rarely', about 25-30% answered 'occasionally', and about 15-20% answered 'frequently or very frequently'. When asked about these nuisances across Wellington City, a minority responded that alcohol causes or contributes to these across Wellington City 'never or rarely', about 20-30% said 'occasionally', and around 60-75% for each said it happens 'frequently' or 'very frequently' per category.

- **For the more serious crimes (with alcohol being a cause or contributing factor), a large proportion of people aren't sure how often they happen in their neighbourhood. Most say they occur often across Wellington City.** For the more serious crime categories (family harm, drink driving, physical violence/assault, sexual harassment/assault) with alcohol being a cause or contributing factor, about 15%-25% said that alcohol causes or contributes to these in their neighbourhood 'frequently or very frequently'. A large proportion (around 25%-35% per category) answered that they don't know. When asked about how often alcohol contributes to these across Wellington City, about 40-50% answered 'frequently' or 'very frequently' per category. A large proportion (around 15-30%) answered that they don't know.

- **Pubs/bars/taverns/nightclubs are seen as the place where the most alcohol related harm occurs – as well as public events, public spaces, and private residences.** When asked to rate how much alcohol related harm occurs, 63% respondents said that moderate, a lot, or extreme harm occurs in pubs, bars, taverns, or nightclubs, with only 4% saying none or minimal harm occurs there. 54% said that moderate/a lot/extreme harm occurs for public events, 49% for public spaces, and 47% for private residences. For social/sports clubs, this was 35%, and for restaurants or cafés, this was 16%. When asked to optionally explain other places where alcohol-related harm happens, the top places mentioned were Wellington

Central, workplace environments, and public transport (e.g. public transport hubs such as stations, or on buses).

- **Most people do <u>not</u> report experiencing harms due to their own drinking.** 70% of respondents who drink reported experiencing no harms as a result of their own drinking over the last 12 months. The most common types of harms respondents reported experiencing were blackout or memory loss (13%), feeling worried or stressed about money (11%), having a mental health problem develop or get worse (10%), or not being able to do what was expected of them at home (9%).

- **Most people <u>do</u> report experiencing harms due to another person's drinking.** 55% of respondents overall reported experiencing at least one harm because of another person's drinking. The most common types of harm respondents reported experiencing were feeling unsafe in a public place (44%) and feeling worried or stressed about another person's drinking (22%). This was followed by some less common harms, such as being sexually harassed (10%), having a friendship/relationship damaged (8%), or having somebody at home not do what is expected of them (7%).

Overall view of alcohol

- **Most people feel that the impact of alcohol on life in their neighbourhood is neither positive nor negative. Views on the impact of alcohol on life across Wellington City are divided, leaning towards negative.** The majority of respondents said that they think the impact of alcohol on life in their respective neighbourhoods was neither positive nor negative (54%). The proportion of respondents who felt the impact was positive or very positive (21%) was similar to the proportion who felt it was negative or very negative (19%). When asked about the impact of alcohol on life across Wellington City, the most common response was negative or very negative (38%). This was closely followed by neither positive nor negative (34%), then positive or very positive (24%).

- **Of those who provided additional comments, many shared their experiences of feeling that the city is unsafe, rowdy, or has nuisance due to alcohol.** When respondents were asked in a free text section if there was anything else they wanted to share about their attitudes towards or experiences of alcohol use in their neighbourhood/Wellington, the top theme was that the city is unsafe, rowdy, nuisance etc. (57 responses). Where specific locations were identified as a part of this theme, the top three locations mentioned were: Courtenay Place (21 responses), in the city (12 responses), on Manners Street (6 responses).

Perspectives on licensed premises

Note: In this section, 'agree' and 'disagree' refers to the combined percentage of answers from people who answered <u>either</u> 'agree/disagree' or 'strongly agree/disagree'.

- **Most people think the number of premises, both in their neighbourhood and across Wellington City, is about right.** When asked about the number of premises in their neighbourhood, the majority of respondents said that this was about right for all premise types. Bottle stores, grocery stores, supermarkets, and pubs/bars/taverns/nightclubs all had a high proportion of respondents saying the number in their neighbourhood was about right (~70% for each). A notable proportion of respondents said they think the number of restaurants/cafés in their neighbourhood is too low (36%), but overall most respondents still felt the number was about right (57%). The same pattern was shown when respondents were asked about the number of premises across Wellington City, with the majority saying the number is about right

for all premise types. However, notably, 30% said they think there are too many bottle stores across Wellington, and 24% said this for bars.

- **Opinions are split on the idea of limiting the number of licensed premises, but lean towards agreement.** When respondents were asked whether there should be a limit on the number of licensed premises in their neighbourhood, whilst there was division, there was more agreement than disagreement (41% agreed, 30% disagreed, 20% neither agreed nor disagreed). Respondents on average held the same views when asked whether there should be a limit on the number of licensed premises across Wellington City (40% agreed, 30% disagreed, 20% neither agreed nor disagreed).

- **Most people think the alcohol sale hours for off-licence premises are about right. Opinions are split on sale hours for on-licence premises.** The majority of respondents said that the alcohol sale hours for off-licence premises in their neighbourhood are about right (~55-65%). Answers for on-licence premises in respondent's respective neighbourhoods were relatively split between 'about right' and a bit/much too long (~35-45% for each). This pattern of results was the same when respondents were asked about off-licensed premises across Wellington City – most said the length of alcohol sale hours for off-licence premises across Wellington City are about right (~55-65%). Answers for on-licence premises across Wellington City were relatively split between 'about right' and a bit/much too long (~40-50% for each).

- **Most people agree that there should be restrictions on how close some licensed premises are to community facilities.** A majority of respondents (74%) said that they agree that there should be restrictions on how close at least one type of licensed premises are to community facilities, and in particular, pubs/bars/nightclubs (63%) and bottle stores (70%). A majority disagreed that there should be restrictions for restaurants/cafés (79%), social or sports clubs (61%), supermarkets (81%), or grocery stores (78%). Of respondents who agreed with restricting the location of licensed premises to community facilities, the top areas that people agreed with restricting their location to were early childhood education centres and primary schools (88%), secondary schools/colleges (86%), medical/rehabilitation facilities and hospitals (66%), and parks/playgrounds/sports facilities (64%).

- **Opinions are split on restrictions on how close licensed premises are to each other, but lean towards disagreement.** When asked whether any licensed premises should have restrictions on how close they are to one another in a free text question, 53% of respondents wrote that they disagreed, and 41% agreed (the rest said maybe, or gave an unclear response).

- **Opinions are split on whether there should be one-way door restrictions, with a tendency towards agreement.** Respondents were split on whether there should be one-way door restrictions in their respective neighbourhoods. The most common view was to agree (32%), followed by disagreeing (27%), and then neither agreeing nor disagreeing (24%). When asked about one-way door restrictions across Wellington City, respondents tended more strongly to agree (43%), with the rest of split between disagreeing (23%), and neither agreeing nor disagreeing (20%).

- **The most common reason given for agreeing with suggested alcohol management measures was harm reduction. The most common reasons given for disagreeing is either a view that Council shouldn't intervene in the market, or that it wouldn't work/would cause more harm.** We analysed people's views on putting a limit on the number of licensed premises, restrictions on the proximity of licensed premises to community facilities, one-way door restrictions, and restrictions on the proximity of licensed premises to each other. In all four cases, the most common reason for agreeing with these measures was harm reduction. When disagreeing, the most common reasons were: a view that Council shouldn't intervene in the market with a cap., a view that community facility restrictions won't be effective to reduce harm/need more evidence/don't make sense; a view that one-way door restrictions would be unsafe and lead to more harm; a view that licensed premises proximity restrictions would harm the free market/competition is needed.

Demographic summaries

In the following sections, notable results for demographic subgroups are highlighted and summarised. These summaries are not exhaustive lists of results – for further results by demographic, please see the subgroup analysis section for any questions of interest (if applicable).

When interpreting these summaries, it is important to note that just because a demographic of respondents is more *likely* than others in the sample to experience something, does not necessarily mean that the experience is the prevailing/a *common* experience for that demographic. For example, whilst young people in the survey aged 18-29 were **more likely** than those aged 30+ to report experiencing sexual harassment because of another person's drinking, **a majority** of young people did **not** report experiencing sexual harassment.

Young people (aged 18-29)

Sample size: 231 respondents

Summary:

- Compared to people aged 30+ in the survey, young people aged 18-29 tended to drink only a few times a month, but in larger amounts. Most young people who drink said that they pre-drink. They were also more likely to purchase frequently at bars and alcohol shops.
- Young people were more likely to experience harm because of alcohol, particularly blackouts/memory loss, financial stress, mental health, and sexual harm. Despite being *more likely* to report experiencing these, most young respondents did not report experiencing any harms because of alcohol[1].
- Young people were more likely to agree with attitudinal statements that indicate that they experience social pressure related to alcohol, as well as statements that indicate that they think alcohol is a problem in the city.
- Young people were more likely to think that licensed venue opening hours are too short (although most would still say they are about right). They were also more likely to disagree with one-way door restrictions.
- Where comparisons with other national findings were possible, the trends we see for young people residing in Wellington City broadly align with the rest of the country.

Key findings:

Behaviours: Young respondents aged 18-29 were more likely than those aged 30+ to report engaging in behaviours like: drinking two to four times a month* (46%, vs 28%), typically drinking high amounts - five or more standard drinks on a typical day of drinking* (35%, vs 15%), pre-drinking* (80%, vs 49%), and frequently purchasing alcohol at bars (45%, vs 28%)

* *An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[1] Except for feeling unsafe in a public place due to another person's drinking, which the majority of respondents aged 18-29 reported experiencing (65%).

or alcohol shops (55%, vs 21%). Additionally, we also found that as age increases, typical drinking intensity tends to decrease. This is broadly consistent with existing national trends about young people's alcohol consumption – for example, previous New Zealand research using a national sample has found that age is inversely correlated with drinking intensity, such that younger people tend to drink higher amounts[2].

Harm: Young respondents were more likely to report experiencing at least one harm because of their own drinking (48%, vs 22%), particularly: blackouts/memory loss* (26%, vs 11%), feeling worried/stressed about money* (21%, vs 7%), or having mental health problems develop or get worse* (20%, vs 6%). They were also more likely to report experiencing at least one harm because of other people's drinking (76%, vs 46%), particularly: feeling unsafe in a public place (66%, vs 36%), being sexually harassed (23%, vs 5%), and sexual assault – being touched in a sexual way or made to do sexual things they didn't want to do (12%, vs 2%). Young respondents had a higher proportion of people who had experienced four or more types of harm due to their own drinking* (13%, vs 3%) and the same was true for four or more types of harm due to another person's drinking (18%, vs 4%).

It is not surprising that young people experience more harms from their own drinking, given that (among other things) they tend to drink more when they drink. Generally, as alcohol consumption increases, so does the risk of injury[3] and illness/disability/mortality[4]. The pattern of young people experiencing more alcohol-related harm is not unique to Wellington - other NZ evidence also shows that young people report more negative experiences related to alcohol[5], and national crime data shows that young people under 30 consistently report experiencing the highest number of crimes of any age group (including sexual assault offenses)[6]. Whilst these statistics are not specifically about alcohol-related assault or violence, previous NZ research also finds that alcohol use by someone other than the victim is involved in more than half of reported assaults[7].

Attitudes/experiences: In terms of their attitudes, young respondents were more likely to agree with a range of statements that indicate that they experience social pressures related to alcohol, or that alcohol is a problem in the city – such as sometimes feeling pressured to drink more than they want (23%, vs 10%), sometimes ending up drinking more than they intended to (45%, vs 29%), feeling regretful after drinking alcohol (22%, vs 12%), and seeing binge drinking as an issue in Wellington's drinking culture (61%, vs 46%).

Alcohol management: When asked about alcohol management, respondents aged 18-29 were more likely to report thinking that the operating hours for *all* licensed premises across Wellington City were too short (for example, for bars/nightclubs, this was 19% vs 7%). They were also more likely to say that the hours for alcohol shops in their neighbourhood are too short (18%, vs 5%). Additionally, they were more likely than older respondents to disagree with one-way-door restrictions, both in their neighbourhood (30%, vs 20%) and across Wellington City (35%, vs 23%).

** An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[2] Correlates of New Zealanders' drinking status, frequency and intensity: Evidence from the New Zealand Attitudes and Values Study (Lee & Sibley, 2016)
[3] Alcohol and the risk of injury (Anderson, 2021)
[4] The Risks Associated with Alcohol Use and Alcoholism (Rehm, 2011)
[5] Alcohol Attitudes and Behaviours Towards Alcohol Survey 2013/14 to 2015/16: Key Results, Young People Aged 15-24 years (Health Promotion Agency, 2017)
[6] New Zealand Crime and Victims Survey – Cycle 4 report (Ministry of Justice, 2020/21)
[7] Alcohol-related harm to others: a survey of physical and sexual assault in New Zealand (Connor et al., 2009)

Older people (aged 60+)

Sample size: 188 respondents

Summary:

- Compared to people under 60 in the survey, older people aged 60+ were more likely to drink frequently, but in smaller amounts. Most older people did not report engaging in heavy episodic drinking (colloquially: 'binge drinking') or pre-drinking. They were also less likely to have purchased alcohol on-licence, and less likely to report purchasing frequently from a range of locations.
- Older people were less likely to experience harm because of alcohol across the board, with the majority saying they had experienced no harms either because of their own or another person's drinking. Of all subgroups analysed, they were the group who had experienced the lowest average number of types of harm.
- Older people were more likely to disagree with a range of negative statements about their personal relationship to alcohol.
- Older people were more likely to agree that there should be a limit on the number of licensed premises (both in their neighbourhood, and across Wellington City). They were also more likely to agree with one-way door restrictions across Wellington City.
- Where comparisons with other national findings were possible, the trends we see for older people residing in Wellington City broadly align with the rest of the country.

Key findings:

Behaviours: In many ways, older respondents aged 60+ displayed an opposite behaviour pattern to that of young people. They were less likely than those under 60 to report things such as heavy episodic drinking* (32%, vs 74%) pre-drinking* (13%, vs 63%), or typically drinking high amounts – drinking five or more standard drinks on a typical day of drinking* (7%, vs 25%). This is consistent with national knowledge that people overall tend to drink less as they get older.[8] We found that respondents were more likely than other age groups to report typically drinking four or more times a week* (33%, vs 11%). However, we also found that most older respondents typically drink low amounts – only one or two standard drinks on a typical day of drinking* (77%, vs 49%). This is consistent with national research which finds that many older people drink often, but in small amounts[9]. In addition, older respondents were also less likely to have purchased on-licence in the past 6 months (78%, vs 89%), and less likely to report purchasing frequently from a range of premise types– e.g., they were less likely to say they'd purchased at pubs/bars/taverns/nightclubs in the past 6 months (43%, vs 72%).

Harm: In terms of alcohol harm, respondents aged 60+ were less likely to report experiencing harms due to their own or another's drinking, with the majority reporting they had experienced no types of harm in the past 12 months. They were less likely to report experiencing at least one type of harm because of their own drinking* (9%, vs 35%), and the same was true for harm caused by another person's drinking (38%, vs 58%). Of all subgroups analysed, they

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* *An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[8] The Drinking Patterns of Older New Zealanders: National and International Comparisons – A report for the Health Promotion Agency, 2015

[9] Ibid.

had experienced the lowest number of types of harm due to their own drinking on average* (0.1, vs 0.8), as well as for another person's drinking (0.5, vs 1.3).

It is not surprising that older respondents in Wellington City would be less likely to report harm from another's drinking – our findings are consistent with a national literature review which shows that older adults mainly drink at home and are less likely to drink in public venues such as pubs, bars, or nightclubs[10]. It follows that older people would therefore be less likely to experience the most common harm caused by the drinking of another, as reported in this survey (and by extension less likely to report harm overall): 'feeling unsafe in a public place'. National crime surveys also show that older groups are less likely to be victimised overall[11]. In terms of harm from their own drinking, given that nationally older people tend to drink less overall, it also follows that they report experiencing less harm in our survey.

Attitudes/experiences: Respondents aged 60+ were significantly more likely than other age groups to disagree with a range of negative statements about their personal relationship to alcohol, e.g. disagreeing that they feel regretful after they drink alcohol (80%, vs 55%), disagreeing that sometimes they drink more than intended (70%, vs 41%), disagreeing that sometimes they feel pressure to drink more than they want to (85%, vs 67%), and so on.

Alcohol management: Respondents aged 60+ were more likely than younger groups to agree with a limit on the number of licensed premises, both in their neighbourhood, and across Wellington City (52%, vs 38% for both). They were also more likely to agree with one-way door restrictions across Wellington City (52%, vs 40%).

Men and women

Note: See the footnote on page 29 for notes on the definition of gender as applied in this survey.

Sample size: 449 male respondents, 443 female respondents

Summary:

- Male and female respondents in the survey did not significantly differ in terms of the amount typically consumed when drinking, but men were more likely to drink frequently. Men and women were equally likely to report that they engage in heavy episodic drinking (colloquially: 'binge drinking'), but men were more likely to say they do so frequently. Women were more likely to pre-drink, but of respondents who pre-drink, men and women did not differ in how frequently and intensely they do so.
- Women were more likely to report experiencing at least one harm due to another person's drinking. Additionally, most people who had experienced a high number of types of harm were women. Men and women did not differ in terms of experiencing harm from their own drinking.
- There were no gender differences in terms of personal attitudes towards alcohol. In terms of attitudes towards alcohol in Wellington, men were more likely to disagree, and

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[10] Alcohol and Older Adults in New Zealand: A Literature Review (Health Promotion Agency, 2015)
[11] New Zealand Crime and Victims Survey – Cycle 4 report (Ministry of Justice, 2020/21)

women were more likely to agree with some negative statements. When asked to rate alcohol's impact on life overall, men were more likely to report the impact as positive in their neighbourhood/across Wellington City, and women were more likely to rate the impact as negative across Wellington City.

- Men were more likely to report a range of nuisances/crimes (with alcohol being a cause or contributing factor) occurring 'never' or 'rarely' across Wellington City. Female respondents were more likely to report almost all nuisances/crimes as occurring 'frequently' or 'very frequently' across Wellington City.
- Men were more likely to disagree with putting a limit on the number of some licensed premises. Men were also more likely to disagree, whilst women were more likely to agree that some premise types should be restricted in their proximity to community facilities. Women were also more likely to agree that the hours for some premise types across Wellington City are too long.
- Where comparisons with other national findings were possible, the trends we see by gender for those residing in Wellington City broadly align with the rest of the country.

Key findings:

Behaviours: Men and women in the Wellington City sample were equally likely to be current drinkers, in line with existing evidence that New Zealand's current drinking gender ratio is 1:1[12]. Male respondents were more likely to report drinking frequently – typically drinking four or more times a week* (23%, vs 9%), but the genders did not differ in terms of the amount typically consumed when drinking. Male and female respondents did not significantly differ in terms of whether or not they heavy episodic drink *at all,* but men were more likely to heavy episodic drink at a frequency of weekly or more* (14%, vs 8%). Taken altogether, this is consistent with national evidence that finds that men are about twice as likely than women to exhibit a hazardous drinking pattern[13] - and when we derived a similar measure which indicates the riskiness of drinking behaviours to health, we also found that men were around twice as likely to score as high risk.

Women were more likely than men to pre-drink* (65%, vs 50%), but the genders did not differ in terms of the frequency or intensity with which they pre-drink. Male respondents were also more likely to report frequently purchasing alcohol from clubs, such as sports clubs or social clubs (9%, vs 2%), consistent with previous data released by Clubs New Zealand which finds that most club members are male[14]. Female respondents were more likely to frequently purchase alcohol at restaurants/cafés (35%, vs 22%).

Harm: Female respondents were more likely than male respondents to report experiencing at least one harm due to another person's drinking (60%, vs 46%). In particular, they were more likely to report feeling unsafe in a public place (47%, vs 37%), feeling worried or stressed about another person's drinking (28%, vs 15%), or being sexually harassed/sexually assaulted (14%, vs 5%). This aligns broadly with national crime statistics which find that women report sexual assault at a rate roughly three times that of men[15]. Female respondents

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[12] Gender and Alcohol Consumption: Patterns from the Multinational Genacis Project (Wilsnack et al., 2010)
[13] New Zealand Health Survey 2023/2024: Annual Data Explorer - Hazardous drinking pattern indicator (Ministry of Health, 2024)
[14] Clubs New Zealand: National Census Report 2021
[15] New Zealand Crime and Victims Survey – Cycle 4 report (Ministry of Justice, 2020/21)

were also more likely than men to have experienced a high number of types of harm (four or more types of harm) due to another person's drinking (10%, vs 5%) – that is, of those that experienced a high number of types of harm, the majority were women (65%, vs 35%).

Perhaps unexpectedly, despite drinking more often and heavy episodic drinking more frequently, men did not significantly differ from women in terms of experiencing harm from their own drinking. However, this was self-reported, and responding on this question may have been particularly influenced by gender – e.g., males may be less likely to disclose harms, or may have a higher threshold as to what they consider to be a 'harm'. It could also be the case that this difference is due to sex or weight-based alcohol tolerance differences – i.e., the amount of drinking needed for men to experience noticeable harm may be higher than for women[16].

Attitudes/experiences: In terms of personal attitudes towards alcohol, there were no differences between genders on average. In terms of questions about alcohol in Wellington, male respondents were more likely to disagree with some negative statements, and agree with some positive statements. For example, male respondents were more likely to disagree that binge drinking is an issue in Wellington's drinking culture (18%, vs 8%), disagree that it is too easy to get hold of alcohol (27%, vs 18%), and agree that alcohol availability is important for Wellington's vibrancy (52%, vs 43%). Female respondents were conversely more likely to disagree with some positive statements and agree with some negative statements about alcohol in Wellington. For example, women were more likely to disagree that the majority of people drink responsibly in Wellington (28%, vs 16%), and were more likely to agree that binge drinking is an issue in Wellington's drinking culture (54%, vs 44%).

When asked to rate alcohol's impact on life overall, men were more likely to report the impact as positive both in their neighbourhood (27%, vs 16%) and across Wellington City (32%, vs 18%). Women were more likely to rate alcohol's overall impact on life across Wellington City as negative (42%, vs 31%). Male respondents were also more likely to report a range of nuisances/crimes (with alcohol being a cause or contributing factor) occurring 'never' or 'rarely' across Wellington City. In particular, they were twice as likely to say this for physical violence/assault (13%, vs 6%) and sexual harassment/assault (12%, vs 6%). Female respondents were more likely to report almost all nuisances/crimes (with alcohol being a cause or contributing factor) as occurring 'frequently' or 'very frequently' across Wellington City. In particular, they were more likely to say this for public disorder/fighting (62%, vs 44%), physical violence/assault (53%, vs 39%), and littering e.g. smashed glass (67%, vs 55%).

Alcohol management: Male respondents were more likely to disagree with a limit on the number of licensed premises in their neighbourhood and across Wellington City (both 36%, vs 24%). They were also more likely to disagree that some premise types should be restricted in their proximity to community facilities – namely pubs/bars/nightclubs (33%, vs 19%), bottle stores (28%, vs 17%), and social/sports clubs (67%, vs 55%). Female respondents were more likely to agree that some premise types should be restricted in proximity to community facilities – namely pubs/bars/nightclubs (71%, vs 51%), bottle stores (76%, vs 65%), and social/sports clubs (31%, vs 21%). Female respondents were also more likely to agree that the hours for restaurants/cafés (47%, vs 35%), and social/sports clubs (51%, vs 41%) across Wellington City are too long.

[16] A note on language: Although our question in this survey asked about gender (self-identified), and not sex (assigned at birth), the latest NZ Census shows that a majority (98.1%) of the Wellington City population aged 15+ is cisgender. Therefore, a sex-based explanation for the difference in results (which is calculated *on average*) is still a realistic possibility, even if the measures used are different.

Māori

Sample size: 79 respondents

Summary:

- Compared to non-Māori respondents in the survey, Māori respondents were more likely to drink monthly or less, but in larger amounts. Māori were more likely to engage in heavy episodic drinking (colloquially: 'binge drinking'), and, of respondents who do, were more likely than others to do so at a higher frequency. They were more likely to pre-drink, and more likely to purchase alcohol frequently from alcohol shops.
- Māori respondents were more likely to experience a harm because of alcohol, an in particular were more likely to report blackouts/memory loss, financial stress, mental health issues, and sexual harm. However, despite being *more likely* to report experiencing these, most Māori respondents did not report experiencing any harms from their own drinking, and aside from feeling unsafe in a public place due to another person's drinking (which a majority of Māori respondents reported experiencing), most did not report experiencing the listed harms due to another person's either.
- Māori respondents were more likely to agree with attitudinal statements that indicate that they experience social pressures related to alcohol. They are also more likely to disagree with statements that say alcohol is important for the Wellington economy.
- Māori respondents were more likely to say the number of pubs/bars and restaurants/cafés across Wellington City is too low (although most said the number was about right or too high/much too high)
- Māori respondents were twice as likely to report all categories of nuisances/crimes (with alcohol being a cause or contributing factor) occurring 'frequently' or 'very frequently' in their neighbourhood.
- Māori respondents were more likely to say that the number of pubs/bars or restaurants/cafés in their neighbourhood is too low. When asked about licensed premises being restricted in their proximity to community facilities, those that agreed were more likely to say they should be restricted in proximity to marae.
- Where comparisons with other national findings were possible, the trends we see for respondents of the survey broadly align with the rest of the country.

Key findings:

Note: In New Zealand, the Māori population skews younger[17] than the general population. This was reflected in our survey, in which the Māori grouping had almost twice the proportion of respondents aged 18-29 as compared to the non-Māori grouping. It is possible that some results for Māori respondents could be better explained by age, rather than by ethnicity itself. However, this is always possible for ethnic groups with average age differences, and given that national alcohol research does not tend to account for the intersection of ethnicity and other demographic factors, we opted not to either. (Additionally, the sample size for this would have been insufficient).

** An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[17] Māori population estimates: At 30 June 2023 (Stats NZ, 2024)

Behaviours: Māori respondents were more likely to report drinking at a frequency of monthly or less* (39%, vs 23%), but were also more likely to report drinking five or more standard drinks on a typical day of drinking* (42%, vs 19%). This aligns with one of the most consistent findings in other NZ research on Māori drinking patterns, which is that Māori are less frequent drinkers but are more likely to consume large amounts when they do drink[18].

Māori were more likely to engage in heavy episodic drinking* (81%, vs 64%), and were more likely to do so at a frequency of weekly or more* (26%, vs 8%). When we calculated a measure of potentially risky drinking, Māori respondents were more likely to score as high-risk* (20%, vs 7%). This also aligns with national trends in which Māori tend to have a higher proportion that exhibit a hazardous drinking pattern[19].

Māori respondents were more likely to pre-drink* (78%, vs 55%), and of those that pre-drink, they were also more likely to pre-drink heavily – five or more drinks typically consumed when pre-drinking* (64%, vs 43%). When asked about where they frequently purchase alcohol from, Māori were more likely to frequently purchase from alcohol shops (54%, vs 29%). Māori were also less likely to say they drink low or zero alcohol wine/beer/spirits/etc (26%, vs 43%).

Harm: Māori respondents were more likely to report experiencing a range of harms due to alcohol. They were more likely to report experiencing harms as a result of their own drinking, particularly being around twice as likely to report: experiencing blackout/memory loss* (24%, vs 12%), feeling worried or stressed about money* (23%, vs 10%), and having mental health problems develop or get worse* (21%, vs 9%). The same was true for harms due to another person's drinking, with Māori respondents particularly being around three times more likely to report being sexually harassed (25%, vs 8%), or feeling worried or stressed about another person's drinking (25%, vs 8%). Māori respondents were also more likely to report feeling unsafe in a public place (66%, vs 42%) due to another person's drinking. A majority of Māori respondents reported experiencing at least one harm due to another person's drinking (74%, vs 52%). They were more likely to have experienced a high number of types of harm (four or more) both due to their own drinking* (15%, vs 5%) or another's drinking (23%, vs 7%).

Like for young respondents, Māori respondents experience more harms from their own drinking, which follows given that (among other things) they tend to drink more when they drink[20]. In terms of national data, other NZ evidence shows that Māori experience disproportionately high levels of alcohol-related harm, including being more likely to experience harmful impacts on themselves such as on financial position, work, study, employment, and/or experiencing injuries or legal problems as a result of their drinking[21]. Crime data also shows that Māori experience more victimisation than non-Māori in New Zealand (although this gap is small once age and deprivation are accounted for)[22].

Attitudes/experiences: In terms of their attitudes, Māori respondents were more likely to agree with statements that indicate that they experience social pressures related to alcohol – i.e. sometimes feeling pressured to drink more than they want to (27%, vs 12%), or sometimes ending up drinking more than they intended to (50%, vs 32%). They were also

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[18] Māori Attitudes and Behaviours Towards Alcohol (Health Promotion Agency, 2018)
[19] Ibid.
[20] The Risks Associated with Alcohol Use and Alcoholism (Rehm, 2011)
[21] New Zealand Law Commission. Alcohol in Our Lives: An issue paper on the reform of New Zealand's liquor laws. (New Zealand Law Commission, 2009)
[22] New Zealand Crime and Victims Survey – Cycle 4 report (Ministry of Justice, 2020/21)

more likely to disagree that the sale of alcohol is an important contributor to Wellington's economy (29%, vs 15%), that the sale of alcohol is important in creating employment in Wellington (29%, vs 17%), and that the sale of alcohol off-licence is important for recreation and socialising in Wellington (29%, vs 17%). When asked to rate alcohol's impact on life in their neighbourhood overall, Māori respondents were more likely to say the impact is negative or very negative (39%, vs 17%).

Māori respondents were significantly more likely than non-Māori respondents to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring 'frequently' or 'very frequently' in their neighbourhood. They were approximately twice as likely as non-Māori respondents to report this for all categories of nuisance/crime. The most common to be reported as happening frequently were loud noise (44%, vs 25%), offensive or nuisance behaviour (41%, vs 19%), littering e.g. smashed glass (39%, vs 22%) and vomiting and/or public urination (39%, vs 17%). Given that the latest Census showed that Māori tended to live in areas with greater scored socioeconomic deprivation on average[23], and that people who live in more highly deprived areas are more likely experience crime[24], this is unsurprising. In addition, when asked to name a good limit of standard drinks per drinking session to reduce risk of injury, Māori men were more likely than non-Māori men to name a limit above that which is recommended by the Health Promotion Agency (37%, vs 16%). Though we could find no previous research on knowledge of alcohol injury risk, previous research on alcohol-attributable death/injury in New Zealand nationally has found that injuries are the leading causes of alcohol-attributable mortality for Māori men[25], and also that Māori are overall twice as likely as non-Māori to die from alcohol.

Alcohol management: Māori respondents largely did not differ notably from non-Māori respondents in terms of attitudes towards alcohol management. There were only two areas in which they differed. First, Māori respondents were more likely to say that the number of pubs/bars/taverns/nightclubs across Wellington City is too low (20%, vs 10%), as well as the number of restaurants or cafés (27%, vs 13%). Secondly, of those who said that they agree with licensed premises being restricted in proximity to community facilities for at least one premise type, Māori were more likely to say licensed premises should be restricted in proximity to marae (64%, vs 42%).

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** An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[23] Ethnic group summaries: Māori (Stats NZ, 2024)

[24] Who experiences crime? Webpage. (Ministry of Justice, 2020)

[25] Alcohol-attributable burden of disease and injury in New Zealand: 2004 and 2007, Research Report commissioned by the Health Promotion Agency (Conner et al., 2013)

Asian

Sample size: 110 respondents

Summary:

- Asian respondents in the survey were more likely to be non-drinkers. Of those that do drink, they were more likely to drink infrequently, and in lower amounts. This aligns with national evidence that Asian people are less likely to drink alcohol, and less likely to exhibit a hazardous drinking pattern.
- Asians were more likely to say that alcohol causes or contributes to family harm and sexual harassment/assault across Wellington City 'never' or 'rarely' (although most still said it contributes occasionally or frequently/very frequently).
- Asians were more likely to agree with licensed premises being restricted in proximity to community facilities.
- Asian respondents largely did not otherwise differ from non-Asian respondents in the survey.

Key findings:

Asian respondents were more likely than non-Asian respondents to be non-drinkers (26%, vs 11%). Asian respondents who do drink were more likely to drink infrequently – monthly or less* (36%, vs 23%), and to consume lower amounts – one or two standard drinks on a typical day of drinking* (67%, vs 53%). Asian respondents were also less likely to have purchased off-licence in the past six months (78%, vs 91%). This aligns with national evidence that Asian people are less likely to drink alcohol[26], and less likely to exhibit a hazardous drinking pattern[27].

In terms of their attitudes and experiences, Asian respondents were more than twice as likely as non-Asian respondents to say alcohol causes or contributes to family harm 'never' or 'rarely' across Wellington City (15%, vs 6%). The same pattern was seen for sexual harassment/assault (17% vs 8%).

Asian respondents were also more likely than respondents of other ethnicities to agree with licensed premises being restricted in proximity to community facilities, for a range of premise types. For example, Asian respondents were almost three times as likely as non-Asian respondents to agree with pubs/bars/nightclubs being restricted in their proximity to community facilities (28%, vs 10%), and almost twice as likely to agree for bottle stores (24%, vs 13%).

** An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[26] New Zealand Health Survey 2023/2024: Annual Data Explorer – Past-year drinking indicator (Ministry of Health, 2024)

[27] New Zealand Health Survey 2023/2024: Annual Data Explorer – Hazardous drinking pattern indicator, among past-year drinkers (Ministry of Health, 2024)

Rainbow/LGBTQIA+ under 30 years of age

Note: Given that the rainbow group in our sample was mostly made up of people aged under 30, and that we already know that age has an influence on alcohol behaviours/attitudes, we controlled for the effects of age by only testing rainbow versus non-rainbow 18- to 29-year-olds.

Sample size: 93 respondents

Summary:

- Rainbow respondents under 30 were more likely to report experiencing more types of harm due to alcohol, both in terms of harm caused by their own drinking, and the drinking of another. They were particularly likely to experience harms related to mental health, and sexual harassment/assault, consistent with national trends.
- Rainbow respondents under 30 were more likely to report alcohol causing or contributing to physical violence/assault 'frequently or 'very frequently' in their neighbourhood.
- Rainbow respondents under 30 largely did not otherwise differ from non-rainbow respondents under 30 in the survey.

Key findings:

In terms of harm due to their own drinking, on average, rainbow respondents under 30 reported experiencing a higher number of types of harms in the past 12 months versus non-rainbow respondents under 30 (1.7, vs 1.0). In particular, rainbow respondents under 30 were more than three times as likely as non-rainbow respondents to report having a mental health problem develop or get worse as a result of their own drinking* (33%, vs 9%). This is consistent with a long-standing body of evidence which finds that rainbow communities in New Zealand have significantly poorer mental health and are at much higher risk of distress and addiction.[28]

In terms of harm due to another person's drinking, on average, rainbow under 30s reported experiencing around twice as many types of harms in the past 12 months (2.6, vs 1.4). Of all groups analysed, they were the group with the highest average number of types of harm reported due to another person's drinking. Almost all rainbow respondents under 30 in the survey reported experiencing at least one harm due to another person's drinking (87%, vs 69%). As for the specific harms they experienced, rainbow respondents under 30 were more likely to report feeling unsafe in public (75%, vs 58%), as well as more likely to feel worried or stressed about another person's drinking, (49%, vs 24%). Most notably, rainbow respondents under 30 were around four times more likely to report experiencing sexual assault (21%, vs 6%) or sexual harassment (40%, vs 10%) because of another person's drinking. This is consistent with national crime data evidence, which shows that non-heterosexual adults in New Zealand were sexually assaulted a rate more than five times higher than the national average in 2021[29].

Rainbow respondents under 30 were also around two-and-a-half times more likely to report alcohol causing or contributing to physical violence/assault 'frequently or 'very frequently' in their neighbourhood (30%, vs 13%).

** An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[28] Government Inquiry into Mental Health and Addiction: Oranga Tāngata, Oranga Whānau (2018)

[29] New Zealand Crime and Victims Survey – Cycle 4 report (Ministry of Justice, 2020/21)

Disability

Note: In this section, 'disabled respondents/people' refers to respondents who indicated they have a permanent disability or access need.

Sample size: 80 respondents

Summary:

- Disabled respondents were more likely to experience more types of harm due to their own or another person's drinking. They were more likely to experience a high number of types of harm, and in particular were more likely to report being sexually harassed or assaulted, in line with national trends.
- In terms of alcohol management, disabled respondents were more likely to agree with limiting the number of licensed premises in their neighbourhood.
- Disabled people largely did not otherwise differ from people without a permanent disability or access need in the survey.

Key findings:

On average, disabled respondents reported experiencing twice as many harms due to their own drinking versus respondents with no permanent disability or access need*[30] (1.2, vs 0.6), and the same was true for harms due to another's drinking (2.0, vs 1.1). Disabled respondents were almost three times as likely to report experiencing a high number of types of harm (four or more types of harm) due to their own drinking* (14%, vs 5%), as well as another person's drinking (22%, vs 7%).

In terms of harms due to their own drinking, disabled respondents were more likely to report having a mental health problem develop or get worse* (26%, vs 8%), or to have their drinking damage a friendship/relationship* (12%, vs 4%).

In terms of harms due to another person's drinking, disabled respondents were more likely to report experiencing sexually harassment (27%, vs 8%) or sexual assault (14%, vs 4%) in the past 12 months. This aligns with national knowledge from the Ministry of Justice's Crime and Victims Survey, which has previously found that disabled people are at an elevated risk of having experienced sexual assault or intimate partner violence during their lifetime[31]. Whilst these statistics are not specifically about alcohol-related assault or violence, previous NZ research finds that alcohol use by someone other than the victim is involved in more than half of reported assaults[32].

In terms of alcohol management, a majority of disabled respondents agreed with limiting the number of licensed premises in their neighbourhood (58%, vs 38%).

** An asterisk on a measure indicates that the associated percentage is only of a group of respondents who currently drink. No asterisk means the percentage is of a group of the overall sample.*

[31] New Zealand Crime and Victims Survey – Cycle 4 report (Ministry of Justice, 2020/21)

[32] Alcohol-related harm to others: a survey of physical and sexual assault in New Zealand (Connor et al., 2009)

Non-drinkers

Sample size: 118 respondents

Note: In this section, 'non-drinker' refers to respondents who indicated that they are either: lifetime abstainers from alcohol; have not drunk in the past year (former drinkers); or said that they had a drink in the past year, but then later indicated they typically drink an amount of 'zero' standard drinks, or at a frequency of 'never' (effective abstainers).

Summary:

- Compared to drinkers, most non-drinkers said they don't go out to licensed venues, or that they go out infrequently. They were less likely to have purchased alcohol, and when they did, a much higher proportion purchased off-licence versus on-licence.
- Non-drinkers and drinkers did not significantly differ in terms of the harm they said they experienced due to another person's drinking.
- When asked about their attitudes, unsurprisingly, non-drinkers largely gave answers that showed that alcohol is less important to their lives than it is for drinkers. They were more likely to disagree with statements that indicated that alcohol is important to Wellington City, and more likely to agree with statements that indicated that alcohol is a problem in the city.
- Non-drinkers were more likely to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring 'frequently' or 'very frequently' in their neighbourhood.
- Non-drinkers were more likely to say the number of pubs/bars and bottle stores in their neighbourhood was too high (although the majority still said they were about right). The majority of non-drinker respondents agreed with the idea of limiting the maximum number of licensed premises in their neighbourhood.
- Non-drinkers were more likely to say the hours for off-licence premises in their neighbourhood were too long, as well as for most premise types (both on- and off-licence) across Wellington City.
- Of those who agree with licensed premises being restricted in their proximity to community facilities, non-drinkers were more likely to say that licensed premises should be limited in proximity to community spaces or business areas.
- Non-drinkers were also more likely to agree with one-way door restrictions in their neighbourhood.

Key findings:

Behaviour: Most non-drinker respondents said they do not ever go out to licensed venues (41%), or that they go out monthly or less (49%). Non-drinkers were much less likely than drinkers to have purchased alcohol in the past 6 months (25%, vs 94%), and when they did, a much higher proportion said they had purchased off-licence (73%) versus on-licence (15%).

Harm: There were no significant differences between drinkers and non-drinkers in terms of harms experienced because of another person's drinking (non-drinkers did not receive questions about harm due to their own drinking).

Attitudes/experiences: As expected, when asked about their personal feelings towards alcohol, non-drinkers gave answers that showed that alcohol is less important to their lives than for drinkers. All participants were given the option to choose 'unsure / not applicable to me', but some non-drinkers also chose to answer using the agree-disagree scale. When combining categories, non-drinkers were much more likely to disagree/strongly disagree or say that they are unsure/it is not applicable to them that, for example, they enjoy social occasions more when they drink (83%, vs 17%), that having a drink at social occasions is an important part of their lifestyle (89%, vs 37%), or that sometimes they really need a drink (90%, vs 52%). They were also more likely to disagree that low-to-moderate alcohol consumption is beneficial for health (49%, vs 31%).

Across the board, non-drinkers were more likely to disagree with statements which highlighted alcohol's importance in the city, and more likely to agree with statements which highlighted alcohol-related problems/a need for regulation. For example, non-drinkers were more likely to disagree that the sale of alcohol is an important contributor to Wellington's economy (29%, vs 15%), as well as disagree that the current restrictions on sale and supply in Wellington are adequate for addressing alcohol-related harms (40%, vs 25%), whilst a majority agreed that it is easy for people to get hold of alcohol (69%, vs 44%), and that Wellington City Council should prioritise regulating alcohol sale and supply in Wellington (55%, vs 34%).

Non-drinkers were more likely to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring 'frequently' or 'very frequently' in their neighbourhood. For example, the nuisances/crimes that were reported as happening frequently the most often were: loud noise (38%, vs 25%), littering e.g. smashed glass (36%, vs 22%), family harm including intimate partner harm (36%, vs 19%), and drink driving (36%, vs 23%).

Alcohol management: Non-drinkers were more likely to say the number of pubs/bars/taverns/nightclubs in their neighbourhood was too high (16%, vs 5%), as well as bottle stores (30%, vs 12%) – although the majority still said they were about right. The majority of non-drinker respondents agreed with the idea of putting a limit on the number of licensed premises in their neighbourhood (60%, vs 38%). They were more likely to say the hours for off-licence premises in their neighbourhood were too long – e.g., bottle stores (40%, vs 25%), as well as too long for most premise types across Wellington City (both on- and off-licence), e.g. pubs/bars/taverns/nightclubs (55%, vs 43%).

Of those who agree with limiting the proximity of licensed premises to community facilities, non-drinkers were more likely to agree with a range of facilities they felt they should be restricted to, which were: parks (81%, vs 62%), places of worship (50%, vs 34%), community halls and facilities (62%, vs 41%), shopping centres (34%, vs 13%) and business districts (19%, vs 8%). Non-drinkers were also more likely to agree with one-way door restrictions in their neighbourhood (47%, vs 30%).

In terms of making comparisons to national data, there is not a lot of specific data available about the behaviours, attitudes, or experiences of non-drinkers in New Zealand. However, we located one survey report[33] using a national sample which profiled non-drinkers, which found that non-drinkers most commonly abstained from drinking because of the following reasons: health, disinterest, lack of enjoyment. It also found that some non-drinkers were concerned about the wider social effects of alcohol, or had been put off alcohol by seeing instances of alcohol-related harm. In broad strokes, the participants of our survey also showed disinterest in alcohol and

[33] Profiling Non-Drinkers: Attitudes and Behaviours Towards Alcohol Survey (Health Promotion Agency, 2014)

seemed to indicate a higher level of concern about alcohol-related harm than non-drinkers. While this is just one piece of evidence, and there is not enough evidence to say that Wellington City non-drinkers are similar to other non-drinkers nationally, there is also no real reason to suspect that would be substantially different, given that none of the results for the non-drinker group were unexpected.

Ward

For most topics, respondents did not significantly differ by ward, or only significantly differed by small amounts. There were a few notable differences in terms of alcohol purchasing, experiences of nuisance/crime/harm, as well as alcohol management. The most notable results by ward were as follows:

Takapū/Northern (Northern ward)

Summary: Northern ward respondents were more likely than those from other wards to say they had never purchased alcohol on- or off- licence across Wellington City in the past 6 months. They were less likely to report feeling unsafe in a public place due to another person's drinking, less likely to report being sexually assaulted, and had experienced a lower average number of types of harm overall.

Findings:

- About 1 in 10 Northern ward respondents said they had never purchased alcohol from on-licensed premises across Wellington City in the past 6 months (12%). They were four times as likely to say this as respondents from other wards (3%).
- Almost a quarter of Northern ward respondents said they had never purchased alcohol from on-licensed premises across Wellington City in the past 6 months (23%). They were twice as likely to say this as respondents from other wards to say this (11%).
- Northern ward respondents were less likely to report having experienced feeling unsafe in a public place due to another person's drinking (31%, vs 47%).
- There were no participants who reported being sexually assaulted from the Northen ward (0%, vs 6%).
- Northern ward respondents reported experiencing a lower number of types of harm on average as compared to other wards, both due to their own drinking (0.5, vs 0.7), and due to another's drinking (0.8, vs 1.2).

Pukehīnau/Lambton (Central ward)

Summary: Central ward respondents were more likely to report purchasing alcohol from on-licensed premises in their neighbourhood in the past 6 months. They were more likely to report a range of nuisance/crimes in their neighbourhood as occurring frequently, and had experienced a higher number of types of harm on average than other wards. In particular, they were more likely to report having experienced feeling unsafe in a public place, or being sexually harassed. They also had a higher proportion of people who had experienced a high number of harm types.

In terms of their view on the overall impact of alcohol on life in their neighbourhood, Central ward respondents were split – being both more likely than other wards to rate it as positive, *and* negative (suggesting more polarisation within the ward as compared to other wards, which leaned towards 'neither positive nor negative'). In addition, Central ward respondents were more likely to say the number of social/sports clubs and supermarkets in their neighbourhood is too low, that the number of supermarkets across Wellington City is too low, and were more likely to disagree with limiting the number of licensed premises in their neighbourhood.

Findings:

- Purchasing
    - Around a third of Central ward respondents said they had purchased alcohol from on-licensed premises in their neighbourhood regularly in the past 6 months (35%). They were almost twice as likely as respondents from other wards to say this (23%).

- Experiences of harm
    - Compared to other wards, respondents from the Central ward were significantly more likely to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring 'frequently' or 'very frequently' in their neighbourhood, by approximately 15-20 percentage points per category.
    - Central ward respondents reported experiencing a higher number of types of harm on average as compared to other wards, both due to their own drinking (0.9, vs 0.6 for current drinkers), and due to another's drinking (1.5, vs 1.0).
    - Respondents living in the Central ward were more than three times as likely to report experiencing four or more types of harm due to another's drinking, versus respondents living in other wards (14%, vs 3%).
    - Central ward respondents were twice as likely as respondents from other wards to report having experienced being sexually harassed due to another person's drinking (16%, vs 8%), and were also more likely to report feeling unsafe in a public place due to another person's drinking (56%, vs 40%).

- Overall views
    - A little under a third of Central ward respondents rated the impact of alcohol on life in their neighbourhood as negative (29%). They were around twice as likely to say this as respondents in other wards (15%). However, they were also more likely to rate the impact as positive (27%, vs 20%), suggesting that the Central ward in general has a stronger polarisation of opinions within the ward, as compared to other wards which leaned towards 'neither positive nor negative'.

- Alcohol management
    - Around a quarter of Central ward respondents said the number of social/sports clubs, as well as supermarkets in their neighbourhood is too low (respectively: 28%, 27%). The proportion that said this was 10 percentage points higher than for respondents from other wards (respectively: 18%, 17%).
    - Almost a third of Central ward respondents said the number of supermarkets across Wellington City is too low (31%). They were around one-and-a-half times as likely to say this as respondents in other wards (18%).

- Around two fifths of Central ward respondents disagreed with a limit on the number of licensed premises in their neighbourhood (39%). They were around one-and-a-half times as likely to say this as respondents from other wards (27%).

Wharangi/Onslow-Western (Western ward)

Summary: Western ward respondents were twice as likely as respondents from other wards to say they had never purchased alcohol from on- or off-licensed premises in their neighbourhood in the past 6 months. Likewise, they were also more likely to say the number of pubs/bars/taverns/nightclubs and restaurants/cafés in their neighbourhood is too low, and were less likely to say the number of bottle stores in their neighbourhood is too high.

Findings:

- Around two out of five Western ward respondents said they had never purchased alcohol from on-licensed premises in their neighbourhood in the past 6 months (43%). They were twice as likely to say this as respondents from other wards (22%).
- Around 1 in 5 Western ward respondents said they had never purchased alcohol from off-licensed premises in their neighbourhood in the past 6 months (18%). They were twice as likely to say this as respondents from other wards (9%).
- Compared to other wards, respondents from the Western ward were significantly more likely to report almost all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring 'never' or 'rarely' in their neighbourhood - by approximately 10-15 percentage points per category.
- Around 3 in 10 Western ward respondents said the number of pubs/bars/taverns/nightclubs in their neighbourhood is too low (29%). They were around twice as likely to say this as respondents from other wards (14%).
- Over half of Western ward respondents said the number of restaurants or cafés in their neighbourhood is too low (54%). They were one-and-a-half times as likely to say this as respondents from other wards (32%).
- Western ward respondents were less likely than respondents from other wards to say the number of bottle stores in their neighbourhood is too high (8%, vs 16%).

Motukairangi/Eastern and Paekawakawa/Southern

- No notable significant differences from the other wards.

AUDIT-C high-risk group (risky drinking)

In the survey, there was a group of people who had been assessed to have a possible high risk to health based on their responses to questions about their drinking behaviour (‘AUDIT-C high risk’ group). Throughout the survey, this group often had notably strong responses on key questions. For example: they had the highest proportions of (almost all) harms experienced due to their own drinking, were the most likely to agree with statements that emphasise the importance of alcohol availability and disagree with statements that emphasise alcohol harm, were most likely to oppose alcohol management measures, and were most likely to say a range of licensed premised hours are too short. See the Risky Drinking section on page 41 for more information on this grouping.

Methodology

We conducted an online survey using the Voxco survey platform. Respondents were sampled to meet age and gender targets using a combination of the WCC Capital Views research panel, and the Dynata market research panel (other demographics, such as ethnicity, could not reasonably be targeted with the samples we had available). Only respondents aged 18 or older who live in Wellington City were eligible to take part. Respondents were incentivized to complete the survey using a prize draw of two $100 Prezzy cards. The survey took 23 minutes to complete on average, and was open from 11:30am on the 30th of June 2024, until 9am on the 15th of July 2024. In total, n = 908 respondents completed the survey, yielding a margin of error of 3% for the Wellington City population.

A number of statistical tests are performed throughout the report. These tests are run using the analysis tool Q, which automatically selects and performs an appropriate test for the data type, given that a weight was applied throughout the report. It corrects for multiple comparisons (that is, the fact that doing more tests will increase the chance of a false positive result). The tests run in all cases can be considered two-sided conjugate tests – that is, they test whether a given group is significantly different from every other group (excluding itself, the test subgroup), and this test is in any direction (making no specific predictions about whether groups will be higher or lower than others). For example, a test would tell us if there are differences between Māori and non-Māori respondents, Western ward vs not-Western ward, and so on.

All reported results of these tests are statistically significant ($\alpha = .05$, $p < .05$), and are therefore referred to throughout the report as significantly more/less likely, although the amount by which groups differ is dependent on the specific result (indicated by the percent reporting). Where appropriate, results are primarily referred to in terms of what is more likely (e.g. 'more likely to experience X', as opposed to 'less likely to not experience X'). In most cases, results are rounded to the nearest whole number.

Limitations

When interpreting the survey results, a number of potential limitations should be noted:

- Seasonality
    - The survey was conducted in June/July 2024, which is to say, in the winter, and this may affect respondents' attitudes and reported drinking patterns. For instance, the prevalence of drinking at public events (e.g. festivals) may be lower than what would be expected if the survey had taken place during the summer holidays.
- The online survey methodology
    - Online surveys are not fully representative of the total population. As of 2018, 94% of New Zealanders have access to the internet[34]. However, there are a number of groups known to be prone to having relatively low access to the internet, including people with disabilities, Māori, Pasifika, those over 75 years, people living in social housing, and unemployed people/people not currently seeking work[35]. People in these groups may be underrepresented in the survey.
- Sample size

[34] https://www.stats.govt.nz/information-releases/internet-service-provider-survey-2018
[35] https://www.digital.govt.nz/dmsdocument/161~digital-inclusion-and-wellbeing-in-new-zealand/html

- For groups that make up a small proportion of the Wellington City population (e.g., Pacific Peoples, non-binary people), the overall sample size was not large enough to yield a sufficiently large sample size for these groups to be included in statistical analysis.

- Sampling bias
  - People who sign up to be a part of market research panels may be more open, opinionated, or otherwise hold common attitudinal characteristics that make them different from the rest of the population. This could limit the generalisability of the survey.
  - There were some groups of people, which, while having a sufficient sample size for analysis, were underrepresented in the survey relative to the population (e.g., people of Asian ethnicity). The results obtained for these groups may not represent their respective populations as well as they might for larger groups.

- Self-selection bias
  - Unlike other surveys, which may bundle questions about alcohol along with questions about other topics (e.g. the NZ Health Survey), this survey was explicitly about the use of, and attitudes towards, alcohol in the community. Members of some groups may have chosen to participate in the survey (or not) at disproportionate rates – e.g., non-drinkers, people who have had adverse experiences with alcohol that they aren't comfortable talking about, people with a neutral experience and no strong views on alcohol in the community, etc.
  - It is possible that people who engage in heavy drinking were less likely to participate in this survey as a consequence of their drinking behaviours (e.g., dedicating time to alcohol-related activities instead of completing surveys).

- Social desirability bias
  - Whilst we believe it is unlikely to be as big of as an issue in an anonymous online survey (versus an interview scenario), people may under-report their actual drinking patterns to appear more socially/culturally appropriate/acceptable.

- Recall errors
  - Some of the periods of time which respondents are asked to recall in this survey are long (e.g., six or twelve months). Questions also vary in their specificity, or in the salience of their subject matter. Some questions may be harder for people to answer than others for this reason (e.g., we would expect people to be more accurate in recalling whether they had been assaulted, versus whether they had purchased alcohol in a theatre in a given timeframe).

- Drinking population
  - The population of people who purchase from licensed premises or otherwise drink alcohol in Wellington City may not necessarily only include Wellington City residents. For example, it is possible that tourists or people who travel in from outside of the city make up a large proportion of the customer base for Wellington City's licensed premises.

- Fatigue
  - Given the length of the survey, respondents may have become fatigued and made mistakes in comprehension, or stopped reading the questions properly.

Survey Demographics

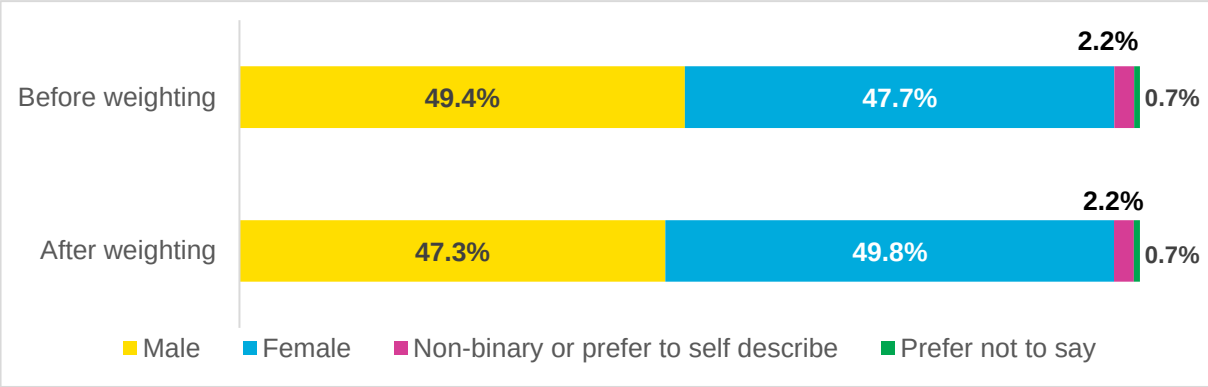
Weighted demographics

Gender and age were targeted during sampling to ensure a representative distribution. We then weighted these variables to the wider Wellington City population, in addition to ward. This weighting was based on best estimates at the time. For ward, this was 2018 Census data. For gender, this was modified 2018 Census data which accounted for our non-binary/prefer to self-describe sample. For age, this was a 'best estimate' of the 2023 Census data based on what was available at the time of analysis. As of writing this report, the 2023 Census data has now been released, and although the weight was unable to be changed to reflect this, any variations between the weighting we used and the newest available actual data are very small (<1% for all components of the weight).

The effective sample size after weighting was very high (96.62%), meaning that our original sample was very close to target. Where graphs are presented, the 'n' denoted is the actual number of respondents who answered the question, whereas the visualised percentages represent the proportion of the weighted population, which may differ slightly from the 'n'.

Gender

Figure 1. Gender of survey respondents



Note: Totals may sum to more than 100% due to rounding.

See footnote for details on the use of gendered language in this report[36].

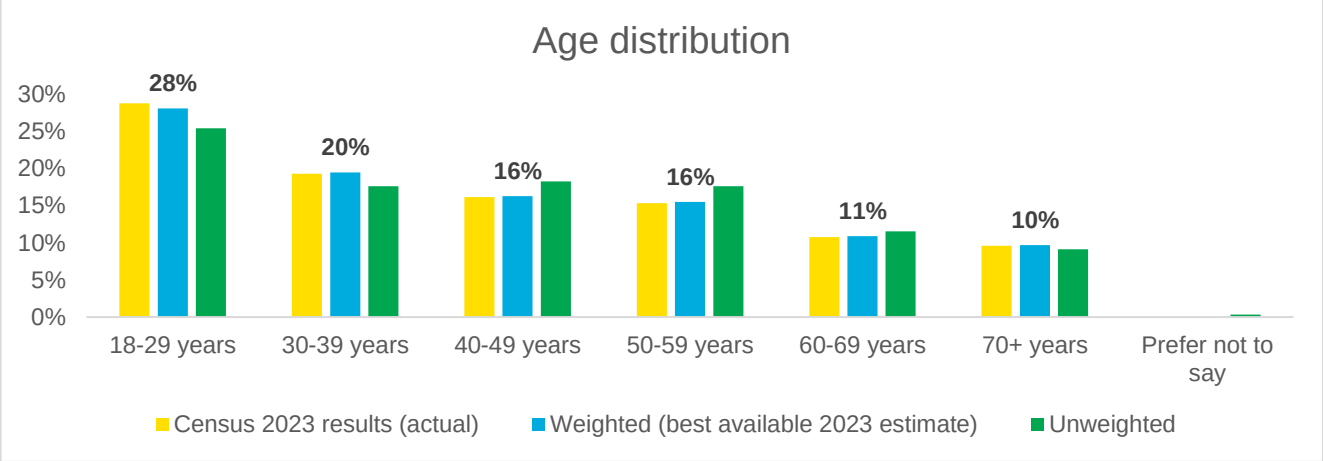
The gender distribution of the sample was very close to the actual population target, as reported in the 2018 Census – which was the most recent census result at the time of planning and recruiting for the survey. In the unweighted sample, there were slightly more men than women, which was reweighted to give more weight to women due to the fact that the Wellington City population skews slightly female. For the purposes of weighting, people who answered 'prefer not to say' (n = 6) were randomly assigned to either the male or female grouping (this was necessary, as not assigning a gender would effectively remove these respondents' data when the weight was applied). Gender weighting was also adjusted to account for non-binary respondents and respondents who preferred to self describe, based on the proportion in the raw sample.

[36] When the survey was run the 2023 Census data pertaining to gender (i.e. the self-identified category) had not yet been released, meaning that we had to use the 2018 sex labels 'male' and 'female' (i.e. assigned at birth) in order to retain appropriate targets for weighting. However, given that the 'non-binary' option was available, and also that we asked about LGBTQIA+ identification in this survey, it is anticipated that transgender people who identify with a binary gender label would have selected this option, rather than answering with their assigned sex at birth. For this reason, when summarising results, we refer to self-labelled 'males' and 'females' using the gender terms 'men' and 'women' interchangeably at times.

For demographic subgroup analysis, it was only feasible to analyse male and female groups. The sample size for people who identified as non-binary or preferred to self-describe (n = 20) was too small for a sufficient subgroup analysis.

Age

Figure 2. Age of survey respondents



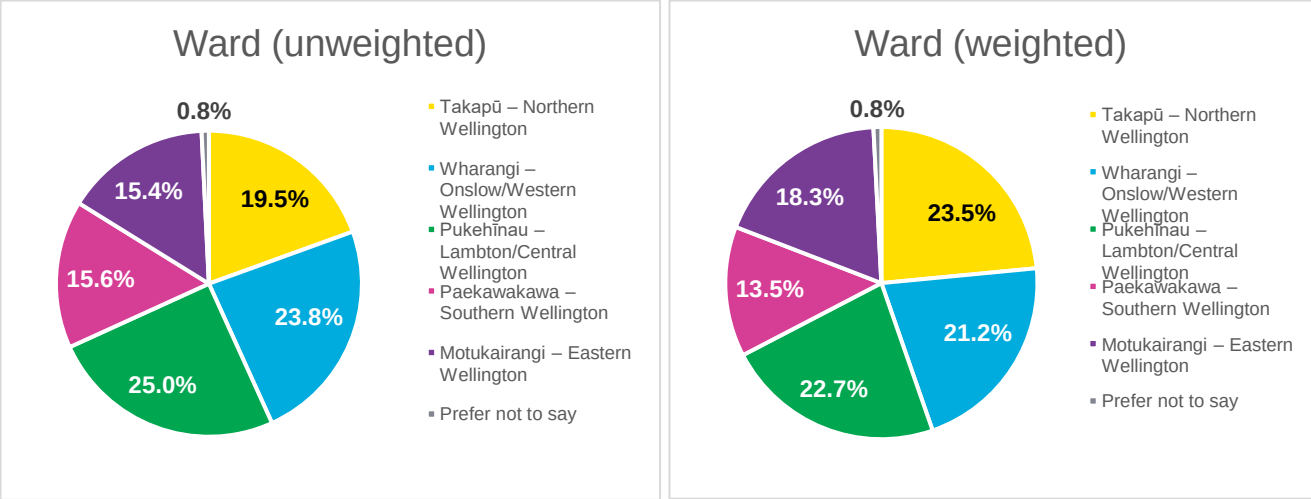
Note: all %s rounded to nearest whole number.

The age distribution was close to the actual population targets reported in the 2023 Census (shown in the above graph as 'weighted' values). We had a representative distribution of ages which was in line with the Wellington City population. As with gender, n = 3 respondents who preferred not to say were reassigned to an age group randomly for the purposes of weighting.

For demographic subgroup analysis, we grouped ages into four groups: 18- to 29-year-olds, 30- to 44-year-olds, 45- to 59-year-olds, and 60 years and above. (Note: The 18- to 29-year-old group includes a fewer number of years than the others because it is based on the Statistics New Zealand (StatsNZ) 'under 30' life cycle group. For StatsNZ, this starts at 15 years, but for our survey the minimum age was 18).

Ward

Figure 3. Ward of residence of survey respondents



Note: all %s rounded to nearest whole number.

We asked respondents which suburbs they lived in, then grouped these into the local government geographic electoral wards. That is: Tākapu/Northern, Wharangi/Onslow-Western, Pukehīnau/Lambton ('Central'), Motukairangi/Eastern, Paekawakawa/Southern[37].

The unweighted wards were quite close to the actual population distribution, with a slightly lower proportion of Northern and Eastern ward residents than actual, and a slightly higher proportion of Western, Central, and Southern ward residents than actual. These were then weighted to match the Wellington City population (as of Census 2018, which was what was available at the time). We then randomly reassigned n = 7 respondents for whom wards were not calculated to wards for the purpose of weighting. We used all 5 wards for subgroup analysis, with well over n = 100 for each group, lending a sufficient number of respondents.

Non-weighted demographics

Ethnicity

Table 1. Ethnicity of survey respondents

Ethnicity	Unweighted survey sample %	Unweighted survey population	Census 2023 %
European	79.8%	726	72.1%
NZ European	74.9%	679	-
Other European	4.9%	47	-
Māori	8.7%	79	9.8%
Pacific Peoples	3.3%	26	5.7%
Asian	12.3%	110	20.4%
Middle Eastern / Latin American / African	1.3%	11	3.6%
Other ethnicity	1.7%	16	1.1%
Prefer not to say / response outside scope	2.2%	21	-
Total	-	908	-

Note: Respondents could select multiple categories. Totals may sum to more than 100%.

European respondents made up the majority of the sample (80%, rounded), followed by Asian respondents (12%), Māori respondents (9%), and other groups comprising <4% each. Compared to the 2023 Census, European respondents were overrepresented, with every other ethnicity grouping except for 'Other ethnicity' being subsequently underrepresented. The Asian ethnicity in particular was the most underrepresented (12.3% in sample, vs 20.4% in the population), however, this was typical for our panel surveys. In terms of subgroup analysis, European, Māori, and Asian subgroups had a high enough sample size for inclusion, but Pacific Peoples; Middle Eastern / Latin American / African; and Other, did not.

We were specifically interested in the comparison between Māori vs non-Māori. However, because respondents can select multiple ethnicities, there is significant overlap between

[37] Ward maps and boundaries (Wellington City Council)

‘Māori’ and ‘everything else’ groups. Of the 79 respondents that identified as Māori, 59 also identified as another ethnicity (75%). As a result, initial testing which compares Māori to every other ethnicity group would have tested many of them against themselves, muting potential differences. For this reason, we performed follow-up ‘Māori vs non-Māori’ tests to account for this (and the same was done for other ethnicities where significant results were found).

Disability status

Table 2. Disability status of survey respondents

Disability / access need	Survey sample %	Weighted survey sample %
I have a permanent disability or access need	9%	9%
I regularly support someone with a permanent disability or access need	7%	7%
I have a temporary disability or access need (like an injury)	4%	4%
I regularly support someone with a temporary disability or access need	3%	3%
I do not have a disability or access need or support others	76%	76%
Prefer not to say	3%	3%

Note: Respondents could select multiple categories. Totals may sum to more than 100%.

Weighting did not affect the spread of disability identification. Most respondents (76%) reported that they do not personally have a disability or access need. 9% reported a permanent disability/access need, and 4% reported a temporary disability/access need. 10% of respondents indicated that they support somebody else with a disability or access need.

For subgroup analysis, permanent disability was used to create a ‘disability/access need’ subgroup (n = 80), with everybody else (excluding prefer not to say) creating the ‘no permanent disability/access need’ subgroup (n = 811). Temporary disability was not included in this subgroup as it was expected that it is the *enduring* experience of disability over time that would influence attitudes towards, and experiences with, alcohol (as opposed to breaking an arm, for example).

Household type

Table 3. Household type of survey respondents

Household type	Survey sample %	Survey sample % once weighted
Living alone	13%	12%
Single parent	2%	2%
Couple without children	34%	35%
Couple with children	25%	23%
Multi-family	3%	3%
Other multi-person	21%	22%
Prefer not to say	2%	2%

Note: all %s rounded to nearest whole number.

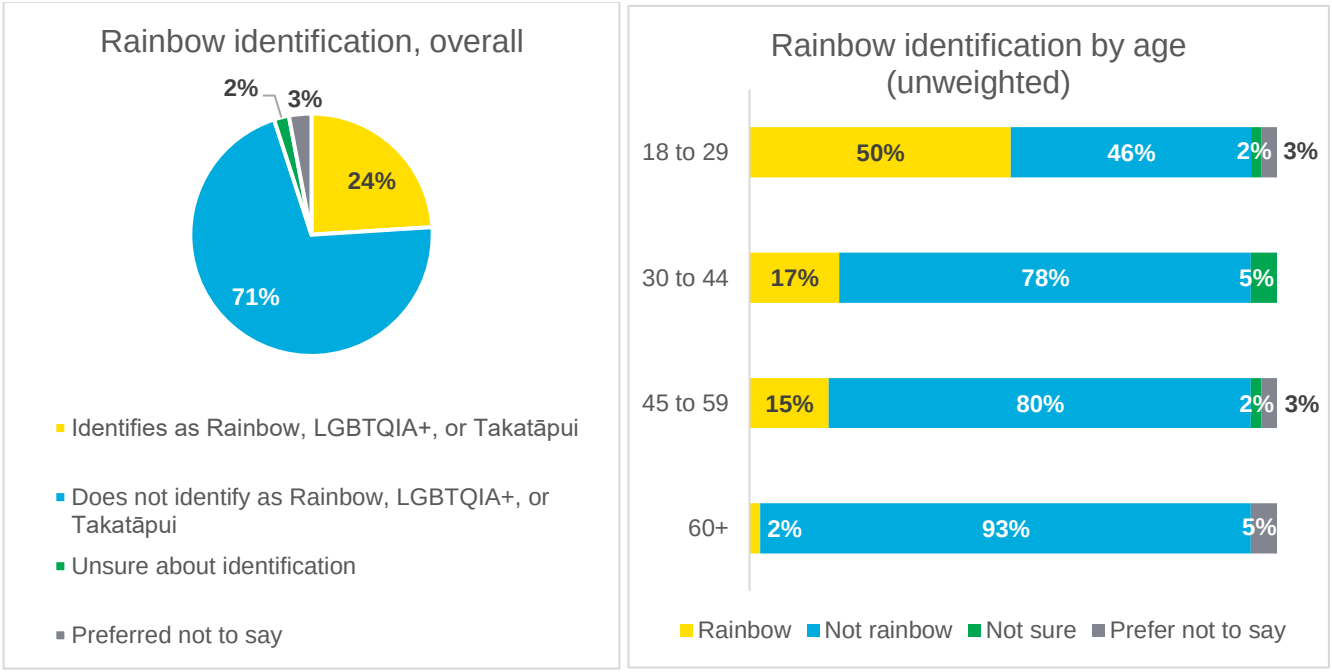
We collected household type to ensure that we had spoken to a wide range of Wellingtonians. In the weighted sample, the most common household arrangement was couple without children (35%), followed by couple with children (23%), and then other multi-person (22%). For subgroup analysis, we used every group except multi-family (insufficient sample size). We combined single parent households, and households consisting of couples with children, into a 'parents (single or couple with children)' subgroup.

Rainbow/LGBTQIA+/Takatāpui identification

We collected rainbow/LGBTQIA+/Takatāpui identification to investigate potential differences between rainbow and non-rainbow respondents. 24% of respondents identified as rainbow/LGBTQIA+/Takatāpui, which is more than double what was found for Wellington City in the 2023 Census[38] (noting that the Census captures people aged 15+, whereas our sample was 18+).

Our ability to conduct analyses on the basis of rainbow identification alone was limited by the fact that the rainbow group consisted primarily of people under the age of 30. Despite the age group only making up 28% of the sample, 62% of the rainbow group was comprised of respondents under 30. See Figure 4. If run as-is, we would expect the effects of age to confound the analysis given that age is already known to influence people's relationship to alcohol. To mitigate this, analysis looking at rainbow vs non-rainbow respondents was filtered to only compare under 30s (with respondents that were unsure or preferred not to say being removed from these analyses).

Figure 4. Rainbow identification of survey respondents



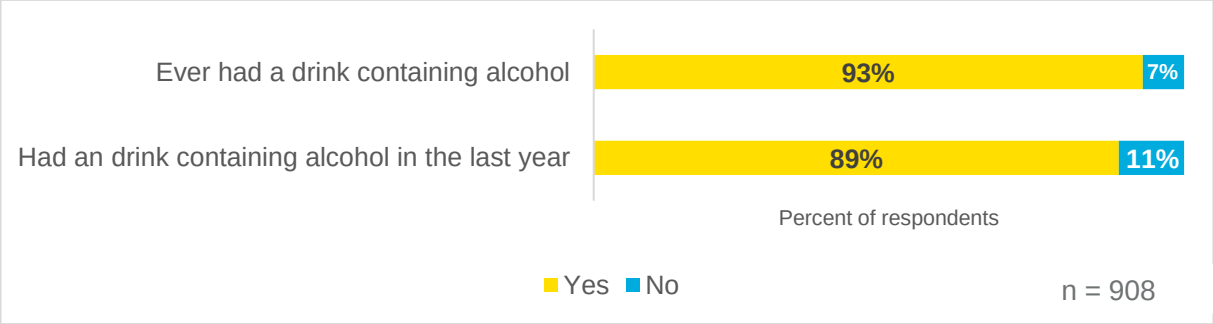
Note: Overall rainbow identification % was the same weighted and unweighted. For subgroups analysis, n = 38 people who were unsure or preferred not to say were removed.

[38] StatsNZ release: Aotearoa New Zealand's LGBTIQ population

Results

Alcohol consumption

Figure 5. Lifetime and past year drinking prevalence of survey respondents



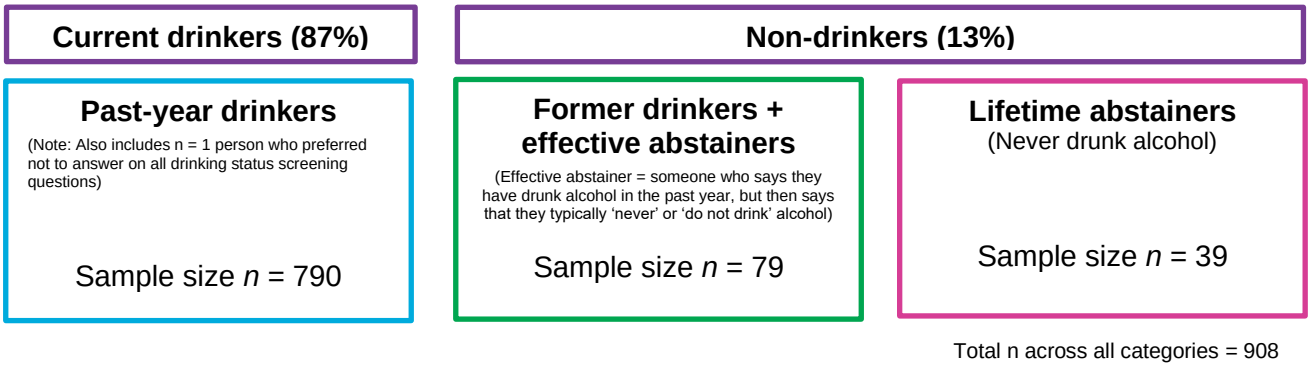
Note: Percentages rounded to 1dp. A minority (<0.1%) said they don't know.

We asked respondents whether they had ever had a drink containing alcohol (more than a sip). 96% said yes, and 4% said no. We then asked respondents that said 'yes' whether they had had a drink containing alcohol in the last year. 93% of those who had ever had a drink containing alcohol, had had a drink in the last year (89% of the overall sample).

This is similar to what was found in the original 2012 WCC Role of Alcohol report, in which 94% of Wellington City respondents consumed alcohol. Due to self-selection bias (see limitations on page 27), however, our past-year drinking figure may be an overestimate. For example, the Alcohol Use in New Zealand (AUiNZ) survey 2019/2020[39] shows the proportion of past-year drinkers aged 18+ for the Wellington region was 87%, and the New Zealand Health Survey 2019/20 shows that the proportion of past-year drinkers aged 15+ in the Capital & Coast District Health Board area was also 87%[40].

We grouped respondents into the major groups 'current drinkers' and 'non-drinkers.' The non-drinker group contained former drinkers (people who have not drunk in the past year), effective abstainers (people who have drunk in the past year, but typically drink 'never' or later say that they 'do not drink'), and lifetime abstainers (people who have never drunk alcohol). The sample on the basis of drinking status was almost entirely unaffected by weighting and was made up of the following: current drinkers – 87%, non-drinkers (13%).

Figure 6. Drinking status categories of survey respondents



[39] Kupe health promotion explorer: AUINZ drinkers last year
[40] Health Survey 2017 regional update - compare indicators

We ran statistical tests to see if certain demographic subgroups were more likely to be current drinkers vs non-drinkers. Some significant differences were found for ethnicity:

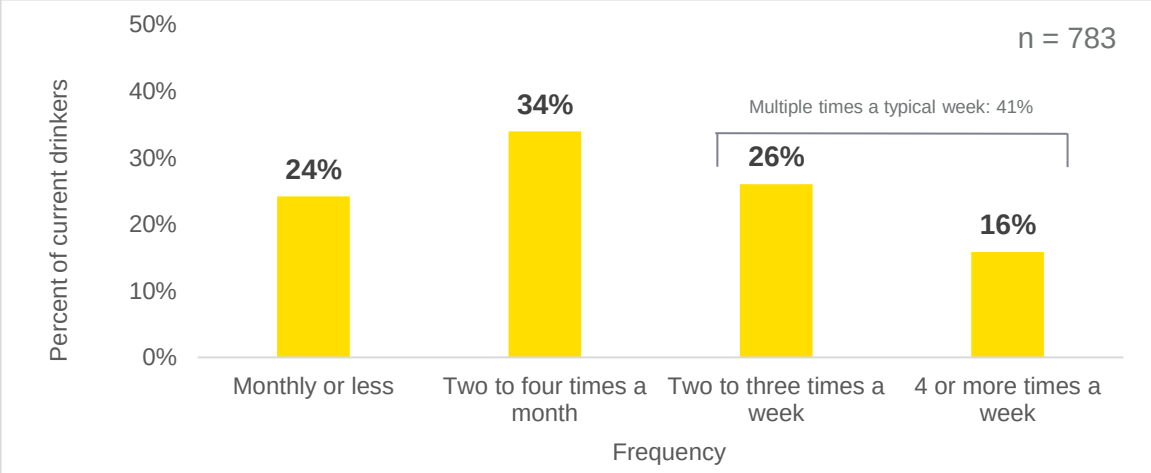
- European respondents were more likely than non-European respondents to be current drinkers, by a small margin (89%, vs 81%).
- About a quarter of Asian respondents were non-drinkers (26%). They were more than twice as likely as non-Asian respondents to be non-drinkers (11%).
- There were no significant differences found between groups for age, gender, ward, household type, disability, or for rainbow vs non-rainbow under 30s.

The 'current drinker' and 'non-drinker' categories were used as demographic subgroups for analysis on question topics that all respondents received (e.g., attitudes towards alcohol).

Drinking frequency

We asked current drinkers how often they typically have a drink containing alcohol.

Figure 7. Reported typical frequency of alcohol consumption



Note: n = 7 people who answered 'don't know' or 'prefer not to say' were removed from analysis. n = 10 people who said that they typically consume alcohol at the frequency 'never' were classified as 'effective abstainer' type non-drinkers, and were also removed from analysis. Due to rounding, totals may not add to 100%.

The most common drinking frequency was two to four times a month (34%), followed by two to three times a week (26%), monthly or less (24%), and 4 or more times a week (16%).

This result was broadly in line with the results of the New Zealand Attitudes and Values Study (NZAVS) 2022/23, in which a sample of n = 2269 people aged 18+ living in the Wellington City were found to drink at the following frequencies: monthly or less (29%), two to four times a month (30%), two to three times a week (25%), 4 or more times a week (16%)[41].

Also of note is that aside from a slightly higher proportion of people who drink more than monthly, the NZAVS results show only relatively minor inter-city variation when comparing Wellington City to other cities with a similar population i.e. Hamilton City (respectively in ascending frequency order: 35%, 28%, 21%, 16%) and Tauranga City (33%, 22%, 23%, 21%); as well as larger cities i.e. Auckland (36%, 25%, 25%, 17%) and Christchurch City (34%, 25%, 25%, 16%).

[41] Sibley, C. G. (2009-2024) New Zealand Attitudes and Values Study. https://osf.io/75snb/wiki/home/

We ran statistical tests to see if certain demographic subgroups in our Wellington City sample were more or less likely to drink frequently/infrequently than others (see Table 4). Significant differences were found between groups for age, gender, ethnicity, disability, and household type. The most notable among these were:

- Groups that were significantly more likely than others to report drinking **four or more times a week** were those of older age groups (45-59, 60+), men, and Europeans.
    - Of respondents aged 60+ who currently drink, a third said they drink four or more times a week (33%). They were three times as likely to say this as respondents under 60 who currently drink (11%).
    - Of male respondents who currently drink, about a quarter said they drink four or more times a week (23%). They were more than twice as likely to say this as female respondents who currently drink (9%).
- Groups that were significantly more likely to report drinking **monthly or less** were Māori, Asians, and women.
    - Of Māori respondents who currently drink, around two out of five said they drink monthly or less (39%). They were around one-and-a-half times as likely to say this as non-Māori respondents who currently drink (23%).
    - Of Asian respondents who currently drink, over a third said they drink monthly or less (36%). They were around one-and-a-half times as likely to say this as non-Asian respondents who currently drink (23%).
- No significant differences were found between groups by ward, or for rainbow vs non-rainbow under 30s.

Table 4. Subgroups with significant differences in reported typical drinking frequency

Consumption frequency Current drinker overall % response	**Significantly more likely to give this answer** Subgroup % response	**Significantly less likely to give this answer** Subgroup % response
Monthly or less (24%)	• Māori (39%) • Asian (36%) • Female (30%)	• Aged 60+ (16%) • Male (19%) • European (21%)
Two to four times a month (34%)	• Aged 18-29 (46%) • Multi-person household (47%) • Female (38%)	• Aged 60+ (20%) • Aged 45-59 (26%) • Male (29%)
Two to three times a week (26%)	• Aged 45-59 (33%)	• Disability/access need (10%) • Aged 18-29 (20%)
Four or more times a week (16%)	• Aged 60+ (33%) • Male (23%) • Aged 45-59 (21%) • European (18%)	• Aged 18-29 (5%) • Asian (5%) • Multi-person household (5%) • Female (9%) • Aged 30-44 (10%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

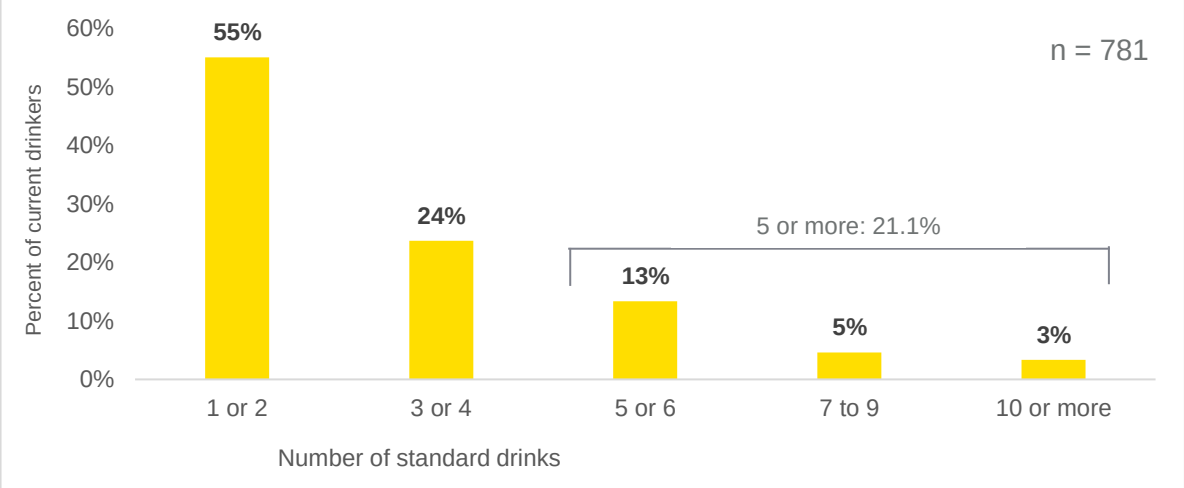
Investigating further, a Spearman's correlation also revealed a significant, positive, weak correlation between age and drinking frequency[42]. That is, as age increases, drinking frequency also tends to increase.

Drinking intensity

Next, we asked respondents to estimate the number of standard drinks they have on a typical day when they are drinking. A picture and text were provided to help guide answers:

One standard drink is around one can or small bottle of beer, one small glass of wine, one shot of spirits, or one RTD (ready-made alcohol drink).

Figure 8. Reported number of standard drinks consumed on a typical day of drinking



Note: Only people who currently drink were asked this question. n = 8 people who answered 'don't know' or 'prefer not to say' were removed from analysis. Due to rounding, totals may not add to 100%.

The majority of respondents indicated that on a typical day of drinking, they consume one or two standard drinks (55%). Answers became less common as the number of standard drinks increased, i.e., 24% said they consume three or four drinks, 13% said they consume five or six drinks, 5% said they consume seven to nine drinks, and only 3% said that they drink 10 or more on a typical day of drinking.

This result was broadly in line with the New Zealand Attitudes and Values Study 2022/23 (NZAVS), in which a sample of n = 2164 people aged 18+ living in Wellington City were previously found to have the following proportions of drinking intensity: one or two (60%), three or four (24%), five or six (9%), seven to nine (4%), 10 or more (4%)[43].

[42] r (791) = .31, $p < .001$.
[43] Sibley, C. G. (2009-2024) New Zealand Attitudes and Values Study. https://osf.io/75snb/wiki/home/

Also of note is that the NZAVS results show only relatively minor variation when comparing Wellington City to other cities with a similar population i.e. Hamilton City (respectively: 60%, 22%, 10%, 3%, 4%) and Tauranga City (62%, 20%, 9%, 5%, 4%), as well as larger cities i.e. Auckland (60%, 24%, 8%, 4%, 4%) and Christchurch City (60%, 25%, 8%, 4%, 3%).

We ran statistical tests to see if certain demographic subgroups were more or less likely to consume higher or lower amounts of alcohol than others (see Table 5). Significant differences were found between groups for age, ethnicity, and household type. The most notable among these were:

- Groups that were significantly more likely than others to report drinking **five or more** standard drinks on a typical day of drinking were those aged 18-29, Māori, and those belonging to multi-person households.
    - Of Māori respondents who currently drink, about two out of five said they typically drink five or more standard drinks on a typical day of drinking (42%). They were more than twice as likely to say this as non-Māori respondents who currently drink (19%).
    - Of respondents aged 18-29 who currently drink, more than a third said they typically drink five or more standard drinks on a typical day of drinking (35%). They were more than twice as likely to say this as respondents aged 30+ who currently drink (15%).
- Groups that were significantly more likely than others to report drinking **one or two** standard drinks on a typical day of drinking were those aged 60+, Asians, and people who live alone.
    - Of respondents aged 60+ who currently drink, over three quarters said they typically drink one or two standard drinks on a typical day of drinking (77%). They were more than one-and-a-half times as likely to say this as current drinker respondents under 60 (49%).
    - Of Asian respondents who currently drink, over two thirds said they typically drink one or two standard drinks on a typical day of drinking (67%). This was 14 percentage points higher than the proportion for non-Asian respondents who currently drink (53%).
    - A similar pattern was seen for those who live alone versus those who live in other household situations (67%, vs 52%).
- There were no significant differences found between groups by gender, ward, disability status, or for rainbow vs non-rainbow under 30s.

Table 5. Subgroups with significant differences in reported number of standard drinks consumed on a typical day of drinking

Consumption intensity Current drinker overall % response	**Significantly more likely to give this answer** Subgroup % response	**Significantly less likely to give this answer** Subgroup % response
1 or 2 standard drinks (55%)	• Aged 60+ (77%) • Asian (68%) • Living alone (67%) • Couple without children (61%)	• Multi-person household (30%) • Aged 18-29 (30%) • Māori (32%)
3 or 4 standard drinks (24%)	• Aged 18-29 (33%)	• Aged 60+ (15%) • Living alone (15%)
5 or more drinks (21%)	• Māori (42%) • Multi-person household (38%) • Aged 18-29 (36%)	• Aged 60+ (7%) • Asian (9%) • Parents (14%)

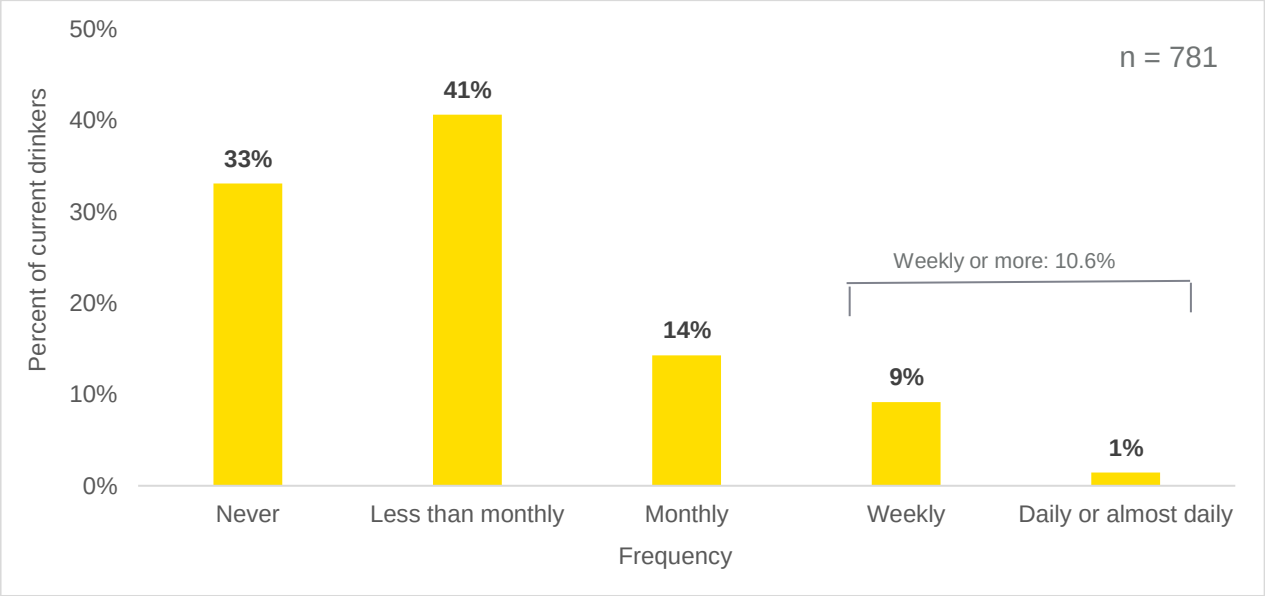
Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Investigating further, a Spearman's correlation revealed a significant, negative, but weak correlation between age and typical drinking intensity[44]. That is, as age increased, the number of standard drinks consumed on a typical drinking occasion decreased.

Heavy episodic drinking

'Heavy episodic drinking' (known colloquially as binge drinking) is defined by the World Health Organisation as drinking approximately 6 or more standard drinks on one occasion[45]. We asked respondents to tell us how frequently they typically drink 6 or more standard drinks on one occasion.

Figure 9. Reported typical frequency of heavy episodic drinking (6 or more standard drinks on one occasion)



Note: n = 11 respondents who answered 'don't know' or 'prefer not to say' were removed from analysis. Due to rounding, totals may not add to 100%.

The most common answer was 'less than monthly' (41%), followed by never (33%), monthly (14%), and weekly (9%), with only a minority drinking this amount daily or almost daily (1%). Overall, 1 in 4 current drinkers reported heavy episodic drinking at least monthly (25%), and around 1 in 10 reported heavy episodic drinking at least weekly (11%).

The most comparable data currently available – past-year drinkers aged 15 years or older from the Capital & Coast District Health Board in the New Zealand Health Survey 2019/20 – shows a slightly higher prevalence than what we found (noting the age difference), with 32% and 14% indicating they engage in heavy episodic drinking at least monthly or weekly, respectively. However, our 10.6% finding was very similar to the national average to what was reported in the New Zealand Health Survey 2022/23, which found an 11.3% prevalence nationally.

We ran statistical tests to see if certain demographic subgroups were more or less likely to report engaging in heavy episodic drinking (see Table 6 on next page). Significant differences

[44] r (779) = -.32, $p < .001$.
[45] GHO Registry: Alcohol, heavy episodic drinking (population)

were found between groups for age, gender, ethnicity, household type, and for rainbow vs non-rainbow under 30s. The most notable among these were:

- Groups that were significantly more likely to report heavy episodic drinking (6 or more standard drinks on one occasion) **weekly or more** were Māori and men.
    - Of Māori respondents who currently drink, about a quarter reported heavy episodic drinking weekly or more (26%). They were more than three times as likely to do so as non-Māori respondents who currently drink (8%).
    - Of male respondents who currently drink, around 1 in 7 reported heavy episodic drinking at a frequency of weekly or more (14%). They were almost twice as likely to do so as female respondents who currently drink (8%)
- Groups that were significantly more likely to report that they **never** engage in heavy episodic drinking (6 or more standards drinks on one occasion) were those aged 60+, and those who live alone.
    - Of respondents aged 60+ who currently drink, around two thirds reported that they never engage in heavy episodic drinking (68%). They were more than twice as likely to say this as respondents under 60 who currently drink (25%).
    - Of respondents who live alone and currently drink, about half reported that they never engage in heavy episodic drinking (51%). They were more than one-and-half times as likely to say this as current drinker respondents in other living situations (31%).
- There were no significant differences found between groups by ward, or for disability status.

Table 6. Subgroups with significant differences in reported frequency of heavy episodic drinking

Heavy episodic drinking frequency Current drinker overall % response	**Significantly <u>more</u> likely to give this answer** Subgroup % response	**Significantly <u>less</u> likely to give this answer** Subgroup % response
Never (34%)	• Aged 60+ (67%) • Living alone (52%)	• Aged 18-29 (13%) • Māori (17%)
Less than monthly (41%)	• Aged 30-44 (51%)	• Aged 60+ (22%)
Monthly (14%)	• Aged 18-29 (26%) • *Non-rainbow under 30s (34%)*	• Aged 60+ (4%) • Living alone (6%) • *Rainbow under 30s (15%)*
Weekly or more (11%) (Weekly + daily or almost daily)	• Māori (26%) • Male (14%)	• Female (8%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Investigating further, a Spearman's correlation revealed a significant, negative, but weak correlation between age and typical drinking amount[46]. That is, as age increased, the typical frequency of heavy episodic drinking tended to decrease.

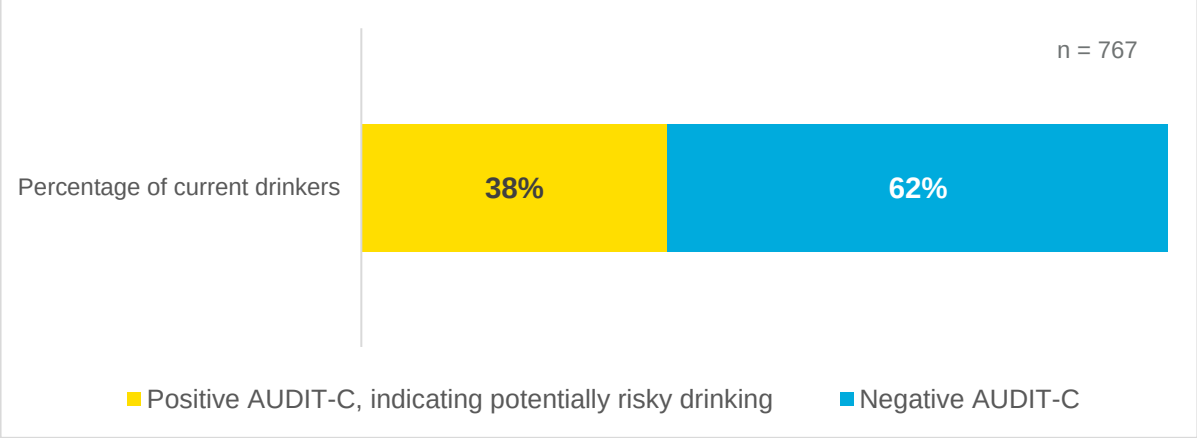
[46] r (787) = -.24, p < .001.

Risky drinking (AUDIT-C)

The previous three questions (drinking frequency, amount, heavy episodic/binge drinking), when used in combination, make up a scale known as the AUDIT-C. The AUDIT-C is a brief version of the ten-question AUDIT (Alcohol Use Disorders Identification Test), which is approved by the World Health Organisation for use in primary healthcare to screen patients for harmful or hazardous alcohol use. It is one of the world's most common screens for harmful alcohol use.

We opted to use the short version because the full AUDIT screening is long, and contains additional questions of a more personal nature which were not considered appropriate for this survey. Scoring thresholds were set based on recommendations utilised in the United Kingdom. For further notes on methodology, see the footnotes.[47]

Figure 10. AUDIT-C results (potentially risky drinking)



Note: Results could be calculated only for current drinkers who gave answers for all three relevant items.

Overall, 38% of current drinker respondents screened positive for potentially risky drinking, and 62% screened negative (unweighted).

While data on the prevalence of positive AUDIT-C results in the general NZ population was not readily available for comparison, there is other previous research which indicates that this result is within expected bounds. Results from the New Zealand Health, Work and Retirement Longitudinal Study indicate that the prevalence of positive screening may range from 42% to 56%[48], and in a 2018 sample which contained approximately 3050 current drinkers aged 50-89 years, this was 40%. The prevalence found is also similar to what is seen in England (43%) and other areas of the United Kingdom[49], which have a similar drinking culture to New Zealand.

[47] The AUDIT-C was originally validated with US populations of veterans, with a score threshold of 4 or over being considered 'positive' and indicative of potentially harmful alcohol use. However, the optimal scoring threshold may vary depending on the nature of the specific population being tested, and there is no official guidance available for the use of the AUDIT-C in NZ (although organisations such as the Best Practice Advocacy Centre NZ advocate the use of the AUDIT-C for harmful alcohol use screening). In the United Kingdom, which shares a similar drinking culture to New Zealand, the Office for Health Improvement and Disparities recommends a cutoff score of ≥5. There is some academic research which suggests that the ideal scoring ought to be tailored to accommodate gender differences, with the thresholds of ≥5 for men and ≥4 for women being suggested[47] While we acknowledge this research, for the purposes of comparing to other existing research, we opted to use the flat UK-recommended threshold of ≥5 for all respondents.

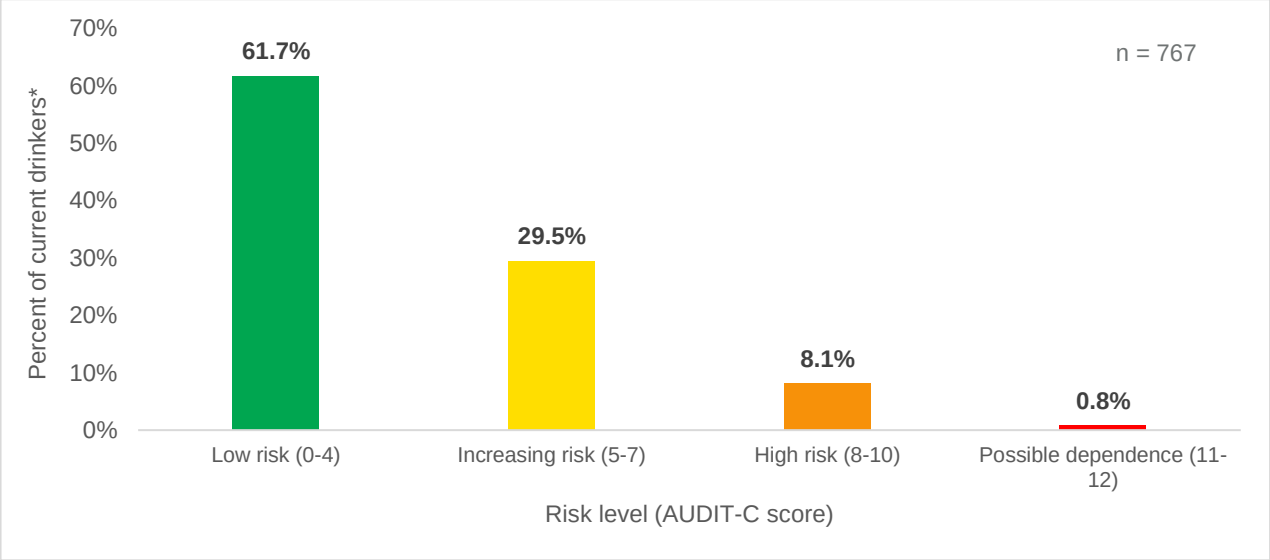
[48] The prevalence of hazardous drinking in older New Zealanders (Health Promotion Agency / Massey University, 2018)

[49] Drinkaware: Alcohol Consumption UK

We recalculated[50] these figures to make comparisons to a previous study from 2017 about drinking behaviours of young people in the Wellington area[51]. We found that 73% of residents aged 18-29 in our survey tested positive, versus 89% for those aged 18-30 in the previous survey – showing in both instances that on average, a high proportion of young drinkers in Wellington engage in risky drinking behaviours.

To provide additional insight, we split scores into risk categories using a sliding scale which has previously been used in the UK for research into drinking behaviours, and also to screen hospital inpatients[52]. Each category indicates the level of possible risk to health.

Figure 11. AUDIT-C risk levels of respondents who currently drink



Note: *This graph excludes current drinkers for which an AUDIT-C score could not be calculated (i.e., those that did not give answers for all three behavioural items).

When using this scale, 62% of respondents scored as 'low risk', 30% scored 'increasing risk', and 8% scored 'high risk'. Only 6 respondents had a very high score indicating possible alcohol dependence (0.8%).

Comparing again to the United Kingdom Drinkaware Monitor 2023, our results were similar, leaning more towards the lower risk bands than the UK samples. For example, in the Drinkaware Monitor sample containing respondents from England, percentages for drinkers were as follows: low risk (57%), increasing risk (28%), high risk (13%), possible dependence (2%).

We ran statistical tests to see if certain demographic subgroups were more or less likely to score at a lower or higher AUDIT-C risk level than others (see Table 7 on next page). The 'Possible dependence' group (AUDIT scores 11-12) was not included as it had too few individuals (n = 6). Significant differences between groups were found for age, gender, ethnicity, and for rainbow versus non-rainbow under 30s. The most notable among these were:

- Groups that were significantly more likely than others to score in the **high-risk** band (AUDIT-C score 8-10) were Māori, those aged 18-29, and men.

[50] Scores were recalculated for men and women aged 18-29 (unweighted, people of other or unknown gender excluded) using a threshold of ≥ 3 for women and ≥ 4 for men. Because the original survey included all respondents, we included people aged 18-29 who were non-drinkers and effective abstainers when calculating this percentage.

[51] Reducing Alcohol-Related Harm in Wellington's Entertainment Precinct (Bennett, 2017)

[52] Alcohol policy UK: NHS commissioning - Updated brief intervention CQUIN for 2019-20

- Of Māori respondents who currently drink, a fifth scored in the high-risk band (20%). They were almost three times as likely to score this way as non-Māori respondents who currently drink (7%).
- Of male respondents who currently drink, around 1 in 8 scored in the high-risk band (12%). They were around twice as likely to score this way as female respondents who currently drink (5%).
- Of respondents aged 18-29 who currently drink, around 1 in 8 scored in the high-risk band (12%). They were almost twice as likely to score this way as respondents aged 30+ who currently drink (7%).

- Groups that were significantly more likely to score in the **low-risk** band (AUDIT-C score 0-4) were Asians, those aged 60+, and women.
  - Of Asian respondents who currently drink. more than three quarters scored in the low-risk band (78%). This was 18 percentage points higher than the proportion for non-Asian respondents who currently drink (60%).
  - Of respondents aged 60+ who currently drink, about three quarters scored in the low-risk band (76%). This was 18 percentage points higher than the proportion for respondents under 60 who currently drink (58%).
  - Of female respondents who currently drink, about 7 in 10 scored in the low-risk band (69%). This was 14 percent points higher than the proportion for male respondents who currently drink (55%).

- Rainbow current drinkers under 30 were around half as likely as non-rainbow current drinkers under 30 to have scored in the increasing risk band (24% vs 46%), and were subsequently more likely to score in the low-risk band (64% vs 42%). This indicates that rainbow current drinker under 30s in our sample tended to engage in less risky drinking than non-rainbow current drinker under 30s.

- There were no significant differences found between groups by ward or disability status.

Table 7. Subgroups with significant differences in AUDIT-C risk levels

Risk bands Current drinker overall % response	**Significantly <u>more</u> likely to be in this risk band** Subgroup % response	**Significantly <u>less</u> likely to be in this risk band** Subgroup % response
Lower risk (62%) AUDIT-C score of 0-4	• Asian (78%) • Aged 60+ (76%) • Female (69%) • *Rainbow U30s (64%)*	• Aged 18-29 (51%) • Male (55%)
Increasing risk (29%) AUDIT-C score of 5-7	• Aged 18-29 (37%)	• Aged 60+ (19%) • *Rainbow U30s (24%)*
Higher risk (8%) AUDIT-C score of 8-10	• Māori (20%) • Aged 18-29 (12%) • Male (12%)	• Female (5%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

For all relevant subsequent questions, the following AUDIT-C groups were used in subgroup analysis: low risk (AUDIT-C scores 0-4), increasing risk (AUDIT-C scores 5-7), high-risk (AUDIT-C scores 8-10). The possible dependence group was not used as it was too small.

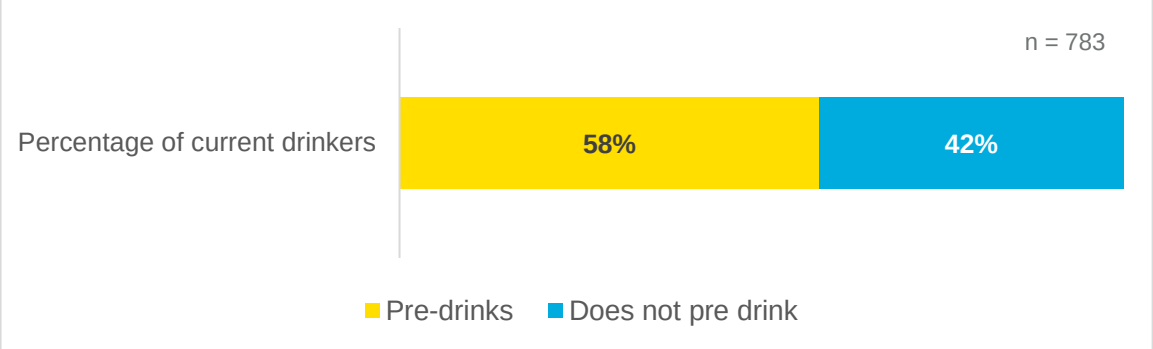
Pre-drinking

Pre-drinking (ever)

We asked respondents classified as current drinkers the following question, which encompassed pre-drinking behaviours: “A licensed premise is an establishment where alcohol is sold. Some people consume alcohol or drink at other locations before they go out to a licensed venue. Do you ever drink before going out?”

Note: In an earlier publication of this document, Figure 12 was mislabelled (the graph incorrectly indicated that 42% said they pre-drink, instead of the actual percentage, 58%). The error was noticed and corrected on the 24th of February, 2025. All text relating to this figure (which has always referred to 58%) remains correct.

Figure 12. Reported prevalence of pre-drinking among respondents who currently drink



Note: n = 6 who didn’t know or preferred not to say were removed. Due to rounding, totals may not add to 100%.

The majority of current drinkers indicated that they do pre-drink (58%). The rest said that they do not (42%).

We ran statistical tests to see if certain demographic subgroups were more or less likely to pre-drink than others (see Table 8 on next page). Significant differences between groups were found for age, gender, ethnicity, household type, and AUDIT-C risk. The most notable among these were:

- Groups that were significantly **more** likely to pre-drink were those in the high-risk AUDIT-C band, those belonging to younger age groups (18-29, 30-44), women, Māori, and people belonging to multi-person households, as well as those from the Eastern or Central wards.
    - Of respondents with an AUDIT-C score in the high-risk band, around 8 in 10 said that they pre-drink (81%). They were one-and-a-half times as likely as respondents in lower AUDIT-C bands to say this (55%).
    - Of respondents aged 18-29 who currently drink, 8 in 10 said that they pre-drink (80%). They were more than one-and-a-half times as likely to say this as respondents aged 30+ who currently drink (49%). A similar pattern was seen for respondents who live in multi-person households, versus those in other household situations (78%, vs 53%)
    - Of Māori respondents who currently drink, more than three quarters said that they pre-drink (78%). This was 23 percentage points higher than the proportion for non-Māori respondents who currently drink (55%)
    - Of female respondents who currently drink, around two thirds said that they pre-drink (65%) which was slightly higher than for male respondents (50%)

- Groups that were significantly **less** likely to pre-drink were those of older age (45-59, 60+), people who live alone, people with an AUDIT-C score in the low risk band, men, and Western ward residents.
    - Of respondents aged 60+ who currently drink, around 1 in 5 respondents said they pre-drink (18%). They were about a third as likely to say this as respondents under 60 who currently drink (68%).
- No significant differences were found between groups by disability status, or for rainbow versus non-rainbow under 30s.

Table 8. Subgroups with significant differences in reported prevalence of pre-drinking

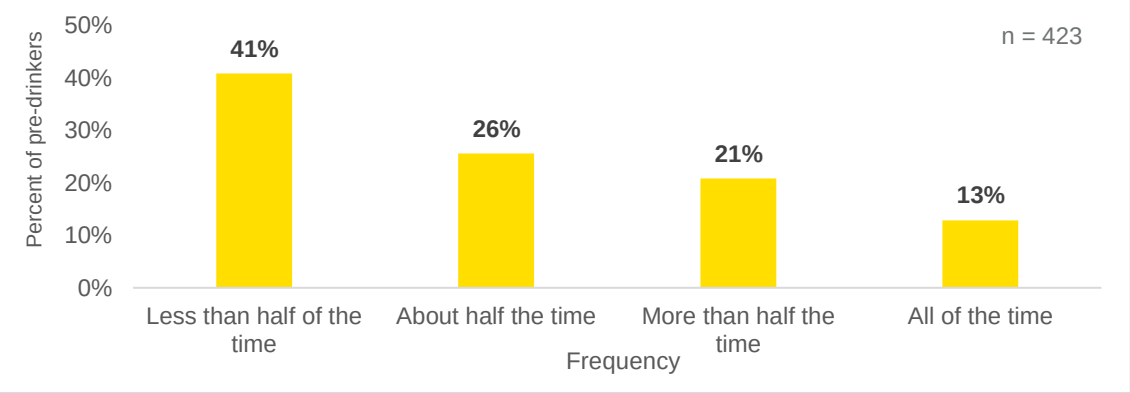
Pre-drinking Current drinker overall % response	**Significantly more likely to pre-drink** Subgroup % response	**Significantly less likely to pre-drink** Subgroup % response
Pre-drinks, ever (58%)	• AUDIT-C high risk (81%) • Aged 18-29 (80%) • Māori (78%) • Multi-person household (78%) • AUDIT-C increasing risk (75%) • Aged 30-44 (68%) • Eastern ward (67%) • Female (65%) • Central ward (65%)	• Aged 60+ (18%) • Living alone (43%) • AUDIT-C low risk (45%) • Western ward (46%) • Male (50%) • Aged 45-59 (51%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Pre-drinking frequency

Next, we asked respondents who said that they **do** pre-drink the question: "When you go out to licensed venues, approximately how often do you consume alcohol or drink at other locations beforehand?"

Figure 13. Reported pre-drinking frequency



Note: n = 6 people who didn't know or preferred not to say were removed, and n = 13 people who had said that they preload/sideload but then answered they typically do so with the frequency 'never' were also removed. Due to rounding, totals may not add to 100%.

The most common frequency for pre-drinking, of those that pre-drink was less than half the time (41%), followed by about half of the time (26%), then more than half the time (21%), with all of the time (13%) being the least common.

In terms of comparison to previous research, one study from 2017 about drinking behaviours of young people in the Wellington area found that 76.7% of respondents aged 18-30 pre-drink some, most, or all of the time[53]. In our survey, the proportion of respondents aged 18-29 who pre-drink about half of the time or more was 68%, and this was 76% if calculated as a percentage of current drinkers (it is not clear whether the previous study used only drinkers, or all participants – although the figures are comparable either way).

We ran statistical tests to see if certain demographic subgroups were more or less likely to pre-drink frequently/infrequently than others (see Table 9). Significant differences were found between groups by age, household type, and AUDIT-C risk. The most notable among these were:

- Groups that were significantly more likely than others to pre-drink **frequently** (more than half of the time + all of the time) were those in the high-risk AUDIT-C band, belonging to multi-person households, and those aged-18-29.
    - Of respondents with an AUDIT-C score in the high-risk band who pre-drink, around 6 in 10 said they pre-drink frequently (62%). They were more than twice as likely to say this as respondents in lower AUDIT-C bands (30%)
    - Of respondents aged 18-29 who pre-drink, almost half said they pre-drink frequently (48%). They were more than twice as likely to say this as respondents aged 30+ (23%).
- Groups that were more likely to pre-drink **infrequently** (less than half of the time) were older age groups (45-59, 60+), and those in the low-risk AUDIT-C band.
    - Of respondents aged 60+ who pre-drink, two thirds said they pre-drink infrequently (66%). This was 27 percentage points higher than the proportion for respondents under 60 who pre-drink (39%).
    - Of respondents aged 45-59 who pre-drink, almost two thirds said they pre-drink infrequently (58%). This was 21 percentage points higher than the proportion for respondents of other age groups who pre-drink (37%).
- No significant differences were found between groups for ward, gender, ethnicity, disability status, or for rainbow versus non-rainbow under 30s.

Table 9. Subgroups with significant differences in reported typical pre-drinking frequency

Pre-drinking frequency Pre-drinker overall % response	**Significantly more likely to give this answer** Subgroup % response	**Significantly less likely to give this answer** Subgroup % response
Less than half of the time (41%)	• Aged 60+ (66%) • Aged 45-59 (58%) • AUDIT-C low risk (49%)	• Aged 18-29 (24%) • Multi-person household (25%)
About half the time (26%)	• N/A	• N/A
More than half of the time (21%)	• Multi-person household (32%) • Aged 18-29 (30%)	• N/A
All of the time (13%)	• AUDIT-C high risk (29%) • Aged 18-29 (18%)	• Aged 30-44 (6%) • AUDIT-C low risk (6%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

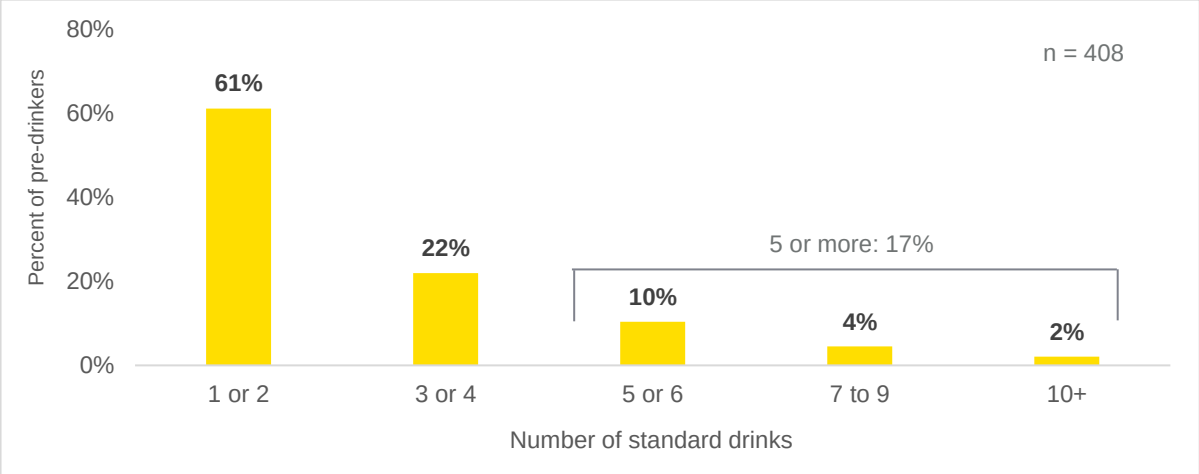
[53] Reducing Alcohol-Related Harm in Wellington's Entertainment Precinct (Bennett, 2017)

Investigating further, a Spearman's correlation revealed a significant, negative, but weak correlation between age and pre-drinking frequency[54]. That is, as age increases, pre-drinking frequency tends to decrease.

Pre-drinking intensity (number of drinks)

We asked respondents how many standard drinks they typically consume when pre-drinking.

Figure 14. Reported number of standard drinks typically consumed when pre-drinking



Note: n = 4 people who didn't know or preferred not to say were removed, and n = 28 people who had said that they pre-drink, but then answered the typical number of drinks they consumed was 'none', were also removed. Due to rounding, totals may not add to 100%.

The majority of respondents said they only drink 1 or 2 standard drinks when pre-drinking (61%). 3 or 4 standards was the second most common grouping (22%), then 5 or 6 standards (10%), 7 to 9 standards (4%), and only a minority saying they typically pre-drink 10+ standards (2%).

We then looked at subgroups to see if certain demographics were more or less likely to consume more or less when they pre-drink (see Table 10 on next page). For the purposes of subgroup analysis, we designated 1 or 2 standard drinks as 'light' consumption, 3 or 4 as 'medium', and 5+ as 'heavy'. Significant differences were found between groups for age, ethnicity household type, rainbow versus non-rainbow under 30s, and AUDIT-C risk. The most notable among these were:

- Of those that pre-drink, groups that were significantly more likely than others to typically consume **five or more** standard drinks were those in the high-risk AUDIT-C band, people aged 18-29, and those living in multi-person households.
    - Of respondents with an AUDIT-C score in the high-risk band who pre-drink, almost half said they pre-drink heavily (48%). They were four times as likely to say this as respondents with a lower AUDIT-C score who pre-drink (12%).
    - Of respondents aged 18-29 who pre-drink, 3 in 10 said they pre-drink heavily (30%). They were more than four times as likely to say this as respondents aged 30+ who pre-drink (7%).

[54] r (440) = -.29, $p < .001$.

- Of respondents living in multi-person households who pre-drink, about 3 in 10 said they pre-drink heavily (29%). They were more than twice as likely to say this as pre-drinker respondents in other household types who pre-drink (13%).

- Of those that pre-drink, groups that were significantly more likely to typically consume **one or two** standard drinks were older age groups (40-59, 60+), those in the low-risk AUDIT-C band, and those living in parent households (single or couple with children).
  - Almost all respondents aged 60+ who pre-drink said they pre-drink lightly (96%). They were more than one-and-a-half times as likely as respondents under 60 who pre-drink to say this (59%). The same pattern was true for pre-drinker respondents aged 45-59, versus pre-drinker respondents of other age groups (85%, vs 55%).
  - Of respondents with an AUDIT-C score in the low-risk band who pre-drink, almost 8 in 10 said they pre-drink lightly (79%). They were more than one-and-a-half times as likely to say this as pre-drinker respondents with higher risk scores (46%).
  - Of respondents who live in parent households (single or couple with children) who pre-drink, almost three quarters said they pre-drink lightly (72%). They were more than one-and-a-half times as likely to say this as pre-drinker respondents in other living situations (47%).

- Of non-rainbow respondents under 30 who pre-drink, almost 1 in 4 said they pre-drink heavily (38%). They were more than twice as likely to say this as rainbow respondents under 30 who pre-drink (17%).

- Of Māori respondents who pre-drink, almost two thirds said they pre-drink heavily (64%). They were around one-and-a-half times as likely to say this as Māori pre-drinker respondents (43%).

- No significant differences were found between groups by gender, ward, or disability status.

Table 10. Subgroups with significant differences in reported typical pre-drinking intensity

Pre-drinking intensity Pre-drinker overall % response	**Significantly more likely to give this answer** Subgroup % response	**Significantly less likely to give this answer** Subgroup % response
1 or 2 standard drinks (61%)	• Aged 60+ (96%) • Aged 45-59 (85%) • AUDIT-C low risk (79%) • Parents (77%)	• AUDIT-C high risk (34%) • Aged 18-29 (40%) • Māori (43%) • Multi-person household (43%) • AUDIT-C increasing risk (50%)
3 or 4 standard drinks (22%)	• Aged 18-29 (30%) • AUDIT-C increasing risk (28%)	• Aged 60+ (4%) • Aged 44-59 (9%)
5 or more drinks (17%)	• AUDIT-C high risk (48%) • *Non-rainbow under 30s (38%)* • Aged 18-29 (30%) • Multi-person household (29%)	• Aged 60+ (0%) • Living alone (2%) • AUDIT-C low risk (4%) • Aged 45-59 (6%) • Parents (8%) • Aged 30-44 (10%) • *Rainbow under 30s (17%)*

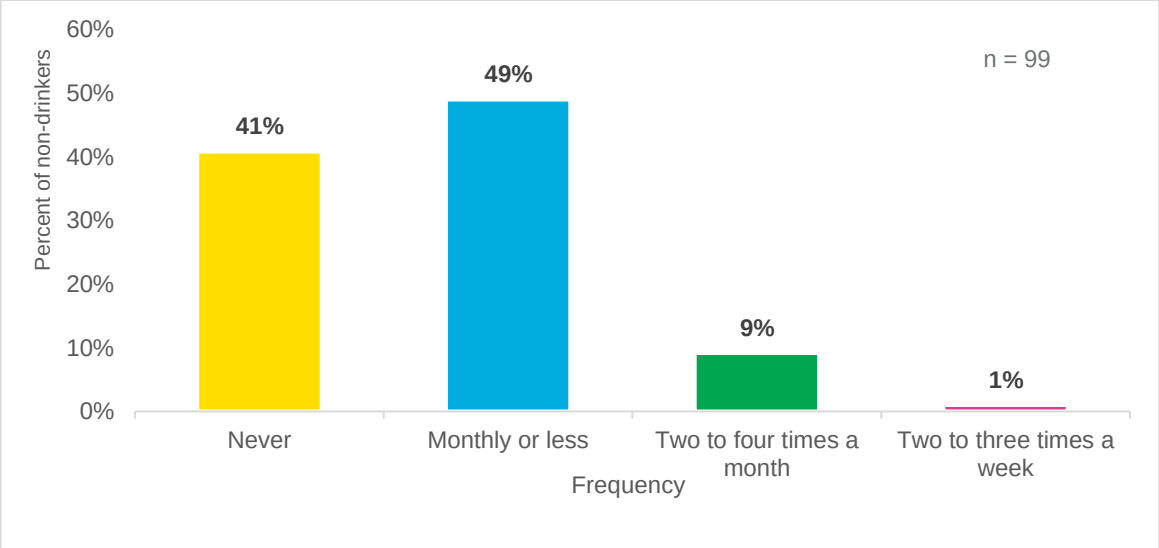
Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Investigating further, a Spearman's correlation revealed a significant, negative, but weak correlation between age and pre-drinking intensity[55]. That is, as age increases, the typical number of standard drinks consumed when pre-drinking tends to increase.

Non-drinker town-going

We asked non-drinkers whether they go out to licensed venues such as pubs, bars, taverns, or nightclubs (and not drink).

Figure 15. Reported frequency of non-drinkers going to pubs, bars, taverns, nightclubs, etc



Note: n = 3 who didn't know or preferred not to say were removed. Due to rounding, totals may not add to 100%.

Around 1 in 4 non-drinkers said they did not ever go out to licensed venues such as pubs, bars, taverns, or nightclubs (41%). 49% said they go out monthly or less, 9% said they go out two to four times a month, and 1% said they go out two to three times a week. There were no non-drinkers in the sample who said they went out to licensed venues 4 or more times a week.

No- or Low- alcohol consumption

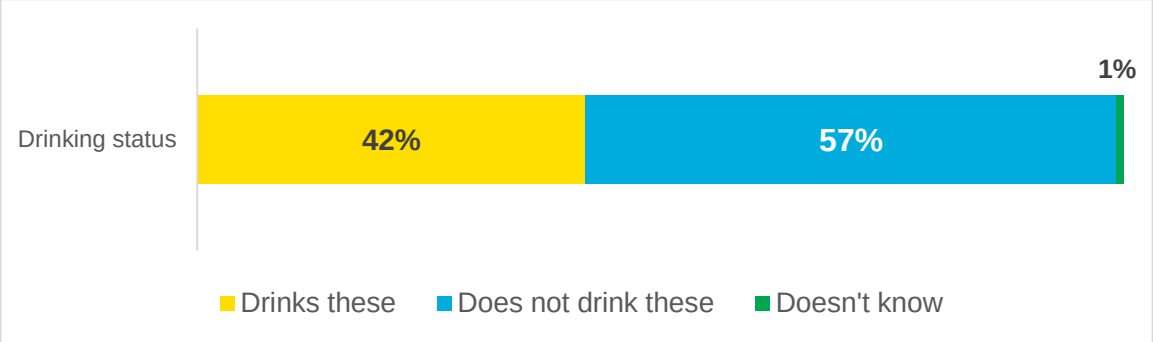
We asked all respondents (both drinkers and non-drinkers) if they drink "low or zero alcohol wine/beer/spirits/etc."

42% of the sample said yes, and 57% said no – see Figure 16 on next page.

Though there is little available data on low or zero alcohol wine/beer/spirit consumption to compare this to, this result is not surprising given the recent rise in popularity in such beverages. For example, in 2022, the Brewer's Association of New Zealand reported that sales of low-alcohol beer had shot up 1116% in the past 5 years.[56]

[55] r (440) = -.26, $p < .001$.
[56] RNZ article: Non-alcoholic beer 'flying out the door' as sales of low alcohol beer up 1116 percent

Figure 16: Drinking of low or zero alcohol wine/beer/spirits/etc



Note: Due to rounding, totals may not add to 100%.

We ran statistical tests to see if certain demographic subgroups were more or less likely to say that they drink low or zero alcohol wine/beer/spirits/etc (see Table 11). Significant differences were found between groups for age, ethnicity, drinking status, and AUDIT-C risk. The most notable among these were:

- Groups significantly more likely to say that they **do** drink low or zero alcohol wine/beer/spirits/etc were respondents aged 30-44, and current drinkers.
    - Around half of respondents aged 30-44 said they drink low or zero alcohol wine/beer/spirits/etc (52%). This was 14 percentage points higher the than the proportion for other age groups (38%).
    - Around two out of five respondents who currently drink said they drink low or zero alcohol wine/beer/spirits/etc (44%). They were more than one-and-a-half times as likely to say this as non-drinkers (28%).
- Groups significantly more likely to say that they do **not** drink low or zero alcohol wine/beer/spirits/etc were current drinkers with score in the high-risk AUDIT-C band (vs lower bands), Māori, non-drinkers, and people aged 60+.
    - Around a quarter of current drinker respondents with an AUDIT-C score in the high-risk band said they drink low or zero alcohol wine/beer/spirits/etc (24%). They were about half as likely as current drinker respondents with scores in lower risk bands to say this (47%).
    - Around a quarter of Māori respondents said that they drink low or zero alcohol wine/beer/spirits/etc (26%). They were about half as likely as non-Māori respondents to say this (43%).
- There were no significant differences found between groups by ward, gender, household type, disability, or for rainbow versus non-rainbow under 30s.

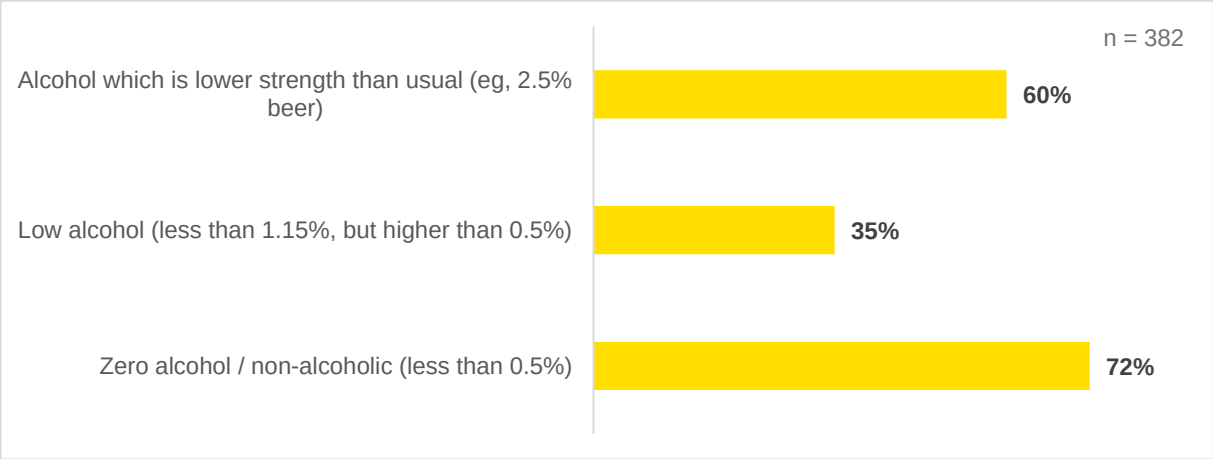
Table 11. Subgroups with significant differences in drinking of low or zero alcohol wine/beer/spirits/etc

Low or zero alcohol wine/beer/spirits/etc drinking Overall sample % response	**Significantly <u>more</u> likely to give this answer** Subgroup % response	**Significantly <u>less</u> likely to give this answer** Subgroup % response
Drinks low or zero alcohol wine/beer/spirits/etc (42%)	• Aged 30-44 (52%) • Current drinker (44%)	• *AUDIT-C high risk (24%)* • Māori (26%) • Non-drinker (28%) • Aged 60+ (32%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

We then presented a follow-up question, using categories based on labelling rules, to clarify exactly what strength of beverage people were drinking. In specific, the Ministry for Primary Industries specifies that the words 'low alcohol' must not be used if a drink contains more than 1.15% alcohol by volume, and also that labelling rules for alcoholic drinks usually apply to beer, cider, wine […] with more than 0.5% alcohol by volume. Therefore, drinks which mimic alcohol beverages such as wine/beer/spirits, with a strength of less than 1.15%, will be referred to as NoLos in the subsequent questions.

Figure 17. Reported consumption of different types of low or zero alcohol wine/beer/spirits/etc, by respondents who consume low or zero alcohol wine/beer/spirits/etc



Note: n = 8 respondents who said they didn't know were removed

Of those respondents who drink low or zero alcohol wine/beer/spirits/etc, zero alcohol (less than 0.5% ABV) was the most popular type that was reported drinking (72%). A large proportion of respondents drank alcoholic drinks that do not technically meet the definition of a NoLo, but might be marketed to emphasize a lower strength relative to the typical alcohol content (60%). Only around a third of indicated that they drink low alcohol with an ABV between 0.5% and 1.15% (35%). When combining low and zero alcohol (which will thereafter be referred to as 'NoLo'), 78% of people who said they drink low or zero alcohol wine/beer/spirits/etc had drunk NoLos.

When recalculated to use the overall sample as a base, rather than only those that drink low or zero alcohol wine/beer/spirits/etc, 15% of the sample overall drank low alcohol, 31% drank zero alcohol, and 33% drank NoLos (combination of either type).

We then asked respondents who said they drink low alcohol (less than 1.15% but higher than 0.5%) or zero alcohol / non-alcoholic (less than 0.5%), where they typically purchase these. See Figure 18 on next page.

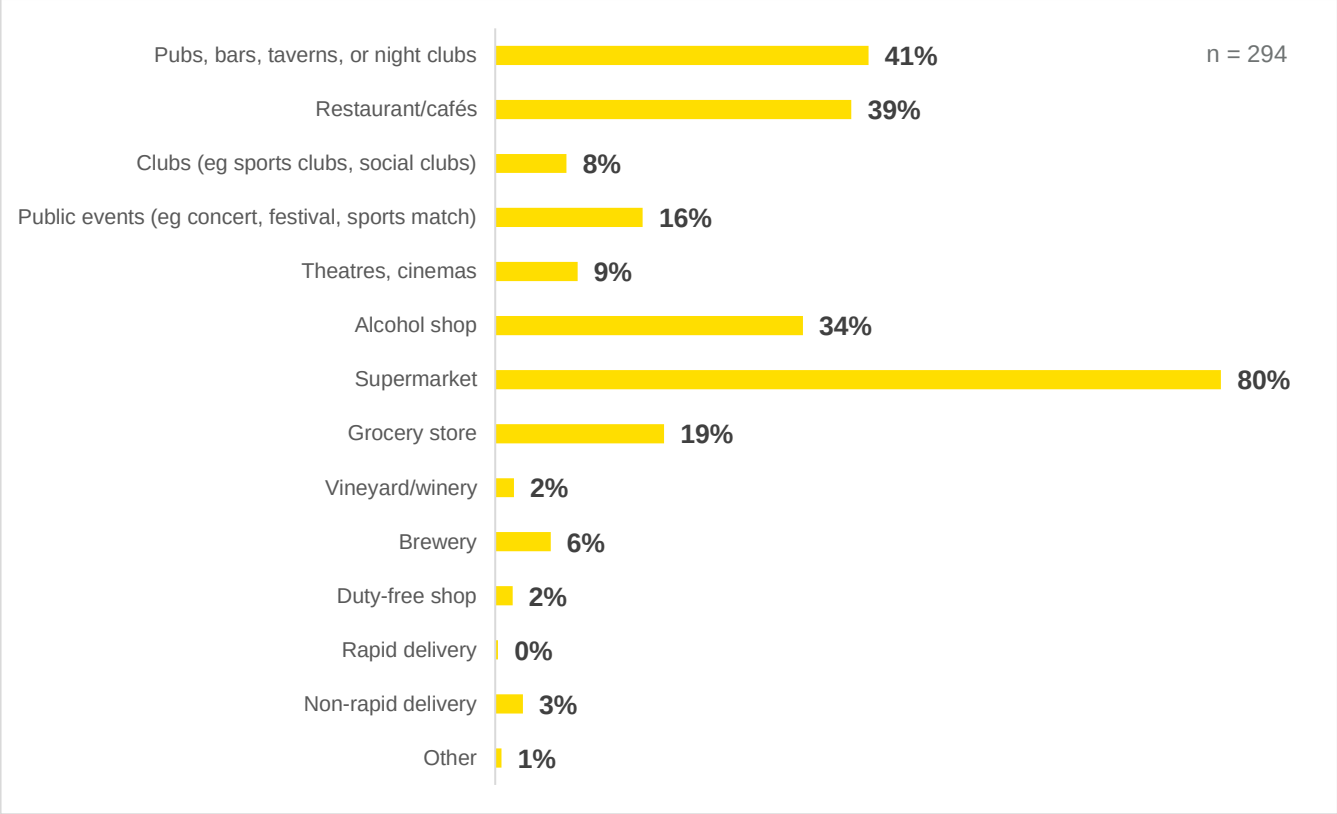
The most popular place to purchase NoLo drinks was at the supermarket (80%). The next most popular places were at pubs/bars/taverns/nightclubs (41%), at restaurants or cafés (39%), and at alcohol shops (34%).

Looking at the free text responses for other/delivery:

- The n = 10 respondents who selected 'non-rapid delivery' had ordered their NoLos from a variety of websites, most of which also primarily sell alcohol.
- The n = 1 respondent who selected 'rapid delivery' had ordered from a website.

- The n = 2 respondents who answered ‘other’ had purchased online.

Figure 18. Typical location of NoLo purchase (by NoLo drinkers)



Note: n = 3 people who didn’t know, and n = 10 people who don’t purchase these were removed

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Alcohol Purchasing

On and off licence purchasing

On- vs off- licence purchasing in the past 6 months

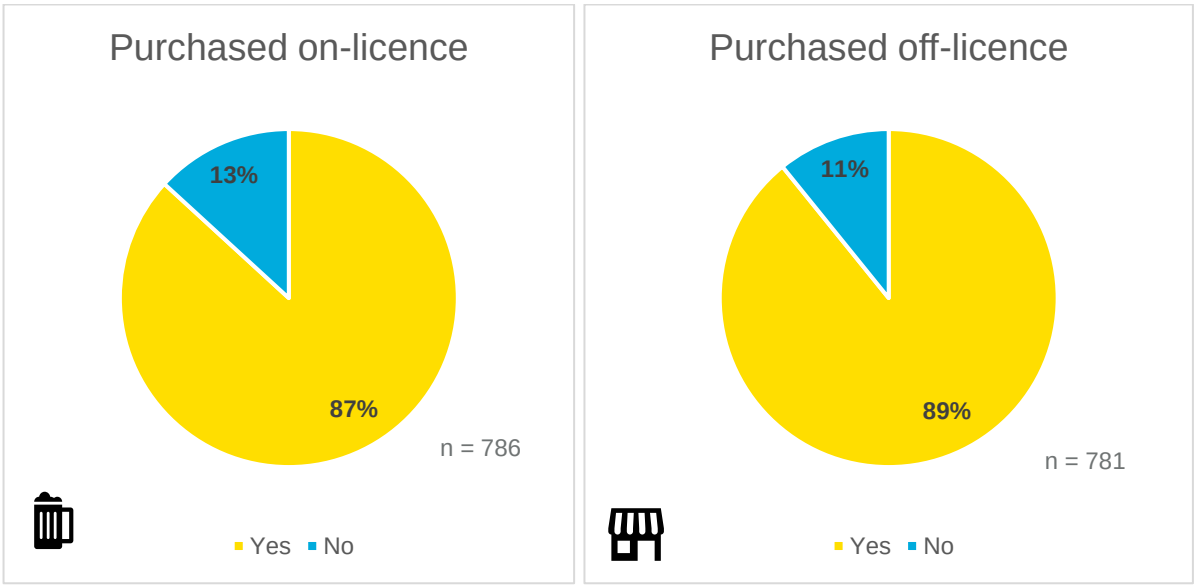
We asked respondents if they had purchased any alcohol in the last 6 months. After removing 4 people who didn't know or preferred not to say, 87% said yes, and 13% said no.

Comparing current drinkers and non-drinkers, current drinkers were almost four times as likely as non-drinkers to have purchased alcohol in the past 6 months (94%, vs 25%).

We then asked the people who had purchased in the past 6 months whether they had purchased alcohol at on-licence and/or off-licence premises, using the following definitions:

- "An on-licence premise is a venue where you can buy and consume alcohol while there, such as bars, pubs, taverns, restaurants, cafés, and entertainment venues such as theatres."
- "An off-licence premise is a retailer where you can buy alcohol 'takeaway' to consume somewhere else, such as bottle stores and supermarkets (including online purchasing)."

Figure 19. Reported purchasing from on/off licence premises in past 6 months (by respondents who said they had purchased alcohol at least once in the past 6 months)



Note: n = 4 who don't know or prefer not to say were removed from on-licence sample. n = 9 removed from off-licence sample.

87% of respondents had purchased alcohol on-licence, and 89% had purchased off-licence.

- Of respondents who had purchased alcohol on-licence in the past 6 months, 90% had also purchased off-licence.
- Of respondents who had purchased alcohol off-licence in the past 6 months, 88% had also purchased on-licence.

A total of n = 19 people answered that they had purchased alcohol in the past 6 months, but had done so from neither on- nor off-licence premises. We investigated the possibility that they had purchased exclusively on club, mixed, or special licences. However, their answers indicated either no purchasing at all, or a purchasing pattern which included instances of on- and off-licence premises. This suggests that these respondents may have misunderstood the question (e.g., did not know what type of licence different premises belonged to)

To account for this, we re-examined this question by using a different question which provided a comprehensive list of specific premise types. This question did not require respondents to understand the difference between on- and off- licences, and may have helped to prompt their memory of premises they had visited. We grouped these premises into on/off licence (excluding types that would use club, mixed, or special licences – e.g. events, breweries).

When the groups were constructed this way, the on-licence proportion was reduced slightly to 83%, whilst off-licence remained at 89%. (This drop, as previously stated, is likely explainable by the fact that respondents are unlikely to know the intricacies of alcohol licensing). These figures are broadly similar to what was found at the national level in the International Alcohol Control Study, which took place in 2011 and found that 78% of New Zealand participants had purchased on-premise at least once in the past 6 months at the time of the survey, whilst 82% had purchased off-premise.[57]

We ran statistical tests to see if certain demographic subgroups were more or less likely to have purchased on- or off- licence in the past 6 months (see Table 12). Significant differences were found between groups for age, ethnicity, and drinking status.

- Groups that were significantly more likely than others to have purchased **on-licence** in the past 6 months were current drinkers and European respondents. Groups that were significantly less likely to have purchased on-licence were those aged 60+, those with a permanent disability/access need, and non-drinkers.
- Groups that were significantly more likely to have purchased **off-licence** were European respondents and current drinkers. Groups that were significantly less likely to have purchased off-licence were Asian respondents and non-drinkers.
- No significant differences were found between groups by gender, ward, household type, rainbow versus non-rainbow under 30s, or AUDIT-C risk.

Table 12. Subgroups with significant differences in reported on/off licence alcohol purchasing in last 6 months, by respondents who said they had purchased alcohol in the past 6 months

Alcohol purchase location Past 6 month alcohol purchaser % overall response	**Significantly more likely to give this answer** Subgroup % response	**Significantly less likely to give this answer** Subgroup % response
On licence (87%)	• Current drinker (91%)	• Non-drinker (15%) • Aged 60+ (78%) • Disability/access need (78%)
Off licence (89%)	• European (91%) • Current drinker (90%)	• Non-drinker (73%) • Asian (78%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

[57] Availability of alcohol: Location, time and ease of purchase in high- and middle-income countries: Data from the International Alcohol Control Study (Gray-Philip et al., 2018)

On- and off- licence purchasing frequency

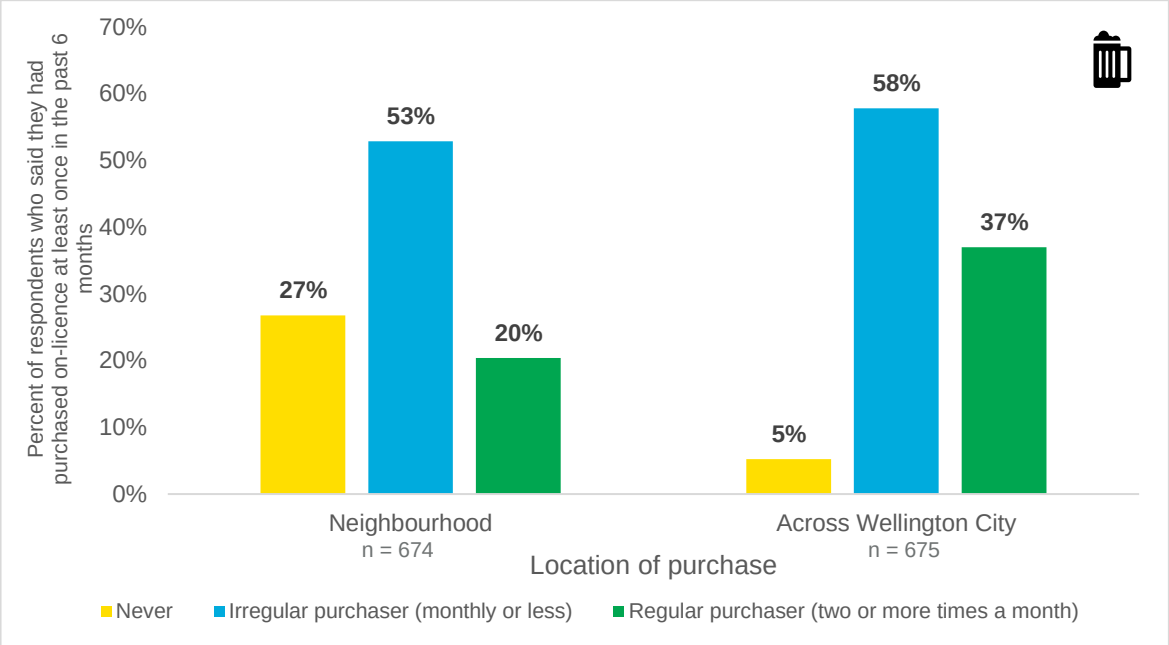
We asked respondents who had purchased on and/or off-licence how often they had purchased on- or off- licence in the past 6 months. We asked first about purchasing in the respondents' respective neighbourhoods, then purchasing across Wellington City.

By 'across Wellington City', we meant to capture the rest of the city not captured by 'neighbourhood', without necessarily assuming people *only* drink in the CBD/entertainment district (as *just* 'Wellington City' may have implied). For example, 'across Wellington City' could capture instances of people who work outside the CBD going for after-work drinks, travelling to a friend's house and purchasing off-licence before a house party, travelling to a different suburb for on-licence entertainment, etc.

On-licence purchasing

First, we looked at the regularity of purchasing of people who had purchased on-licence in the past 6 months.

Figure 20. Reported regularity of on-licence alcohol purchasing in respondents' neighbourhoods and across Wellington City in the last 6 months



Note: n = 9 don't know or prefer not to say removed from neighbourhood, n = 8 removed from across Wellington City. Due to rounding, totals may not add to 100%.

The majority of on-licence purchasers said they purchased alcohol in their neighbourhood over the past six months at an irregular frequency (53%). About a quarter had never purchased in their neighbourhood (27%), and 1 in 5 had purchased in their neighbourhood regularly (20%).

Looking at respondents' on-licence purchasing frequency across Wellington City, the majority of on-licence purchasers said they had purchased alcohol across Wellington City in the past six months at an irregular frequency (58%). A little over a third said they had purchased across Wellington City frequently (37%). A minority said they had never purchased on-licence across Wellington City in the past 6 months (5%).

When combining regular and irregular purchasers, 73% of respondents who had purchased on-licence reported purchasing at least once in the last 6 months in their neighbourhood, and 95% reported purchasing at least once in the last 6 months across Wellington City.

We ran statistical tests to see if certain demographic subgroups were more or less likely to have purchased off-licence across their neighbourhood or across Wellington City in the past 6 months (see Table 13 on next page). Drinking status was not assessed due to the non-drinker group having too few individuals. Significant differences were found between groups by age, ward, household type, and AUDIT-C risk. There were no significant differences for gender, ethnicity, or rainbow versus non-rainbow under 30s. The most notable results were:

Of respondents who had purchased on-licence at least once in the last 6 months…

On-licence purchasing behaviour in respondents' neighbourhood

- Groups that were significantly more likely to have purchased alcohol **regularly** (two or more times a month) from on-licensed premises in their respective neighbourhoods in the past 6 months were those with a high or increasing AUDIT-C risk bands, and Central ward respondents.
    - Two out of five current drinker respondents with an AUDIT-C score in the high-risk band said they had purchased alcohol from on-licensed premises in their neighbourhood regularly in the past 6 months (40%). They were more than twice as likely to say this as current drinker respondents with lower risk scores (19%).
    - Around a third of Central ward respondents said they had purchased alcohol from on-licensed premises in their neighbourhood regularly in the past 6 months (35%). They were almost twice as likely as respondents from other wards to say this (23%).
- Groups that were significantly more likely to have **never** purchased alcohol from on-licensed premises in their neighbourhood in the past 6 months were Western ward respondents, respondents who live in multi-person households, and respondents aged 18-29.
    - Around two out of five Western ward respondents said they had never purchased alcohol from on-licensed premises in their neighbourhood in the past 6 months (43%). They were twice as likely to say this as respondents from other wards (22%).
    - About a third of respondents aged 18-29 said they had never purchased alcohol from on-licensed premises in their neighbourhood in the past 6 months (35%). They were around one-and-a-half times as likely to say this as respondents aged 30+ (23%)

On-licence purchasing behaviour across Wellington City

- Groups that were significantly more likely to have **regularly** (two or more times a month) purchased alcohol from on-licensed premises across Wellington City in the past 6 months were those in high or increasing AUDIT-C risk bands, and respondents aged 18-29, and Central ward respondents.
    - Almost three quarters of current drinker respondents with an AUDIT-C score in the high-risk band said they had purchased alcohol from on-licensed premises across Wellington City regularly in the past 6 months (74%). They were more than twice as likely to say this as current drinker respondents with a score in a lower risk band (34%).
    - Almost half of respondents aged 18-29 said they had purchased alcohol from on-licensed premises across Wellington City regularly in the past 6 months (46%). They were almost one-and-a-half times as likely to say this as respondents aged 30+ (33%).

- Groups that were significantly more likely to have **never** purchased alcohol from on-licensed premises across Wellington City in the past 6 months were Northern ward respondents, and respondents aged 60+.
    - About 1 in 8 Northern ward respondents said they had never purchased alcohol from on-licensed premises across Wellington City in the past 6 months (12%). They were four times as likely to say this as respondents from other wards (3%).
    - About 1 in 8 respondents aged 60+ said they had never purchased alcohol from on-licensed premises across Wellington City in the past 6 months (12%). They were three times as likely to say this as respondents under 60 to say this (4%).

Table 13. Subgroups with significant differences in regularity of on-licence alcohol purchase in respondents' respective neighbourhoods and Wellington City in the last 6 months

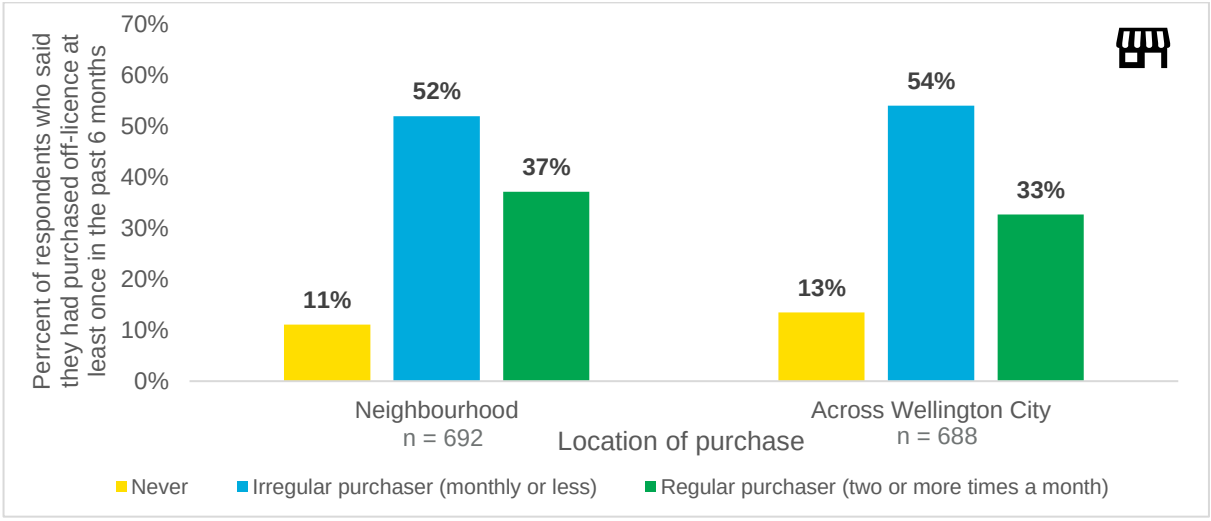
On-licence purchase location	Significantly more likely to have purchased <u>never</u> Subgroup % response	Significantly more likely to have purchased <u>irregularly</u> Subgroup % response	Significantly more likely to have purchased <u>regularly</u> Subgroup % response
Neighbourhood	Western ward (43%) Multi-person household (36%) Aged 18-29 (35%) *AUDIT-C low risk (31%)* *On-licence purchasers, overall: 27%*	Parents (63%) Female (63%) *AUDIT-C low risk (57%)* *On-licence purchasers, overall: 56%*	*AUDIT-C high risk (40%)* Central ward (33%) *AUDIT-C increasing risk (32%)* *On-licence purchasers, overall: 20%*
Across Wellington City	Northern ward (12%) Aged 60+ (12%) *On-licence purchasers, overall: 5%*	*AUDIT-C low risk (70%)* *On-licence purchasers, overall: 58%*	*AUDIT-C high risk (74%)* *AUDIT-C increasing risk (54%)* Aged 18-29 (46%) Central ward (46%) *On-licence purchasers, overall: 37%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Off-licence purchasing

Next, we looked at the regularity of off-licence alcohol purchasing, in respondents' respective neighbourhoods and across Wellington City.

Figure 21. Reported regularity of off-licence purchase in respondents' respective neighbourhoods and across Wellington City in the last 6 months



Note: n = 4 don't know or prefer not to say removed from neighbourhood, n = 8 removed from across Wellington City

Off-licence alcohol purchasing behaviour in respondents' neighbourhoods was very similar to off-licence purchasing behaviour across Wellington City, with irregular purchasing being the most common behaviour exhibited in the past 6 months (52% in respondents' neighbourhoods, 54% across Wellington City), followed by regular purchasing (37% in respondents' neighbourhoods, 33% across Wellington City), and finally no purchasing (11% in respondents' neighbourhoods, 13% across Wellington City).

When combining regular and irregular purchasers, 87% of respondents who had purchased on-licence reported purchasing at least once in the last 6 months in their neighbourhood, and 89% reported purchasing at least once in the last 6 months across Wellington City.

We ran statistical tests to see if certain demographic subgroups were more or less likely to have purchased alcohol on-licence across their neighbourhood or across Wellington City in the past 6 months (see Table 14 on next page). Significant differences were found between groups by ward, ethnicity, household type, and AUDIT-C score. There were no significant differences for age, gender, or rainbow versus non-rainbow under 30s. The most notable results were:

Of respondents who had purchased off-licence at least once in the last 6 months…

Off-licence purchasing behaviour in respondents' neighbourhood

- Groups that were significantly more likely to have **regularly** (two or more times a month) purchased alcohol from off-licensed premises in their neighbourhood in the past 6 months were current drinkers (vs non-drinkers), current drinkers in the high or increasing AUDIT-C risk bands, and those living in parent households (single or couple with children).
    - About 6 in 10 current drinker respondents with AUDIT-C scores in the high-risk band said they had purchased alcohol from off-licensed premises in their neighbourhood regularly in the past 6 months (61%). They were more than twice as likely to say this as current drinker respondents with scores in lower risk bands (36%).
    - Nearly half of respondents living in parent households (single or couple with children) said they had purchased alcohol from off-licensed premises in their neighbourhood regularly in the past 6 months (46%). They were around one-and-a-half times as likely as respondents in other household situations to say this (33%).
- Groups that were significantly more likely to have **never** purchased alcohol from off-licensed premises in their neighbourhood in the past 6 months were Western ward respondents, and respondents in the low-risk AUDIT-C band.
    - Around 1 in 5 Western ward respondents said they had never purchased alcohol from off-licensed premises in their neighbourhood in the past 6 months (18%). They were twice as likely to say this as respondents from other wards (9%).
    - Around 1 in 8 current drinker respondents with an AUDIT-C score in the low-risk band said they had never purchased alcohol from off-licensed premises in their neighbourhood in the past 6 months (13%). They were almost twice as likely to say this as current drinker respondents with scores in higher risk bands (7%).

Off-licence purchasing behaviour across Wellington City

- Groups that were significantly more likely to have **regularly** (two or more times a month) purchased alcohol from off-licensed premises across Wellington City in the past 6 months were current drinkers (vs non-drinkers), and current drinkers in the high or increasing AUDIT-C risk band (vs lower bands).

- Around 6 in 10 current drinker respondents with an AUDIT-C score in the high-risk band said they had purchased alcohol from off-licensed premises across Wellington City regularly in the past 6 months (61%). They were more than twice as likely to say this as current drinker respondents with a score in a lower risk band (31%).

- Groups that were significantly more likely to have **never** purchased alcohol from on-licensed premises across Wellington City in the past 6 months were non-drinkers, Northern ward respondents, and current drinkers in the low AUDIT-C risk band (vs higher bands).
    - Almost a quarter of Northern ward respondents said they had never purchased alcohol from on-licensed premises across Wellington City in the past 6 months (23%). They were twice as likely to say this as respondents from other wards (11%).

Table 14. Subgroups with significant differences in the regularity of off-licence purchase in their respective neighbourhoods / across Wellington City in the last 6 months

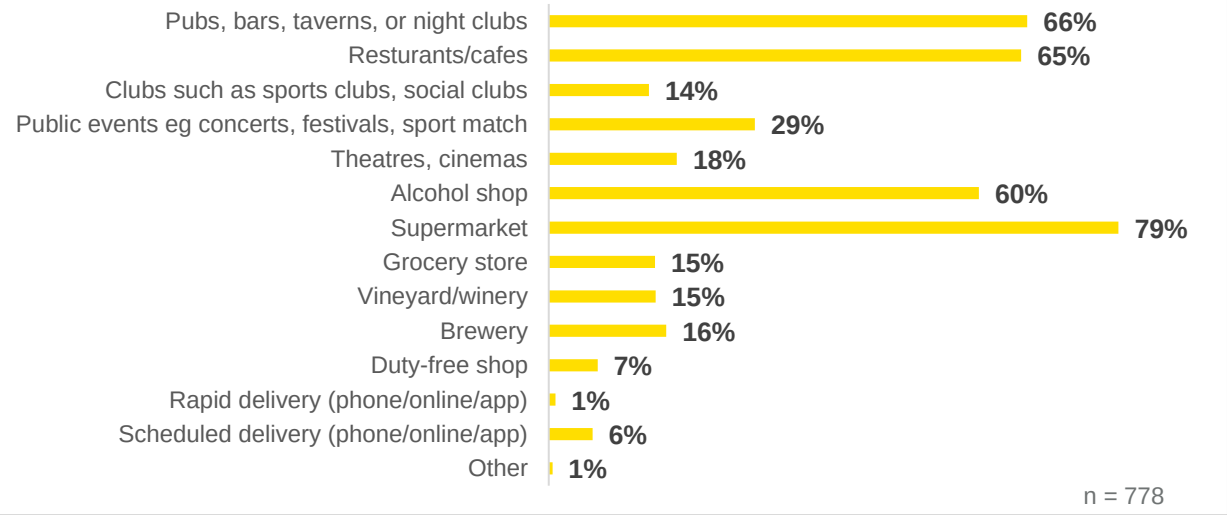
Off-licence purchase location	Significantly more likely to have purchased never Subgroup % response	Significantly more likely to have purchased irregularly Subgroup % response	Significantly more likely to have purchased regularly Subgroup % response
Neighbourhood	Western ward (18%) *AUDIT-C low risk (13%)* *Off-licence purchasers, overall: 11%*	Non-drinker (79%) Asian (71%) *AUDIT-C low risk (62%)* *Off-licence purchasers, overall: 52%*	*AUDIT-C high risk (61%)* *AUDIT-C increasing risk (58%)* Parent household (46%) Current drinker (39%) *Off-licence purchasers, overall: 37%*
Across Wellington City	Non-drinker (37%) Northern ward (23%) *AUDIT-C low risk (16%)* *Off-licence purchasers, overall: 13%*	Asian (75%) *AUDIT-C low risk (64%)* *Off-licence purchasers, overall: 54%*	*AUDIT-C high risk (61%)* *AUDIT-C increasing risk (51%)* Current drinker (34%) *Off-licence purchasers, overall: 33%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Types of premises people purchase from

We asked respondents to indicate the types of premises they had purchased alcohol from in the past 6 months.

Figure 22. Places that respondents reported purchasing alcohol from in the past 6 months



The most common premise type to have purchased alcohol from was the supermarket (79%) followed by pubs/bars/taverns/nightclubs (66%), restaurants/cafés (65%), and alcohol shops (60%). From there onwards, the next most popular responses were much less common, with public events at 29%, theatres/cinemas at 18%, breweries at 16%, and so on.

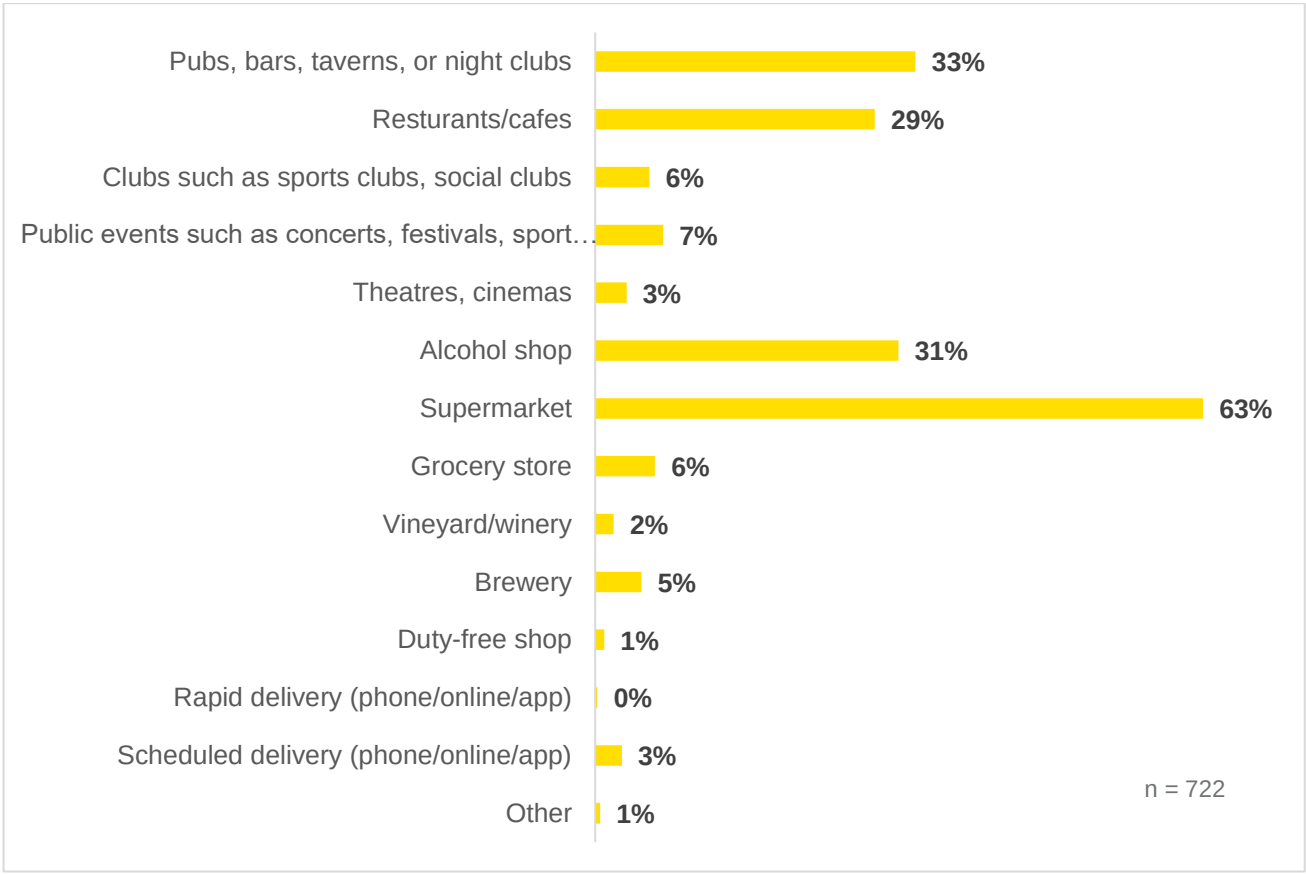
Looking at the open text fields (delivery/other), comments revealed that for the phone/online/app purchasing, the majority of alcohol purchasing took place online. Scheduled deliveries were much more commonly reported than rapid delivery.

- For scheduled delivery, 35 respondents ordered from specialist websites, 4 from online (unspecified), 4 from breweries, 2 from supermarket online shopping, 1 from UberEats, and 1 from 'various'.
- For rapid delivery, 8 respondents ordered from app-based delivery services (e.g. UberEats, DoorDash, DeliverEasy), and 1 ordered from 'suppliers across NZ'.

In the 'other' category, 4 responses were received, and the only unique response of note was 'Airpoints' (the other 3 responses fit into other categories).

Next, we asked respondents to specify the types of premises that they purchase alcohol from frequently.

Figure 23. Locations that respondents reported purchasing alcohol from frequently (by respondents who had purchased alcohol in the past 6 months)



Note: n = 53 people who didn't know or preferred not to say were removed. This graph *does not* depict places that were frequently purchased from in the past 6 months – rather, it shows locations where respondents who had purchased in the past 6 months say they frequently purchase from, in general.

The most common locations to frequently purchase alcohol from were supermarkets (63%), pubs/bars/taverns/nightclubs (33%), alcohol shops (31%), and restaurants/cafés (29%). We ran statistical tests to see if certain demographic subgroups were more or less likely to purchase from certain premise types (see Table 15 on next page), looking specifically at pubs/bars/taverns/night clubs, restaurants/cafés, clubs, public events, alcohol shops, and supermarkets. Significant differences were found between groups by age, gender, ethnicity, household type, drinking status, and AUDIT-C risk. The most notable among these were:

Of respondents who had purchased alcohol in the past 6 months:

- Pubs, bars, taverns, or nightclubs
    - Almost half of respondents aged 18-29 said they frequently purchase alcohol at pubs/bars/taverns/nightclubs (45%). They were more than one-and-a-half times as likely to say this as respondents aged 30+ (28%)
    - Only around 1 in 8 respondents aged 60+ said they frequently purchase alcohol from pubs/bars/taverns/nightclubs (12%). They were around a third as likely to say this as respondents under 60 (38%).
- Restaurants/cafés
    - Over a third of respondents aged 30-44 said they frequently purchase alcohol from restaurants/cafés (36%). This was 10 percentage points higher than for respondents of other age groups (26%).
    - Around a third of female respondents said they frequently purchase alcohol from restaurants/cafés (35%). They were around one-and-a-half times as likely to say this as male respondents (22%).
    - Only around 1 in 5 respondents aged 60+ said they frequently purchase alcohol from restaurants/cafés (20%), They were less likely to say this than respondents under 60 (29%).
- Clubs (such as sports clubs, social clubs)
    - The high and increasing risk bands of the AUDIT-C had similar proportions of respondents that said they purchase alcohol from clubs regularly (13% and 12% respectively). Combining these groups, around 1 in 8 current drinker respondents with high/increasing risk said they purchase alcohol from clubs regularly in the past 6 months (12%). They were around six times as likely to say this as current drinker respondents in the low-risk band to say this (2%).
    - Around 1 in 8 male respondents said they purchase alcohol from clubs regularly (9%). They were over four times as likely to say this as female respondents (2%).
- Alcohol shops
    - More than half of respondents aged 18-29 said they purchase alcohol from alcohol shops frequently (55%). They were more than twice as likely to say this as respondents aged 30+ (21%).
    - More than half of Māori respondents said they purchase alcohol from alcohol shops frequently (54%). They were almost twice as likely as non-Māori respondents to say this (29%).
- There were no significant differences found between groups by ward, disability status, or for rainbow versus non rainbow under 30s.

Table 15. Subgroups with significant differences in frequent alcohol purchase locations

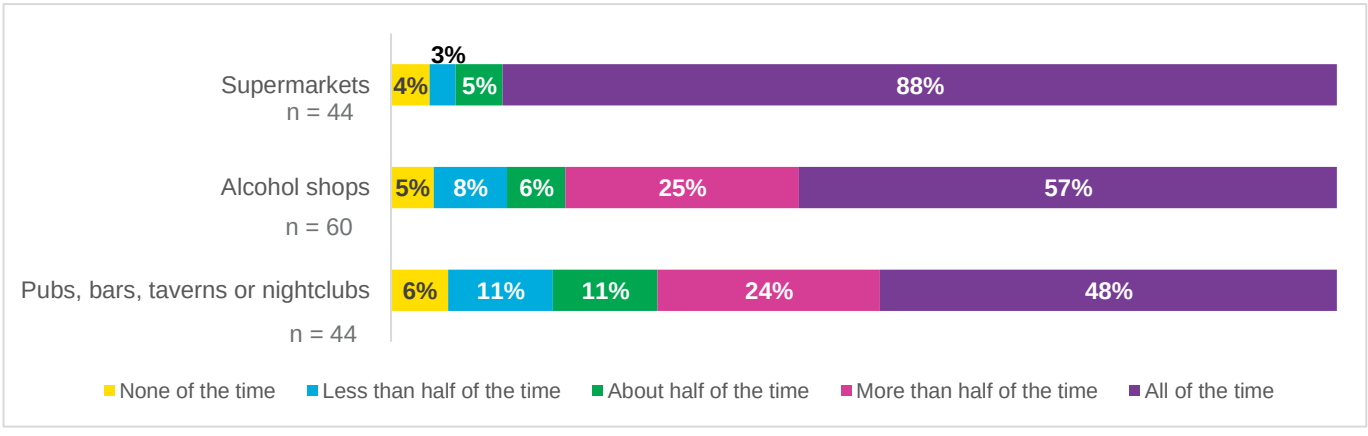
Premise type Purchased in the last 6 months, overall % response	Significantly more likely to purchase here frequently Subgroup % response	Significantly less likely to purchase here frequently Subgroup % response
Pubs, bars, taverns, or night clubs (33%)	• Multi-person household (46%) • Aged 18-29 (45%)	• Aged 60+ (12%)
Restaurants/cafés (29%)	• Aged 30-44 (36%) • Female (35%)	• Aged 60+ (20%) • Male (22%)
Clubs (such as sports clubs, social clubs) (6%)	• *AUDIT-C high risk (13%)* • *AUDIT-C increasing risk (12%)* • Male (9%)	• Female (2%) • *AUDIT-C low risk (2%)*
Public events (such as concerts, festivals, sports match) (7%)	• *AUDIT-C increasing risk (11%)*	• *AUDIT-C low risk (5%)*
Alcohol shops (liquor store / bottle store) (31%)	• Aged 18-29 (55%) • Māori (54%) • *AUDIT-C high risk (50%)* • Multi-person household (48%) • *AUDIT-C increasing risk (46%)*	• Aged 60+ (18%) • *AUDIT-C low risk* (22%) • Aged 30-44 (22%) • Aged 45-60 (24%)
Supermarkets (63%)	• Aged 45-60 (72%)	• Aged 18-29 (50%)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Age identification for under 25s

We asked respondents under 25 how often they're asked for identification (ID) at the premise types they purchase from frequently.

Figure 24. Frequency of age identification of under 25s who purchased alcohol in the past 6 months, at locations they frequently purchase from



Note: Premise types with a total of less than n = 30 respondents are not presented here.

The majority of respondents indicated that they had their IDs checked more than half or all of the time (88% for supermarkets, 77% for alcohol shops, 72% for pubs, bars, taverns, or nightclubs). This was comparable to results from the International Alcohol Control Study

2017, which found for New Zealand respondents that the proportion that reported having their IDs checked more than half or all of the time was 73%[58].

We also asked people under 25 who frequently purchased online if their identifications were checked when they did so. Out of n = 23 respondents, 21 said yes, 1 said no, and 1 said it depends on whether they're new to the website or not.

Day and times of purchase

We investigated the days of the week and times of day that respondents typically purchase alcohol from the licensed premise types they frequently purchase from.

These timeframes are broadly based on a 9am-5pm working week schedule. The cut-offs for the earliest and latest timeframes are based on the existing cutoffs of the licensing hours for each premise (for example, on-licence premises have an 'after midnight' time slot, but off-licence premises do not).

Note: in the following figures, the population (sample size affected by weighting), rather than the raw sample size is used, rounded to whole numbers. Due to the high effective sample size, the difference between these two measures is minimal. For example, if the actual raw number of responses for a given cell was 50, but many of those 50 respondents were weighted up due to belonging to underrepresented demographic groups used for weighting, the number presented in the figures below may be 51.

Figure 25a. Heatmap of typical day/time of alcohol purchasing in pubs/bars/taverns/nightclubs

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning (8am-8:59am)	0	0	0	0	0	1	0
Daytime (9am-4:59pm)	0	1	2	5	15	26	4
Early evening (5pm-8:59pm)	5	20	28	36	156	137	15
Late evening (9pm-11:59pm)	1	4	11	18	110	112	8
After midnight (12am-4am)	0	0	1	0	45	48	2

Note: Approx. 234 people were presented with this question. Column n (sum of total responses for a given day) = from 5-184. Due to survey routing, 'true' base n is unknown.

The most popular times for typical purchase from pubs/bars/taverns/nightclubs were Friday and Saturday evenings, between 5pm and midnight. Early evenings (5pm-8:59pm) were especially popular.

Figure 25b. Heatmap of typical day/time of alcohol purchasing in restaurants/bars

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning (8am-8:59am)	1	0	0	1	1	0	0
Daytime (9am-4:59pm)	2	4	6	6	14	35	14
Early evening (5pm-8:59pm)	7	13	21	38	122	140	28
Late evening (9pm-11:59pm)	3	2	5	10	30	34	6
After midnight (12am-4am)	0	0	0	1	2	2	1

Note: Approx. 179 people were presented with this question. Column n (sum of total responses for a given day) = from 13-146. Due to survey routing, 'true' base n is unknown.

[58] Availability of alcohol: Location, time and ease of purchase in high- and middle-income countries: Data from the International Alcohol Control Study (Gray-Philip et al., 2018)

The most popular times for typical purchase from restaurants/bars were early evenings (5pm-8:59pm) on Friday and Saturday.

Figure 25c. Heatmap of typical day/time of alcohol purchasing in clubs (eg social, sports)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning (8am-8:59am)	1	0	0	0	0	0	0
Daytime (9am-4:59pm)	0	0	1	1	6	12	8
Early evening (5pm-8:59pm)	0	1	4	4	17	21	5
Late evening (9pm-11:59pm)	0	0	1	1	4	6	0
After midnight (12am-4am)	0	0	1	0	1	1	0

Note: Approx. 42 people were presented with this question. Column n (sum of total responses for a given day) = from 1-25. Due to survey routing, 'true' base n is unknown.

The number of respondents who purchase frequently from social/sports clubs was relatively low. Despite this, it could still be seen that Friday and Saturday early evenings (5pm-8:59pm), as well as daytime Saturday (9am-4:49pm) were the most popular times for typical purchase.

Figure 24d. Heatmap of typical day/time of alcohol purchasing at public events

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning (7am-8:59am)	0	0	0	0	0	0	0
Daytime (9am-4:59pm)	0	0	0	1	4	9	2
Early evening (5pm-8:59pm)	0	0	1	2	24	40	10
Late evening (9pm-11:59pm)	0	0	3	1	16	27	3
After midnight (12am-6:59am)	0	0	2	1	5	7	1

Note: Approx. 48 people were presented with this question. Column n (sum of total responses for a given day) = from 0-46. Due to survey routing, 'true' base n is unknown.

The most popular time for typical purchase from public events was Saturday early evenings (5pm-8:59pm). Friday early evening, as well as Friday and Saturday late evening (9pm-12pm), was also popular (although less so).

Figure 25e. Heatmap of typical day/time of alcohol purchasing at alcohol shops

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 = Early morning (7am-8:59am)	1	1	1	1	1	2	1
2 = Daytime (9am-4:59pm)	5	8	9	12	49	81	16
3 = Early evening (5pm-8:59pm)	6	13	15	25	111	105	19
4 = Late evening (9pm-11pm)	1	3	5	7	22	26	4

Note: Approx. 189 people were presented with this question. Column n (sum of total responses for a given day) = from 11-136. Due to survey routing, 'true' base n is unknown.

The most popular times for typical purchase from alcohol shops were Friday and Saturday early evenings (5pm-8:59pm). It was also popular to purchase during the daytime on Friday and Saturday (9am-4:49pm).

Figure 25f. Heatmap of typical day/time of alcohol purchasing at supermarkets

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 = Early morning (7am-8:59am)	1	1	2	2	3	4	3
2 = Daytime (9am-4:59pm)	23	41	32	39	79	120	60
3 = Early evening (5pm-8:59pm)	21	31	38	49	134	107	31
4 = Late evening (9pm-11pm)	5	8	10	11	24	17	6

Note: Approx. 362 people were presented with this question. Column n (sum of total responses for a given day) = from 37-194. Due to survey routing, 'true' base n is unknown.

Supermarket purchasing was distributed a little more evenly across the week, but like for the other locations, the most popular times for typical purchase were on Friday and Saturdays, with early evening Friday (5pm-8:59pm), as well as daytime and early evening Saturday (9am-4:49pm, 5pm-8:59pm) being the most popular.

Overall, regardless of whether the location was an on- or an off-licence, the most popular time and day to buy alcohol was on Fridays and Saturdays, typically in the early evening between 5pm and 9pm.

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Attitudes towards alcohol

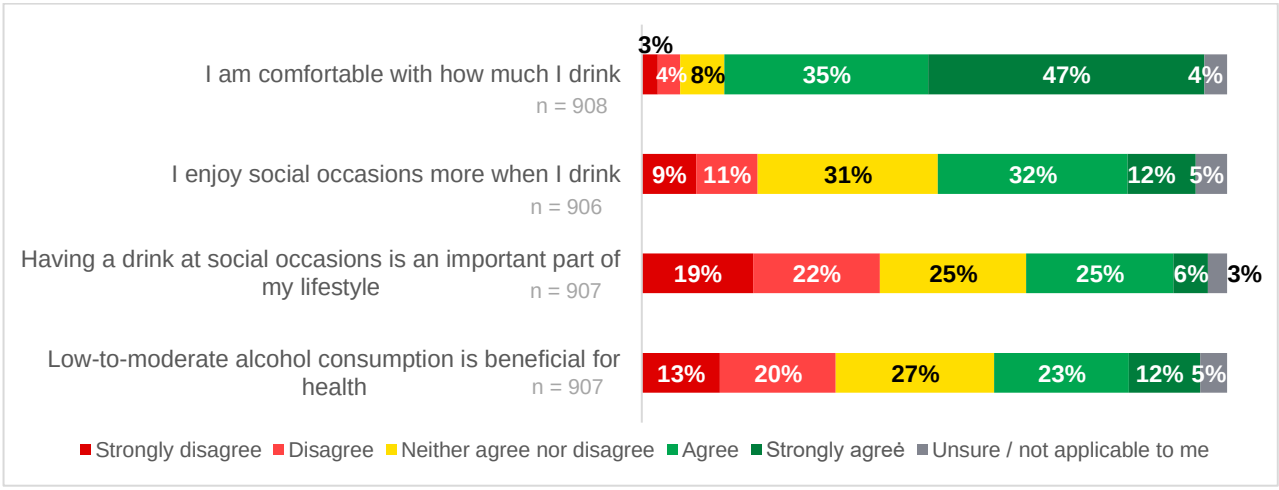
We asked respondents a series of questions about their personal attitudes towards alcohol, as well as their attitudes towards alcohol in the city, in a mixture of positive and negative framings. Some of these questions were taken from other surveys, such as the national-level Alcohol Use in New Zealand Survey (AUiNZ) 2019/2020, which surveyed 4545 people and was weighted to age, gender, ethnicity, and region.

All respondents were given the opportunity to answer the questions on personal attitudes towards alcohol, regardless of whether they said they currently drink or not. For methodological notes, see the footnotes below.[59,60]

Personal attitudes

The first graph is comprised of positive statements about alcohol, and the second is comprised of negative statements. Notably, there are more negative than positive statements, and this was the case because the question set was based on that of the Alcohol Use in New Zealand Survey 2019/2020. A limitation of this question set is that some questions have a frequency qualifier (e.g., '*sometimes* I really need a drink'), whilst others do not (e.g., 'I feel dependent on alcohol).

Figure 26a. Personal attitudes towards alcohol (positive)



Note: 1-2 respondents who preferred not to say removed per row. Due to rounding, totals may not add to 100%. All respondents received this question.

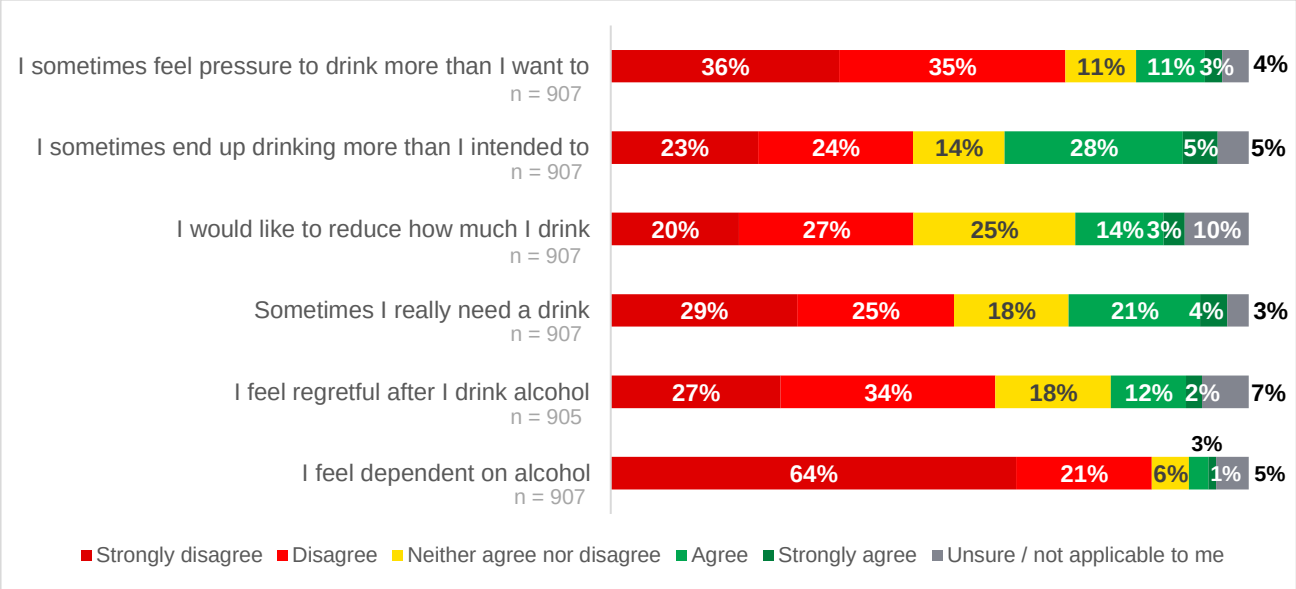
- The majority of respondents agreed or strongly agreed that they are comfortable with how much they drink (82%).
- Around half of respondents agreed or strongly agreed that they enjoy social occasions more when they drink (44%).
- About two thirds of respondents disagreed or strongly disagreed that having a drink at social occasions is an important part of their lifestyle (41%).

[59] The block order was randomised so that half of the respondents would see the attitudinal questions *before* being asked about the harms they had experienced (excluding harms caused by their own or another's drinking), and half would see them *after.* This was done to counteract response bias which might be introduced by making participants think about negative events before asking them how they feel generally.

[60] To streamline the survey display, and to encourage responses from non-drinkers, 'unsure' and 'not applicable' were merged into one category.

- Opinions were split relatively evenly on whether low-to-moderate alcohol consumption is beneficial for health (33% disagreed or strongly disagreed, 27% neither agreed nor disagreed, 35% agreed or strongly agreed).

Figure 26b. Personal attitudes towards alcohol (negative)



Note: 1-3 respondents who preferred not to say removed per row. Due to rounding, totals may not add to 100%. All respondents received this question.

- Most respondents disagreed or strongly disagreed that they sometimes feel pressure to drink more than they want to (71%).
- About half of respondents disagreed or strongly disagreed that they sometimes end up drinking more than they intended to (47%).
- About half of respondents disagreed or strongly disagreed that they would like to reduce how much they drink (47%).
- A little over half of respondents disagreed or strongly disagreed that sometimes they really need a drink (54%).
- Most respondents disagreed or strongly disagreed that they feel dependent on alcohol (85%).
- More than half of respondents disagreed or strongly disagreed that they feel regretful after drinking alcohol (60%).

Next, we compared eligible questions to the Alcohol Use in New Zealand Survey (AUiNZ) 2019/2020. The AUiNZ survey used a yes/no question structure, so in order to make our data comparable, we removed the 'neither agree nor disagree' and 'unsure / not applicable' responses, then combined agree + strongly agree, and disagree / strongly disagree, which we then treated as 'yes' and 'no'. See Table 16.

Looking at the recalculated proportions, the answers we saw in our survey are broadly in line with what was found in the national-level AUiNZ survey. Notably, Wellington City respondents appeared to place more value on the social aspect of drinking than AUiNZ respondents, with higher proportions agreeing with the statements 'I enjoy social occasions more when I drink' and 'having a drink at social occasions is an important part of my lifestyle'.

Table 16: Personal statement percentages vs AUiNZ (recalculated figures)

Statement	Original (WCC)	Recalculated, neutral answers removed (WCC)	AUiNZ (national sample)
I am comfortable with how much I drink	82% agree	97% agree	91% agree
I enjoy social occasions more when I drink	44% agree	69% agree	45% agree
Having a drink at social occasions is an important part of my lifestyle	41% agree	43% agree	30% agree
Sometimes I really need a drink	25% agree	32% agree	27% agree
I sometimes feel pressure to drink more than I want to	71% disagree	84% disagree	86% disagree

We ran statistical tests to see if certain demographic subgroups were more or less likely to agree or disagree with certain statements (see Table 17 on next page). We combined agree and strongly agree, as well as disagree and strongly disagree, for this purpose. Significant differences were found between groups by age, ethnicity, household type, drinking status, and AUDIT-C risk. The most notable among these were:

- Respondents aged 60+ were significantly more likely than other age groups to disagree with a range of negative statements about their personal relationship to alcohol, e.g. feeling regretful after drinking alcohol, needing a drink, wanting to reduce how much they drink, etc.
- About a quarter of respondents aged 18-29 agreed that they sometimes feel pressure to drink more than they want to (23%). They were more than twice as likely to say this as respondents aged 30+ (10%). This was also true for agreeing that they feel regretful after drinking alcohol (22%, vs 12%)
- More than a quarter of Māori respondents agreed that they sometimes feel pressure to drink more than they want to (27%). They were around twice as likely to say this as non-Māori respondents (12%). Half of Māori respondents agreed that they sometimes end up drinking more than they intended to (50%). They were around one-and-a-half times as likely to say this as non-Māori respondents (32%).
- Around a third of those living in parent households (single or couple with children) agreed that sometimes they really need a drink (33%). They were about one-and-a-half times as likely to say this as respondents from other household types to say this (22%)
- The high-risk band of AUDIT-C scores had the highest proportions of respondents who agreed with negative statements about their personal relationship to alcohol. For example:
    - Almost three quarters of current drinker respondents with an AUDIT-C score in the high-risk band agreed that they sometimes end up drinking more than they intended to (72%). They were more than twice as likely to say this as current drinker respondents with a score in a lower risk band (34%).
    - Over half of current drinker respondents with an AUDIT-C score in the high-risk band agreed that they would like to reduce how much they drink (54%). They were more than three times as likely to say this as current drinker respondents with a score in a lower risk band (15%).

- Almost a fifth of current drinker respondents with an AUDIT-C score in the high-risk band agreed that they feel dependent on alcohol (18%). They were six times as likely to say this as current drinker respondents with a score in a lower risk band (3%).

- There were no significant differences found between groups by gender, ward, disability status, or for rainbow versus non rainbow under 30s.

Table 17. Subgroups with significant differences in personal attitudes towards alcohol

Statement	Significantly more likely to disagree / strongly disagree Subgroup % response	Significantly more likely to neither agree nor disagree Subgroup % response	Significantly more likely to agree / strongly agree Subgroup % response
I am comfortable with how much I drink	*AUDIT-C high risk (19%)* *Overall sample: 7%*	*AUDIT-C high risk (27%)* Current drinker (9%) *Overall sample: 8%*	*AUDIT-C low risk (93%)* Current drinker (85%) *Overall sample: 82%*
I enjoy social occasions more when I drink	Non-drinker (48%) Aged 60+ (27%) *AUDIT-C low risk (22%)* *Overall sample: 20%*	*AUDIT-C low risk (42%)* Aged 60+ (39%) Current drinker (35%) *Overall sample: 31%*	*AUDIT-C high risk (78%)* *AUDIT-C increasing risk (68%)* Multi-person household (62%) Aged 18-29 (56%) Current drinker (49%) *Overall sample: 44%*
Having a drink at social occasions is an important part of my lifestyle	Non-drinker (67%) *AUDIT-C low risk (50%)* *Overall sample: 41%*	Aged 60+ (33%) Current drinker (28%) *Overall sample: 25%*	*AUDIT-C high risk (71%)* *AUDIT-C increasing risk (53%)* Current drinker (35%) *Overall sample: 31%*
Low-to-moderate alcohol consumption is beneficial for health	Non-drinker (49%) *Overall sample: 33%*	Current drinker (29%) *Overall sample: 27%*	Current drinker (37%) *Overall sample: 35%*
I sometimes feel pressure to drink more than I want to	Aged 60+ (85%) Aged 45-59 (79%) Current drinker (75%) *Overall sample: 71%*	Aged 18-29 (18%) *Overall sample: 11%*	Māori (27%) Aged 18-29 (22%) Non-drinker (23%) *Overall sample: 13%*
I sometimes end up drinking more than I intended to	Aged 60+ (70%) *AUDIT-C low risk (60%)* Non-drinker (56%) *Overall sample: 47%*	*AUDIT-C increasing risk (21%)* Current drinker (16%) *Overall sample: 14%*	*AUDIT-C high risk (72%)* *AUDIT-C increasing risk (52%)* Māori (50%) Multi-person household (48%) Aged 18-29 (45%) Current drinker (38%) *Overall sample: 33%*
I would like to reduce how much I drink	*AUDIT-C low risk (58%)* Current drinker (50%) *Overall sample: 47%*	*AUDIT-C increasing risk (34%)* Current drinker (28%) *Overall sample: 25%*	*AUDIT-C high risk (54%)* Current drinker (19%) *Overall sample: 17%*
Sometimes I really need a drink	Non-drinker (68%) Aged 60+ (63%) *AUDIT-C low risk (60%)* *Overall sample: 54%*	Current drinker (20%) *Overall sample: 18%*	*AUDIT-C high risk (49%)* *AUDIT-C increasing risk (36%)* Parent household (34%) Current drinker (27%) *Overall sample: 25%*
I feel regretful after I drink alcohol	Aged 60+ (80%) *AUDIT-C low risk (69%)* Current drinker (65%) *Overall sample: 60%*	Current drinker (19%) *Overall sample: 18%*	*AUDIT-C high risk (34%)* Aged 18-29 (22%) *Overall sample: 14%*
I feel dependent on alcohol	*AUDIT-C low risk (95%)* Current drinker (88%) *Overall sample: 85%*	*AUDIT-C high risk (17%)* Current drinker (7%) *Overall sample: 6%*	*AUDIT-C high risk (18%)* *AUDIT-C increasing risk (7%)* *Overall sample: 4%*

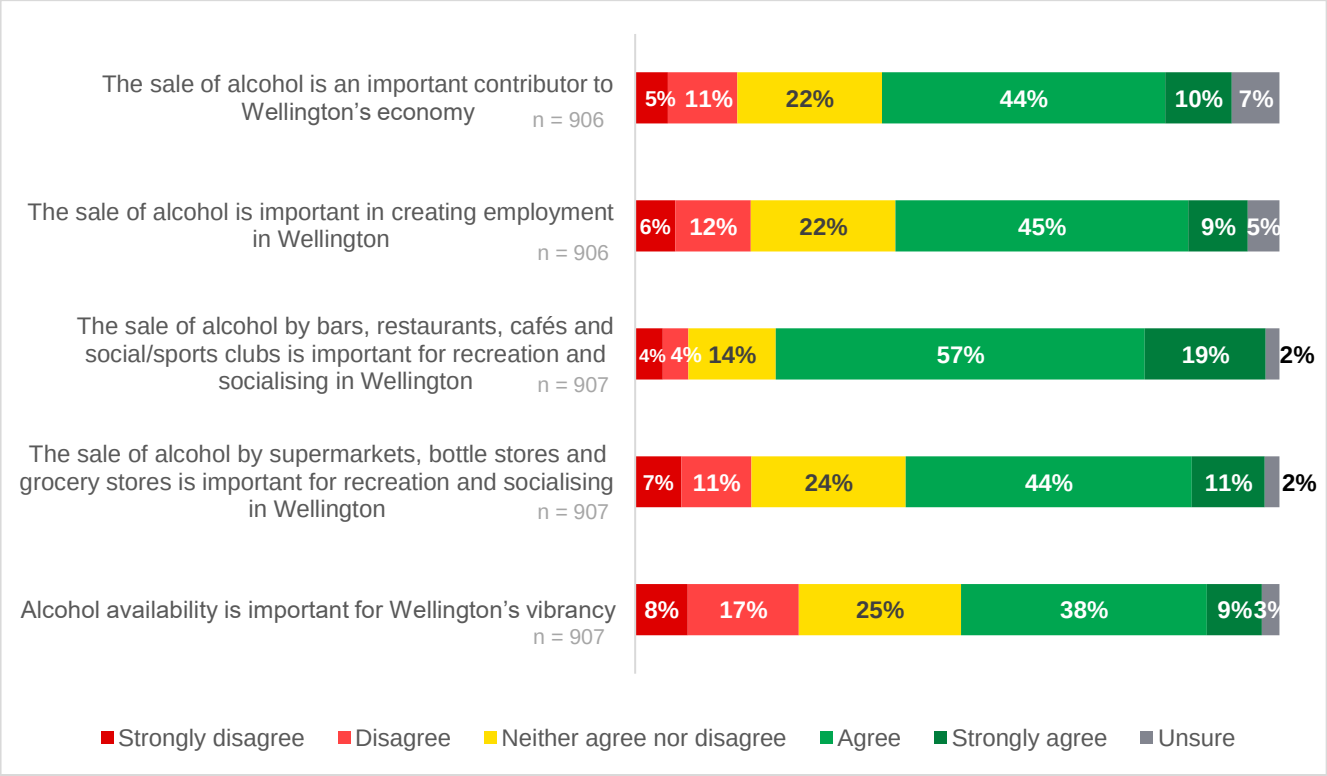
Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Attitudes towards alcohol in the city

Next, we asked respondents a series of questions about their attitudes towards alcohol in Wellington.

The first graph is comprised of statements pertaining to alcohol availability in Wellington.

Figure 27a. Attitudes towards alcohol in the city – social/economic role of alcohol

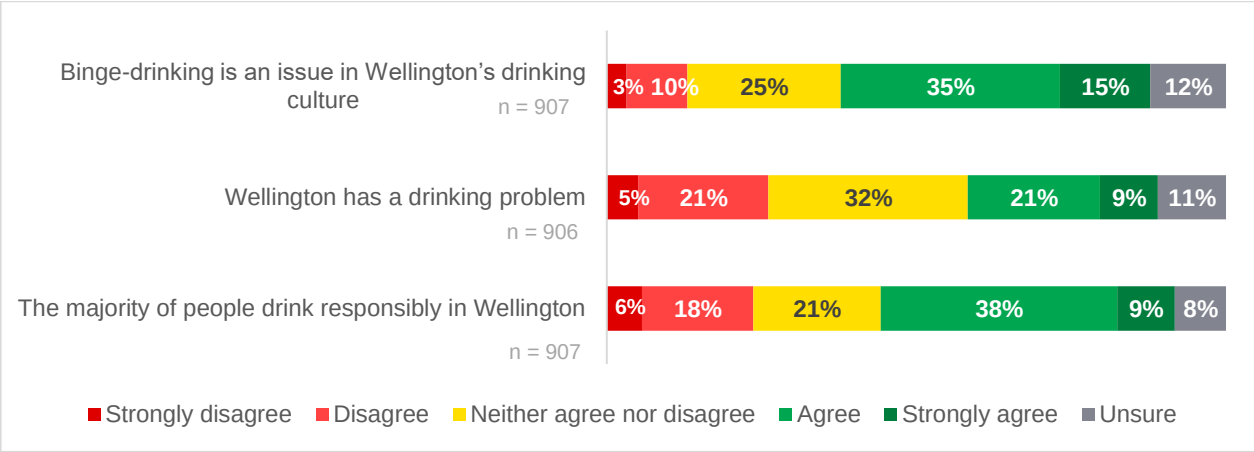


Note: 1-2 people per row who preferred not to say were removed. Due to rounding, totals may not add to 100%. All respondents received this question.

- A majority of respondents agreed or strongly agreed that the sale of alcohol is an important contributor to Wellington's economy (59%). Only a small proportion disagreed or strongly disagreed (16%).
- A majority agreed or strongly agreed that the sale of alcohol is important in creating employment in Wellington (58%). Around a fifth disagreed or strongly disagreed (18%).
- About three quarters of respondents agreed or strongly agreed that the on-licence sale of alcohol (bars, restaurants, cafés, social/sports clubs) is important for recreation and socialising in Wellington (78%). Less than 1 in 10 disagreed or strongly disagreed (8%).
- A majority agreed or strongly agreed that the off-licence sale of alcohol (supermarkets, bottle stores, grocery stores) is important for recreation and socialising in Wellington (57%). Around a fifth disagreed or strongly disagreed (18%)
- A little under half of respondents agreed or strongly agreed that alcohol availability is important for Wellington's vibrancy (48%). A quarter disagreed (25%).

The second graph is comprised of statements pertaining to drinking behaviours in Wellington.

Figure 27b. Attitudes towards alcohol in the city – drinking behaviours

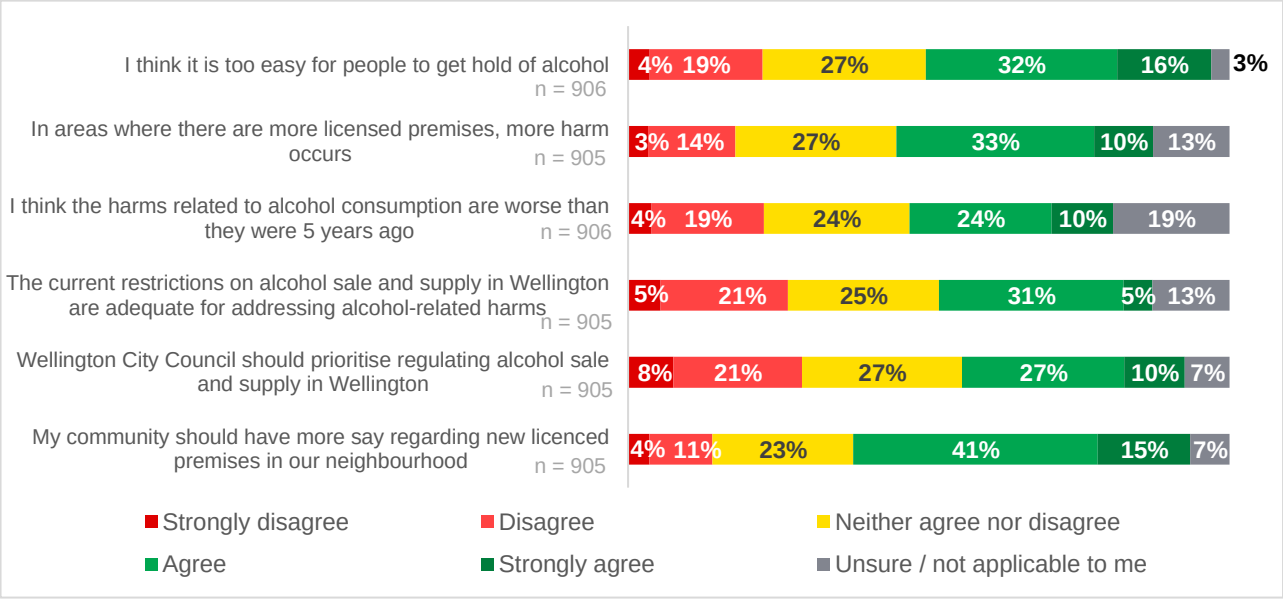


Note: 1-2 people who preferred not to say were removed per row. Due to rounding, totals may not add to 100%. All respondents received this question.

- Half of respondents agreed or strongly agreed that binge drinking is an issue in Wellington's drinking culture (50%). A relatively small proportion disagreed or strongly disagreed (13%).
- Responses were split on whether respondents agreed that Wellington has a drinking problem, but the category with the highest proportion was neither agree nor disagree (32%) followed closely by agree or strongly agree (31%). A little over a quarter disagreed or strongly disagreed (26%).
- About half of respondents agreed or strongly agreed that the majority of people drink responsibly in Wellington (47%). A little under a quarter disagreed or strongly disagreed (24%).

The last graph contains statements pertaining more directly to harm, and Council's role in alcohol sale and supply.

Figure 27c. Attitudes towards alcohol in the city – availability, harm, Council's role in sale and supply



Note: 2-3 people who preferred not to say were removed per row. Due to rounding, totals may not add to 100%. All respondents received this question.

- About half of respondents agreed or strongly agreed that it is too easy to access alcohol (47%). Around a fifth disagreed or strongly disagreed (22%).
- Around two out of five respondents agreed or strongly agreed that ‘in areas where there are more licensed premises, more harm occurs’ (43%). A little under a fifth disagreed or strongly disagreed (18%). A large proportion answered ‘unsure/not applicable’ (13%).
- A little over a third of respondents agreed or strongly agreed that ‘the harms related to alcohol consumption are worse than they were 5 years ago’ (34%). Around a quarter disagreed or strongly disagreed (23%). A large proportion answered ‘unsure/not applicable’ (19%).
- Around a third of respondents agreed or strongly agreed that ‘the current restrictions on alcohol sale and supply in Wellington are adequate for addressing alcohol-related harm’ (35%). Around a quarter disagreed or strongly disagreed (27%). A large proportion answered ‘unsure/not applicable’ (13%).
- Over a third of respondents agreed or strongly agreed that Wellington City Council should prioritise regulating alcohol sale and supply in Wellington (37%). Close to a third disagreed or strongly disagreed (29%).
- A majority of respondents agreed that their community should have more say regarding new licensed premises in their neighbourhood (56%). Around 1 in 7 disagreed or strongly disagreed (14%).

We ran statistical tests to see if certain demographic subgroups were more or less likely to agree or disagree with certain statements (see Table 18 on next page). We combined agree and strongly agree, as well as disagree and strongly disagree, for this purpose. Significant differences were found between groups for age, gender, ethnicity, household type, drinking status, and AUDIT-C risk. The most notable among these were:

- Female respondents were significantly more likely than men to agree with some negative statements about alcohol in Wellington.
    - For example, more than a quarter of female respondents disagreed that the majority of people drink responsibly in Wellington (28%). They were almost twice as likely to say this as male respondents (16%). More than half of female respondents agreed that binge drinking is an issue in Wellington (54%), and this was also higher than for male respondents (44%).
- Male respondents were significantly more likely than female respondents to disagree with some negative statements about alcohol in Wellington.
    - For example, around 1 in 5 male respondents disagreed that binge drinking is an issue in Wellington’s drinking culture (18%). They were more than twice as likely to say this as female respondents (8%). Male respondents were also more likely than female respondents to disagree that they think it is too easy for people to get hold of alcohol (27%, vs 18%)
- Non-drinker respondents were significantly more likely to disagree with a range of positive statements about the importance of alcohol in the city, and significantly more likely to agree with negative statements about alcohol-related issues in the city.
    - For example, non-drinker respondents were almost three times as likely as respondents who currently drink to disagree that alcohol is an important contributor to Wellington’s economy (39%, vs 12%), over half as likely to agree alcohol is important to Wellington’s

vibrancy (22%, vs 50%), half as likely to disagree that Wellington has a drinking problem (14% vs 28%), among other things.

- Additionally, two out of five non-drinker respondents disagreed that the current restrictions on sale and supply in Wellington are adequate for addressing alcohol-related harms (40%, vs 25% for current drinkers).

- More than a quarter of Māori respondents disagreed that the sale of alcohol is an important contributor to Wellington's economy (29%). They were almost twice as likely to say this as non-Māori to say this (15%). They were also more likely to disagree that the sale of alcohol is important in creating employment in Wellington, and that the sale of alcohol off-licence is important to recreation and socialising in Wellington (both 29%, vs 17%). Over two thirds of Māori respondents agree that binge-drinking is an issue in Wellington's drinking culture, and the proportion that said this was 20 percentage points higher than for non-Māori (68%, vs 48%).

- Current drinker respondents in the high-risk AUDIT-C band were more likely to agree with a range of positive statements about alcohol in the city, and also to disagree with negative statements. For example:
  - Almost all current drinker respondents with a score in the high-risk AUDIT-C band said they agree that the sale of alcohol by bars, restaurants, cafés and social/sports clubs is important for recreation and socialising in Wellington (96%). This was higher than the proportion for current drinker respondents with scores in lower risk bands (80%).
  - Nearly three quarters of current drinker respondents with a score in the high risk AUDIT-C band said they agree that alcohol availability is important for Wellington's vibrancy (73%). They were around one-and-a-half times as likely to say this as current drinker respondents with scores in lower risk bands (49%).
  - More than half of current drinker respondents with a score in the high-risk AUDIT-C band said they disagree that Wellington City Council should prioritise regulating alcohol sale and supply in Wellington (54%). They were more than one-and-a-half times as likely to say this as current drinker respondents with scores in lower risk bands (29%).
  - Around a third of current drinker respondents with a score in the high-risk AUDIT-C band said they disagree that their community should have more say regarding new licensed premises in their neighbourhood (30%). They were more than twice as likely to say this as current drinker respondents with a score in lower risk bands (14%).

- There were no significant differences found between groups by ward, disability status, or for rainbow versus non-rainbow under 30s.

Table 18. Subgroups with significant differences in attitudes towards alcohol in Wellington

Statement	Significantly more likely to disagree / strongly disagree Subgroup % response	Significantly more likely to neither agree nor disagree Subgroup % response	Significantly more likely to agree / strongly agree Subgroup % response
The sale of alcohol is an important contributor to Wellington's economy	Non-drinker (39%) Māori (29%) *AUDIT-C low risk (14%)* *Overall sample: 16%*	Aged 60+ (33%) *AUDIT-C low risk (27%)* Non-Māori (24%) *Overall sample: 22%*	*AUDIT-C high risk (79%)* *AUDIT-C increasing risk (67%)* Current drinker (58%) *Overall sample: 54%*
The sale of alcohol is important in creating employment in Wellington	Non-drinker (40%) Māori (29%) *AUDIT-C low risk (18%)* *Overall sample: 18%*	*AUDIT-C low risk (26%)* *Overall sample: 22%*	*AUDIT-C high risk (79%)* *AUDIT-C increasing risk (69%)* Current drinker (59%) *Overall sample: 55%*
The sale of alcohol by bars, restaurants, cafés and social/sports clubs is important for recreation and socialising in Wellington	Non-drinker (26%) *AUDIT-C low risk (8%)* *Overall sample: 8%*	Non-drinker (22%) *Overall sample: 14%*	*AUDIT-C high risk (96%)* *AUDIT-C increasing risk (87%)* Current drinker (80%) *Overall sample: 76%*

Statement	Significantly more likely to <u>disagree / strongly disagree</u> Subgroup % response	Significantly more likely to <u>neither agree nor disagree</u> Subgroup % response	Significantly more likely to <u>agree / strongly agree</u> Subgroup % response
The sale of alcohol by supermarkets, bottle stores and grocery stores is important for recreation and socialising in Wellington	Non-drinker (36%) Māori (29%) *AUDIT-C low risk (18%)* *Overall sample: 18%*	*AUDIT-C low risk (28%)* *Overall sample: 24%*	*AUDIT-C increasing risk (70%)* Current drinker (58%) *Overall sample: 56%*
Alcohol availability is important for Wellington's vibrancy	Non-drinker (50%) *AUDIT-C low risk (27%)* Current drinker (25%) *Overall sample: 25%*	Female (29%) *Overall sample: 25%*	*AUDIT-C high risk (73%)* *AUDIT-C increasing risk (63%)* Male (52%) Current drinker (51%) *Overall sample: 47%*
Binge-drinking is an issue in Wellington's drinking culture	*AUDIT-C increasing risk (20%)* Male (18%) Current drinker (15%) *Overall sample: 13%*	Northern ward (33%) *Overall sample: 25%*	Māori (68%) Aged 18-29 (61%) *AUDIT-C low risk (60%)* Female (55%) *Overall sample: 50%*
Wellington has a drinking problem	*AUDIT-C high risk (45%)* *AUDIT-C increasing risk (36%)* Male (34%) Current drinker (28%) *Overall sample: 29%*	N/A *Overall sample: 36%*	Non-drinker (46%) Aged 18-29 (39%) *AUDIT-C low risk (32%)* Female (35%) *Overall sample: 34%*
The majority of people drink responsibly in Wellington	Non-drinker (38%) Aged 18-29 (35%) Female (28%) *Overall sample: 24%*	N/A *Overall sample: 21%*	*AUDIT-C increasing risk (60%)* Male (58%) Aged 45-59 (57%) Current drinker (50%) *Overall sample: 47%*
I think it is too easy to get hold of alcohol	*AUDIT-C high risk (42%)* *AUDIT-C increasing risk (33%)* Male (27%) European (25%) Current drinker (24%) *Overall sample: 22%*	Current drinker (29%) *Overall sample: 27%*	Non-drinker (69%) Asian (68%) Female (54%) *AUDIT-C low risk (51%)* *Overall sample: 47%*
In areas where there are more licensed premises, more harm occurs	*AUDIT-C high risk (39%)* *AUDIT-C increasing risk (29%)* Current drinker (20%) *Overall sample: 18%*	Current drinker (28%) *Overall sample: 27%*	Aged 60+ (60%) Non-drinker (58%) *AUDIT-C low risk (48%)* *Overall sample: 43%*
I think the harms related to alcohol consumption are worse than they were 5 years ago	*AUDIT-C high risk (41%)* *AUDIT-C increasing risk (33%)* European (25%) Current drinker (25%) Male (29%) *Overall sample: 23%*	Aged 60+ (40%) *Overall sample: 24%*	Non-drinker (44%) Female (39%) *AUDIT-C low risk (36%)* *Overall sample: 34%*
The current restrictions on sale and supply in Wellington are adequate for addressing alcohol-related harms	Non-drinker (40%) *AUDIT-C low risk (30%)* *Overall sample: 27%*	N/A *Overall sample: 25%*	*AUDIT-C high risk (53%)* *AUDIT-C increasing risk (46%)* Male (41%) Current drinker (38%) *Overall sample: 35%*
Wellington City Council should prioritise regulating alcohol sale and supply in Wellington	*AUDIT-C high risk (54%)* *AUDIT-C increasing risk (39%)* Male (37%) Current drinker (31%) *Overall sample: 29%*	N/A *Overall sample: 27%*	Non-drinker (55%) Female (42%) *AUDIT-C low risk (41%)* *Overall sample: 37%*
My community should have more say regarding new licensed premises in our neighbourhood	*AUDIT-C high risk (30%)* *AUDIT-C increasing risk (23%)* Male (17%) Current drinker (15%) *Overall sample: 14%*	*AUDIT-C increasing risk (32%)* *Overall sample: 23%*	Non-drinker (67%) *AUDIT-C low risk (62%)* *Overall sample: 56%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Personal perception of safe drinking limits

We were interested in whether people are aware of safe drinking limits.

The Health Promotion Agency (HPA) recommends that to limit the risk of injury in a single occasion, women should not exceed more than 4 standard drinks, and men should not exceed more than 5 standard drinks.

We opted to ask respondents to name a limit and then compare what respondents said to the HPA benchmarks, because if we asked them directly whether they know safe drinking limits, their response would only indicate what they *think* they know – regardless of what they *actually* know about safe drinking limits.

See footnote for methodological notes.[61]

Reducing risk of injury in a single occasion

We asked respondents what they thought would be a good limit to set if they wanted to reduce the risk of injury in a single drinking occasion. See Figure 28a on next page.

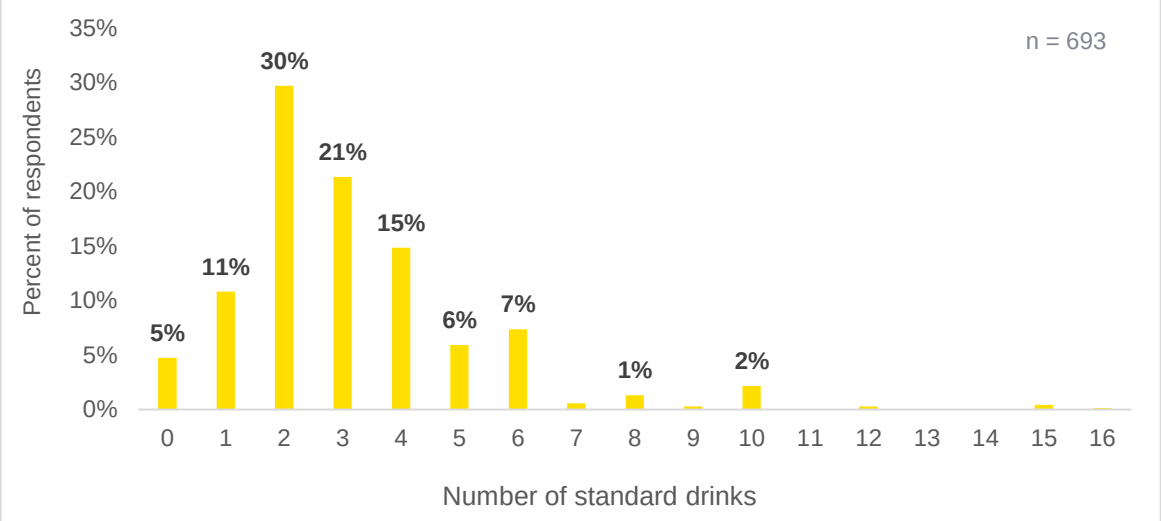
76% of the sample gave an interpretable numeric response for the question about reducing risk of injury. The remaining 24% of the sample was made up of respondents who didn't know (20%), preferred not to say (1%), gave responses outside of scope (1%), wrote custom comments saying that it depends (1%), or said that they fundamentally disagree with the question/think there should be no limit (<1%).

Example comments which contained additional commentary include:

> *"1 per hour, with water and food"*
>
> *"Depends on the person. Age, gender, and ethnicity all come into play."*
>
> *"Depends on the person, their tolerance, their general sense of their awareness and surroundings, and what the occasion is. Low situational awareness, less than two drinks. High situational awareness, less than five."*
>
> *"None if at age of conception. One drink can cause alcohol fetal syndrome, whether the consumer is male or female."*
>
> *"Probably 2 or 3. Fewer if I needed to do anything more dangerous than walking during/afterwards."*
>
> *"No more than 6 where there is a safe way home"*
>
> *"No limit, someone should only be cut off if they're clearly wasted."*

[61] Note: Due to a quirk in the survey software, the answers of the first ~300 respondents were not recorded correctly when they responded 'I don't know' or 'prefer not to say'. The answers were recorded as a numeric code (rather than text), which was also a reasonable number of standard drinks to respond to the question with normally. Other answers on this question were unaffected. Ratios from the rest of the sample were used to extrapolate the proportion of numeric responses which were likely to have been affected by the issue, which we then converted back into text. This affected a low number of responses overall.

Figure 28a. Perceived good number limit of drinks to reduce the risk of injury on a single occasion

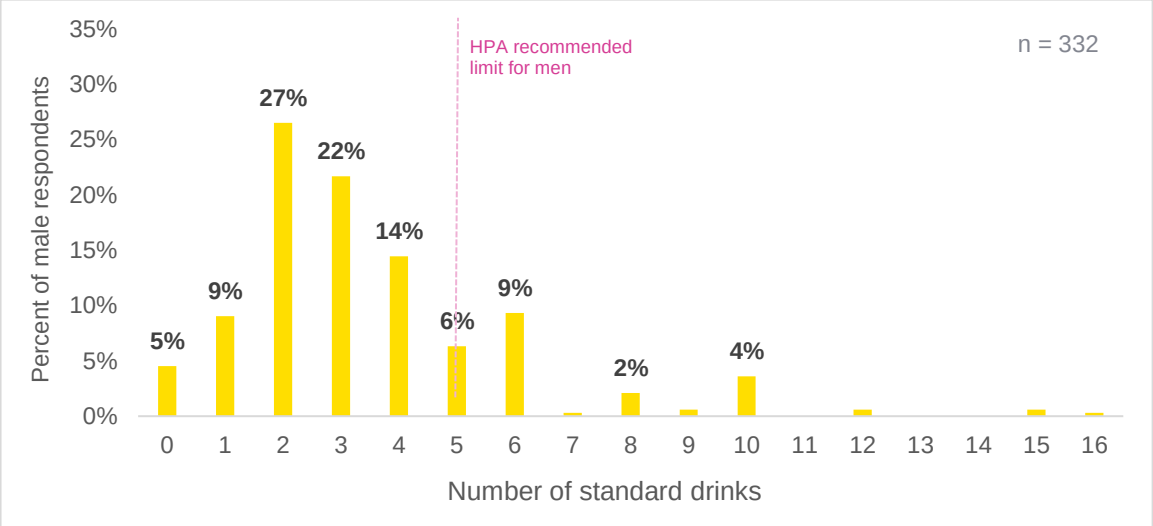


Note: This was an open text box where people could write-in, so where people gave a range (eg 3-4), the top limit was taken (e.g., 4). People who didn't know (n = 180), preferred not to say (n = 11), had a response outside scope (n = 12) or gave an 'it depends' (n = 8) or 'no limit' (n = 3) response were removed. There was n = 1 outlier who was also removed: '78' (unclear if this was intentional or a typo, i.e., '7-8'). Due to rounding, totals may not add to 100%.

The most common standard drink limit given to reduce injury in a single occasion was 2. On average, respondents set a limit of 3.17 drinks.

We then split by gender to look at the specific recommended limit for each group:

Figure 28b. Perceived good number limit of drinks to reduce the risk of injury on a single occasion, male respondents



Note: Due to rounding, totals may not add to 100%.

The most common answer for men was 2 standard drinks. On average, men set a limit of 3.5 standard drinks. 82% of the sample gave a limit that was at the HPA recommended limit or below (5 in a single occasion).

The most common answer for women was also 2 standard drinks. On average, women set a limit of 2.9 standard drinks. 86% of the sample gave a limit that was at the HPA recommended limit or below (4 in a single occasion). See Figure 28c on next page.

Figure 28c. Perceived good number limit of drinks to reduce the risk of injury on a single occasion, female respondents

Note: Due to rounding, totals may not add to 100%.

Recalculating to include both genders, 85% of respondents gave a limit that was at the HPA recommended limit or below.

We ran statistical tests to see if certain demographic subgroups were more or less likely to give limits above or below the HPA limit (see Table 19 on next page).

Significant results were found for age, household type, drinking status, ethnicity, and AUDIT-C risk. The most notable of these were:

Men

- Two out of five male respondents in multi-person households said that they thought a good limit to reduce the risk of injury would be a number of standard drinks above the HPA recommended limit (40%). They were around three times as likely to say this as male respondents living in other household situations (14%).
- Over a third of Māori male respondents said that they thought a good limit to reduce the risk of injury would be a number of standard drinks above the HPA recommended limit (37%). They were around twice as likely to say this as non-Māori male respondents (16%).
- Around a third of male respondents aged 18-29 said that they thought a good limit to reduce the risk of injury would be a number of standard drinks above the HPA recommended limit (33%). They were more than twice as likely as male respondents aged 30+ to say this (13%).

Women

- Two out of five female current drinker respondents with an AUDIT-C score in the increasing risk band said that they thought a good limit to reduce the risk of injury would be a number of standard drinks above the HPA recommended limit (40%). They were around four times as likely to say this as female current drinker respondents with an AUDIT-C score in a different band (9%).
- Around a third of female respondents aged 18-29 said that they thought a good limit to reduce the risk of injury would be a number of standard drinks above the HPA

recommended limit (31%). They were more than four times as likely to say this as female respondents aged 30+ (7%).

- Around a third of female respondents in multi-person households said that they thought a good limit to reduce the risk of injury would be a number of standard drinks above the HPA recommended limit (31%). They were around three times as likely to say this as female respondents living in other household situations (11%).

Table 19. Subgroups with significant differences in whether respondents named a number above or below the HPA recommended limit

Gender	Significantly more likely to give a limit <u>below</u> HPA recommended Subgroup % response	Significantly more likely to give a limit <u>above</u> HPA recommended Subgroup % response
Male	Aged 60+ (96%) *Men overall: 82%*	Multi-person household (40%) Māori (37%) Aged 18-29 (33%) *Men overall: 18%*
Female	Non-drinker (98%) Aged 60+ (98%) Aged 45-59 (96%) *AUDIT-C low risk (92%)* *Women overall: 86%*	*AUDIT-C increasing risk (40%)* Aged 18-29 (31%) Multi-person household (31%) Current drinker (16%) *Women overall: 14%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Reducing long-term health risk

HPA recommends that to reduce the long-term health risks of alcohol, women should drink no more than 2 standard drinks a day and no more than 10 standard drinks a week, and men should drink no more than 3 standard drinks a day and no more than 15 standard drinks a week (with at least 2 alcohol-free days every week for both genders).

We asked respondents what they thought would be a good limit to set if they wanted to reduce the long-term health risk. See Figure 29a on next page.

74% of the sample gave an interpretable numeric response. The remaining 26% of the sample was made up of respondents who didn't know (24%) or preferred not to say (1%), responses outside of scope (1%), respondents who wrote custom comments saying that it depends (<1%), or respondents that they fundamentally disagree with the question/think there should be no limit (<1%).

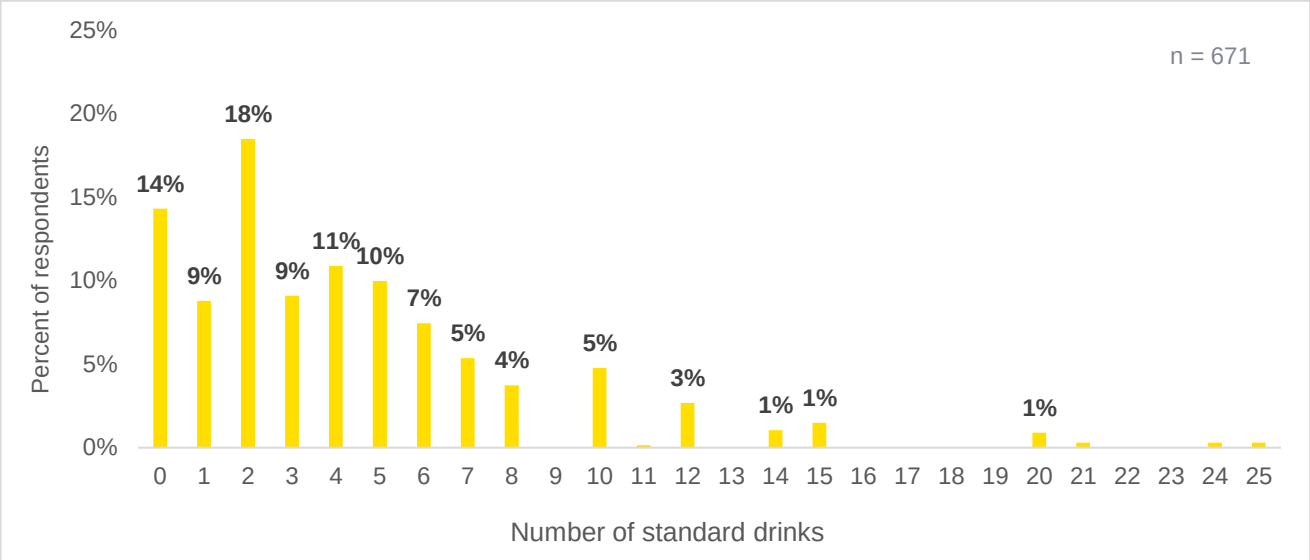
Example comments which contained additional commentary include:

> *"Zero, if you want to lessen the damage it's zero drinks. All alcohol, even in low quantities, is bad for you."*

> *"Depends on how many you're currently drinking, but any reduction is likely to be beneficial to your health. There is no such thing as a risk-free amount of alcohol."*

"It's not a total per week but a total per day. So I could have 6 drinks in one day and that would more harmful than 2 drinks three times a week."

Figure 29a. Perceived good number of drinks per week to reduce long-term health risk

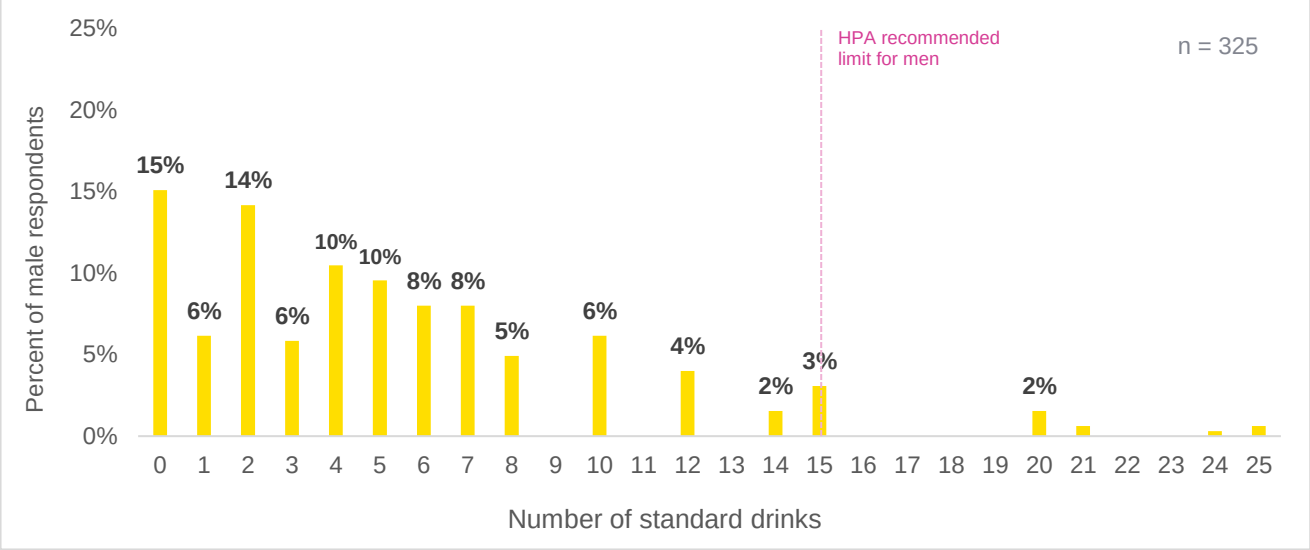


Note: This was an open text box where people could write-in, so where people gave a range (eg 3-4) we took the top of the range (4). People who didn't know (n = 211), preferred not to say (n = 10), had a response outside scope (n = 5) or gave an 'it depends' (n = 4) or 'no limit' (n = 1) response were removed. There were 6x outliers removed: '30, 62, 70, 78, 80, 100'.

The most common standard drink limit per week given to reduce long-term health risk was 2 – well below the HPA recommended maximum. The overall average was 4.2 standards.

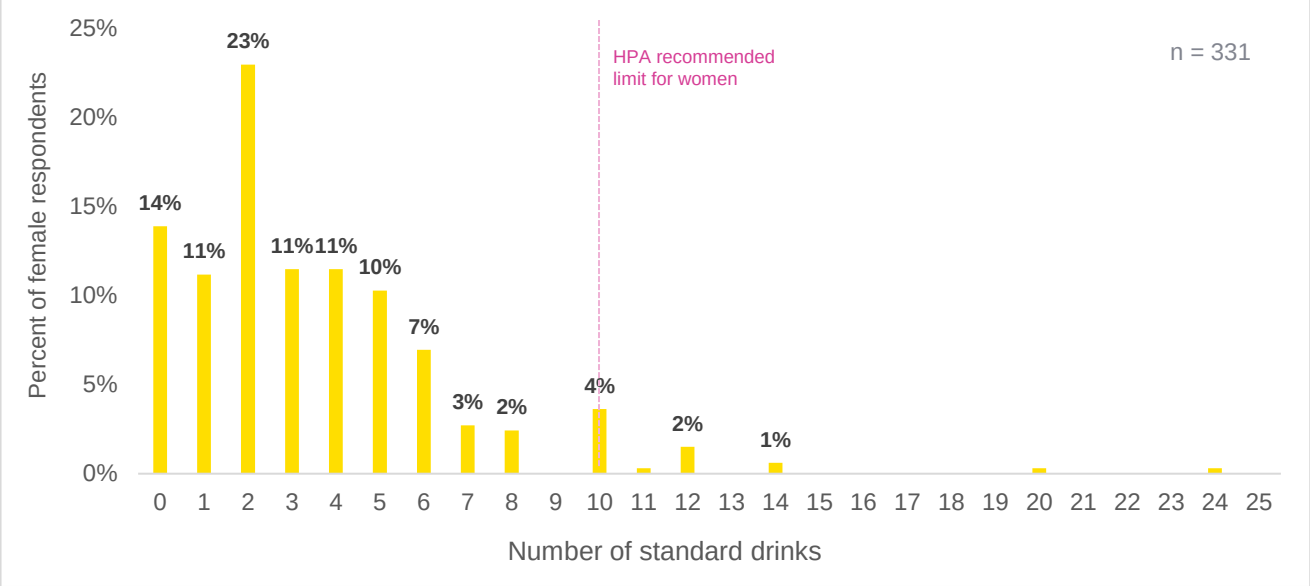
We then split by gender to look at the specific recommended limit for each group.

Figure 29b. Perceived good number limit of drinks per week to reduce long-term health risk, male respondents



The most common answer for men was zero standard drinks, followed closely by two standard drinks. On average, men set a limit of 5.1 standard drinks (this is likely skewed due to the long 'tail' of higher responses). 97% of the sample gave a limit that was at the HPA recommended limit or below (15 per week).

Figure 29c. Perceived good number limit of drinks per week to reduce long-term health risk, female respondents



The most common answer for women was two standard drinks. On average, women set a limit of 3.5 standard drinks. 97% of the sample gave a limit that was at the HPA recommended limit or below (10 per week).

Recalculating to include both genders, 97% of respondents gave a limit that was at the HPA recommended limit or below.

We considered performing statistical tests to see if certain demographic subgroups were more or less likely to give limits above or below the HPA limit, but the sample size that gave an answer above the limit was too low to be sufficient for this purpose.

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Experiences of harm

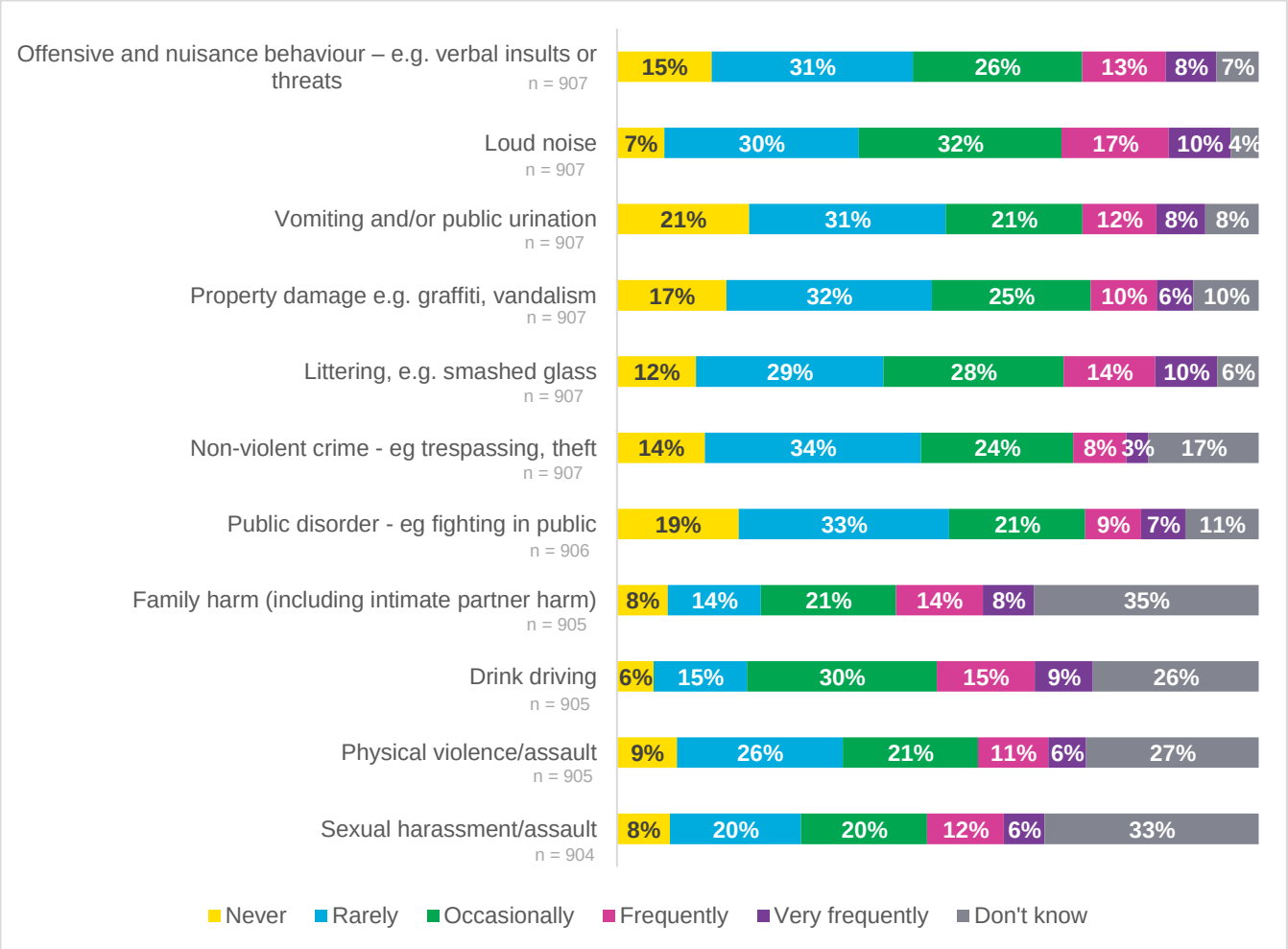
Experiences of alcohol-related nuisance and crime

We asked respondents how often they think drinking causes or contributes to a variety of nuisances/crimes in their neighbourhood, and across Wellington City. See footnote for notes on the interpretation of this question.[62]

In neighbourhood

We first asked respondents about their experiences of drinking causing or contributing to nuisances and crimes in their neighbourhood.

Figure 30: Reported frequency of nuisances/crimes (with alcohol being a contributing factor) in respondents' neighbourhoods



Note: Due to rounding, totals may not add to 100%. n = up to 4 per row who preferred not to say were removed. All respondents received this question.

[62] The question was intended to be parsed e.g. as: 'how often do you think alcohol-related public disorder happens in your neighbourhood?' (but was phrased differently so as to avoid the insinuation that crime and alcohol are always necessarily related). However, some comments were received which indicated that some respondents may have interpreted the question instead as 'how often do the instances of public disorder in your neighbourhood *involve* alcohol?'. For example, one respondent pointed out that alcohol 'causes or contributes to' drink driving 100% of the time. However, it is assumed that, based on the results, the majority of people did **not** interpret it this way. If they had, we would expect to see a high proportion of people answering 'very frequently' for categories such as drink driving or vomiting/public urination, but this is not the case.

When respondents were asked about nuisances / less serious crimes (such as loud noise, graffiti, littering), about 50% responded that alcohol causes or contributes to these in their neighbourhood ‘never or rarely’, about 25-30% said it contributes ‘occasionally’, and about 15-20% said it contributes ‘frequently or very frequently’.

For the more serious crime categories (family harm, drink driving, physical violence/assault, sexual harassment/assault), about 15%-25% answered ‘frequently or very frequently’. A large proportion (around 25%-35%) answered that they don’t know.

The categories most often rated as occurring frequently or very frequently in respondent’s neighbourhoods (with alcohol being a cause or contributing factor) were:

- loud noise (26%)
- littering (24%)
- drink driving (24%)
- family harm (22%)
- offensive/nuisance behaviour (e.g. verbal insults or threats) (21%).

The categories most often rated as occurring never or rarely in respondent’s neighbourhoods (with alcohol being a cause or contributing factor) were:

- public disorder (e.g. fighting in public) (52%)
- vomiting and/or public urination (51%)
- property damage (e.g. graffiti or vandalism) (49%)
- non-violent crime (e.g. trespassing or theft) (47%).

We then looked at subgroups to see if there were demographic differences between groups in terms of their answers for different types of nuisances and crimes in their neighbourhood (see Table 20). Significant differences were found between groups for gender, age, ethnicity, ward, drinking status, disability status, and for rainbow versus non-rainbow under 30s. The most notable of these were:

- Compared to other wards, respondents from the Western ward were significantly more likely to report almost all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring 'never' or 'rarely' in their neighbourhood - by approximately 10-15 percentage points per category.
- Compared to other wards, respondents from the Central ward were significantly more likely to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring ‘frequently’ or ‘very frequently’ in their neighbourhood, by approximately 15-20 percentage points per category.
- Māori respondents were significantly more likely than non-Māori respondents to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring ‘frequently’ or ‘very frequently’ in their neighbourhood. They were approximately twice as likely as non-Māori respondents to report this for all categories of nuisance/crime.
- Almost a third of rainbow respondents under 30 reported alcohol causing or contributing to physical violence/assault ‘frequently or ‘very frequently’ in their neighbourhood (30%). They were more than twice as likely to say this as non-rainbow respondents under 30 (13%).
- Non-drinkers were approximately between one-and-a-half and two times as likely as respondents who currently drink to report all categories of nuisance/crime (with alcohol being a cause or contributing factor) occurring ‘frequently’ or ‘very frequently’ in their neighbourhood. Respondents who currently drink showed the same pattern, but in the opposite direction being more likely to select ‘never’ or ‘rarely.’
- There were no significant differences by gender, household type, or AUDIT-C risk.

Table 20. Subgroups with significant differences in reported frequency of nuisances/crimes (with alcohol being a cause or contributing factor) in respondents' neighbourhood

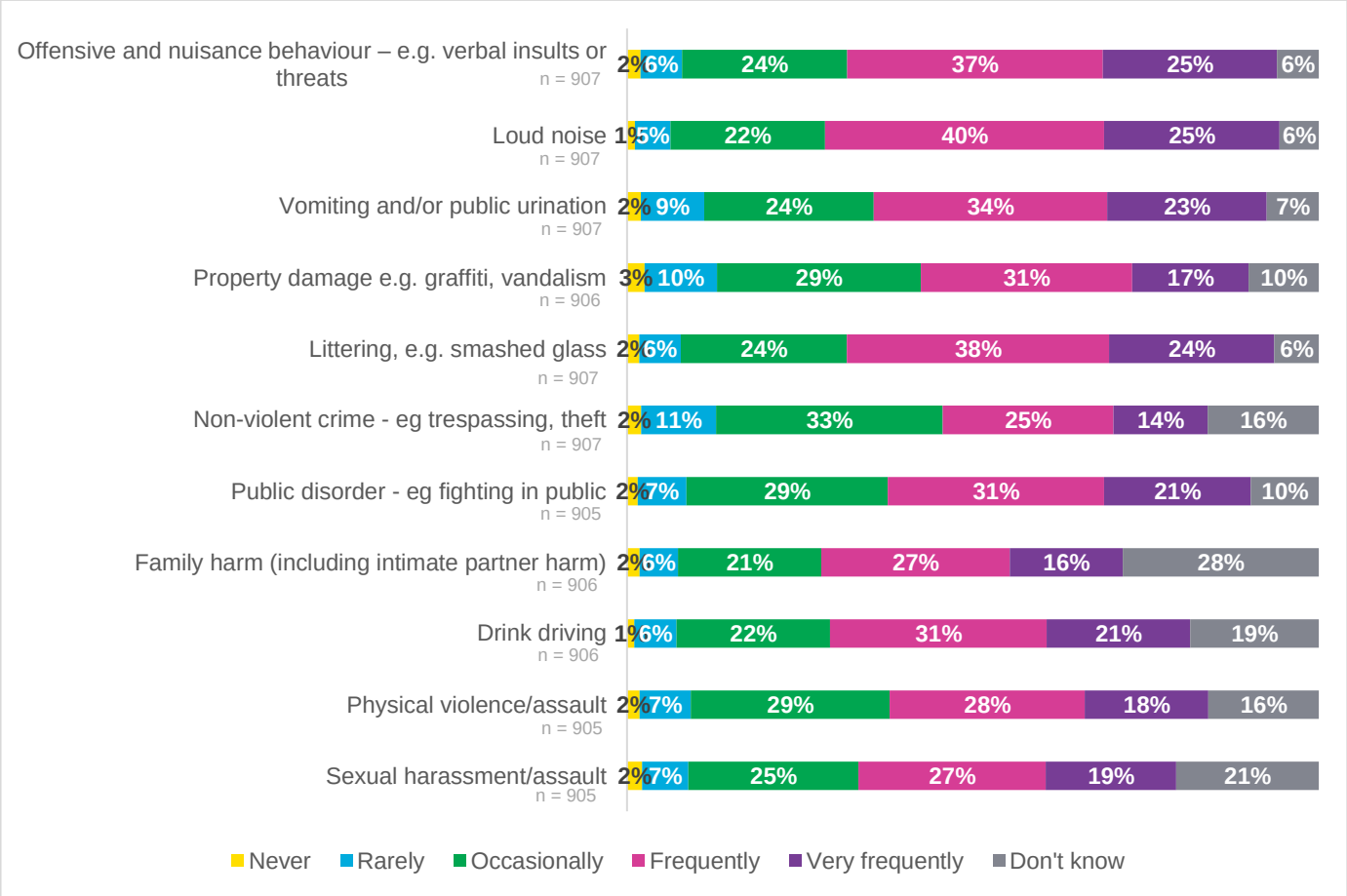
Nuisance/crime type	Significantly more likely answer never/rarely Subgroup % response	Significantly more likely answer occasionally Subgroup % response	Significantly more likely to answer frequently/very frequently Subgroup % response
Offensive or nuisance behaviour (e.g. verbal insults or threats)	Western ward (62%) Northern ward (55%) Current drinker (49%) *Overall sample: 46%*	N/A *Overall sample: 26%*	Māori (41%) Central ward (39%) Disability/access need (34%) Asian (33%) Non-drinker (32%) Aged 18-29 (27%) *Overall sample: 21%*
Loud noise	Western ward (54%) Current drinker (39%) *Overall sample: 38%*	Aged 45-59 (40%) *Overall sample: 32%*	Central ward (55%) Māori (44%) Non-drinker (38%) Aged 18-29 (37%) Disability/access need (34%) Asian (33%) *Overall sample: 26%*
Vomiting and/or public urination	Western ward (65%) Northern ward (64%) Current drinker (54%) *Overall sample: 51%*	Central ward (29%) *Overall sample: 21%*	Māori (39%) Central ward (38%) Non-drinker (30%) *Overall sample: 19%*
Property damage (eg graffiti, vandalism)	Western ward (61%) Northern ward (57%) Current drinker (53%) *Overall sample: 49%*	N/A *Overall sample: 25%*	Central ward (30%) Māori (28%) Non-drinker (26%) *Overall sample: 16%*
Littering (eg smashed glass)	Western ward (53%) Current drinker (44%) *Overall sample: 41%*	N/A *Overall sample: 28%*	Central ward (44%) Māori (39%) Non-drinker (36%) Aged 18-29 (32%) *Overall sample: 12%*
Non-violent crime (eg trespassing, theft)	Western ward (63%) Current drinker (50%) *Overall sample: 47%*	Central ward (31%) *Overall sample: 24%*	Māori (22%) Non-drinker (22%) Central ward (18%) *Overall sample: 12%*
Public disorder (eg fighting in public)	Western ward (68%) Aged 60+ (61%) Current drinker (55%) *Overall sample: 52%*	Central ward (28%) *Overall sample: 21%*	Māori (31%) Central ward (29%) Non-drinker (29%) *Overall sample: 16%*
Family harm (including intimate partner harm)	*Non-rainbow under 30s (32%)* Western ward (30%) Current drinker (24%) *Overall sample: 22%*	N/A *Overall sample: 21%*	Māori (39%) Non-drinker (36%) Central ward (29%) *Overall sample: 22%*
Drink driving	Western ward (30%) Current drinker (22%) *Overall sample: 20%*	Central ward (38%) *Overall sample: 30%*	Disability/access need (39%) Māori (36%) Non-drinker (36%) Central ward (34%) Southern ward (33%) *Overall sample: 24%*
Physical violence/assault	Western ward (47%) *Non-rainbow under 30s (44%)* Male (41%) Current drinker (37%) *Overall sample: 35%*	N/A *Overall sample: 21%*	Māori (30%) *Rainbow under 30s (30%)* Disability/access need (30%) Non-drinker (29%) Central ward (25%) *Overall sample: 17%*
Sexual harassment/assault	Western ward (38%) Current drinker (30%) *Overall sample: 29%*	N/A *Overall sample: 20%*	Non-drinker (32%) Disability/access need (31%) Māori (30%) Central ward (29%) Southern ward (27%) *Overall sample: 18%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Across Wellington City

Next, we asked respondents how often they think drinking causes or contributes to a variety of nuisances/crimes across Wellington City.

Figure 31: Reported frequency of nuisances/crimes (with alcohol being a cause or contributing factor), across Wellington City



Note: Due to rounding, totals may not add to 100%. n = up to 2 people per row who preferred not to say were removed.

When respondents were asked about nuisances / less serious crimes (such as loud noise, graffiti, littering), a minority responded that alcohol contributes to these across Wellington City 'never or rarely', about 20-30% said 'occasionally', and around 60-75% for each said it happens 'frequently' or 'very frequently' per category.

For the more serious crime categories (family harm, drink driving, physical violence/assault, sexual harassment/assault), about 40-50% answered 'frequently' or 'very frequently' per category. A large proportion (around 15-30%) answered that they don't know.

The categories most often rated as occurring frequently or very frequently across Wellington City (with alcohol being a cause or contributing factor) were:

- loud noise (77%)
- littering (77%)
- offensive and nuisance behaviour (e.g. verbal insults or threats) (69%)
- vomiting/public urination (60%)
- public disorder (e.g. fighting in public) (57%).

Notably, there were no categories that were rated 'never or rarely' by more than 1 in 5 respondents. At least 4 in 5 respondents agreed that every one of the crimes happened either occasionally, frequently, or very frequently across Wellington City.

We then looked at subgroups to see if there were demographic differences between groups in terms of their answers for different types of nuisances and crimes across Wellington City (see Table 21). Significant differences were found between groups by gender, age, ethnicity, and for rainbow versus non-rainbow under 30s. The most notable of these were:

- Compared to men, female respondents were significantly more likely to report a range of nuisances/crimes (with alcohol being a cause or contributing factor) occurring 'frequently' or 'very frequently' across Wellington City – by approximately 10 percentage points per category.
- Compared to women, male respondents were significantly more likely to report a range of nuisances/crimes (with alcohol being a cause or contributing factor) occurring 'never' or 'rarely' across Wellington City. In particular, they were twice as likely to say this for physical violence/assault (13%, vs 6%) and sexual harassment/assault (12%, vs 6%).
- Asian respondents were more than twice as likely as non-Asian respondents to say alcohol causes or contributes to family harm 'never' or 'rarely' across Wellington City (15%, vs 6%). The same pattern was seen for sexual harassment/assault (17% vs 8%).

Table 21. Subgroups with significant differences in reported frequency of nuisances/crimes (with alcohol being a cause or contributing factor), across Wellington City

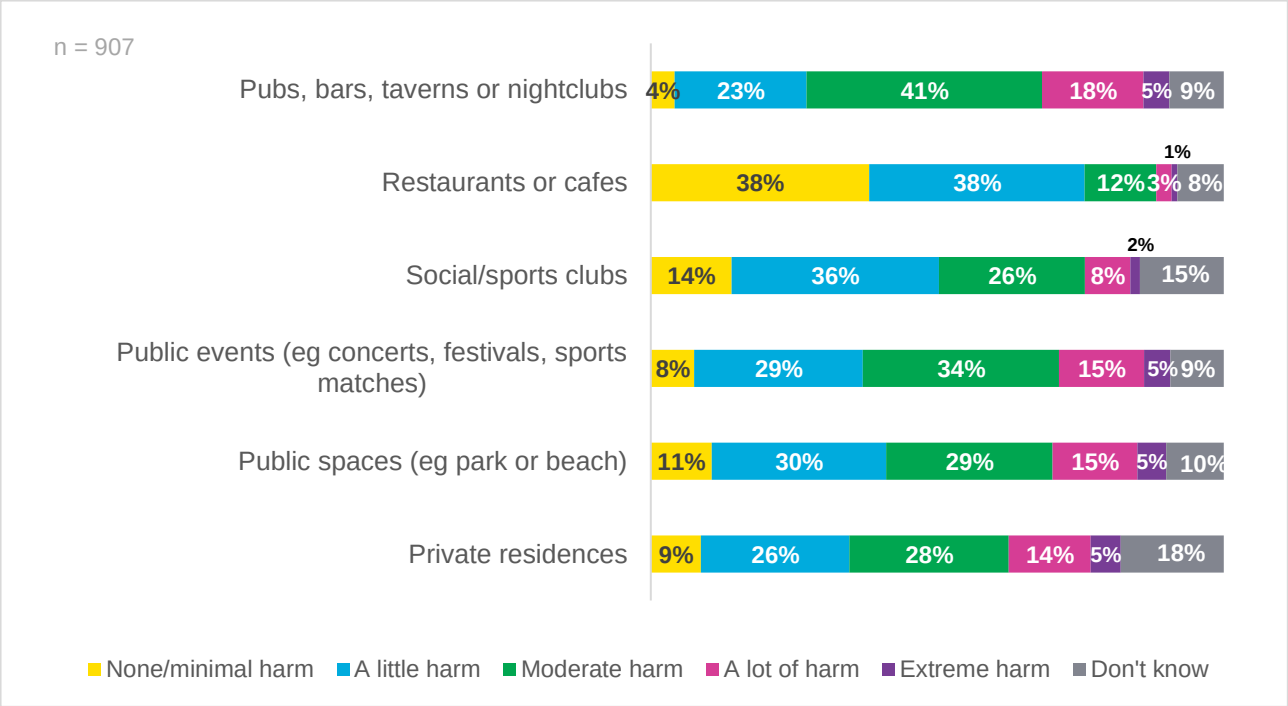
Nuisance/crime type	Significantly more likely answer never/rarely Subgroup % response	Significantly more likely answer occasionally Subgroup % response	Significantly more likely to answer frequently/very frequently Subgroup % response
Offensive or nuisance behaviour	N/A *Overall sample: 8%*	Male (28%) *Overall sample: 24%*	Aged 18-29 (70%) Female (67%) *Overall sample: 62%*
Loud noise	N/A *Overall sample: 6%*	Male (28%) *Overall sample: 22%*	Aged 18-29 (77%) Female (71%) *Overall sample: 66%*
Vomiting and/or public urination	N/A *Overall sample: 11%*	N/A *Overall sample: 24%*	N/A *Overall sample: 57%*
Property damage (eg graffiti, vandalism)	*AUDIT-C increasing risk (21%)* Male (16%) *Overall sample: 13%*	N/A *Overall sample: 29%*	N/A *Overall sample: 47%*
Littering (eg smashed glass)	Male (10%) *Overall sample: 8%*	Male (29%) *Overall sample: 24%*	Aged 18-29 (71%) Female (67%) *Overall sample: 62%*
Non-violent crime (eg trespassing, theft)	Male (16%) *Overall sample: 13%*	N/A *Overall sample: 33%*	Aged 45-59 (49%) *Overall sample: 38%*
Public disorder (eg fighting in public)	Male (11%) *Overall sample: 9%*	Male (35%) *Overall sample: 29%*	Female (62%) *Overall sample: 52%*
Family harm (including intimate partner harm)	Asian (15%) *Overall sample: 7%*	N/A *Overall sample: 21%*	Female (48%) European (47%) *Overall sample: 44%*
Drink driving	N/A *Overall sample: 7%*	Male (27%) *Overall sample: 22%*	Female (57%) *Overall sample: 52%*
Physical violence/assault	Male (13%) *Non-rainbow under 30s (14%)* *Overall sample: 9%*	N/A *Overall sample: 29%*	Female (53%) European (49%) *Overall sample: 46%*
Sexual harassment/assault	Asian (17%) Male (12%) *Non-rainbow under 30s (11%)* *Overall sample: 9%*	N/A *Overall sample: 25%*	Disability/access need (67%) Aged 18-29 (56%) Female (51%) *Overall sample: 46%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Perceived harm levels by place/venue

We asked respondents to rate how much alcohol related harm, if any, occurs in various places/venues.

Figure 32: Perceived amount of alcohol related harm by place/venue



Note: Due to rounding, totals may not add to 100%. All respondents received this question.

- For pubs/bars/taverns/nightclubs, most respondents said that moderate harm occurs (41%). There was a relative split between respondents saying that none/minimal or a little harm occurs in pubs/bars/taverns/nightclubs (27%), and that a lot or extreme harm occurs (22%).
- For restaurants/cafés, three quarters said that none/minimal or a little harm occurs (76%). Around 1 in 8 said that moderate harm occurs (12%), and a minority said that a lot or extreme harm occurs (4%).
- For social/sports clubs, half said that none/minimal or a little harm occurs (50%). A quarter said moderate harm occurs (25%), and 1 in 10 said a lot or extreme harm occurs (10%). A large proportion of respondents said they didn't know (15%).
- For public events, answers were relatively split between none/minimal or a little harm (37%), moderate harm (34%), and a lot or extreme harm (20%)
- For public spaces, answers were also relatively split, with opinion leaning towards none/minimal or a little harm (41%). Over a quarter said moderate harm occurs (29%), and a fifth said that a lor or extreme harm occurs (20%). A large proportion of respondents said they didn't know (10%).
- For private residences, answers tended towards none/minimal or a little harm (35%), versus moderate harm (28%) or a lot/extreme harm (20%). A large proportion of respondents said they didn't know (18%).

Optionally, we asked respondents to name any other places/venues where they think alcohol-related harm occurs, if there were places they felt were missing from the list.

Table 22: Free text – other places/venues where respondents said alcohol-related harm occurs

Place/venue	Number of responses that mentioned this
Wellington Central	28
- CBD streets	11
- Outside CBD venues	9
- Courtenay Place	9
- Manners Street	3
- Te Aro Park	2
- Cuba Street	1
Workplace environments	17
- Parliament	2
- WCC offices	2
Public transport – e.g. public transport hubs (station), on busses	15
Private parties – student flats, apartments, etc	8
Beaches, waterfront	8
On the road (drink driving)	6
On the street – location unspecified	6
Public parks	5
Near or in social housing, emergency housing	3
Schools	3
Hospitals	3
Police stations	3
Outside shopfronts	3
Vacant lots, carparks, abandoned buildings	2
Unique location	4

Note: n = 6 people named locations already listed, n = 7 gave a response outside scope

The most commonly named locations that weren't already on the list were: Wellington Central locations (n = 28), workplace environments (n = 17), and public transport (n = 15).

The unique locations mentioned were:

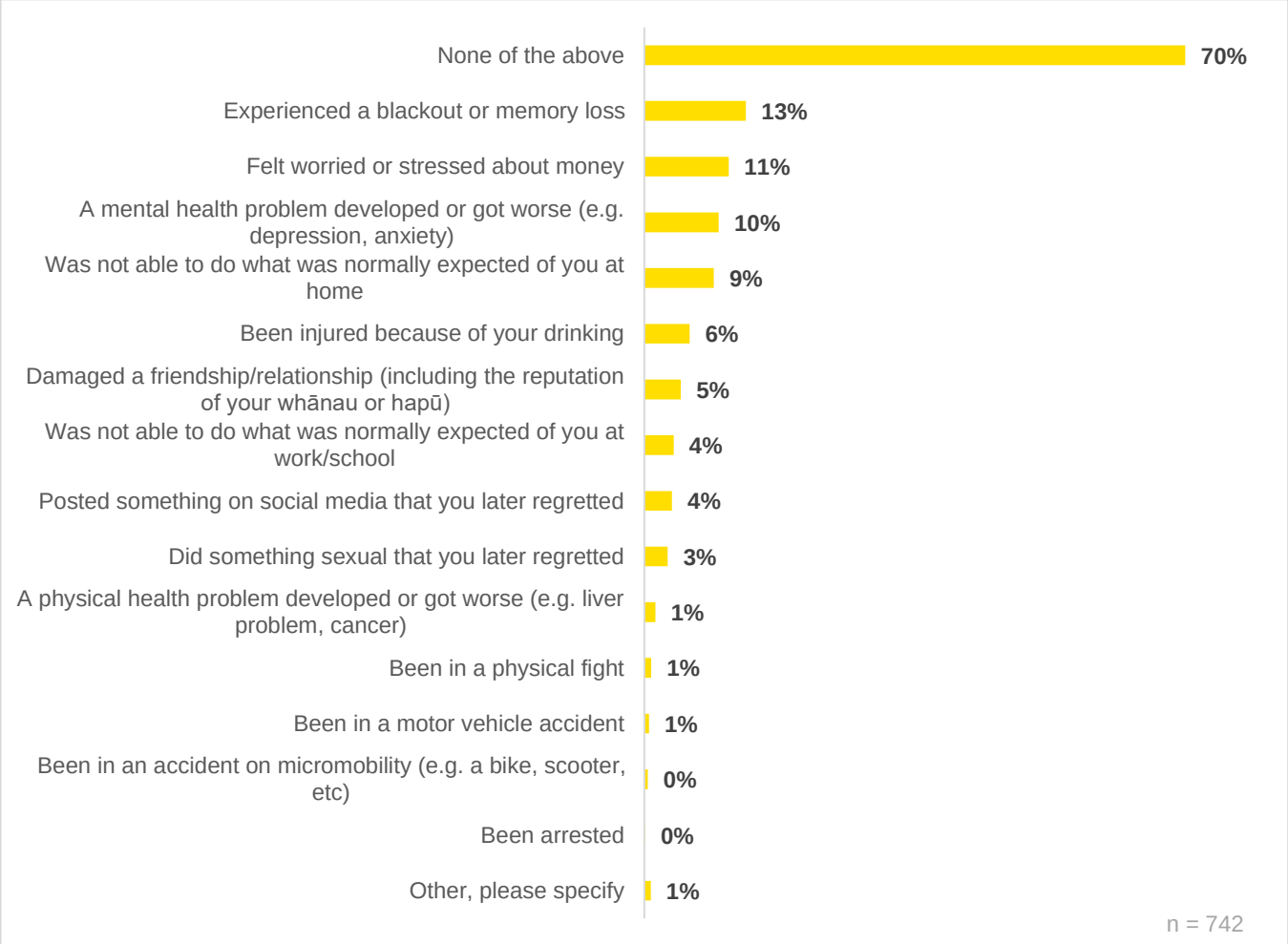
- illegal street gatherings with boy racers
- on boats
- in movie theatres
- online.

Harms experienced due to respondent's own drinking

We asked respondents about the harms they had experienced because of drinking. These questions were optional, and respondents were given a content-warning prior to being asked if they were comfortable to proceed. These questions were presented last to avoid biasing any following questions, and helplines were provided to all respondents afterwards. We compared our results to the results found in the AUiNZ national-level survey.

First, we asked respondents about the harms they had experienced due to **their own** drinking over the last 12 months. Only respondents who currently drink received this question.

Figure 33. Harms respondents reported experiencing due to their own drinking



Note: Only current drinkers received this question. n = 48 drinkers chose to skip this section.

The majority of respondents (70%) had not experienced any harms as a result of their drinking in the past 12 months. The most common harms respondents experienced were a blackout or memory loss (13%), feeling worried or stressed about money (10%), having a mental health problem develop or get worse (9%), or not being able to do what was expected of them at home (9%). The 'other' response mostly fell into other preexisting categories, except for one: 'drink spiking.'

We compared the results of our survey to the available results for the national level Alcohol Use in New Zealand 2019/2020 survey (AUiNZ). The results we found for Wellington City were roughly in line with the overall AUiNZ results, with each harm category being reported at

rates which were within only a few percent of what was found nationally (except for 'a mental health problem developed or got worse', which was 4% higher - i.e. roughly twice as high - in our Wellington City sample). Comparing specifically to the AUiNZ results for respondents in the Wellington region (city not available), the proportion of respondents who had experienced no harms in our Wellington City sample in 2024 was the same as from what was found in the AUiNZ survey for the Wellington region 2019/2020 (71%).

We looked at the number of types of harm experienced due to respondents' own drinking in the last 12 months. It is worth noting that this is a crude average which doesn't consider the severity of different types of harm – specific harm types are examined in the next section.

- 13% of the sample had experienced one type of harm
- 7% had experienced two types of harm
- 4% had experienced three types of harm
- 6% had experienced four or more types of harm.

The average number of types of harm experienced due to their own drinking was 0.7.

We ran statistical analyses to see if there were significant demographic differences between groups in terms of the average number of types of harm experienced.

Table 23a. Subgroups with significant differences in the average number of types of harm respondents reported experiencing due to their own drinking

Harm type Overall sample % response	Higher on average Subgroup % response	Lower on average Subgroup % response
Average number of types of harm experienced (overall: 0.7)	• AUDIT-C high risk (2.0) • *Rainbow under 30s (1.7)* • Māori (1.4) • Multi person household (1.3) • Aged 18-29 (1.2) • Disability/access need (1.1) • AUDIT-C increasing risk (.9) • Central ward (0.9)	• Aged 60+ (0.1) • Parents (0.4) • AUDIT-C low risk (0.4) • Aged 45-59 (0.4) • Northern ward (0.5) • No permanent disability/access need (0.6)

Note: All differences are statistically significant ($p < .05$). Italics indicate a subgroup of larger group, rather than a subgroup of the overall sample – e.g., rainbow under 30s.

- Groups that had experienced a higher number of types of harm on average due to their own drinking were: respondents with a high-risk AUDIT-C score, rainbow under 30s (vs non-rainbow under 30s), Māori, people living in multi-person households, those aged 18-29, and those with a permanent disability/access need.
    - On average, respondents with an AUDIT-C score in the high-risk band reported experiencing more than twice as many types of harm due to their own drinking, versus respondents in the lower risk bands (2.0, vs 0.5)
    - On average, rainbow under 30s reported experiencing more than three times as many types of harm due to their own drinking, versus non-rainbow respondents under 30 (1.4, vs 0.5)
    - On average, Māori respondents reported experiencing more than twice as many types of harm due to own drinking, versus non-Māori respondents (1.4, vs 0.6)
    - On average, respondents with a permanent disability/access need reported experiencing twice as many types of harm due to their own drinking, versus respondents with no permanent disability or access need (1.2 vs 0.6)

- Groups that had experienced a lower number of types of harm on average due to their own drinking were: non-rainbow under 30s (vs rainbow under 30s), people without a permanent disability/access need, Northern ward residents, people aged 45-59, those living in parent households (single or couple with children), and those aged 60+.

- There were no significant differences by gender.

We ran statistical analyses to see if there were significant demographic differences between groups in terms of the proportion of respondents that had experienced four or more types of harm.

Table 23b. Subgroups with significant differences in the proportion of people who had experienced four or more harms due to their own drinking

Number of harms experienced Overall sample % response	More likely to report experiencing Subgroup % response	Less likely to report experiencing Subgroup % response
Four or more types of harm experienced (overall: 6%)	• AUDIT-C high risk (23%) • Multi person household (16%) • Māori (15%) • Disability/access need (14%) • Aged 18-29 (13%)	• Aged 60+ (0%) • AUDIT-C low risk (2%) • No permanent disability/access need (5%)

Note: All differences are statistically significant ($p < .05$). Italics indicate a subgroup of larger group, rather than a subgroup of the overall sample – e.g., rainbow under 30s.

- Groups that were more likely to have experienced four or more types of harm due to their own drinking were: respondents with a high-risk AUDIT-C score, people living in multi-person households, Māori, rainbow under 30s (vs non-rainbow under 30s), those with a permanent disability/access need, and those aged 18-29.
    - Respondents with an AUDIT-C score in the high-risk band were almost six times as likely to report experiencing four or more types of harm due their own drinking, versus respondents in the lower risk bands (23% vs 4%).
    - Māori respondents were three times as likely to report experiencing four or more types of harm due to their own drinking, versus non-Māori respondents (15%, vs 5%).
    - Respondents with a permanent disability or access need were almost three times as likely to report experiencing four or more types of harm due to their own drinking, versus respondents with no permanent disability or access need (14%, vs 5%).
    - Respondents aged 18-29 were more than four times as likely to report experiencing four or more types of harm due to their own drinking, versus respondents aged 30 (13%, vs 3%).

- Groups that were less likely to have experienced four or more types of harm due to their own drinking were people without a permanent disability/access need, respondents with a low-risk AUDIT-C score, and people aged 60+.
    - There were no respondents aged 60+ who reported experiencing four or more types of harm due to their own drinking.

- There were no significant differences by ward, gender, or for rainbow vs non-rainbow under 30s.

We ran statistical tests to see if certain demographic subgroups were more or less likely to experience certain harms (see Table 24 on next page). Significant differences were found between groups for age, gender, ethnicity, household type, and AUDIT-C risk. The most notable among these were:

- Respondents with an AUDIT-C score in the high-risk band were significantly more likely to report experiencing a range of harms due to their own drinking. In particular, they were three or more times as likely as respondents in lower risk bands to report:
    - experiencing blackout/memory loss (37%, vs 11%)
    - feeling worried/stressed about money (31%, vs 9%)
    - being injured because of their drinking (21%, vs 8%)
    - mental health problems developed/got worse (20% vs 8%)
    - not being able to do what was normally expected at work/school (19%, vs 2%)
    - damaging a friendship/relationship (17%, vs 3%)
    - posting something on social media they later regretted (13%, vs 3%)
    - doing something sexual that they later regretted (13%, vs 2%)

- Respondents aged 18-29 were significantly more likely than other age groups to report experiencing a range of harms due to their own drinking. In particular, they were three or more times as likely respondents aged 30+ to report:
    - experiencing blackout/memory loss (26%, vs 8%)
    - feeling worried/stressed about money (21%, vs 7%)
    - mental health problems developed/got worse (20%, vs 6%)
    - being injured because of their drinking (11%, vs 4%)
    - damaging a friendship/relationship (10%, vs 3%)
    - doing something sexual that they later regretted (8%, vs 1%)
    - not being able to do what was normally expected at work/school (7%, vs 2%)

- Māori respondents were also significantly more likely to report experiencing a range of harms due to their own drinking. In particular, they were two or more times as likely as non-Māori respondents to report:
    - experiencing blackout/memory loss (24%, vs 12%)
    - feeling worried/stressed about money (23%, vs 10%)
    - mental health problems developed/got worse (21% vs 9%)
    - damaging a friendship/relationship (15%, vs 4%)
    - not being able to do what was normally expected at work/school (11%, vs 3%)
    - being in a physical fight (4%, vs 1%)

- A third of rainbow respondents under-30 reported having a mental health problem develop or get worse due to their own drinking (33%). They were more than three times as likely to report this as non-rainbow under 30s (9%).

- A quarter of respondents with a permanent disability/access need reported having a mental health problem develop or get worse due to their own drinking (26%). They were around three times as likely to report this as people without a permanent disability/access need (8%). They were also three times as likely to report their drinking damaging a friendship/relationship (12%, vs 4%).

Table 24. Subgroups with significant differences in the types of harms respondents reported experiencing due to their own drinking

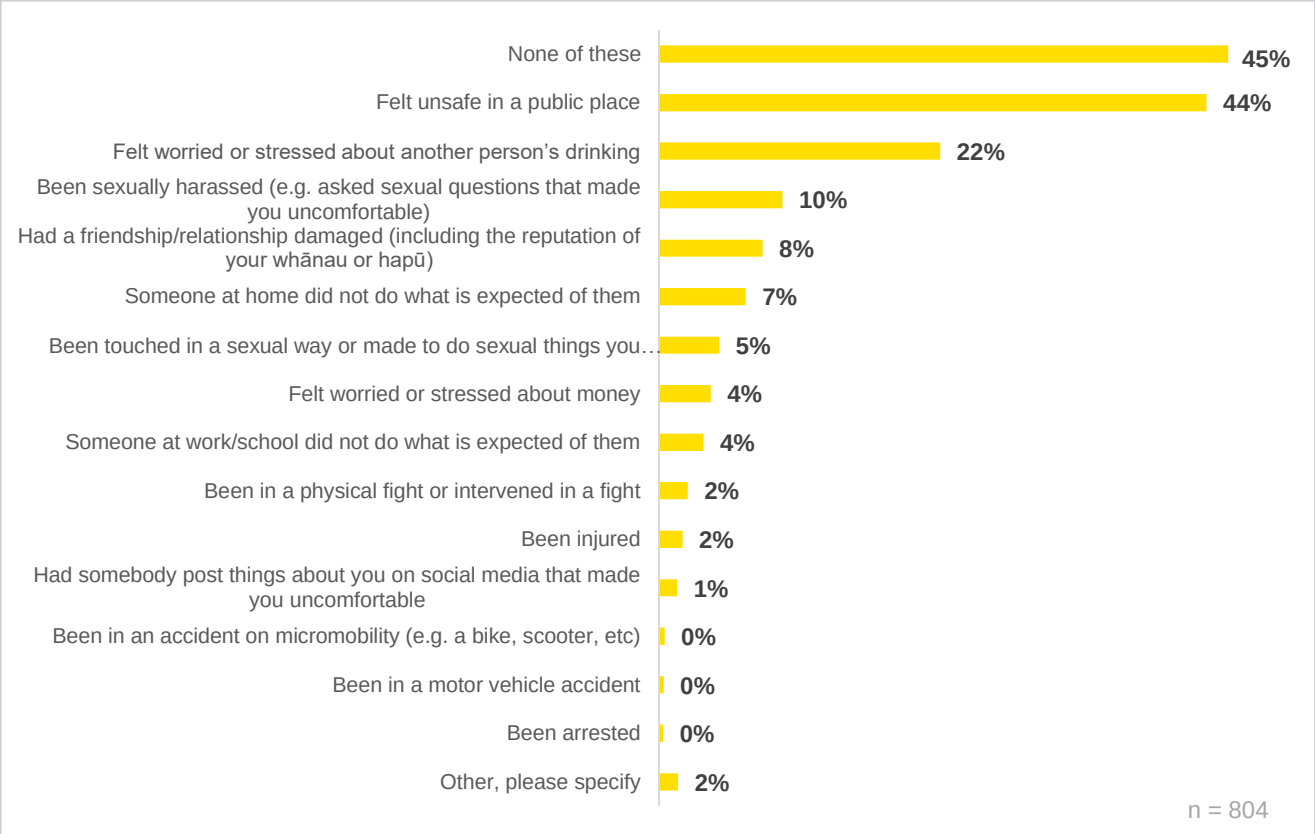
Harm type (current drinker overall %)	Significantly more likely to have experienced this (subgroup %, vs everybody else in category)	Significantly less likely to have experienced this (subgroup %, vs everybody else in category)
No harms experienced (71%)	• Aged 60+ (90%) • Aged 45-59 (80%) • AUDIT-C low risk (80%)	• AUDIT-C high risk (35%) • Māori (51%) • Aged 18-29 (53%) • Multi-person household (56%) • AUDIT-C increasing risk (61%)
Blackout or memory loss (13%)	• AUDIT-C high risk (37%) • Multi-person household (28%) • Aged 18-29 (26%) • AUDIT-C increasing risk (19%) • Māori (24%)	• Aged 60+ (3%) • Aged 45-49 (5%) • AUDIT-C low risk (7%)
Felt worried or stressed about money (10%)	• AUDIT-C high risk (31%) • Māori (23%) • Aged 18-29 (20%)	• Aged 60+ (3%) • AUDIT-C low risk (7%) • European (9%)
A mental health problem developed or got worse (9%)	• *Rainbow under 30s (33%)* • Disability/access need (26%) • Māori (21%) • AUDIT-C high risk (20%) • Aged 18-29 (19%) • Multi-person household (18%)	• Aged 60+ (1%) • Parents (5%) • No permanent disability/access need (8%)
Was not able to do what was normally expected at home (9%)	• AUDIT-C high risk (21%) • Aged 18-29 (14%)	• Aged 60+ (2%) • Living alone (2%) • AUDIT-C low risk (6%)
Been injured because of your drinking (6%)	• AUDIT-C high risk (20%) • Multi-person household (12%) • Aged 18-29 (11%) • AUDIT-C increasing risk (10%)	• AUDIT-C low risk (2%) • Aged 60+ (1%)
Damaged a friendship or relationship (5%)	• AUDIT-C high risk (17%) • Māori (15%) • Aged 18-29 (10%) • Multi-person household (9%)	• AUDIT-C low risk (2%) • No permanent disability/access need (4%)
Was not able to do what was normally expected at work/school (4%)	• AUDIT-C high risk (19%) • Māori (11%) • Multi-person household (10%) • Aged 18-29 (7%)	• Aged 60+ (0%) • AUDIT-C low risk (1%)
Posted something on social media that was later regretted (3%)	• AUDIT-C high risk (13%) • Multi-person household (9%)	• AUDIT-C low risk (1%)
Did something sexual that you later regretted (3%)	• AUDIT-C high risk (13%) • Multi-person household (9%) • Aged 18-29 (7%)	• Aged 45-59 (0%) • AUDIT-C low risk (1%) • No permanent disability/access need (2%)
A physical health problem developed or got worse (1%)	• N/A	• N/A
Been in a physical fight (1%)	• Māori (4%)	• N/A
Been in a motor vehicle accident (1%)	• N/A	• N/A
Been in an accident on micromobility (0%)	• Aged 45-59 (2%)	• European (0%)
Been arrested (0%)	• Asian (1%)	• N/A

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Harms experienced due to another person's drinking

We asked respondents about the harms they had experienced due to **another person's** drinking over the last 12 months.

Figure 34: Harms respondents reported experiencing due to another person's drinking



Note: n = 104 respondents chose to skip this section.

Most respondents indicated they had experienced at least one harm from another person's drinking in the past 12 months (55%), with the remaining 45% indicating that they had not experienced any harms. The most common harms were feeling unsafe in a public place (44%), and feeling worried or stressed about another's drinking (22%). This was then followed by various less common harms such as being sexually harassed (10%), having a friendship/relationship damaged (8%), or having somebody at home not do what is expected of them (7%).

The 'other' responses mostly fell into preexisting categories, except for: "being physically assaulted", "being spat at, shouted at, sworn at in a public space", "[another person] regularly drove drunk", "arguments and fighting outside our apartment", "death of a family member due to their drinking", "felt unsafe in a private residence", and "had access to public transport hampered".

We compared the results from our survey to available national-level results for the found in the Alcohol Use in New Zealand Survey (AUiNZ) 2019/2020. The results we found were relatively similar, except for sexual harassment, sexual assault, and feeling unsafe in a public place, which were reported at roughly double the proportions seen in the AUiNZ national results. Feeling unsafe in a public place due to another person's drinking was particularly high

– the proportion which had experienced this was 44% in our survey, versus 17% nationally in AUiNZ 2019/2020.

It is worth considering that this finding is not new or unexpected. For example, in the WCC Resident's Monitoring Survey 2024[63], 57% of respondents reported feeling unsafe after dark, and when asked the reason, "drugs and alcohol / drunk people" was the most common theme for responses. Also of note is that Wellington is a city, whereas the national data captures cities as well as towns and rural areas. Data from the biennial Quality of Life survey[64], which surveys eight of New Zealand's largest cities in New Zealand, shows that in 2022, 52% of Wellington respondents reported feeling unsafe in the city centre after dark (compared to 55% across all eight cities). This proportion was also similar to the results found for cities surveyed which are geographically close to Wellington City: Hutt City (48%), and Porirua (52%).

We looked at the number of types of harm experienced due to another person's drinking in the last 12 months. It is worth noting that this is a crude average which doesn't consider the severity of different types of harm – specific harm types are examined in the next section.

- 28% of the sample had experienced one type of harm
- 13% had experienced two types of harm
- 6% had experienced three types of harm
- 8% had experienced four or more types of harm.

The average number of types of harm experienced due to another person's drinking was 1.1.

We ran statistical analyses to see if there were significant demographic differences between groups in terms of the average number of types of harm experienced.

Table 25a. Subgroups with significant differences in the average number of types of harm respondents reported experienced due to another person's drinking

Harm type Overall sample % response	Higher on average Subgroup % response	Lower on average Subgroup % response
Average number of types of harm experienced (overall: 1.1)	• *Rainbow under 30s (2.7)* • Māori (2.2) • Disability/access need (2.0) • Aged 18-29 (1.9) • Multi person household (1.9) • *AUDIT-C high risk (1.8)* • Central ward (1.5) • Female (1.3)	• Aged 60+ (0.5) • Aged 45-59 (0.7) • Northern ward (0.8) • Asian (0.8) • Male (0.9) • Parents (0.9) • No permanent disability/access need (1.1)

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

- Groups that had experienced a higher number of types of harm on average due to another person's drinking were: rainbow under 30s (vs non-rainbow under 30s), Māori, those permanent disability/access need, those aged 18-29, people living in multi-person households, current drinkers with a high-risk AUDIT-C score (vs those with lower scores), Central ward residents, and women.

[63] WCC Residents Monitoring Survey 2024
[64] Quality of Life Topline Report 2022

- On average, rainbow respondents under 30 reported experiencing almost twice as many types of harm due to another's drinking, versus non-rainbow under 30s (2.7, vs 1.4).
- On average, Māori respondents reporting experiencing around twice as many types of harm due to another's drinking, versus non-Māori (2.2, vs 1.0).
- On average, respondents with a permanent disability/access need reported experiencing almost twice as many types of harm due to another's drinking, versus respondents without a permanent disability/access need (2.0, vs 1.1).
- On average, respondents aged 18-29 reported twice as many types of harm due to another's drinking as respondents aged 30+ (1.9, vs 0.8).

- Groups that had experienced a lower number of types of harm on average due to another person's drinking were: people without a permanent disability/access need, men, those living in parent households (single or couple with children), Asian people, Northern ward residents, people aged 45-59, and people aged 60+.

- There were no significant differences by drinking status.

We ran statistical analyses to see if there were significant demographic differences between groups in terms of the proportion of respondents that had experienced four or more types of harm.

Table 25b. Subgroups with significant differences in the proportion of people who had experienced four or more harms due to another person's drinking

Number of harms experienced Overall sample % response	More likely to report experiencing Subgroup % response	Less likely to report experiencing Subgroup % response
Four or more types of harms experienced (overall: 8%)	• *Rainbow under 30s (30%)* • *AUDIT-C high risk (21%)* • Multi person household (16%) • Māori (23%) • Disability/access need (22%) • Aged 18-29 (18%) • Central ward (14%) • Female (10%)	• Aged 60+ (2%) • Aged 45-60 (4%) • Male (5%) • No permanent disability/access need (7%)

Note: All differences are statistically significant ($p < .05$). Italics indicate a subgroup of larger group, rather than a subgroup of the overall sample – e.g., rainbow under 30s.

- Groups that were more likely to have experienced four or more types of harm due to another person's drinking were: respondents with a high-risk AUDIT-C score, people living in multi-person households, Māori, rainbow under 30s (vs non-rainbow under 30s), those with a permanent disability/access need, and those aged 18-29.
  - Rainbow respondents under 30 were almost three times as likely to report experiencing four or more types of harm due to another's drinking, versus non-rainbow respondents under 30 (30%, vs 11%).
  - Respondents with an AUDIT-C score in the high-risk band were three times as likely to report experiencing four or more types of harm due to another's drinking, versus respondents in the lower risk bands (21% vs 7%).

- Māori respondents were more than three times as likely to report experiencing four or more types of harm due to another's drinking, versus non-Māori respondents (23%, vs 7%).
- Respondents with a permanent disability or access need were more than three times as likely to report experiencing four or more types of harm due to another's drinking, versus respondents with no permanent disability or access need (22%, vs 7%).
- Respondents aged 18-29 were more than four times as likely to report experiencing four or more types of harm due to another's drinking, versus respondents aged 30 or over (18%, vs 4%).
- Respondents living in the Central ward were more than three times as likely to report experiencing four or more types of harm due to another's drinking, versus respondents living in other wards (14%, vs 3%).
- Female respondents were twice as likely to report experiencing four or more types of harm due to another's drinking, versus male respondents (10%, vs 5%).

- Groups that were less likely to have experienced four or more types of harm due to another person's drinking were people without a permanent disability/access need, male respondents, respondents aged 45-59, and respondents aged 60+.

We ran statistical tests to see if certain demographic subgroups were more or less likely to experience certain harms (see Table 26 on next page). Significant differences were found between groups for age, gender, ethnicity, household type, ward, and AUDIT-C risk. The most notable among these were:

- Rainbow respondents under 30 were significantly more likely to report experiencing a range of harms due to another person's drinking. In particular:
  - Three quarters of rainbow respondents under 30 reported feeling unsafe in a public place due to another person's drinking (75%). This was 18 percentage points higher than for non-rainbow respondents under 30 (57%).
  - Almost half of rainbow respondents under 30 reported feeling worried or stressed about another person's drinking (49%). They were twice as likely to say this as non-rainbow respondents under 30s (24%).
  - Around a fifth of rainbow respondents under 30 reported being touched in a sexual way or made to do sexual things they didn't want to do (21%). They were more than three times as likely to say this as non-rainbow respondents under 30 (6%).
  - Two out of five rainbow respondents under 30 reported being sexually harassed (40%), They were four times as likely to say this as non-rainbow under 30s (10%).

- Māori respondents were significantly more likely to report experiencing a range of harms due to another person's drinking. In particular:
  - Two thirds of Māori respondents reported feeling unsafe in a public place due to another person's drinking (66%). They were approximately one-and-a-half times as likely to say this as non-Māori respondents (42%).
  - A quarter of Māori respondents reported being sexually harassed due to another person's drinking (25%). They were around three times as likely as non-Māori respondents to say this (8%).

- More than a third of Māori respondents reported feeling worried or stressed about another person's drinking (36%). They were more than one-and-a-half times as likely to say this as non-Māori respondents (21%).

- Respondents aged 18-29 were significantly more likely to report experiencing a range of harms due to another person's drinking. In particular:
  - Two thirds of respondents aged 18-29 reported feeling unsafe in a public place due to another person's drinking (66%). They were almost twice as likely to say this as respondents aged 30+ (36%).
  - A quarter of respondents aged 18-29 reported being sexually harassed (23%). They were more than four times as likely to say this as respondents aged 30+ (5%).
  - Approximately 1 in 8 respondents aged 18-29 reported being touched in a sexual way or made to do sexual things they didn't want to do (12%). They were six times as likely to say this as respondents aged 30+ (2%).

- Respondents with a permanent disability/access need were more than three times as likely as those without one to report being sexually harassed (27%, vs 8%), as well as touched in a sexual way or made to do sexual things they didn't want to do (14%, vs 4%).
- Female respondents were more than three times as likely as male respondents to be sexually harassed (14%, vs 4%).
- There were no significant differences by drinking status.

Table 26. Subgroups with significant differences in the types of harms respondents reported experiencing due to another person's drinking

Harm type (overall sample %)	Significantly more likely to have experienced (subgroup %, vs everybody else in category)	Significantly less likely to have experienced (subgroup %, vs everybody else in category)
No harms experienced (45%)	• Aged 60+ (61%) • Aged 45-54 (56%) • Northern ward (55%) • Male (53%)	• Aged 18-29 (23%) • Māori (26%) • Multi-person household (28%) • Female (40%)
Felt unsafe in a public place (44%)	• *Rainbow under 30s (75%)* • Māori (66%) • Aged 18-29 (65%) • Multi-person household (59%) • Central ward (56%) • Female (47%)	• Age 60+ (29%) • Northern ward (31%) • Aged 45-59 (34%) • Male (37%)
Felt worried or stressed about another person's drinking (22%)	• *Rainbow under 30s (51%)* • Māori (36%) • Disability/access need (35%) • Aged 18-29 (35%) • Multi-person household (35%) • Female (28%)	• Aged 45-59 (15%) • Age 60+ (15%) • Male (15%)
Been sexually harassed (10%)	• *Rainbow under 30s (41%)* • Disability/access need (27%) • Māori (25%) • Multi-person household (24%) • Aged 18-29 (23%) • Central ward (16%) • Female (14%)	• Age 60+ (1%) • Asian (3%) • Aged 45-59 (4%) • Male (4%) • Parents (5%) • No permanent disability/access need (8%)
Had a friendship/relationship damaged (8%)	• *Rainbow under 30s (22%)* • Disability/access need (22%) • Māori (20%) • *AUDIT-C high risk (19%)* • Multi-person household (17%) • Aged 18-29 (15%)	• No permanent disability/access need (7%)

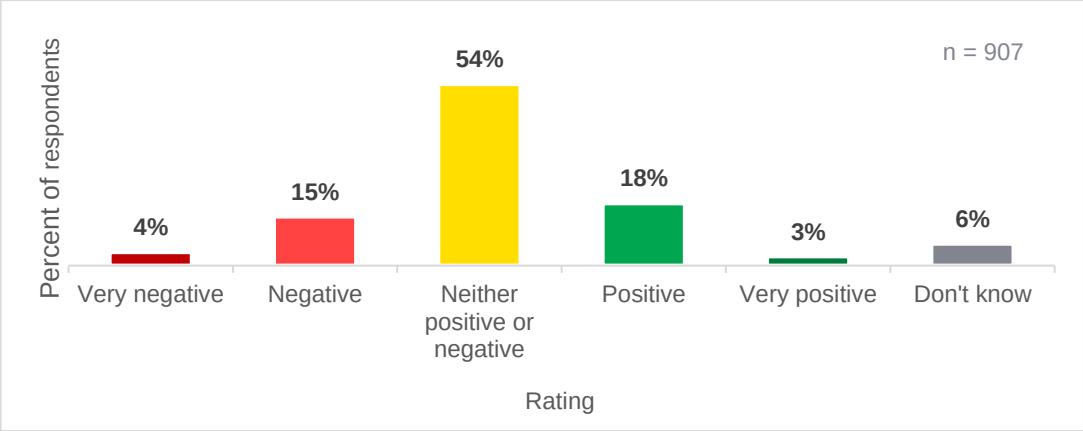
Harm type (overall sample %)	Significantly more likely to have experienced (subgroup %, vs everybody else in category)	Significantly less likely to have experienced (subgroup %, vs everybody else in category)
Someone at home did not do what is expected of them (7%)	• Multi-person household (17%) • Māori (15%) • Aged 18-29 (13%) • Multi-person household (12%)	• Age 60+ (2%)
Been touched in a sexual way or made to do sexual things they didn't want to do (5%)	• *Rainbow under 30s (21%)* • Disability/access need (14%) • Multi-person household (13%) • Aged 18-29 (12%)	• Age 60+ (0%) • Aged 45-59 (1%) • Parents (2%) • Male (3%) • No permanent disability/access need (4%)
Felt worried or stressed about money (4%)	• Māori (14%) • Disability/access need (11%) • Multi-person household (8%) • Aged 18-29 (7%)	• Age 60+ (1%) • No permanent disability/access need (4%)
Someone at work/school did not do what is expected of them (4%)	• Māori (14%) • *Rainbow under 30s (13%)*	• N/A
Been in a physical fight or intervened in a fight (2%)	• Aged 18-29 (5%)	• N/A
Been injured (2%)	• Disability/access need (8%) • Māori (6%) • Aged 18-29 (4%)	• No permanent disability/access need (1%)
Had somebody post things about them on social media that made them uncomfortable (1%)	• Multi-person household (4%)	• N/A
Been in an accident on micromobility (0%)	• Māori (3%)	• N/A
Been in a motor vehicle accident (0%)	• N/A	• No permanent disability/access need (0%)
Been arrested (0%)	• Parents (1%)	• N/A

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s.

Overall view of alcohol

We asked respondents to weigh up all the positives and negatives that come from alcohol, then make a judgement as to whether they consider it to have a positive or negative impact on life in their neighbourhood / across Wellington City.

Figure 35. Respondents' overall view of alcohol's impact on life in their neighbourhood

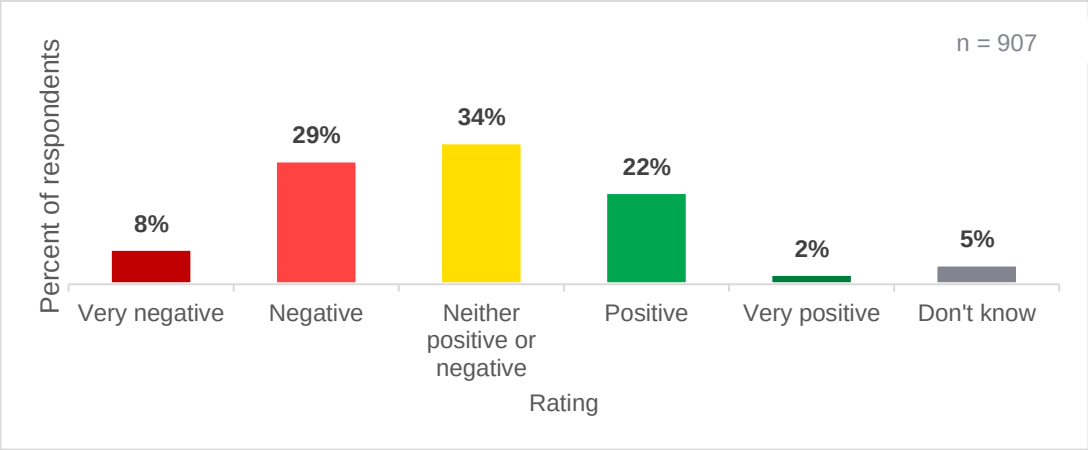


Note: n = 1 person who preferred not to say was removed. Due to rounding, totals may not add to 100%.

The majority of respondents felt that the impact of alcohol on life in their respective neighbourhoods was neither positive nor negative (54%). The proportion of respondents who felt the impact was positive or very positive (21%) was slightly higher than the proportion of respondents who felt it was negative or very negative (19%).

We then repeated the question, asking about life across Wellington City.

Figure 36. Respondents' overall view of alcohol's impact on life across Wellington City



Note: n = 1 person who preferred not to say was removed. Due to rounding, totals may not add to 100%.

Opinions were divided on the impact of alcohol on life across Wellington City. The most common response was that the impact of alcohol on life across Wellington City was negative or very negative (38%), closely followed by neither positive nor negative (34%), then positive or very positive (24%).

We ran statistical tests to see if certain demographic subgroups were more or less likely to hold certain views towards alcohol in their neighbourhood or across Wellington City overall (see Table 27 on next page). Significant differences were found between groups for age, gender, ethnicity, disability status, drinking status, and AUDIT-C risk. The most notable among these were:

- A little under a third of Central ward respondents rated the impact of alcohol on life in their neighbourhood as negative (29%). They were around twice as likely as to say this as respondents in other wards (15%). However, they were also more likely to rate the impact as positive (27%, vs 20%), suggesting that the Central ward in general has a stronger range of opinions versus other wards, which leaned towards 'neither positive nor negative'.

- Almost two out of five Māori respondents rated the impact of alcohol on life in their neighbourhood as negative (39%). They more than twice as likely to say this as non-Māori respondents (17%).

- Male respondents were almost twice as likely as female respondents to rate the impact of alcohol on life in their neighbourhood as positive (27%, vs 16%), as well as across Wellington City (32%, vs 18%).

- Around a quarter of respondents with no permanent disability or access need rated the impact of alcohol across Wellington City as positive (26%). They were more than twice

as likely to say this as respondents without a permanent disability or access need (11%).

- There were no significant differences found between groups by age, household type, or for rainbow versus non-rainbow under 30s.

Table 27. Subgroups with significant differences in respondents' views of alcohol's impact on life

Location	Significantly more likely to rate negative / very negative Subgroup % response	Significantly more likely to rate neutral Subgroup % response	Significantly more likely to rate positive / very positive Subgroup % response
In my neighbourhood	Non-drinker (40%) Māori (39%) Central ward (29%) *AUDIT-C low risk (18%)* *Overall sample: 19%*	Aged 60+ (64%) Northern ward (63%) *AUDIT-C low risk (60%)* Current drinker (55%) *Overall sample: 54%*	*AUDIT-C high risk (38%)* *AUDIT-C increasing risk (35%)* Central ward (27%) Male (27%) Current drinker (24%) European (23%) *Overall sample: 21%*
Across Wellington City	Non-drinker (57%) Disability/access need (55%) Female (42%) *AUDIT-C low risk (42%)* *Overall sample: 34%*	Current drinker (35%) *Overall sample: 34%*	*AUDIT-C high risk (51%)* *AUDIT-C increasing risk (37%)* Male (32%) European (27%) No permanent disability/access need (26%) Current drinker (26%) *Overall sample: 24%*

Note: All differences are statistically significant ($p < .05$). Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' not reported.

Free text: Other attitudes or experiences with alcohol

We asked respondents: "Is there anything else you'd like to share about your attitudes towards, or experiences with, alcohol use in your neighbourhood/Wellington?"

We received 180 comments, and of these, 141 were relevant to the question.

Table 28: Free text – General attitudes/experiences with alcohol

Reason	Number of responses that mentioned this
City is unsafe, rowdy, nuisance, etc	57
… in Courtenay Place	21
… in the city (not further specified)	12
… on Manners Street	6
… on Cuba Street	4
… on Dixon Street	1
… on the Golden Mile	1
… in Te Aro	1
… at the waterfront	1

Reason	Number of responses that mentioned this
… around state housing	1
… in Newtown	1
Other unique comment	23
A few cause the problems for many / individual responsibility	18
Support for balanced/moderate approach	18
Sociocultural perspective (e.g. focus on mental health, housing)	18
Reduce alcohol availability	14
Too many licensed premises	9
Too many in general	*5*
Too many off-licences	*4*
Opening hours are too long	4
NZ drinking culture is problematic	14
It's not that bad / harm is avoidable	12
Punitive approach – we need more policing, tougher penalties, etc	10
Comment on young people	10
Comment on other drugs	10
Comment on homelessness	10
Concern about risks and burdens of alcohol overall (eg on health)	9
Important to remember social benefits of alcohol in Wellington	8
Alternative venues needed, not enough choices	7
Comment on Wellington business, hospitality	7
Comment on alcohol advertising	6
Comment on alcohol bans	5
Licensed premises need to be stricter in their enforcement	4

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common type of comment received were those that related to experiences of the city feeling unsafe, rowdy, or of nuisance relating to alcohol (n = 57). Some of these comments mentioned specific areas, with the most common of these being Courtenay Place (n = 21). Example comments include:

"I previously lived inner city and the levels of noise, public damage, fighting, violence, vomiting, urination and antisocial behaviours related to drinking is why I had to move out of the city central."

"There is always vomit along the sidewalks and urine in various corners around the city after Friday and Saturday nights. It's very disgusting."

"Lots of broken glass is not good for kids and animals, the golden mile smells so bad (urine) I avoid it if possible. Occasionally we will find someone urinating on our fence, we regularly wash down the pavement with a hose."

"The state of Courtenay Place/ Manners St area- walking down sticky pavements isn't pleasant, they need frequent water blasting."

"[Alcohol] contributes to a lot of litter and some tension in the inner city."

"Although we live in an alcohol free zone, it's not unusual to see people drinking and/or drunk in the central city. A family member employed in a supermarket has been regularly abused, and was recently physically assaulted, by drunk people whose purchase of alcohol was declined. Excessive use of alcohol is a problem in Wellington especially when accompanied by drug use."

"As a queer woman, I and my partner feel more intimidated by/afraid of intoxicated men as we're more likely to be harassed or sexualised. We very rarely go into town/Courtenay place without friends/family after 9 or 10pm as we don't feel safe."

"I have (over the six years I've been going out) seen a lot of poor behaviour performed by severely intoxicated people. However, over the last few months, it seems to be getting worse and starting earlier. I have seen many more instances of public urination/vomiting, more disregard for traffic by walking out in front of cars even when pedestrian lights are not green, and more readiness to pick fights. I used to head home by around 2am to avoid the worst of it but even 11pm now is pretty rough."

"Central city is now terrible at all times of day. Avoid it for all business and private entertaining now."

Given the open nature of the question, there were a lot of unique comments (n = 23). Some of these included:

"There is a need for reliable and affordable public transport to reduce drink driving."

"Licensed areas are too restrictive in the suburbs (causing enforcement to be hard and unsafe practices). While its too lenient in the CPD, leading to preloading and disorderly conduct."

"Roseneath on glass recycling day is filled with wine bottles. Lots of people who are considered 'more civilised' are drinking more than those who get looked down upon."

"I hope you guys are using actual harm related statistics to make decisions rather than just gauging what people feel."

The next most common theme was comments asserting that there is an element of individual responsibility when it comes to alcohol harm, and that a few cause problems for many (n = 18). Some examples of these include:

"When I've come across problems related to drinking, it's either excessive drinking by people who have poor self control, or acts by people who more than likely would have been violent or destructive anyway."

"I would like to think from my experience that the problem is with the minority who tend to spoil it for the majority who are well behaved and just wanting to have a positive social experience."

"I think alcohol is always going to be a problem no matter how much limitations are there about it. Some people in New Zealand need to know their limitations to respect that."

This was tied in number with comments expressing support for a balanced or moderate approach (n = 18). Some examples include:

"Authorities seem to want to have it both ways; they want to have a vibrant inner-city hospitality scene that helps the local economy but at the same time oppose responsible holders of licenses from setting up establishments. More should be done to stop anti-social behaviour in the CBD caused by homeless and / or those with mental health / drug & alcohol problems."

"Use of alcohol in Wellington as a whole has neither a positive or negative outcome - the ability to have a beer with friends over lunch is a great way to encourage people to visit restaurants/bars, but at the same time the ease of accessing alcohol from dairies/supermarkets means that it is easy for people to abuse alcohol and create negative outcomes. It is both good & bad and in my opinion, solve & create different issues."

"I think alcohol is a contributor or enhancer of the issues that go on in central Wellington, but not the only problem. … certainly the footpaths are sticky on a weekend morning, and big groups spilling out of bars have been an issue for decades. However, the daytime issues with safety or general disorder in the central city, I think often involve folks who need a different kind of support or better accommodation options - alcohol is in the picture, but it's probably not the main problem."

This was tied again with comments which took a sociocultural perspective, focusing on factors such as mental health, housing, etc (n = 18). Examples include:

"I think context matters a lot and people who cause harm when intoxicated probably need other needs met (ie housing) rather than focusing on substance use."

"Women, youth, families, LGBTQ+ communities and Māori and Pasifika communities are most at risk of alcohol related harm"

"Many people feel the city centre is unsafe, especially for women. Groups of people loiter and seem to be intoxicated or on drugs. Getting these people off the streets and into safe places would have the biggest impact on reducing harm and improving the city centre."

"It's more obvious to see the negatives and see them out of context to the positives that alcohol consumption can bring. Alcohol is a contributor to violence but inherently poverty is a main driver. Alcohol and alcohol dependency can relate to economic status, and alcohol is used as a scape goat in many occasions for wider social and economic issues."

"For the most part, I don't think alcohol is the problem. It's when alcohol is combined with other situational factors, like drugs, preconceived hate towards minorities (women, LGBTQ, disabled), aggression, and homelessness, that violence occurs. And these usually occur on Courtney Place, rather than neighbourhoods."

There was some repetition of material addressed directly later in the survey, where respondents expressed a desire to reduce alcohol availability (n = 14) via adjusting opening hours or the number of premises. The next unique theme were comments that focused on the problems embedded in NZ drinking culture (n = 14), for example:

> *"I and people like myself often fail to see, refuse to acknowledge, or pretend not to see that there is a problematic culture of alcoholism in Wellington and New Zealand."*
>
> *"I am rather bias against alcohol as I hold the belief that New Zealand's drinking culture is the root of a lot of the problems we have socially, especially with how easy it is to get off-license."*

Some comments called for a more punitive appropriate, such as more policing or tougher penalties (n = 10), for example:

> *"I don't believe there is enough Police presence in the city. The behaviours and activity in relation to alcohol, in Wellington CBD is getting worse and there are NEVER police around."*
>
> *"It's up to an individual & it shouldn't be up to council to limit individual drinking, for those who do cause issue there should be harsher police punishment if harm/damage is caused and better support for mental health addictions for those who need it."*
>
> *"Licensing hours! I arrived to NZ in 2011 and was able to enjoy going out until past 6am. Once the laws changed and everything closed by 4am, that's when i noticed more trouble in town. Please consider extending licencing laws but also give the police powers to close venues by a certain time if their patrons do not behave. It would also inject some life in to the city again. We're a capital city so we have lots of tourists, adults should be able to party and dance all night long... we're not children!"*

There were a variety of comments received focusing young people (n = 10), homelessness (n = 10), or other drugs (n = 10) as they relate to alcohol harm. For example:

> *"Young people and homeless people cause the most damage where alcohol is concerned."*
>
> *"Alcohol abuse and the damage from it is most pronounced in Courtenay Place and with the street people community. Most people are responsible with alcohol, but the few who aren't cause impact far in excess of their numbers."*
>
> *"I think its important to consider that Wellington is a university town. People are going to binge drink and there will be harm but making it more restrictive will make more issues. I dont think you can say drinking positively or negatively impacts an area. Its just what people do. Certain people who become violent with alcohol are the issue, but not the alcohol inherently."*
>
> *"Alcohol use and vaping seem to go hand in hand, and the availability of vapes in town combined with alcohol may be increasing the level of harm particularly in bars were people can 'sneak vape' inside and share vapes around."*
>
> *"As with a lot of things, generally a minority of people cause the majority of harm or perception of harm. I observe a lot more people causing more frequent issues due to drug consumption, than the infrequent issues due to alcohol"*
>
> *"If cannabis was legal there would be less alcohol harm."*

Some respondents expressed concern about the risks and burdens of alcohol in general, especially on health (n = 9), for example:

"The impact of excess alcohol consumption on our hospital emergency dept (& health system) is huge."

"I am not in any doubt that alcohol is a poison - it literally burns the liver. There is no doubt that it contributes to road accidents and death. There is no doubt that is addictive. It is a disgrace that as a society we continue to revere alcohol, when in fact in contributes to family violence. self harm and illness both mentally and physically. It's sale in supermarkets and elsewhere is appalling. Everything possible should be done to discourage the use of alcohol, starting with banning all advertising, increasing the duty, public announcements by medically trained professionals and the police."

Some respondents highlighted the importance of remembering the social benefits of alcohol in Wellington (n = 8), for example:

"I think it's important not to demonize alcohol all the time, if you create say fun events like Cubadupa ,international cricket at the Basin - drinking does enhance the event, and as it is a positive event the negatives of alcohol consumption are not as prevalent/ able to be controlled by social expectations of others attending."

"I feel that alcohol availability adds to the fun and vitality that Wellington used to have especially when events like the rugby sevens were here."

"… The alternative hippy drinking culture of Wellington seems quite sophisticated. People actually interested in flavours and how things are made rather than looking to get smashed."

Some respondents expressed frustration with the lack of options and alternative venues in Wellington (n = 7), for example:

"A good range of alternatives that can keep our music, dance and restaurants afloat would be good. Many venues do not offer good alternatives."

"I am involved heavily in music. I hate how much of a grip the alcohol industry has on our music scene. There are no alternatives to playing in bars. No all ages venues. Wellington's nz music festival, homegrown is literally jim beams homegrown. Another thing I think about is glass collection. It's fascinating to me that we literally have a ratepayer driven service to clear up (mostly) the waste from People's alcohol consumption."

"I wish there were more places for adults to go and have fun, without the availability of alcohol. I went to [an indoor playground] in the Hutt which is for kids, but that would be awesome for adults! Clip and climb too."

"I believe there should be more 'non alcohol' related activities available."

Some respondents commented on the relationship alcohol has to Wellington businesses and hospitality (n = 7), for example:

"I am in the city centre, and I think that it is an important part of the city. It brings people together and helps to make money for small businesses."

“The hospo scene needs better support and engagement from the council as the least harm comes from these controlled spaces but they're blamed for all alcohol issues despite it being very obvious the issues come from public spaces”

“I don't think the culture is fantastic but in a loneliness epidemic it is one of the things that gets people out there socialising easier. It also creates work for sole traders e.g. uber.”

Some respondents commented on alcohol advertising (n = 6), for example:

“I think the amount of public advertising of alcohol (on billboards, at sports games, etc.) contributes quite a lot to the problem (it normalises buying alcohol and probably causes people to buy more than they otherwise would have).”

Finally, a few comments were received around the subjects of alcohol bans (n = 5), and the perception that the enforcement of licensed premises themselves needs to be stronger (n = 4). For example:

“Restrict off licenses and enforce liquor ban areas. Council also needs to really crack down on bars that enable excessive intoxication, especially in the visa, Courtney, and waterfront districts. Also PLEASE prevent alcohol brands from sponsoring public events! Home grown does NOT need to be sponsored by a spirits company”

“It would be great to get rid of the alcohol bans around the CBD. it forces people to consume alcohol in an anti social way rather than being a tool to bring vibrancy to our city.”

“Educate the people - better connect the people to help each other be the best versions of themselves (we are stronger together). Banning alcohol - although seems like a good idea only drives it underground and generates demand and higher profits”

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Perspectives on licensed premises

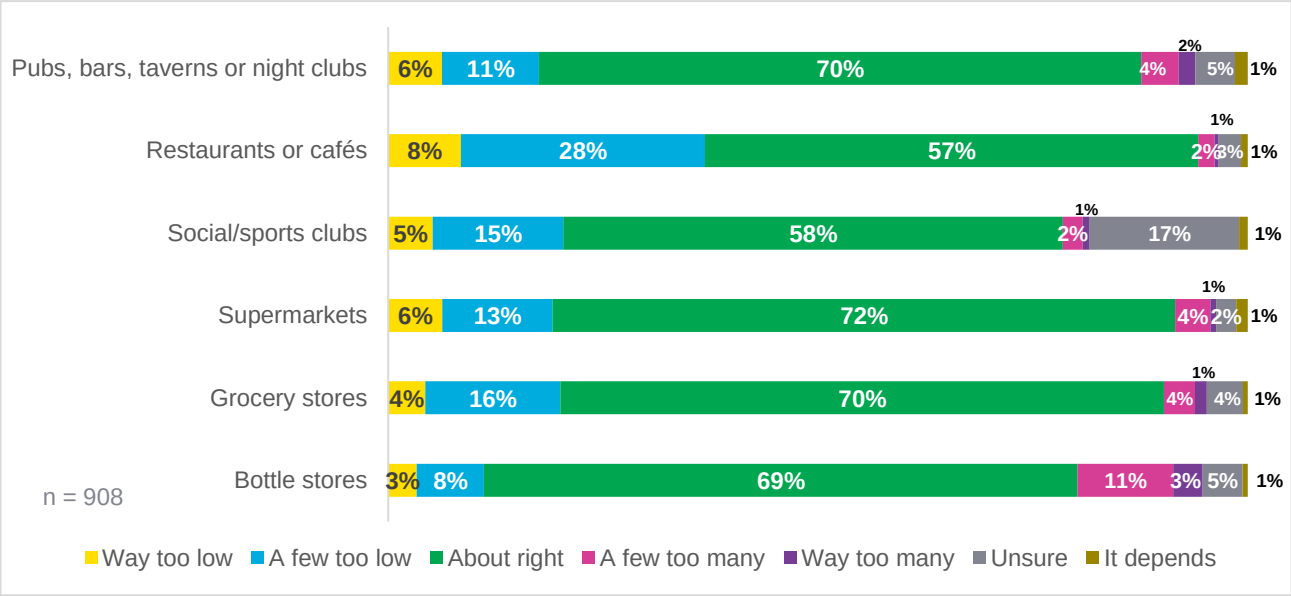
Number of premises

We asked respondents whether they thought the number of premises in their neighbourhood/across Wellington City was too low, too high, or about right.

In neighbourhood

First, we asked respondents about the number of premises in their neighbourhood.

Figure 37: Respondents' views on the number of premises in their neighbourhood



Note: Due to rounding, percentages may not add to 100%. All respondents received this question.

Overall, the majority of respondents felt that the number of premises in their neighbourhood is about right, for all premise types. (Note: We did not specify that these premises must sell alcohol, so this judgement may encompass for example, both licensed and non-licensed restaurants.)

There was a high proportion of respondents who said the number of bottle stores, grocery stores, supermarkets, and pubs/taverns/taverns/nightclubs is about right (around 70% each).

Restaurants/cafés had a notable proportion of respondents saying the amount is way too low/a few too low (36%), and social sports clubs had a high proportion saying they didn't know (17%), although for both of these premises, the majority of respondents still said the number was about right.

We asked respondents who answered 'it depends' to tell us more about what it depends on. 12 responses relevant to the question were analysed.

- 6 people gave unique answers, which were:

  "Johnsonville shopping precinct has become far less attractive over the past 25 years I've lived here. We have one small bar with a poor reputation, offering a poor experience. The other is the larger

main place, but it offers a pretty stale experience and drinks selection. When meeting friends, we often choose to go to Wellington CBD or to Khandallah. Johnsonville has so much potential for better bar and restaurant experience (not talking high-end, just better), and a huge catchment of people…"

"Highbury doesn't really have anything except for tracks, parks, and housing! I quite like it that way although a shop or café or restaurant or small tavern/pub would be fine, and I think it would be ok if small amounts of alcohol were available there. I would be very against a nightclub opening in Highbury!

"It's hard for businesses to attract non drinking customers. I'd love to see an alcohol free bar/dance club championed by WCC. Heaps of people would opt for this, women especially, and not just coz they opt for drugs rather than booze on a night out."

"Multiple licensed premises in a small area all owned by a single group/owner diminishes owner responsibility."

"My area is quite small, no need for more places" (Respondent lives in Churton Park)

Pubs etc - we have two, however one is too expensive. not a good option for many …" (Respondent lives in Karori)

- 3 people gave functional answers:

  "it depends on consumer demand"'

  "the market dictates how many venues are open moreso than Council"

  "depends on the type of alcohol and when sales can occur."

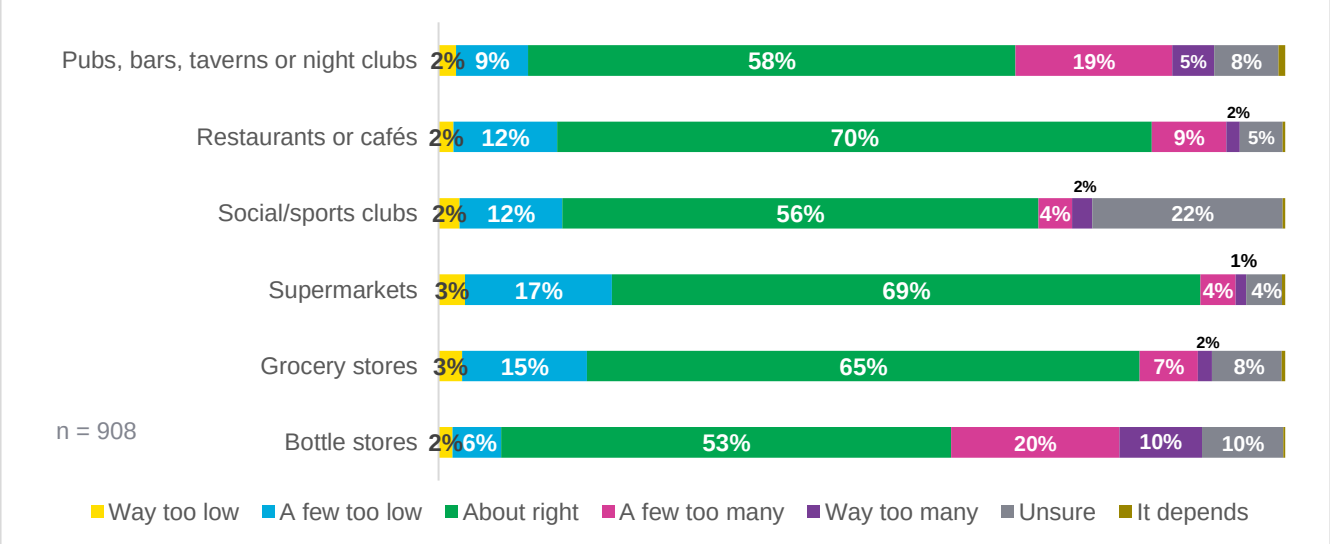
- 3 people told us that they live in the CBD, with one commenting:

  "I live smack-bang in the middle of the CBD – I don't necessarily think there should be fewer locations, ya know? But there's still an issue with alcohol use."

Across Wellington City

Next, we asked respondents whether they thought the number of premises across Wellington City was too low, too high, or about right.

Figure 38: Respondents' views on the number of premises across Wellington City



Note: Due to rounding, percentages may not add to 100%. All respondents received this question

Overall, the majority of people felt that the number of premises across Wellington City is about right, for all premise types.

About two thirds of respondents said that the number of grocery stores, supermarkets, and restaurants and cafés across Wellington City is about right (~66%). There was more uncertainty around bottle stores and pubs/bars/taverns/nightclubs, with 30% reporting that they think there are too many bottle stores, and 24% saying this for pubs/bars/taverns/nightclubs. There was a high proportion who said they weren't sure about the number of social/sports clubs (20%).

We asked the people who answered 'it depends' to tell us more about what it depends on. Of the comments received, 9 were relevant to the question and were analysed. These were:

- 7 people gave unique answers, which were:

  "Off licensed premises are allowed to be selling for too long of a period. Shortening their hours to make purchases a pre-planned event would slow down binge drinking and over consumption."

  "The number of bottle/grocery stores is about right for the city as a whole, but in the inner CBD a lot of these should be restricted in their sales of alcohol (e.g. dairies not selling alcohol, or the number of dairies able to sell alcohol reduced)."

  "There aren't enough gay bars, I don't feel comfortable in straight clubs so don't know about them."

  "I don't think the number of them is the issue. It's the way they are run that matters."

  "Depends on hours of operation, how responsible they are."

  "The number of these fluctuates frequently, so hard to say."

  "That's rather a blanket statement - there are too many in some areas, maybe not enough in others - just depends where and the demographic of the area in question."

- 2 people gave functional answers, which were "*the market"* and *"depends on consumer demand".*

Subgroups analysis

We then looked at subgroups to see if there were demographic differences between groups in terms of their views towards the number of premises in their neighbourhood/across Wellington City (see Table 29). Significant differences were found between groups by gender, age, ethnicity, ward, drinking status, disability status, and for current drinkers by AUDIT-C risk (vs other risk bands). For the following section, a few/way too low/many are combined into simply "too low" and "too high" (changed from 'too many' to fit the sentence structure). The most notable results were:

Views towards number of premises in respondents' neighbourhood

- Ward
  - Around 3 in 10 Western ward respondents said the number of pubs/bars/taverns/nightclubs in their neighbourhood is too low (29%). They were around twice as likely to say this as respondents from other wards (14%).
  - Over half of Western ward respondents said the number of restaurants or cafés in their neighbourhood is too low (54%). They were one-and-a-half times as likely to say this as respondents from other wards (32%).
  - Western ward respondents were less likely than respondents from other wards to say the number of bottle stores in their neighbourhood is too high (8%, vs 16%).
  - Around a quarter of Central ward respondents said the number of social/sports clubs, as well as supermarkets in their neighbourhood is too low (respectively: 28%, 27%). The proportion that said this was 10 percentage points higher than for respondents from other wards (respectively: 18%, 17%).

- Drinking status
    - Around 1 in 6 non-drinkers said the number of pubs/bars/taverns/nightclubs in their neighbourhood was too high (16%). They were around three times as likely to say this as respondents who currently drink (5%).
    - Around a third of non-drinkers said the number of bottle stores in their neighbourhood is too high (30%). They more than twice as likely to say this as respondents who currently drink (12%).

Views towards number of premises across Wellington City

- Ward
    - Almost a third of Central ward respondents said the number of supermarkets across Wellington City is too low (31%). They were around one-and-a-half times as likely to say this as respondents in other wards (18%).
- Ethnicity
    - A fifth of Māori respondents said that the number of pubs/bars/taverns/nightclubs across Wellington City is too low (20%). They were twice as likely to say this as non-Māori respondents (10%).
    - Around a quarter of Māori respondents said the number of restaurants or cafés across Wellington City is too low (27%). They were around twice as likely to say this as non-Māori respondents (13%).
- Drinking status
    - Respondents who currently drink were three times as likely as non-drinkers to say that the number of pubs/bars/taverns/nightclubs across Wellington City is too low (12%, vs 4%), and four times as likely to say the number of bottle stores is too low (8%, vs 2%).

Table 29. Subgroups with significant differences in respondents' views on the number of premises in their neighbourhood

Premises	Significantly more likely to rate a few/way too low Subgroup % response	Significantly more likely to rate about right Subgroup % response	Significantly more likely to rate a few/way too many Subgroup % response
Pubs, bars, taverns or night clubs	Western ward (29%) *Overall sample: 18%*	Age 60+ (80%) *AUDIT-C low risk (77%)* *Overall sample: 70%*	Non-drinker (16%) Central ward (13%) *Overall sample: 6%*
Restaurants or cafés	Western ward (54%) *Overall sample: 37%*	Southern ward (69%) *Overall sample: 57%*	N/A *Overall sample: 2%*
Social/sports clubs	Age 18-29 (31%) Central ward (28%) *Overall sample: 20%*	Age 45-59 (68%) *Overall sample: 58%*	Disability/access need (11%) *Overall sample: 3%*
Supermarkets	Central ward (27%) *Overall sample: 19%*	Age 18-29 (83%) *Overall sample: 72%*	N/A *Overall sample: 5%*
Grocery stores	Age 18-29 (27%) *Overall sample: 20%*	N/A *Overall sample: 70%*	Age 60+ (10%) *Overall sample: 5%*
Bottle stores	*AUDIT-C increasing risk (30%)* *AUDIT-C high risk (24%)* *Overall sample: 11%*	Southern ward (79%) Current drinker (72%) *Overall sample: 69%*	Non-drinker (30%) Disability/access need (26%) *Overall sample: 15%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Unsure' and 'it depends' not reported.

Table 30. Subgroups with significant differences in respondents' views on the number of premises across Wellington City

Premises	Significantly more likely to rate a few/way <u>too low</u> Subgroup % response	Significantly more likely to rate <u>about right</u> Subgroup % response	Significantly more likely to rate a few/way <u>too many</u> Subgroup % response
Pubs, bars, taverns or night clubs	Current drinker (12%) *Overall sample: 11%*	N/A *Overall sample: 58%*	Disability/access need (40%) Non-drinker (37%) *Overall sample: 23%*
Restaurants or cafés	Māori (27%) Male (18%) *Overall sample: 14%*	Female (76%) *Overall sample: 70%*	N/A *Overall sample: 10%*
Social/sports clubs	Aged 18-29 (23%) *Overall sample: 15%*	Aged 45-59 (65%) *Overall sample: 56%*	N/A *Overall sample: 6%*
Supermarkets	Central ward (31%) Aged 18-29 (29%) Male (26%) *Overall sample: 20%*	Western ward (80%) *Overall sample: 69%*	N/A *Overall sample: 5%*
Grocery stores	Central ward (26%) *Overall sample: 18%*	N/A *Overall sample: 65%*	N/A *Overall sample: 9%*
Bottle stores	Current drinker (8%) *Overall sample: 7%*	Current drinker (56%) No disability/access need (55%) *Overall sample: 53%*	Disability/access need (46%) Non-drinker (45%) *Overall sample: 30%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

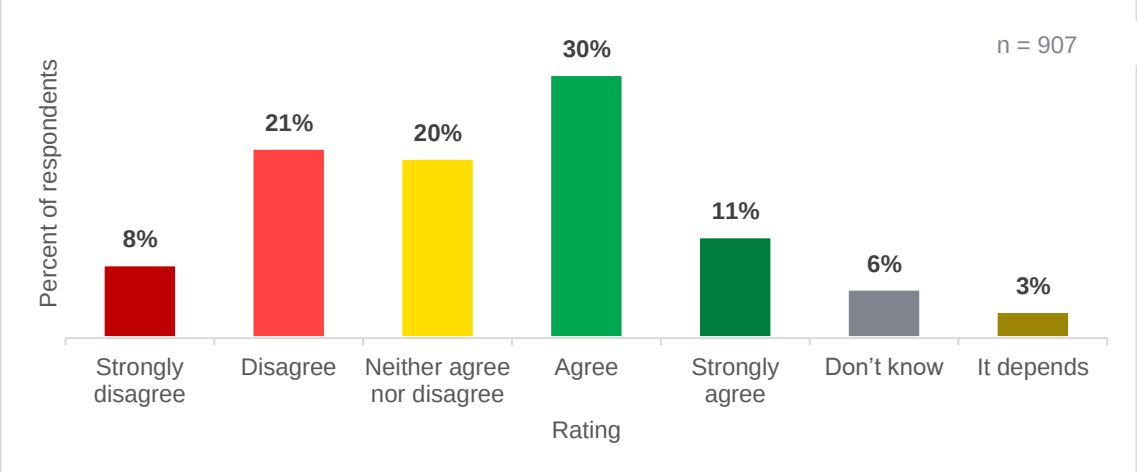
Limit on number of licensed premises

Next, we asked about respondents' views on limiting the number of licensed premises in their neighbourhood/across Wellington City. First, we asked the following:

"We do not currently have a limit on the number of licensed premises anywhere in Wellington City. Do you think there should be a limited number of licensed premises in your neighbourhood?"

In neighbourhood

Figure 39. Respondents' agreement with limit on number of premises in their neighbourhood



Note: n = 1 who preferred not to say was removed. Due to rounding, percentages may not add to 100%.

Respondents were split on whether there should be a limit on the number of on-licensed premises in their neighbourhood. There was more agreement than disagreement (41% agreed or strongly agreed, 30% disagreed or strongly disagreed, 20% neither agreed nor disagreed). The remaining 9% said they didn't know, or that it depends.

We asked respondents who answered 'it depends' for **their neighbourhood** to tell us more about what it depends on. Of the comments we received, 29 were relevant to the question and were analysed. These were:

- 14 people said that it depends on the type of venue, with some tendencies towards the following: yes to a limit on bottle stores (n = 6), no to a limit on restaurants (n = 5), and mixed opinions on whether pubs/bars should be limited or exempt. For example:

  "The type of venue. I don't think there's an upper limit on the number of restaurants, for example, and I think they should be able to sell drinks. I do think there should be a limit on the number of venues that primarily exist to sell alcohol though (such as pubs and bottle stores)."

  "I don't mind if there are more small, quiet places which don't encourage people to drink too much (e.g. niche cocktail bars). But there should be more limits on big places where people drink a lot and cause trouble (e.g. some of the big bars on Courtney Place). Maybe some kind of limit which would be harsher on places selling cheap alcohol in high quantities."

  "Don't blanket legislate. Make good decisions on type of license. Off- versus on- licence bar/club/restaurant. BYO versus on-site sales"

  "It depends upon the balance. I wouldn't support limiting the number of eat-in cafés and restaurants. I do support limiting the number of off-licenced suppliers."

  "Restaurants/cafés where food is served with alcohol shouldn't be limited. However, pubs/bottle stores should be."

  "Bars and restaurants would be okay. Bottle stores are a no from me."

  "Pubs and bars are ok, but I think there are far too many night clubs"

- 6 people gave a response about their specific neighbourhood (with most saying the licence number was fine) which were:

  "My neighbourhood is small, I can't imagine how anyone would make money starting up extra premises, it wouldn't be financially viable." (Respondent lives in Highbury)

  "The current number of licensed premises in Karori is not excessive in my view. I should say that there are adequate outlets to provide competition as there does not appear to be any proposed new licensed premises in the two villages.

  "Yes to limits, but in this case Johnsonville has too few. I do not want to simply answer "agree" having my answer twisted to imply there should be restrictions to the current situation."

  "I would like no licenses in my neighbourhood." (Respondent lives in Wadestown)

  "i like the cafés bars and restaurants in my neighbourhood and i think they add to the character and liveliness of the suburb. I wouldn't like there to be a huge change." (Respondent lives in Melrose)

  "… it probably depends on the nature of the place in question. Not a lot of places to put anything else so there's probably a natural limit anyway." (Respondent lives in Khandallah).

- 2 people gave a harm reduction focused answer:

  "[It depends on] how much harm is coming from existing premises, particularly if the existing non-compliant alcohol sellers are wanting to expand. [It also depends on] whether gambling is also going to be present, e.g. pokies/alcohol outlets should be considered together"

  "Poor areas have a higher ratio of pubs/bars/bottle stores and TAB venues, to address equity and harm reduction, WCC should limit such venues, it shouldn't be determined by locals, as not all areas have equal access and participation in their local suburbs."

- 2 people said it depends on the management of the establishment:

  "Depends on management, ethos of establishment. No more [high risk on-license] type places. Trashy and pump people full of booze and take no responsibility for them. Plus younger people are drinking less. Older people can be the most problematic to be fair. Entitled and a lot are alcoholic"

  "Not sure that the number is the criteria but the way it is operated should be. …"

- 4 people gave other unique answers, which were:

  "[It depends on] whether it makes the price of everything go up further."

  "There should be a restriction on licenses held by a single owner/group in close proximity - multiple premises are not a problem, but multiple venues controlled by a single group/owner causes a lack of responsibility across the individual venues."

  "Alcohol is sold freely at supermarkets, so alcohol is readily available from lots of places."

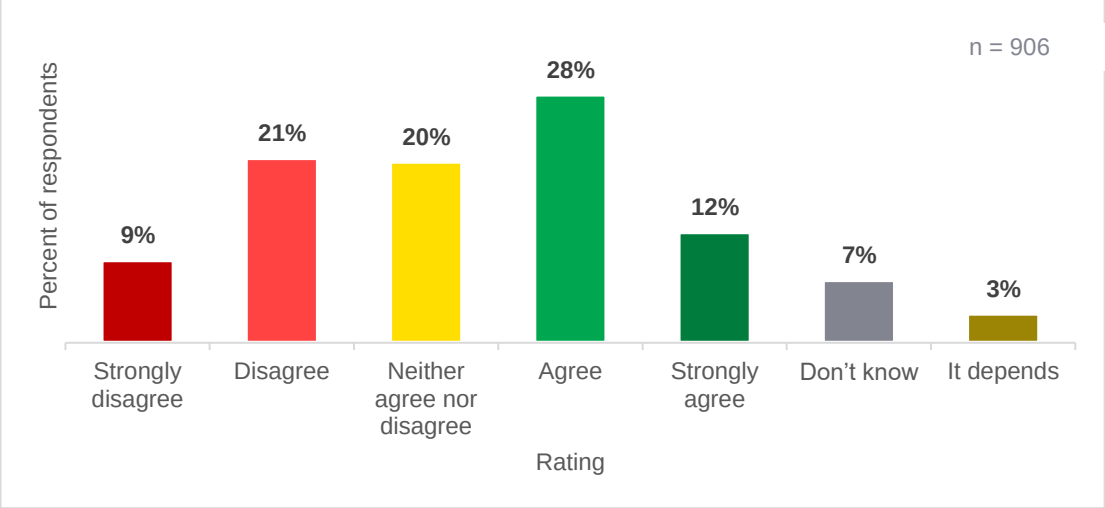
  "… There is always trouble at licensed premises. Always. Banging doors, drinking driving, shouting, noise. Keep the drinking in townships not in suburbs. Forgot to say a couple of questions back - drunks on trains and buses an issue."

Across Wellington City

We then asked respondents: "Do you think there should be a limited number of licensed premises across Wellington City?"

Answers received on whether there should be a limited number of licensed premises across Wellington City were very similar to those received for respondents' neighbourhoods. Although views were split, there overall was more agreement than disagreement (40% agreed or strongly agreed, 30% disagreed or strongly disagreed, and 20% neither agreed nor disagreed). The remaining 10% said they didn't know, or that it depends.

Figure 40. Respondents' agreement with limit on number of premises across Wellington City



Note: n = 2 who answered 'prefer not to say' were removed. Due to rounding, percentages may not add to 100%.

We asked respondents who answered 'it depends' for **across Wellington City** to tell us more about what it depends on, then analysed the comments we received. There were 27 answers relevant to the question:

- 11 people said that it depends on the type of venue, with a tendency towards being willing to limit off-licence (n = 5) vs on-licence (n = 3), for example:

"The type of venue. I don't think there's an upper limit on the number of restaurants, for example, and I think they should be able to sell drinks. I do think there should be a limit on the number of venues that primarily exist to sell alcohol though (such as pubs and bottle stores)."

*"I believe that the CBD & out*er neighbourhoods, as well as on/off licensed premises, should be treated differently. The number of *off-license premises in CBD should be restricted, whereas the number of bars/cafés shouldn't be."*

Depends on the type of premises. Too many places where alcohol is the primary focus of the establishment (e.g., night clubs) seems to be more of an issue than cafés, restaurants, etc. Also depends on location - I see the most harm in Central Wellington (particularly areas like Courtenay Place where I see harmful behaviour most nights I am in the area).

"Type and distribution. Over-concentration of nightclubs on Courtenay Place can be problematic while some parts of the city would really benefit from more local pubs and restaurants."

"No limit for on licence, limited number for off licence"

- 4 mentioned that it depends on the time of day or opening hours, rather than the number of outlets, for example:

  "Not sure if its the number of outlets that is important, or the regulations on how they operate - for example, what time of the day/night they are open, and how much they are allowed to sell to any one person."

  "Does seem to be more than the market needs potentially, but IMO most of the alcohol related issues in town are caused by pre loading and the bars/clubs being open too long. No one needs to stay out all night drinking."

- 2 people weren't sure, with 1 saying:

  "This is difficult, I'm not exactly sure what this could mean for our hospitality industry."

- 12 people gave other unique answers, which were:

  "[It depends on] how close you are to the central city/community/suburb size."

  "[It depends on] the nature and history of the specific area, the past history of the proprietor, the nature and type of establishment."

  "[It depends on] whether the price goes up"

  "[It depends on] how many people are available to regulate them"

  "[It depends] on the control, if their focus is on providing cheap alcohol at all hours then not helpful."

  "[It depends on] how much harm is coming from existing premises, particularly if the existing non-compliant alcohol sellers are wanting to expand. On whether gambling is also going to be present e.g. pokies/alcohol outlets should be considered together"

  "[The limit should be a] fixed ratio of the population"

  "Link it to alcohol enabled precincts, not to urban centres."

  "Competition among the various types of licensed premises in the city appears to be adequately preventing an excess of these. The opening of a new one seems to be counterbalanced by a closure."

  "…Depends on where they are clustered and why? And who the fk decided. So where I live there's only one. U go to poorer suburbs and they're on every corner. Why is that? Why are they near schools in poorer suburbs yet in my suburb it would cos the whole neighborhood to be up in arms? Why do u think that is?"

  "Depends on whether it's a restaurant, a bar, the location of things relative to the rest of the neighbourhood, etc. … We're lacking those good central gathering spaces anyway, and that's less about drinking and more about a lack of pedestrian-only areas with well-lit shared spaces between restaurants or bars, so that the places people interact are narrow travel-routes rather than comfortable gathering-places - I don't think the number of licensed premises is as big a deal as where they're placed and how they interact with the neighbourhood and each other."

"Wellington has the most beautiful harbour and coastline, there are very few restaurants, cafés or breweries that have a view over the sea. To open a new licensed premises in areas with views of the city/sea/harbour is virtually impossible, which is ridiculous if we are genuinely sincere about making Wellington a magnificent destination for visitors and even better for locals. … Well run restaurants, cafés and breweries dotted around the harbour and coast would greatly enhance the city and shine light on many dark areas at night, as well as bring further and enhance the visitor experience."

Subgroups analysis

We then looked at subgroups to see if groups significantly differed in their views towards a limit on the number of premises in their neighbourhood/across Wellington City (see Table 31 on next page). Significant differences were found between groups by age, gender, ethnicity, ward, disability status, drinker status, and for current drinkers by AUDIT-C risk (vs other risk bands). The most notable results were:

Views towards limiting the number of licensed premises in respondents' neighbourhood

- Groups that were significantly more likely to **agree** with a limit in their neighbourhood were non-drinkers, respondents with a disability/access need, respondents aged 60+, and current drinkers with an AUDIT-C score in the low-risk band (vs higher bands).
    - A majority of non-drinker respondents agreed with a limit on the number of licensed premises in their neighbourhood (60%). They were almost twice as likely to say this as current drinker respondents (38%).
    - A majority of respondents with a permanent disability or access need agreed with a limit on the number of licensed premises in their neighbourhood (58%). They were almost one-and-a-half times as likely to say this as respondents without a permanent disability or access need (38%).
    - Around half of respondents aged 60+ agreed with a limit on the number of licensed premises in their neighbourhood (52%). This was 14 percentage points higher than for respondents under 60 (38%)
    - Around half of current drinker respondents with an AUDIT-C score in the low-risk band agreed with a limit on the number of licensed premises in their neighbourhood (48%). They were more than twice as likely to say this as current drinker respondents with a score in a higher band (22%)
- Groups that were significantly more likely to **disagree** with a limit in their neighbourhood were current drinkers with an AUDIT-C score in the high or increasing risk bands (vs other bands), Central ward residents, men, Europeans, and current drinkers.
    - Combining current drinker respondents with AUDIT-C scores in the high and increasing risk bands due to their similar answers, around half disagreed with a limit on the number of licensed premises in their neighbourhood (52%). They were more than twice as likely to say this as current drinker respondents in the low-risk band (22%).
    - Around two fifths of Central ward respondents disagreed with a limit on the number of licensed premises in their neighbourhood (39%). They were around one-and-a-half times as likely to say this as respondents from other wards (27%).

- Over a third of male respondents disagreed with a limit on the number of licensed premises in their neighbourhood (36%). They were one-and-a-half times as likely to say this as female respondents (24%).
- About a third of respondents who currently drink disagreed with a limit on the number of licensed premises in their neighbourhood (32%). They were more than twice as likely to say this as non-drinkers (12%).

Views towards limiting the number of licensed premises across Wellington City

- The pattern of subgroup differences for across Wellington City was also similar to that of the answers received for respondent's neighbourhoods (that is, all percentages for subgroup differences for views on a limit in Wellington City were within 2% of their respective percentages for views on a limit in the neighbourhood).

Table 31. Subgroups with significant differences in respondents' agreement with limit on the number of premises in their neighbourhood/across Wellington City

Location	Significantly more likely to <u>disagree / strongly disagree</u> with a limit on premises Subgroup % response	Significantly more likely to <u>neither agree nor disagree</u> with a limit on premises Subgroup % response	Significantly more likely to <u>agree / strongly agree</u> with a limit on premises Subgroup % response
In my neighbourhood	*AUDIT-C high risk (54%)* *AUDIT-C increasing risk (51%)* Central ward (39%) Male (36%) European (32%) Current drinker (32%) *Overall sample: 30%*	N/A *Overall sample: 20%*	Non-drinker (60%) Disability/access need (58%) Aged 60+ (52%) *AUDIT-C low risk (48%)* *Overall sample: 41%*
Across Wellington City	*AUDIT-C high risk (57%)* *AUDIT-C increasing risk (49%)* Central ward (40%) Male (34%) Current drinker (32%) *Overall sample: 30%*	N/A *Overall sample: 20%*	Non-drinker (60%) Disability/access need (58%) Aged 60+ (52%) *AUDIT-C low risk (46%)* *Overall sample: 40%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Free text

We asked respondents to optionally explain their views towards limiting the number of licensed premises in an open text box. 237 people wrote comments explaining their views. Because the text box directly followed the questions about a limit across Wellington City, answers have been analysed and grouped based on people's previous answers to this question.

Reasons for agreeing with a limit on the number of licensed premises

We analysed reasons why people agreed with limiting the number of licensed premises. 86 people responded, and of these, 80% were current drinkers (vs. 87% in the overall sample). The proportion of respondents who wrote a comment, of those who agreed with a limit across Wellington City, was 23% (86/373). 86 responses relevant to the question were analysed.

Table 32: Free text – Reasons for agreeing with a limit

Reason	Number of responses that mentioned this
Harm reduction	57
More accessibility to alcohol = more harm	24
Negative effects of alcohol on health and society	14
A limit could combat predatory tactics from retailers - i.e. there are more licensed premises in deprived socioeconomic areas	9
Alcohol is too visible/normalised, e.g. should encourage other types of venues	5
Would reduce altercations, violence, rowdiness/public drunkenness, make surroundings more enjoyable	5
Would limit consumption to safe places, ensure only quality establishments that take care of patrons get to remain open	2
To keep control / balance, limit the amount purchased	11
Would be easier to manage	5
Other unique response	15
Comment on a specific premise type	3
Concern about young people	3

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

An idea which was common to almost all responses from respondents who agreed with a limit on the number of licensed premises, was that alcohol has a negative effect on society, and that decreasing its availability will subsequently decrease harm. Some, but not all people stated this explicitly. The most common reason to agree with a limit was to reduce harm in some manner (n = 57). There were several subthemes commonly mentioned:

… the explicit belief that greater accessibility to alcohol results in more harm, and/or that there are already too many premises (n = 24). For example:

> *"Basic statistics, if there is a greater number of locations with accessible alcohol, then there is a higher probability of alcohol-related issues."*
>
> *"Supply relates to consumption, which in turn is correlated with harm."*
>
> *"Because the more there are, the more crime there is."*
>
> *"I think alcohol is too widely available, leading to under age drinking and binge drinking"*
>
> *"Limiting numbers of licensed premises in areas such as the centre of town could be beneficial in reducing alcohol related harm"*
>
> *"We don't need alcohol stores on every street corner!"*

… the negative effects of alcohol on health and society (n = 14) For example:

> *"Alcohol remains one of if not the most damaging drug in this country, that especially damages the poor and vulnerable."*
>
> *"Alcohol is very widely available and causes significant harm in our communities."*

"Alcohol is accompanied with pokie machines, inflated prices, poor service and little entertainment value."

"No limit means the number licensed premises depends entirely on business profitability, and no consideration for public harm."

"[I agree with a limit for the] same reason I don't want the degrees of casino density and centrality of Australia. Potentially addictive goods and services being kept somewhat restrained on the supply side is sensible where those addictions produce negative externalities."

"[I agree with a limit] to create a safer and healthier Wellington - reduce the harm that alcohol creates in all avenues of society."

… a view that alcohol retailers unfairly target vulnerable communities, and that a limit could help combat this (n = 9). For example:

"Some lower socio economic areas have far more liquor stores than hataitai does and it's unfair targeting of vulnerable people"

"Licensed premises in deprived areas are predatory in terms of targeting those people so there should be limits in that sense."

"I think we need to consider not just the number but particularly location. The highest numbers are always in our lower socio economic communities. This is bad and wrong!"

"Easy access to alcohol for those who are dependent, and in areas where they target certain groups - reducing access is likely to reduce harm at home and on the streets."

Some other minor sub-themes of 'harm reduction' included:

… that alcohol is too visible and normalised (n = 5), for example:

"You make it acceptable by making it available everywhere all the time."

"There are nearby schools and colleges and selling alcohol in those regions will affect the lives of the students."

"[I agree with a limit] just to limit the number of the same type of venue. It would be good to encourage other types of social activities and not associate being social with alcohol so much."

"Having fewer/limited licenced places might make space for places that aren't alcohol related, e.g. activities like mini golf or coffee shops etc, more things to do would encourage people to try things other than alcohol related activities"

…that a limit would reduce altercations/public rowdiness, make surroundings more enjoyable (n = 4), for example:

"Fewer licensed premises might be helpful in cutting back the number of drunks in public."

"[A limit] will reduce altercations and domestic violence"

… that a limit would limit licences to only good/responsible premises which take care of patrons (n = 2), which were:

"Most of the critical harm from alcohol (publicly, domestically it's another story and usually begins and ends at home) occurs in the CBD. Limits on how many premises have licenses based on the quality they provide and ability to show care and consideration for their patrons and those who might be impacted by their patrons once they leave would be essential."

"While the limit number should not be too strict, a limit in numbers across a certain area can help with binge drinking while maintaining quality across each location."

The next most common reason for agreeing with a limit was to keep control or balance (n = 11), with some mentioning that they think a limit is a simple tool that would make alcohol easier to regulate (n = 5). For example:

"Balance is important for an enjoyable CBD"

"Limiting the number of premises is a simple regulatory tool that everyone understands"

"Easier to manage (spot checking licence is being managed appropriately etc)"

"Authorities can have greater control to limit intoxication and therefore crime"

A few comments were also received on specific premise types (n = 3) and concern about young people (n = 3). These were:

"some neighbourhoods are well serviced with licenced premises, others are not. It is probably fair to say some neighbourhoods are oversupplied by licenced premises, particularly in close proximity to schools, childcare and places of worship which can cause prejudice and social problems."

"Young people do not need a proliferation of alcohol outlets selling cheap booze."

"There are so many places for young people to get alcohol already eg rugby clubs, supermarkets and bottle stores. I suspect excessive drinking is more of a problem for young people, so we don't need more places selling alcohol and the ones we have must check people's ages."

"I would like to see alcohol taken OUT of supermarkets"

"I think we need to stop giving licences to the small grocery stores that are just dairys pretending to be grocery stores for the purposes of the Act"

"There seems to be sometimes more issues around bottle store selling with hard liquor than with supermarkets."

Other unique responses (n = 15) included:

"Cars allow picking up alcohol from almost any distance, if wanted."

"Some owners have multiple bars - unnecessary. One bar, one owner on premises."

"Some neighbourhoods have too many, others have none… my concern with none is people driving around to buy alcohol and consume it… my concern with too many is too accessible. It's a fine balance. I believe education is a better option."

"The number should relate to the residents and the expected number of visitors."

"If prices are allowed to be set by operators then many licensed premises encourages the lowering of prices to the point where it is easy to drink too much. So the limit on shops is less about the number and more a way to discourage aggressive price undercutting."

"It makes no sense to have clusters of off-licence premises so there should be no more the 1-2 per neighbourhood"

"None of this matters - the issue in NZ is enforcing the rules. It's all well and good to have rules, but it takes seconds for people to understand that empty threats are part of the legacy here, so it really doesn't matter"

Reasons for disagreeing with a limit on the number of licensed premises

We analysed reasons why people disagreed with limiting the number of licensed premises. 96 people responded, and of these, 90% were current drinkers (vs 87% of overall sample). The proportion of respondents who wrote a comment, of those who disagreed with a limit across Wellington City, was 35% (96/275). 96 responses relevant to the question were analysed.

Table 33: Free text – Reasons for disagreeing with a limit

Reason	Number of responses that mentioned this
Council shouldn't intervene in the market	34
A limit stifles competition/growth – want to encourage more and varied types of venues	10
Demand should dictate the number of venues / the market will sort itself out based on the success of businesses	8
A limit takes away customer choice	4
A limit would impede legitimate / 'good' businesses	2
Would lead to oligopoly/monopoly, increased prices	2
Would lead to unlicensed black market	1
A limit will result in more harm	18
On-licensed premises are safe and controlled places to drink / harm is happening in private spaces	9
More licences distribute harm – less licences would concentrate harm	4
Will result in drink-driving to get to premises	2
Won't be effective to reduce harm / needs more evidence / doesn't make sense etc	15
The number of licensed premises isn't the problem	14
It's about society's drinking culture	3
It's about the specific qualities of each premise	3
It's about where harm is happening	2
It's about the enforcement of rules	2
It's about the time of day that people can get alcohol	1
It's not a big issue / there are other priorities	9
Alcohol is important to the city's vibrancy / economy	7
Other unique response	7
Licences should be issued on a case-by-case basis	4
Disagrees generally (no further details given)	3

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common answer was a view that Council shouldn't intervene in the market (n = 33) For some, this was a general opposition to Council's involvement, for example:

> *"Not your core business."*
>
> *"I don't think local government should be regulating things like that"*
>
> *"Because it is purely a personal choice if one chooses to frequent licensed premises and no elected institution has the right to restrict personal choice"*
>
> *"Obviously I think an extreme number of licensed places would be a problem (e.g. 10,000 in Miramar). I don't know enough to talk about a hard limit, but the idea that private businesses could be disallowed due to a licensing limit sounds like overreach."*
>
> *"Why does the council want to limit business selling alcohol? If people want to come to our city to celebrate and enjoy life, or for a business to take a risk and open, the council shouldn't be getting in the way of this. If someone wants to sell alcohol to other adults. That should be up to them. Not the council to decide who can and can't. It doesn't create a very competitive business landscape."*

Many people elaborated, giving answers expressing concern over the idea of a limit with reasoning based in a range of market-based themes. These included the importance of competition to allow for new and innovative venues, the importance of customer choice, and the self-regulation of the market by way of demand, and concerns about oligopolies / black markets, among other things. For example:

> *"Politicians and public servants don't know any more than anybody else how many of any kind of business should exist. Allowing more businesses, means some will fail, some will become better, some will thrive. It is inappropriate to hinder competition in alcohol sales."*
>
> *"It should be up to individual businesses to determine whether there is a market for their product (food, entertainment etc..) and NOT dictated by Wellington Council or central government. Current rules regulating licences are appropriate and work when done in consultation with police and social organisations (NGOs etc...). Advice to WCC should be to 'tread carefully' when considering placing additional restrictions on F&B establishments. The CBD is dying already"*
>
> *"It is not up to WCC to determine market forces. In fact, WCC cannot be trusted to determine the number of licenced premises as they will apply ideology rather than logic and reason. This evidenced by the way WCC handles, and opposes, any new or renewal of bar licences. The WCC should stick the maintaining core services and infrastructure - a task they are miserably failing at for years."*
>
> *"The public will vote with their feet if they do not wish to frequent an establishment."*
>
> *"The market can decide if so few or many premises can survive based on revenue. Self economic regulation is enough."*
>
> *"Limiting numbers just causes entrenched business to gain an unfair advantage. You want to clean up the CBD, then do it by policing drunks and punishing premises that break the rules."*

Some people said that they thought a limit on the number of licensed premises would result in more harm (n = 17). The most common explanation for this (n = 9) was that on-licensed premises are safe and controlled places to drink, or that more harm happens in uncontrolled private spaces, for example:

"Licensed premises are so so important for providing safe spaces to consume alcohol and socialise. Look at what happened in Dunedin when they closed the student bars? Flat parties became the only option and are way less safe than drinking at a bar."

"Licenced premises often have the ability to reject people from drinking too much more, as well as providing new social areas where social pressure can help to prevent people from drinking"

"Off-licences should be HEAVILY limited because they cause the most harm. On-licences should be ENCOURAGED because they allow for alcohol consumption in a safe and controlled environment."

Some people (n = 4) also talked about how having a higher number of licences distributes harm, whereas a restricted number would result in concentrated areas of harm or a higher risk of altercation:

"If there were more licensed premises the concentration of harm would be diluted"

"If u put too many drunk people in one area more likely for altercations, more venues more places to disperse"

"Less watering holes means the few that exist will be over-crowded. If there are limited numbers, then there will be a mass of bored and drunk people lingering in the streets in queues. This happened in Palmerston North when The Daily bought the other clubs in town and it's been a hostile environment ever since."

Two people also talked about how they believed it would result in drink-driving to wherever alcohol is available, saying:

"Limiting numbers won't work. Never has worked anywhere in the world. People just drive to where it is available, thus making the problem worse with drunk driving. Better for alcohol to be available close to where people leave. Use other methods (like education) to moderate drinking habits."

"People will find alcohol if they want it. Reducing the amount of alcohol suppliers will only increase the chance of drunk driving"

Some said that they disagreed (or weren't sure) that a limit would be effective to reduce alcohol consumption or alcohol-related harm (n = 14), for example:

"I don't believe council setting a limit on the number of licensed premises is the best or even an effective way to deal with alcohol related harm"

"Limiting the number of licensed premises does not effectively limit alcohol use. It merely makes it more inconvenient for normal people."

"Problem drinkers are going to drink regardless of licensed premises because they get their alcohol from off-licence locations typically. You can't afford to drink significantly at a licensed location."

"It would be good to know what the purpose of the restriction is. In a high density housing area then there are regulations for being outside / late night etc. In a built up area there's a requirement for more varied and interesting establishments. Does the number of venues equate to more alcohol issues?"

Some said that the number of licensed premises isn't the problem – with some saying that the problem is something else (n = 13). Within this theme, there were several subthemes, i.e., the problem is society's drinking culture (n = 3), the problem is the specific qualities of each premise (n = 3), the problem is where the harm is happening (n = 2), the problem is the enforcement of the rules (n = 2), and the problem is the time of day people can get alcohol (n = 1). These included comments like:

"It's more a matter of where things are concentrated, e.g. Courtney Place, rather than the total number."

"Limits should not be put on the number of licenced premises, rather the restrictions should be around WHERE these premises are located"

"Licences themselves do not create harm, how alcohol is sold and consumed does."

"Limiting numbers doesn't control the quality or impact of those that are there."

"It's more about the type (quality / vibe?) of venue then limiting the total number."

"The problem is society, not alcohol."

Some comments made mention of the importance of alcohol to the city's vibrancy / economy (n = 7). These included comments like:

"Wellington needs more bars cafés restaurants and nightclubs. It's the vibrant atmosphere that the venues provide that makes Wellington such a great place live work or study"

"Wellington city is feeling a bit dead with businesses closing down, anything to encourage more work and employment is a good idea. I encourage more venues that can make noise so musicians can make money and people can enjoy this side of Wellington. Our culture has become a bit bland with all the rules around noise etc. Courtenay place isn't very attractive because it feels unsafe."

"… we are supposed to be a vibrant city and hospitality is always something that helps to maintain that standard. It gives jobs to people who need jobs, and it makes the city attractive to visitors when you have a great nightlife or even lunch culture."

"I enjoy having a beer or wine with my meal - I drink responsibly & don't drive if I am drinking - having a variety of cafés & restaurants is what makes Wellington great"

Other unique comments (n = 7) included comments such as:

"I think it is right to regulate the number of pubs etc in the suburbs to but not limit then in the city centre."

"Seems silly to have a specific number, it would need to be constantly changed as the population changes."

"This is a public health issue, not an opinion issue"

"If there were restrictions on numbers of places, more places would be unlicensed rather than less places existing."

Reasons for neither agreeing nor disagreeing with a limit

We analysed reasons why people neither agreed nor disagreed with limiting the number of licensed premises. 34 people responded, and of these, 85% were current drinkers (vs 87% in overall sample). The proportion of respondents who wrote a comment, of those who neither agreed nor disagreed with a limit across Wellington City, was 19% (34/181). 34 responses relevant to the question were analysed.

Table 34: Free text – Reasons for neither agreeing nor disagreeing with a limit

Reason	Number of responses that mentioned this
Market factors	13
The market will sort itself out based on supply/demand	9
A limit could lead to oligopoly/monopoly	2
Freedom of choice	2
Depends on the limit, details of premises, etc	6
Won't be effective to reduce harm / needs more evidence / doesn't make sense etc	5
Other unique response	4
Doesn't address problem – different approach needed	4
Social approach (education, etc)	2
More policing	1
Focus on homelessness	1
Focus on city aesthetics	1
Don't know enough to comment	4

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common theme among those that neither agreed nor disagree with a limit, was market factors (n = 13). 9 of these mentioned the market/demand regulating the number of premises, 2 mentioned concerns around oligopoly/monopoly, and 2 mentioned the importance of freedom of choice. For example:

> *"To an extent it is self regulating. If a venue can't make a go of it, it will close soon enough."*

> *"I agree residential areas should not be over served with alcohol shops, but most establishments are struggling financially nowadays so survival of the fittest often self regulates."*

> *"It would only benefit current licenses and making it harder for newcomers to get into the industry. Might create a power imbalance."*

> *"It depends on the limit. There could be too many and equally there could be not enough. Having a fixed cap could limit innovation and create monopolies so there should be flexibility while maintaining a reasonable level"*

Some said that it would depend on the specific limit set, or the unique features of each premises (n = 6). For example:

> *"I think in a smaller suburban setting, limited access to licenced premises is reasonable and sensible. This is likely much harder to consider in the inner city."*

"I could see justification for limits in specific areas (Courtenay district, Cuba district for example), but don't believe citywide limits would be useful except for maybe on liquor stores"

"I'm not sure I think that there should be a specific limit rather than a thorough assessment of the type of premise being given a license and the hours of operation. I'm also not clear if a license can apply strictly to beer/wine only, with a different license for liqour etc. as that would also make a difference."

"It depends on whether the business is providing other food or entertainment"

Some people said that they weren't sure that it would be effective or address the issue (n = 5). There was some overlap here with people who said they would prefer a different approach/focus (n = 4).

"I am not sure whether arbitrary number of restrictions can reduce AOD harm. I'd rather see education and community insight."

"I'm not sure having a cap on numbers affects the issue - it's all about the economics for the suppliers"

"The CBD is the focal hub for entertainment. It can only support a certain amount of licenced premises based on the population and economic times. The issue to me is not the number of outlets, but the behaviour of people after consuming alcohol. THAT is what needs to be managed and policed (because really the Police are barely seen and appear to be ineffectual in making people behave)."

"Increasing the number will not necessarily in increase drinking"

Some people (n = 4) gave unique responses, which were:

"Licensed premises should be near public transportation to encourage safe journeys."

"Just think - if you make too many restrictions, you get more problems"

"The easy availability of alcohol in supermarkets is the biggest issue."

"[It's] already limited"

Others said they didn't know enough to comment (n = 4) or didn't think it was a big issue (n = 2). For example:

"I do not know how many such entities exist in Wellington City."

"I really don't know the café, restaurant, bar scene in Wellington City well enough to comment."

"It's okay. It's just a minority that spoil it for the rest of us."

Reasons for saying 'I don't know' or 'it depends' to a limit

There were 7 people who said 'I don't know' who wrote relevant comments. These comments were relatively unique from one another, but were similar to answers of previous respondents. These comments were:

“I think one problem with a limit is that drinking at private residences is cheaper already and at least proper bars have bouncers to help with keeping things under control. I think that more harm happens outside licensed premises so that should be the priority.”

“I don't know what the correlation is between the number of licensed premises and alcohol harm are, therefore it's difficult to say whether a limit would be beneficial.”

“I think if a new restaurant wanted to open but could not provide alcoholic beverages, they'd be disadvantaged by diminished appeal. It does not address the issue of licenced premises supplying alcohol inappropriately (serving heavily intoxicated patrons, for example). I guess I see the issue at the end of the consumer rather than the 'supplier'.:

“… I think there should be a limit of alcohol sales in residential areas, ideally none.”

“I'm not sure if there is a need to limit, as I don't know of the/any problems related to there being too many.”

“I’m not sure if the total number really matters. Location and accessibility of cheap alcohol might be more important to consider.”

“let the market decide”

There were 10 people who said ‘it depends’ and wrote relevant comments. These comments were similar to answers of previous respondents. These comments were:

“Limitations on the absolute numbers of licenced premises is a blunt tool and unlikely to be helpful in managing harm. WCC should focus its licencing efforts on making sure venues are upholding good standards of safety and are well-supported to create positive environments”

“I think restaurants are fine to sell alcohol, as they include food and there's more social pressure limiting alcohol consumption. Venues such as bars have more potential for harm though, and having multiple bars (or similar) in the same vicinity opens the risk of people being kicked out of one venue and then being able to get a drink at another nearby pub.”

“Depends on the type of premises. Too many places where alcohol is the primary focus of the establishment (e.g., night clubs) seems to be more of an issue than cafés, restaurants, etc. Also depends on location - I see the most harm in Central Wellington (particularly areas like Courtenay Place where I see harmful behaviour most nights I am in the area).”

“I’m unaware of any analytical evidence that reducing the number of venues reduces drinking. If people want to get drunk they will find whichever locations sell them alcohol. Could restricting the number of off-licenses just result in bulk-buying? Could restricting the number of on-licenses just encourage drinking in home, i.e. in an unsupervised environment? It feels like it would just move the problem - if there even is one in the first place”

“A lot of people get wasted because they drink at home, and this is mainly because being forbidden to drink in public spaces. I strongly believe that we should open exceptions to some areas.”

“A vibrant and engaging night life should have provide options to the public. When multiple venues in a small area are owned by a few groups then variety of choice is diminished as they become all very similar. Varying the decor is not providing choice to the public. Additionally when ownerships is spread across many venues in an area, ownership care and responsibility is diluted.”

“Don’t see value in increased venues for population”

“Once too many licensed premises the access to cheap alcohol becomes an issue”

“Alcohol/gambling are often linked when they are overused.”

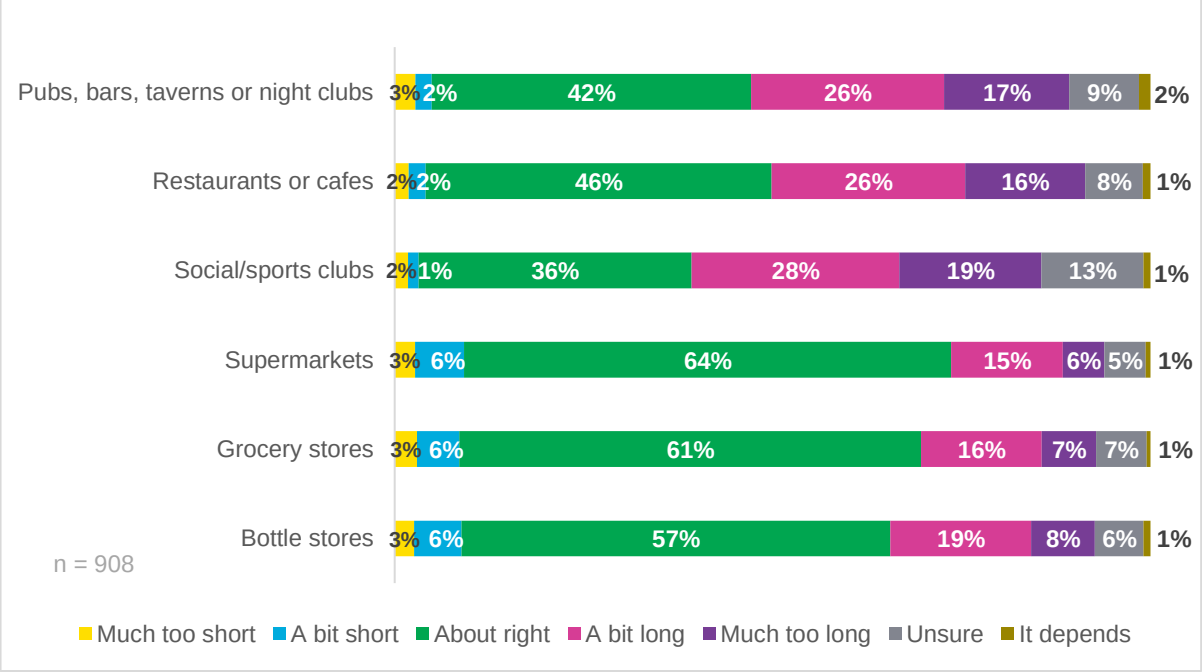
“There is absolutely no need for bars and clubs to be open till three or four o'clock in the morning.”

Alcohol sale hours

We asked respondents whether they thought of the length of the hours that alcohol can be sold at different premise types. We prefaced the section with this text: “Licensed premises in Wellington can legally sell alcohol within certain hours of the day. Individual licences may have conditions that reduce the maximum hours that they can sell alcohol within.
For off-licences (supermarkets, bottle stores, grocery stores, etc) – alcohol can be sold between 7am and 11pm at maximum. For on-licences (pubs/bars/taverns/nightclubs, restaurants and cafés, etc) and club licences (sports or social clubs) – alcohol can be sold between 8am and 4am the next day at maximum.”

In neighbourhood

Figure 41: Respondents’ views on alcohol sale hours for licensed premises in their neighbourhood



Note: Due to rounding, percentages may not add to 100%. All respondents received this question.

The most common response for all premise types was to say the alcohol sale hours were ‘about right’. The premises that had the highest proportion of ‘about right’ responses were off-licenses - i.e. supermarkets (64%), grocery stores (61%), and bottle stores (57%).

Answers for on-licence premises were relatively split between ‘about right’ and ‘too long’. Whilst 42% felt the hours for pubs, bars, taverns, and nightclubs were about right. an equal amount said they were a bit or much too long (42%). A similar split was also seen for restaurants/cafés (46% about right, 42% too long), and social/sports clubs (36% about right, 46% too long.)

We asked respondents who answered ‘it depends’ for **their neighbourhood** to tell us more about what it depends on, then analysed the comments we received. There were 13 answers relevant to the question: These were:

> *“Depends on location of premises - if history of rowdiness or alcohol related harm then hour should be reduced”*
>
> *“We shouldn't be able to buy alcohol before midday, period!”*

“No drinks should be sold before midday.”

“Don't agree that supermarkets and grocery stores should sell alcohol.”

“Don’t think late or early opening is permitted in residential areas for pubs, restaurants etc”

“For restaurants or cafés, I think that 8am is really early. I think the finish time is right but it starts so early on in the day”

“Depends on the situation. Why should some bars be able to serve until four and some not. Better pissed people are in a bar than on the street all at once”

“Not being able to buy a beer on my way home from a long day or to enjoy as I unwind after being sober driver isn't very reasonable. But 4am closing is stupidly irresponsible as a general closing time, as is allowing alcohol sales at breakfast time. Our licensing laws make no sense if buying at 7am is seen as OK, but after 10pm is considered bad when bars are open to 4am.”

“Your previous statement that there are no limitations places in any area in Wellington should be looked at. Common knowledge in Ngaio is that its a dry area (may be a false knowledge). I'd love to see more F&B in Ngaio.”

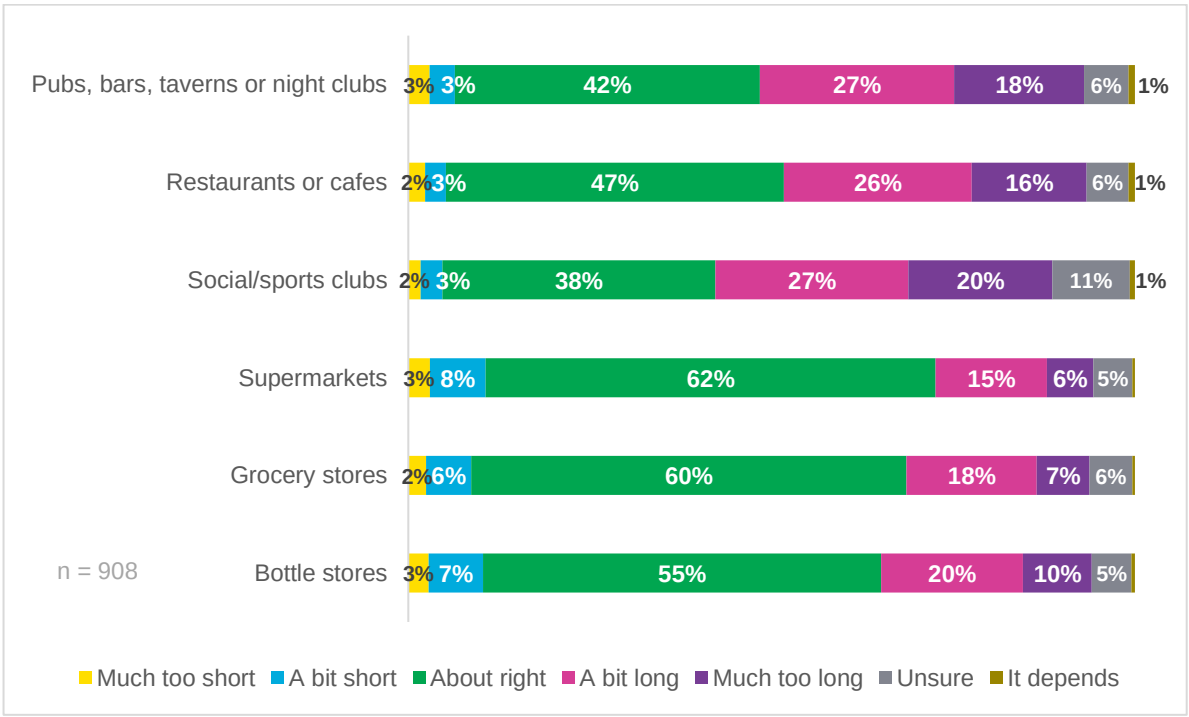
“There should be later exemptions for special occasions - NYE, RWC, etc”

“These hours should be for all venues, who, apart from alcoholics, need access to alcohol at 7am? Wtaf? All venues should have a 6 hour window to sell. This would allow pubs, bars etc to do 9pm till 3am, and supermarkets, restaurants etc to pick their hours, could even split the hours to cater for shift workers that can only buy their booze at 7am.”

“Why do night clubs need to be open from 8am”

Across Wellington City

Figure 42: Respondents’ views on alcohol sale hours for licensed premises across Wellington City



Note: Due to rounding, percentages may not add to 100%. All respondents received this question.

Next, we asked respondents what they thought about alcohol sale hours for licensed premises across Wellington City. The most common response respondents gave for all premise types was to say the alcohol sale hours were 'about right'. Similarly to the responses received for respondents' neighbourhoods, off-licences had the highest proportion of people saying the hours are about right - i.e. supermarkets (62%), grocery stores (60%), and bottle stores (55%). Answers for on-licence premises were relatively split between 'about right' and 'a bit/much too long'. A minority of respondents thought hours were too short (10-11% for off-licences, 5-6% for on-licences).

We asked the people who answered 'it depends' **across Wellington City** to tell us more about what it depends on, then analysed the comments we received. There were 12 answers relevant to the question. These were:

"Depends on drinking amount."

"It depends on the clientele."

"Sports clubs should be able to do what they want. They're generally all good"

"Our licensing laws make no sense if buying at 7am is seen as OK, but after 10pm is considered bad when bars are open to 4am."

"For those that are restaurants and nightclubs it should be allowed only if a the kitchen continues to provide food and, if there is at minimum someone first aid trained on staff present."

"What if the World Cup final is on at 5am? One persons 3am is another persons 10pm. I may think that 2am is a suitable cut off time, or 1am ... 11pm ... but if the establishment can behave to the law and not sell to overly intoxicated people, then who am I to say what time the cut off should be."

"Don't agree that grocery stores and supermarkets should sell alcohol. NZ has an at home drinking problem. Why is it being encouraged?"

"8am is weirdly early for a pub licence to begin! Why is that?

"Again, I don't know why a night club would need to sell alcohol from 8am."

"Again, no drinks should be sold before midday."

Subgroups analysis

We then looked at subgroups to see if there were demographic differences between groups in terms of their views on alcohol sale hours in their neighbourhood/across Wellington City (see Table 35 and Table 36 below). Significant differences were found between groups by gender, age, drinker status, and for current drinkers by AUDIT-C risk (versus other risk bands). The most notable results were:

Views towards alcohol sale hours in respondents' neighbourhood

- AUDIT-C risk bands
    - Combining current drinker respondents with a score in the high and increasing risk band for their answer similarity – low-risk respondents were more likely than high/increasing risk respondents to think that hours in were too long for all premise

types in their neighbourhood. For example, almost half of current drinker respondents in the low-risk band said they thought the hours for pubs/bars/taverns/nightclubs in their neighbourhood were too long (49%), and they were around twice as likely to say this as high/increasing risk respondents (25%). The same was true for bottle stores (31%, vs 16%)

    - Current drinker respondents in the high/increasing risk bands, conversely, were much more likely than those in the low-risk band to say they thought the hours were too short for all premise types in their neighbourhood. For example, they were more than five times as likely as low-risk respondents to say that the hours for pubs/bars/taverns/nightclubs in their neighbourhood are too short (11%, vs 2%), and four times are likely to say the hours for bottle stores in their neighbourhood are too short (19%, vs 4%).

- Age
    - Respondents aged 18-29 were more likely than respondents aged 30+ to say that the hours for off-licensed premises in their neighbourhood were too short. For example, a fifth of respondents aged 18-29 said that the hours for bottle stores in their neighbourhood are too short, and this was more than three times as likely as for respondents aged 30+ (18%, vs 5%).
    - Conversely, respondents aged 60+ were more likely than respondents under 60 to say the hours for off-licence premises in their neighbourhood are too long. For example, around a third of respondents aged 60+ said they think the hours for bottle stores in their neighbourhood are too long, versus a quarter for respondents under 60 (35%, v 25%).

- Drinking status
    - Non-drinkers were more likely than current drinkers to say they thought the hours were too long for off-licence premise types in their neighbourhood. For example, two fifths of non-drinkers said they thought the hours for bottle stores in their neighbourhood were too long, and they were approximately one-and-a-half times more likely than current drinkers to say this (40%, vs 25%).

Views towards alcohol sale hours across Wellington City

- AUDIT-C risk bands
    - Combining current drinker respondents with a score in the high and increasing risk band for their answer similarity – low-risk respondents were more likely than high/increasing risk respondents to say that hours were too long for all premise types across Wellington City. For example, a little over half of current drinkers in the low-risk band said they thought the hours for pubs/bars/taverns/nightclubs were too long (52%), and they almost were twice as likely to say this as high/increasing risk respondents (27%). The same pattern was true for bottle stores (33%, vs 16%).

    - Current drinkers in the high/increasing risk bands were conversely much more likely than those in the low-risk band to say they thought the hours were too short for all premise types across Wellington City. For example, they were more than four times as likely as low-risk respondents to say that the hours for pubs/bars/taverns/nightclubs across Wellington City are too short (14%, vs 3%). They were also three times as likely to say the hours for bottle stores across Wellington City are too short (19%, vs 6%).

- Age

- Respondents aged 18-29 were more likely than respondents aged 30+ to say that the hours for all licensed premises across Wellington City were too short. For example, respondents aged 18-29 were around twice as likely as respondents aged 30+ to say that the hours for bars/pubs/nightclubs across Wellington City are too short (19%, vs 7%), and around three times as likely for bottle stores (19%, vs 5%).
- Conversely, respondents aged 60+ were more likely than respondents under 60 to say the hours for all premise types across Wellington City are too long. For example, three out of five of respondents aged 60+ said that they think the hours for pubs/bars/nightclubs/taverns are too long, and they were around one-and-a-half times as likely as respondents under 60 to say this (60%, vs 41%).

- Drinking status
  - Non-drinker respondents were more likely than current drinker respondents to say they thought the hours were too long for most premise types across Wellington City. For example, more than half of non-drinkers said they thought the hours for pubs/bars/taverns/nightclubs across Wellington City are too long, and they said this at a proportion which was 12 percentage points higher than for current drinkers (55%, vs 43%).

Table 35. Subgroups with significant differences in respondents' views on alcohol sale hours for licensed premises in their neighbourhood

Premise type	Significantly more likely to say hours too short Subgroup % response	Significantly more likely to say hours about right Subgroup % response	Significantly more likely to say hours too long Subgroup % response
Pubs, bars, taverns or night clubs	*AUDIT-C high risk (14%)* *AUDIT-C increasing risk (10%)* Male (8%) *Overall sample: 5%*	*AUDIT-C increasing risk (56%)* Current drinker (44%) *Overall sample: 42%*	*AUDIT-C low risk (49%)* *Overall sample: 42%*
Restaurants or cafés	*AUDIT-C high risk (8%)* *AUDIT-C increasing risk (7%)* Male (7%) *Overall sample: 4%*	*AUDIT-C increasing risk (57%)* Current drinker (48%) *Overall sample: 46%*	*AUDIT-C low risk (46%)* *Overall sample: 41%*
Social/sports clubs	*AUDIT-C high risk (7%)* *AUDIT-C increasing risk (6%)* Aged 18-29 (6%) *Overall sample: 3%*	*AUDIT-C increasing risk (49%)* *Overall sample: 36%*	*AUDIT-C low risk (52%)* *Overall sample: 46%*
Supermarkets	*AUDIT-C high risk (22%)* *AUDIT-C increasing risk (16%)* Aged 18-29 (15%) *Overall sample: 9%*	Current drinker (67%) *Overall sample: 64%*	Non-drinker (34%) Aged 60+ (30%) *AUDIT-C low risk (22%)* *Overall sample: 20%*
Grocery stores	Aged 18-29 (15%) *AUDIT-C increasing risk (14%)* *Overall sample: 9%*	Current drinker (63%) *Overall sample: 61%*	Non-drinker (37%) Aged 60+ (34%) *AUDIT-C low risk (26%)* *Overall sample: 23%*
Bottle stores	*AUDIT-C high risk (23%)* *AUDIT-C increasing risk (18%)* Aged 18-29 (18%) Current drinker (10%) *Overall sample: 9%*	Current drinker (59%) *Overall sample: 57%*	Non-drinker (40%) Aged 60+ (35%) *AUDIT-C low risk (31%)* *Overall sample: 27%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Unsure' and 'it depends' not reported.

Table 36. Subgroups with significant differences in respondents' views on alcohol sale hours for licensed premises across Wellington City

Premise type	Significantly more likely to say hours too short Subgroup % response	Significantly more likely to say hours about right Subgroup % response	Significantly more likely to say hours too long Subgroup % response
Pubs, bars, taverns or night clubs	*AUDIT-C high risk (16%)* *AUDIT-C increasing risk (14%)* Aged 18-29 (11%) *Overall sample: 6%*	*AUDIT-C increasing risk (53%)* *Overall sample: 42%*	Aged 60+ (60%) Non-drinker (55%) *AUDIT-C low risk (52%)* *Overall sample: 45%*
Restaurants or cafés	*AUDIT-C high risk (11%)* *AUDIT-C increasing risk (9%)* Aged 18-29 (8%) *Overall sample: 5%*	*AUDIT-C increasing risk (60%)* Current drinker (48%) *Overall sample: 47%*	Aged 60+ (54%) *AUDIT-C low risk (48%)* *Overall sample: 42%*
Social/sports clubs	*AUDIT-C high risk (9%)* Aged 18-29 (9%) *Overall sample: 5%*	*AUDIT-C increasing risk (48%)* Aged 18-29 (45%) Current drinker (39%) *Overall sample: 38%*	Aged 60+ (63%) Non-drinker (59%) *AUDIT-C low risk (53%)* *Overall sample: 46%*
Supermarkets	*AUDIT-C high risk (23%)* *AUDIT-C increasing risk (18%)* Aged 18-29 (18%) *Overall sample: 11%*	Current drinker (54%) *Overall sample: 62%*	Non-drinker (37%) Aged 60+ (31%) *AUDIT-C low risk (24%)* *Overall sample: 22%*
Grocery stores	*AUDIT-C high risk (19%)* Aged 18-29 (13%) *Overall sample: 9%*	Current drinker (62%) *Overall sample: 60%*	Aged 60+ (37%) Non-drinker (37%) *AUDIT-C low risk (28%)* *Overall sample: 25%*
Bottle stores	*AUDIT-C high risk (27%)* *AUDIT-C increasing risk (17%)* Aged 18-29 (19%) *Overall sample: 10%*	No disability/access need (57%) Current drinker (57%) *Overall sample: 55%*	Non-drinker (45%) Disability/access need (42%) Aged 60+ (40%) *AUDIT-C low risk (33%)* *Overall sample: 29%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Unsure' and 'it depends' not reported.

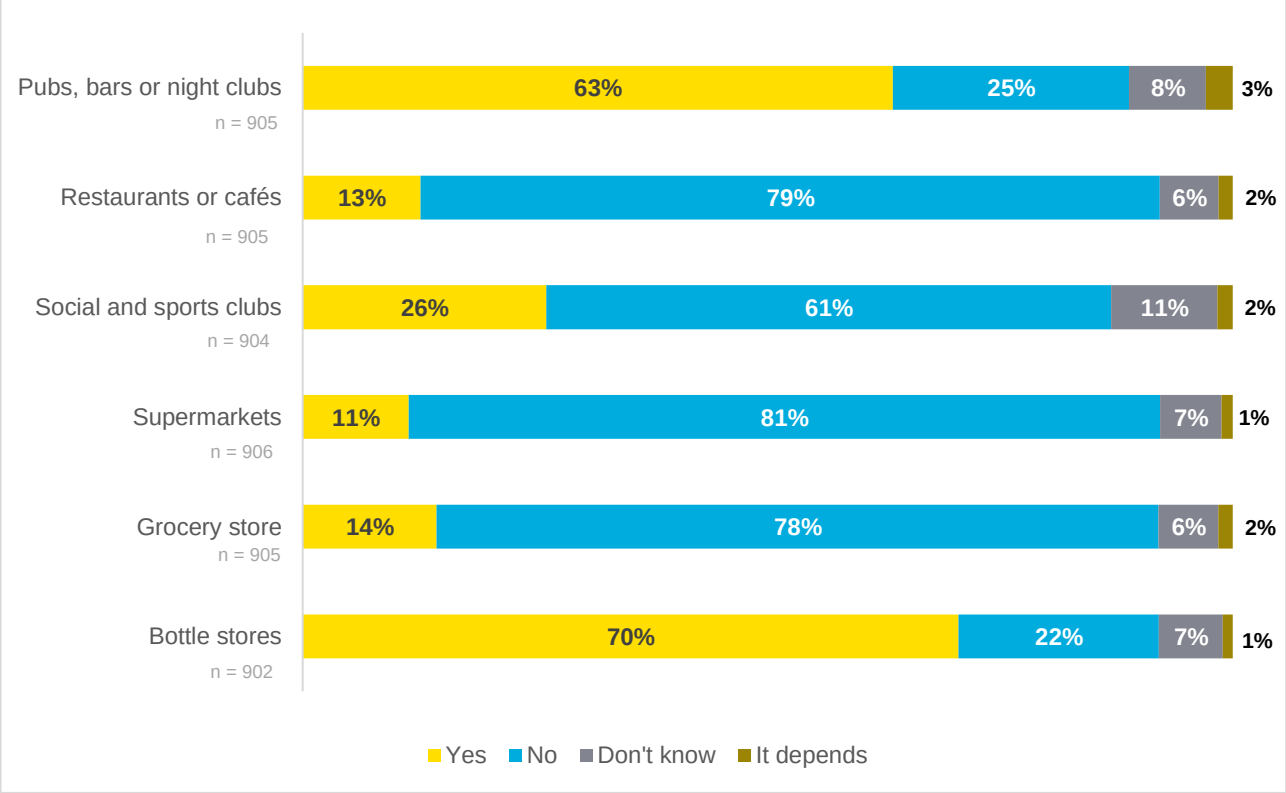
Community facility proximity

We asked respondents if they thought different premises should have restrictions on how close they are to community facilities (see Figure 43 on next page).

A majority of respondents agreed that there should be restrictions on how close the following are to community facilities: pubs/bars/nightclubs (63%), and bottle stores (70%).

A majority of respondents disagreed that there should be restrictions on how close the following are to community facilities: restaurants/cafés (79%), social or sports clubs (61%), supermarkets (81%), grocery stores (78%).

Figure 43: Respondents' views towards licensed premises having restrictions on how close they are to community facilities, by premise



Note: n = 2-6 per row who answered 'prefer not to say' were removed from analysis. All respondents received this question.

We asked the people who answered 'it depends' to tell us more about what it depends on, then analysed the comments we received. There were 36 relevant answers:

- 15 people said it depends on specific features of the establishment, such as the type and nature of the establishment, whether it sells alcohol, and whether the hours of operation cross over with nearby community facilities. For example:

  > *"The type and nature of the establishment and the number of establishments already in the area. There is a big difference between a café operating during the day where you can buy a glass of wine to have with your lunch and a cheap-arse bottle store selling discounted slabs of pre-mixed Bourbon & Coke"*
  >
  > *"It depends on what the dairy/grocery store is selling. If they are marketing tobacco/alcohol I believe there should be restrictions, whereas if they are not then I don't believe this is an issue."*
  >
  > *"Schools & community facilities are only open during daytime, so not affected by bars/nightclubs trading hours. …"*
  >
  > *"There are many variables. The big thing is dealing effectively with public nuisance."*
  >
  > *"Where it is in relation to other services and stores."*

- 5 people said it doesn't make sense for dense areas. For example:

“I think it depends a bit on which neighbourhood - dense inner-city neighbourhoods (say Aro Valley for example) may have a range of shops and public facilities all very close to each other which makes those kinds of one-size-fits-all regulations less ideal.”

“Wellington has varied geography and so what may be too close in one part of the city may be fine in another”

- 3 people said it depends on other ethical considerations, for example:

  “Depends on whether the restaurant is McDonald's or a similar kinda store selling junk food and plastic to our kids. Depends on whether the supermarket is selling overseas products because it's cheaper than promoting local produce and products. DONT just limit the reasons to alcohol as the determining factor or social issues in a neighbourhood

  “Whether the store sells alcohol, vape or tobacco products. These products shouldn’t be sold close to schools”

- 2 people said it should be on a case-by-case basis, which were:

  “There is no "one size fits all" to this - individual circumstances apply here (and arguably to the other categories in some situations)”.

  “Blanket rules are not the answer. Parks are different from hospitals. Schools and licensed premises should be separate, alcohol should not be visible to school kids”

- 8 gave other unique responses, which were:

  “What's the distance? 200mtrs, 1km ... but there should be some sort of buffer zone.”

  “Depends on incidence of alcohol related harm in the area”

  “They should be accessible for walking (discourage drink driving) but at the same time, away from playgrounds or parks where harm can take place”

  “It's nice to have access to facilities nearby to each other, if it adds to the vibrancy of the area - not if it detracts (like seedy vape shops - that is just gross).”

  “Clearly if we had a healthy approach to liquor it wouldn't matter.”

  “[It depends] on drinking amount”

  “Sports facilities need to be near parks.”

Subgroups analysis

We then looked at subgroups to see if there were demographic differences between groups in terms of their views on licensed premises being restricted in their proximity to community facilities (see Table 37). Significant differences were found between groups by gender, ethnicity, drinker status, and for current drinkers by AUDIT-C risk (versus other risk bands). See the most notable results on next page.

Table 37: Subgroups with significant differences in views towards licensed premises having restrictions on how close they are to community facilities

Premises	Significantly more likely to say yes / agree with community facility proximity restrictions Subgroup % response	Significantly more likely to say no / disagree with community facility proximity restrictions Subgroup % response
Pubs, bars, or night clubs	Female (71%) *AUDIT-C low risk (70%)* *Overall sample: 63%*	*AUDIT-C high risk (45%)* *AUDIT-C increasing risk (39%)* Male (33%) Current drinker (27%) *Overall sample: 25%*
Restaurants or cafés	Asian (28%) *Overall sample: 13%*	European (83%) Current drinker (81%) *Overall sample: 79%*
Social/sports clubs	Asian (44%) Female (31%) *Overall sample: 26%*	*AUDIT-C increasing risk (71%)* Male (67%) European (64%) Current drinker (62%) *Overall sample: 61%*
Supermarkets	Asian (21%) Non-drinker (19%) *Overall sample: 11%*	European (84%) Current drinker (83%) *Overall sample: 81%*
Grocery stores	Asian (24%) *Overall sample: 14%*	Aged 18-29 (86%) European (80%) Current drinker (80%) *Overall sample: 78%*
Bottle stores	*AUDIT-C low risk (79%)* Female (76%) *Overall sample: 70%*	*AUDIT-C increasing risk (37%)* Male (28%) Current drinker (23%) *Overall sample: 22%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

- Current drinkers were significantly more likely than non-drinkers to disagree with licensed premises being restricted in their proximity to community facilities, for all premise types. For example, current drinkers were a little over one-and-a-half times as likely as non-drinkers to disagree with restrictions for pubs/bars/nightclubs (27%, vs 16%), and twice as likely to disagree with restrictions for bottle stores (23%, vs 11%)

- Male respondents were significantly more likely than female respondents to disagree with licensed premises being restricted in their proximity to community facilities, for some premise types. For example, male respondents were one-and-a-half times as likely as female respondents to disagree with restrictions for pubs/bars/nightclubs (33%, vs 19%), as well as bottle stores (28%, vs 17%).

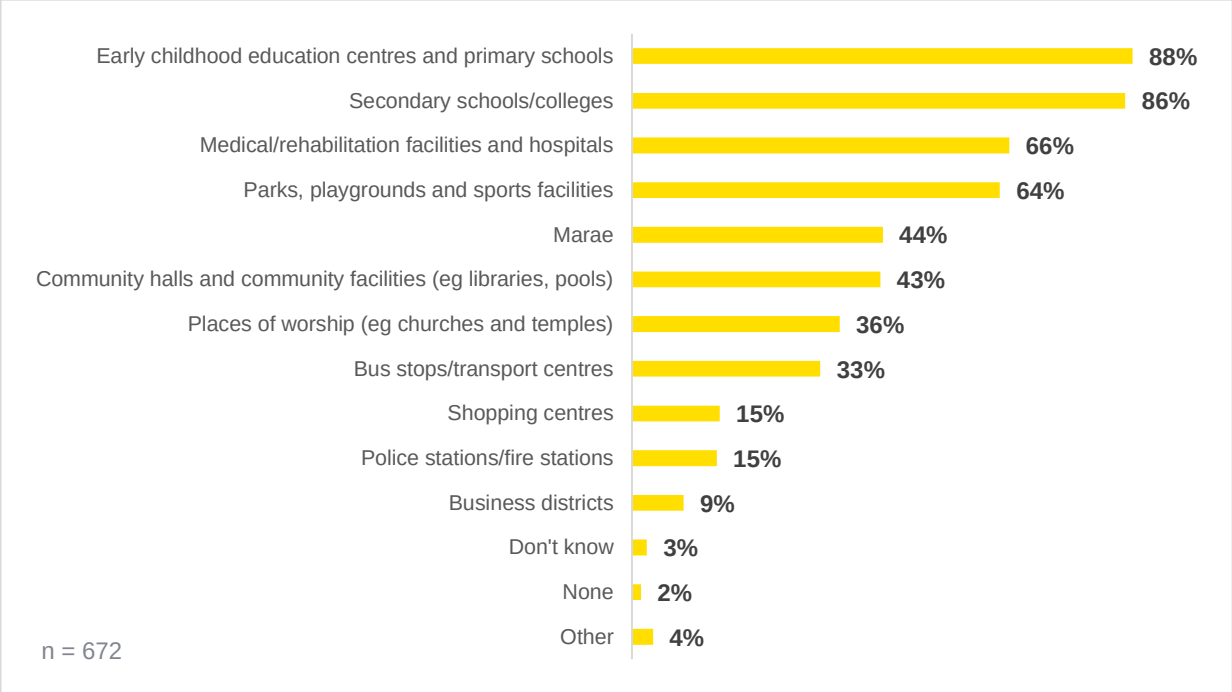
- Asian respondents were more likely than other ethnicities to agree with licensed premises being restricted in their proximity to community facilities, for a range of premise types. For example, Asian respondents were almost three times as likely as non-Asian respondents to agree with restrictions for pubs/bars/nightclubs (28%, vs 10%), and almost twice as likely to agree for bottle stores (24%, vs 13%).

- Almost half of current drinkers with an AUDIT-C score in the high-risk band disagreed with pubs/bars/nightclubs being restricted in their proximity to community facilities, and they were almost twice as likely as current drinker respondents with a score in a lower band to say this (45%, vs 25%).

- No significant differences were found between groups for ward, household type, disability status, or rainbow vs non-rainbow under 30s

We followed up with people who answered ‘yes’/agreed with restrictions for at least one of the premises above. We asked them about what type of community facilities they think licensed premises should be restricted in location to.

Figure 44: Types of community facilities that respondents agree premises should be restricted in location to



Note: Only respondents who agree at least one premise type should be restricted in location to community facilities received this question.

Of respondents who agreed with restricting the location of premises to community facilities, a majority agreed with restricting the location of premises to early childhood education centres and primary schools (88%), secondary schools/colleges (86%), medical/rehabilitation facilities and hospitals (66%), and parks/playgrounds/sports facilities (64%).

Between half and a third agreed with restricting proximity to marae (44%), community halls/facilities (43%), places of worship (36%), and bus stops/transport centres (33%).

A minority agreed with restricting in location to shopping centres (15%), police stations/fire stations (15%), and business districts (9%).

The 26 ‘other’ comments were themed and analysed. There were 22 total relevant comments, which we sorted into categories (see Table 38 on next page).

The unique responses which didn’t fit into categories were:

- *“Only places where children may be affected”*
- *“Mental health facilities, charity facilities”*
- *“Brothels”*
- *“Funeral homes, birthing centres”*

- *"Near main roads, intersections or motorways"*
- *"Urupā [burial sites], wāhi tapu [locations of special spiritual, cultural and historical significance to the tangata whenua], consult with your local hapū and iwi, Tē Ātiawa, Ngāti Raukawa ki te au tonga and Ngāti Toa Rangatira will gladly advise you."*

1 person added extra detail to their comment on the beaches and waterfront: *"I'd hate to see us fencing everything and preventing access to these spaces instead of limiting drinking near them to reduce risk of harm"*

Table 38: Other locations that respondents think premises should be restricted in location to

Location	Number of responses that mentioned this
Unique response	6
Housing/accommodation	5
Social housing, emergency housing	3
Other long-term accommodation	2
Cemeteries, burial sites	4
Historic sites - war memorials, barracks	2
Beaches, waterfront	2
Places that support those with addiction issues	2
Shelters, refuge centres	2

Note: Responses could contain multiple locations.

Subgroups analysis

We then looked at subgroups to see if there were demographic differences between groups in terms of their views on which community facilities there should be restrictions to. Significant differences were found between groups by gender, ethnicity, drinker status, and for current drinkers by AUDIT-C risk (versus other risk bands). The most notable results were:

Of people who agree with licensed premises being restricted in their proximity to community facilities, for at least one premise type:

- Around two thirds of Māori respondents selected 'marae', and they were around one-and-a-half times as likely as non-Māori respondents to say this (64%, vs 42%)
- European respondents were significantly less likely to select 'places of worship' (33%, vs 50% for non-European respondents)
- Non-drinkers were significantly more likely than current drinkers to select the following:
  - Parks (81% for non-drinkers, vs 62% for current drinkers)
  - Places of worship (50%, vs 34%)
  - Community halls and community facilities (62%, vs 41%)
  - Shopping centres (34%, vs 13%)
  - Business districts (19%, vs 8%)

- There were no significant differences found between groups by age, gender, ward, household type, or for rainbow vs non-rainbow under 30s.

Free text – Reasons for views on restrictions based on proximity to community facilities

We asked respondents to optionally explain their views towards community facility proximity restrictions in an open text box. 151 people wrote comments explaining their views. Answers have been grouped into people who said 'yes' to at least one premise type to be restricted in proximity to community facilities, and those who did not say 'yes' to any (i.e., said 'no', 'don't know', or 'it depends').

Reasons for agreeing with licensed premises being restricted in their proximity to community facilities

We analysed reasons why people agreed with at least one premise type having restrictions in location based on proximity to community facilities. 102 people responded, and of these, 90% were current drinkers (vs 87% in the overall sample). The proportion of respondents who wrote a comment (of those who agreed with at least one premise type having such restrictions across Wellington City) was 15% (102/688). 94 responses relevant to the question were analysed.

Table 39: Free text – Reasons for agreeing with restrictions based on proximity to community facilities

Reason	Number of responses that mentioned this
Harm reduction	75
To reduce harm on vulnerable communities	50
… on youth (kids/teens)	*43*
… on people with health/wellbeing concerns (eg those with addictions, victims of alcohol related harm, medical patients)	*6*
… on elderly people	*1*
… on emergency housing residents	*1*
More alcohol availability = more harm (reducing availability = less harm)	10
Drunk people affect those around them – less public drunkenness, less harm	7
Inappropriate to have alcohol near places of cultural or community importance	6
To prevent crime / disorder / etc, enhance safety	6
Alcohol is harmful (i.e., reduce harm in general)	6
Other unique response	18
Bus stops	3
Disagree with limiting proximity to bus stops / transport hubs – drunk people need safe transport home	2
Agree with limiting proximity to bus stops / transport hubs – bus stops have amenity which drunk people could take advantage of	1

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common reason for agreeing with at least one premise type having restrictions in location based on proximity to community facilities was harm reduction (n = 77). One comment that encompasses this theme well was:

> *"Schools are for learning and kids are vulnerable. Churches and Marae are for reflection and peace, community halls are for safe activities and medical facilities must always be distant from alcohol."*

A major subtheme within the harm reduction theme was 'to reduce harm on vulnerable communities'. (n = 52). This consisted mostly of people who wanted to reduce young people's exposure to alcohol (n = 45), although other communities were also mentioned, e.g. medical patients or people with histories of addiction or abuse related to alcohol (n = 6), elderly people (n = 1), and emergency housing residents (n = 1). For example:

> *"People need to feel safe attending these places and children need to grow up, not being bombarded by alcohol advertising and promotion, and normalised nature if alcohol in our society."*
>
> *"Children are impressionable and easily led. My friends and I were buying alcohol from bottle stores when we were 14 or 15. Location and easy access helped."*
>
> *"Children learn through normalization of activities. Watching people buy alcohol at 8am on a weekday normalizes this behavior which in turn leads to acceptance which in turn may lead to adopting the same attitudes and behaviours."*
>
> *"To keep people who have been exposed to domestic violence safe."*
>
> *"We want to promote health & rehabilitation!"*
>
> *"It would prove WCC genuinely understands how to respect the diverse communities that live here. How else can you actually reduce alcohol harm if you don't take ALL these groups and places seriously? Do we really need a bottle store on the main school walking routes? What message does this send our rangatahi?"*

…. some people commented restrictions would reduce the access or availability of alcohol, which would in turn reduce harm (n = 10). For example:

> *"Ease of access creates availability. Limited access ensures further thought must go into the purchase, as it is harder to find."*

… some people commented that drunk people affect those around them – ergo, less public drunkenness would result in less harm (n = 7). For example:

> *"Enjoyment of outdoor areas by ordinary people, students, and children, people in hospitals, and deployment of frontline emergency services should not risk being adversely affected by having alcohol or drug impaired people cruising the streets. I believe that drug use happens in the same areas as alcohol is consumed."*
>
> *"People can go out and enjoy a drink, that is not an issue, what is an issue is when it affects people around them."*

… some people commented that they think it's inappropriate to have alcohol near places of cultural or community importance – such as marae, church, communities centres, recreational facilities, etc. (n = 6). For example:

"Community places should not be taken up by places that solely sell alcohol. Helps contribute to anti-social behaviour if there are too many alcohol places."

"We don't need to be showing children alcohol all the time, and it shouldn't be too close to places that focus on physical health or spiritual places."

… some people commented that they think proximity restrictions would help to reduce crime or disorder (n = 6). For example:

"To prevent vandalism and harm to community property"

"less direct exposure to licensed premises will reduce crime, noise, rubbish and give young people a chance to grow up without it. It's unnecessary"

… some people also commented on the fact that alcohol is harmful in general (n = 6). For example:

"Alcohol consumption causes great harm to people in our society and should be much more restricted. Not sold in supermarkets and customer can only buy a limited amount on any one day. The costs to society through healthcare, early death (eg on roads), injuries, sickness and crime need to be reduced."

Many people gave unique responses, (n = 18). For example:

"Restrictions around children is a given, but if anything - alcohol should be sold closer to the emergency services centres i.e. Police - In that way it can be monitored closely and there will be less incentive for robberies."

"I think having it away from children is a good idea, but I like density in Wellington and could see negative externalities from being overly restrictive with regards to locations of both licenced and unlicensed venues."

"I believe location restrictions should apply to sites where alcohol is typically consumed, rather than purchased. For that reason, those places should be away from more vulnerable populations (sick, children, elderly)."

"While the location is useful I think it would be more useful if it were possible to place restrictions on things such as total alcohol available on sale, the maximum ABV, or even just the amount that can be sold in a single transaction for a walk up purchase. For example a supermarket only being able to sell alcohol at an ABV of a low alcohol beer or only single bottle of wine per transaction. And for a bottle shop having a limit of how much they can stock indexed by ABV. If the aim is to mitigate the occurrence of excess drinking then I think those would have a bigger impact."

"Depends on the opening hours - e.g. a restaurant open for dinner doesn't need to be away from a daytime-only site like a school or early learning service. Places that are likely to generate noise and/or additional traffic/crowding probably shouldn't be near emergency services as they might restrict operations; late noise could affect the recovery of people in medical facilities (plus access); and major bus stops/hubs do seem to turn into a spill-over space if people leave bars."

"Communities need to function, not too laxly and not too strictly, like a good Referee at a game."

There were three comments received on bus stops specifically. 2 people disagreed with limiting proximity to bus stops, and 1 agreed.

"Children, as well as people recovering from drinking, should not be exposed to bars/pubs. On the other hand, I completely disagree with bus stops being listed as an option. Bus stops absolutely SHOULD be near venues selling alcohol! People that have been drinking should have easy access to public transport to help prevent drink driving."

"Council should also consider the need for transport from these places so not putting overly onerous restrictions."

"College kids are impressionable and can't be relied on to be self governing. Transport hubs because they often have amenities (toilets, seating, water, shelter) that could be utilised by unwelcome intoxicated people."

Reasons for not agreeing with licensed premises being restricted in their proximity to community facilities

We analysed responses of people who people did not say 'yes' to any premise type having restrictions in location based on proximity to community facilities (i.e., they responded only 'no', 'it depends', or 'don't know' for each premise type).

49 people responded, and of these, 88% were current drinkers (vs 87% in the overall sample). The proportion of respondents who wrote a comment, of those who did not agree with any premise types having such restrictions across Wellington City, was 22% (49/220). 47 responses relevant to the question were analysed.

Table 40: Free text – Reasons for not agreeing with restrictions based on proximity to community facilities

Reason	Number of responses that mentioned this
Won't be effective to reduce harm / needs more evidence / doesn't make sense etc	15
We already have good laws - the issue is enforcement	6
People can simply move to where the alcohol is	1
It's about individual freedoms / personal responsibility - responsible consumers should be able to drink where they like	8
Other unique comment	8
Doesn't address problem – different approach needed	7
Should take a case-by-case approach	4
Education, social approach	3
Signage, guidelines, etc	1
It's not a big issue / there are other priorities	5
Council shouldn't intervene in the market	4

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common reason for not agreeing with restrictions was the view that it needs more evidence, or wouldn't be effective at reducing harm. (n = 15). This included comments which touched on points such as a view that the real issue is enforcement of current laws (n = 7), or that people can simply move to where the alcohol is (n = 1). For example:

"It does not make any difference how close they are to these institutions, people will still be aware of their existence."

“I don’t think it impacts anything.”

“The problem is not the location, it's the dodgy people running them. Kids will get alcohol regardless of how close the bottle shop is to school as long as someone is prepared to sell it to them”

“We have good rules in place, the issue is enforcement, or lack there of, of those rules.”

“People have feet and cars, they can move around. Occasionally but rarely, there even is convenient public transport to go places. Distance hasn't been an issue for ~100 years, please keep up.”

The second most common reason an emphasis of individual freedom / personal responsibility (n = 8). For example:

“It's not [the location of the premise], it's the people who use them. You do not need to go into any sort of premises just because it is there.

“Buying alcohol isn't a problem. Excessive consumption and poor self control are problems. See the case a few years back when irresponsible teens were drinking alcohol they had brought with them in New World carpark near Oriental Bay, but the supermarket (which hadn't sold it to them) was held to blame by the police who simply couldn't be bothered to stop the bad behaviour. Fixing the wrong problem doesn't help anybody.”

Some people said that a different approach needs to be taken (n = 7). For example:

“There is no "one size fits all" to this - individual circumstances apply here (and arguably to the other categories in some situations).”

“Nanny state shit. Encourage education toward drinking rather than arbitrary times they can and can’t serve. What difference does it make between having a drink at 4am and 4:30am… they’re both problematic, but people have problems.”

“Town areas are small - it could be dealt with in other ways - signage guidelines etc”

“It should be determined by the business owner in consultation with local input (as per current process).”

Some people wrote comments which indicated that they don’t think it’s a big issue (n = 5). For example:

“There are no issues in Karori with the sale of alcohol.”

“Most of [the community facilities] aren’t around these areas (bottles stores), and supermarkets etc are good near schools for shopping.”

“Their hours of operation don't generally cross over and most people in my neighbourhood are working during the day rather than drinking.”

Some people also commented that they feel Council shouldn’t restrict the proximity of licensed premises to community facilities / that market forces shouldn’t be interfered with (n = 4). For example:

"It is utterly inappropriate to infer that proximity of any sort of businesses, especially restaurants and supermarkets, to other facilities has a negative impact. There is not enough competition in supermarkets or grocery stores, so it is anti-consumer to restrict supply of such facilities. It is entirely wrong for local government to centrally plan the supply of goods and services."

"Don't mess with market forces. Shops will be where it makes financial sense to do. Leave your ideology and meddling out of these matters."

"Your core business is water, rubbish and roads - stick to it."

Proximity restrictions of licensed premises to each another, free text

We then asked the optional free-text question "Do you think that any licensed premises should have restrictions on how close they are *to each other*? Please describe if so." 203 people wrote comments explaining their views. Answers were analysed and grouped based on theme.

Table 41: Free text – Views towards restrictions on how close licensed premises are to each other

Reason	Number of responses that mentioned this
Disagree with licensed premises having restrictions on how close they are to each other	104
Disagree (no further elaboration)	65
Free market / competition is needed	18
It's better for customers if there are no proximity restrictions	7
Doesn't matter / doesn't make sense	5
Having licensed premises close together dilutes harm	5
Other unique response	5
Agree with licensed premises having restrictions on how close they are to each other	81
Harm reduction	26
Decreased access would directly decrease harm	13
Increasing competition would increase the price, which would decrease access, which would decrease harm	6
Agree, but focus on certain licensed premise types / community facilities / areas	25
The density should not be too high	22
Agree (no further elaboration)	12
Specific suggestion given	7
Maybe / answer unclear	11

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common response was a negative one, with people disagreeing that licensed premises should have restrictions on how close are to each other (n = 104). The majority of people simply said 'no' (or some variant of disagreement) and did not elaborate (n = 65), but some people gave reasons, which were:

… it's important to have a free market / allow competition (n = 18). For example:

"No. Competition, free reign and private enterprise will lead to efficiency and innovation. Fascist council staff should start to learn that."

"Hesitant at this idea. Sounds like it's creating a lucrative local monopoly. Think you'd almost want the restrictions to keep them close together if anything; would rather they compete side by side than have a greater spread throughout the community."

"No, they are competitive business organisations. Only the total number in a neighbourhood, community, or city should be limited."

… it's better for customers if there are no proximity restrictions (n = 7). For example:

"No. The choice of place is important depending on the type of establishment the customer wants to dine at."

"I actually think it's probably better if licensed premises are closer together, and could share outdoor space e.g. courtyards in a way that creates a more communal, casual, comfortable environment. That would also better contain noise for e.g. suburban neighbourhoods, and the closer location makes it easier to design for safety with lighting, access, other visibility etc."

"I think a few licensed cafés/restaurants/breweries can be placed closely together to give people a choice and bring more people to the area due to the increase in choice."

… it doesn't matter or doesn't make sense (n = 5). For example:

"No. Why should it matter? After all there are plenty of other kinds of retailers who are in very close proximity to another of their own kind."

… having licensed premises close together would dilute harm across them (n = 5). For example:

"No, I would prefer to have spots of concentration of licensed venues rather than one off places all around the place. I don't expect to have venues everywhere as there should be places to go that do not have alcohol served."

"No, if they are close this is fine in my opinion, as it spreads out potentially undesirable behaviour from more than just 1 store etc"

"No - I could imagine people trying to drive between bars of they were far apart, which may increase the chance of drink driving"

… other unique responses (n = 7), including:

"No, a good thing about Wellington is that it's a very walkable city, keep the venues close together"

"No, because the value proposition that they offer to customers can be so "different—two pubs next door to one another might fall within your same classification of licenced establishment but serve totally different purposes, and to codify which of these

distinctions are good, appropriate, or manageable within a certain space would be fraught"

The next major theme was a positive response / people agreeing that licensed premises should have restrictions on how close they are to each other (n = 81). Of these, there were 22 people who didn't elaborate, but most people gave explanations for their answers, which were grouped thematically as follows:

… harm reduction (n = 26), This contained two further subthemes: that decreased access would directly decrease harm (n = 13), and that increased competition would increase the price thus decreasing access and decreasing harm (n = 6). For example:

"Having too many of them close to each other is not good for the consumer, triggering the need to buy too often when you walk by. You get accustomed to it easily."

"Obviously as there are always more per capita in poorer suburbs and therefore more poverty, crime etc, so the fewer and more spread out the better"

"Yes - especially in the suburbs where they are over- represented in lower decile communities. They should also not have pokey machines."

"Yes, because they will compete on price. As we have seen in the news they are popping up in areas where citizens have high unemployment."

… general agreement with the idea, but with a focus on certain licensed premises types / community facilities / areas / etc (n = 25). For example:

"yes for bottle stores, pubs, and stores majorly based around the sale of alcohol. no for all the rest."

"Yes. If it's a suburb centre I would expect them to be able to be more and closer. If it's a street in a suburb it would be strange to have more than 1 or 2 in one area (without proper parking and noise controls)."

"Yes, if there are already licensed premises that sell alcohol to go in the area, new licenses should not be granted. But cafés and restaurants in the same vicinity should be able to serve alcohol."

"Supermarkets and liquor stores...no need to double up on access close to each other. No need for lots of bars together like on Courtenay Place."

"It seems unnecessary to have multiple bottle stores close to each other, but a variety of restaurants would be ok."

… agree with restrictions as there is a perception the density should not be too high (n = 22). For example:

"Yes, it's not sensible to have so many outlets as we do clustered together."

"Yes. I think places that solely sell alcohol should be restricted on how many are in an area."

"Yes. If they are close, the density per head of population must be too high."

"Yes. Minimum distance apart"

… some people gave specific suggestions (n = 7), these were:

“Use the Victorian model of sensitive site mapping where they look at cumulative harm”

“They should be at least 250m away from each other.

“There should be a limit on how close liquor stores are to each other and I would prefer it limited to at least half a kilometre”

Yes 500m

At least 500m between bottle shops

“Bottle stores should be spaced out (2-3km)”

“10 km away from aforementioned [community facilities]”

The next final major theme was people giving non-determinate answers, or saying they would possibly support restrictions under certain conditions (n = 11). For example:

“Fkn depends. Courtney place at night is not the same as Porirua which is not the same as island bay. Work out what the detrimental affects are based on those populations. This blanket questioning without knowing the local landscapes is flawed.”

“Perhaps bottle stores in some locations - depending on population / customer density. Bars, restaurants, etc in the city CBD should not be restricted in proximity as this is how the CBD operates - high density of people = higher required density of premises.”

“Some particular streets in Wellington have a high density of bars/pubs/nightclubs. Is that a good idea? I don't know I think that school areas, hospitals and community facilities should not have bottle stores nearby and it would be good if hospitals didn't have to deal with so many drunk people. I do recognise that public transport can be the "safe" way for someone who is not okay to drive to get home and many people cannot afford a taxi home.”

“Ask a health policy expert, not a member of the public.”

One-way door restrictions

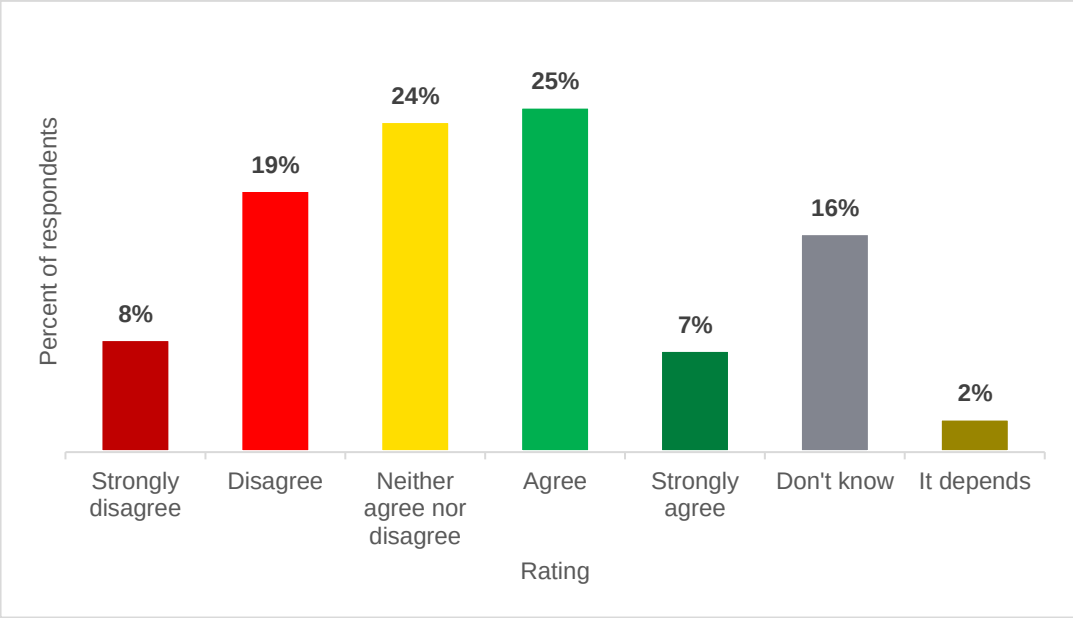
We asked respondents what they think about one-way door restrictions, in their neighbourhood, and across Wellington City. We provided the following text to explain to respondents what a one-way door restriction is:

“Some cities have included one way door restrictions for particular types of premises. One-way door restrictions stop people from entering or re-entering an on-licence premise (pubs/bars/taverns/nightclubs, restaurants or cafés) or club licence (sports or social club) after a certain time.”

We then asked respondents whether they agree or disagree that there should be one way door restrictions in their neighbourhood.

In neighbourhood

Figure 45: Respondents' agreement with one way door restrictions in their neighbourhood



Note: n = 2 who preferred not to say were removed from analysis. Due to rounding, percentages may not add to 100%.

Respondents were split on whether there should be one-way door restrictions in their respective neighbourhoods. The most common view was to agree or strongly agree (32%), followed by disagreeing or strongly disagreeing (27%), and then neither agreeing nor disagreeing (24%). Compared to other alcohol management questions, (e.g. the limit on number of premises), a large proportion said they didn't know (16%).

We asked respondents who answered 'it depends' for **their neighbourhood** to tell us more about what it depends on, then analysed the comments we received. There were 16 answers relevant to the question.

- 5 people said it depends on specific features of the venue or the context, for example:
    - *"The situation, state of the patron, security should be on to it"*
    - *"The hours the establishment is open."*
    - *[should apply] after 1am if the venue has a track record of noisy patrons*
- 5 people said it depends on how it will affect other relevant groups, for example:
    - *"Venues in my area provide additional services such as live music, and one-way policy could interfere with access to this."*
    - *"On whether they are full or not. Hospitality needs all the help it can get."*
    - *"Ensuring that disabled people aren't more affected by this ruling. People need to leave and come back for other reasons."*
- 2 people said it depends if it effective, these were:
    - *"Only if this has been proven effective at minimising harm."*

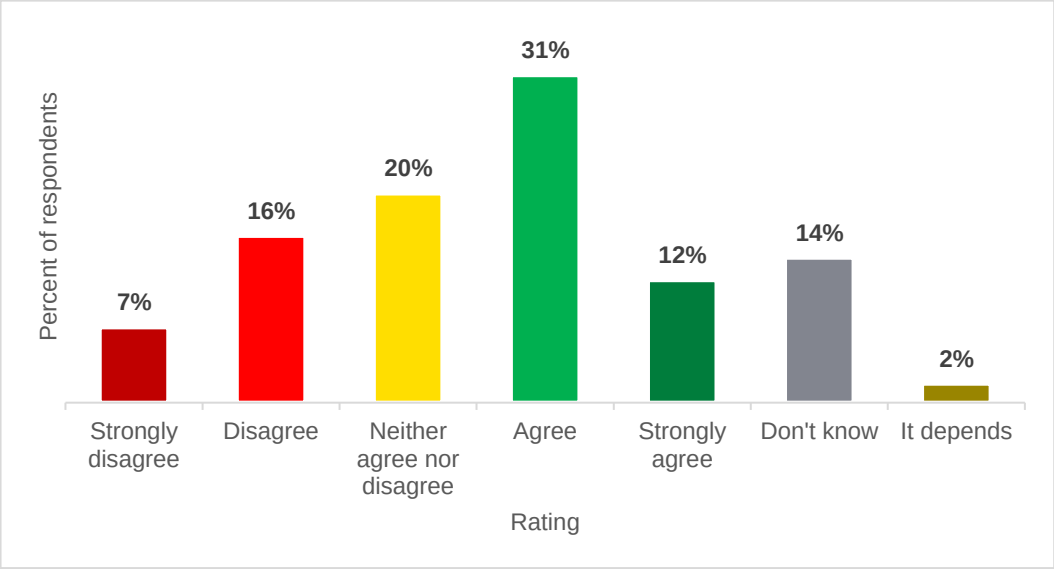
- *"If evidence says this makes a difference to safety"*

- 3 people had other unique comments, there were:
  - *"Yes it is a good idea however bottle stores and other sources of takeaway alcohol should be closed. For people shut out there needs to be frequent and safe transport available and a strong security presence"*
  - *"sounds like complicating a simple matter - rules need enforcement - not making other rules because the first one "didn't work" - wasn't enforced"*
  - *"The reason behind this If I go to a off license to get supplies for work. What happens if later I wanted personal supplies for home"*

We then repeated the same question for across Wellington City, asking: "Do you think there should be one way door restrictions across Wellington City?"

Across Wellington City

Figure 46: Respondents' agreement with one way door restrictions across Wellington City



Note: n = 1 who preferred not to say were removed from analysis. Due to rounding, percentages may not add to 100%.

For one way door restrictions across Wellington City, respondents were split, but tended more towards agreeing. The most common view was to agree or strongly agree (43%), followed by disagreeing or strongly disagreeing (23%), and then neither agreeing nor disagreeing (20%). A large proportion said they didn't know (14%).

We asked the people who answered 'it depends' for **across Wellington City** to tell us more about what it depends on, then analysed the comments we received. There were 9 relevant, new answers (and 8 repeated answers from the previous question)

- 4 comments related to times that could be used for the policy:

  "[It depends on] time, say after midnight or 1am"

  "After 1am"

"Only after 2am or later"

"If extended hours after 4am, yes"

- The other 4 answers were:

  "It would depend on the type of premises it is."

  "Need more data to understand if it has been useful elsewhere. Or do ppl stay and drink heavier in one place longer? Might be a good idea but not sure?"

  "In areas such as Courtney Place, yes. Otherwise no."

  "I think in certain areas (Courtenay Place and surrounds) as they wind down for the night, it's a good idea. Makes people think a bit more about what their night might look like"

Subgroups analysis

We looked at subgroups to see if there were demographic differences between groups in terms of their views on one-way door restrictions in their neighbourhood/across Wellington City (see Table 42 on next page). Significant differences were found between groups for age, drinker status, and for current drinkers by AUDIT-C risk (versus other risk bands). The most notable results were:

Views towards one-way door restrictions in respondents' neighbourhood

- Groups that were significantly more likely to **agree** with one-way door restrictions in their neighbourhood were non-drinkers and current drinkers with an AUDIT-C score in the low-risk band.
  - Almost half of non-drinker respondents agreed with one-way door restrictions in their neighbourhood (47%). They were around one-and-a-half times as likely to say this as current drinker respondents (30%).
  - Around a third of current drinkers with an AUDIT-C score in the low-risk band agreed with one-way door restrictions in their neighbourhood (34%). They were around one-and-a-half times as likely to say this as current drinker respondents in higher risk bands (21%).

- Groups that were significantly more likely to **disagree** with one-way door restrictions in their neighbourhood were respondents aged 18-29 years, current drinkers, and current drinkers with an AUDIT-C score in the high or increasing risk band.
  - Combining the high and increasing risk bands due to their answer similarity, current drinker respondents with an AUDIT-C score in the high/increasing risk bands were almost twice as likely as those in the low-risk band to disagree with one-way door restrictions in their neighbourhood (41%, vs 23%).
  - Around a third of respondents aged 18-29 disagreed with one-way door restrictions in their neighbourhood (35%). They were one-and-a-half times as likely as respondents aged 30+ to say this (23%).
  - Around a third of current drinkers disagreed with one-way door restrictions in their neighbourhood, and they were around three times as likely as non-drinkers to say this (29%, vs 10%).

Views towards one-way door restrictions across Wellington City

- Groups that were significantly more likely to **agree** with one-way door restrictions across Wellington City were respondents aged 45-59, respondents aged 60+, and current drinkers with an AUDIT-C score in the low-risk band.
    - Combining respondents aged 45-59 and 60+ for their similarity, half of respondents aged 45+ agreed with one-way door restrictions across Wellington City, and they were around one-and-a-half times as likely as respondents under 45 to say this (51%, vs 36%)
    - Almost half of current drinkers with an AUDIT-C score in the low-risk band agreed with one-way door restrictions in their neighbourhood, and they were almost one-and-a-half times as likely as current drinker respondents in higher bands to say this (45%, vs 33%).
- Groups that were significantly more likely to **disagree** with a limit in their neighbourhood were respondents aged 18-29 years, current drinkers, and current drinkers with an AUDIT-C score in the high or increasing risk band.
    - Combining the high and increasing risk bands due to their similar proportions, current drinkers with an AUDIT-C score in the high/increasing risk bands were around one-and-a-half times as likely as those in the low-risk band to disagree with one-way door restrictions across Wellington City (34%, vs 19%).
    - Around a third of respondents aged 18-29 disagreed with one-way door restrictions across Wellington City (30%), and they were one-and-a-half times as likely to say this as respondents aged 30+ (20%).
    - Around a third of current drinker respondents disagreed with one-way door restrictions in their neighbourhood (29%). They were around three times as likely to say this as non-drinkers (10%).

Table 42. Subgroups with significant differences in respondents' agreement with one-way door restrictions

Location	Significantly more likely to <u>disagree / strongly disagree</u> with one-way door restrictions Subgroup % response	Significantly more likely to <u>neither agree nor disagree</u> with one-way door restrictions Subgroup % response	Significantly more likely to <u>agree or strongly agree</u> with one-way door restrictions Subgroup % response
In my neighbourhood	*AUDIT-C high risk (47%)* *AUDIT increasing risk (40%)* Aged 18-29 (35%) Current drinker (29%) *Overall sample: 27%*	N/A *Overall sample: 24%*	Non-drinker (47%) *AUDIT-C low risk (34%)* *Overall sample: 32%*
Across Wellington City	*AUDIT-C high risk (42%)* *AUDIT-C increasing risk (32%)* Aged 18-29 (30%) Current drinker (24%) *Overall sample: 23%*	N/A *Overall sample: 20%*	Aged 60+ (52%) Aged 45-59 (50%) *AUDIT-C low risk (45%)* *Overall sample: 42%*

Note: All differences are statistically significant ($p < .05$), versus everybody else in the category. E.g., if the category is age, and the group listed is 30-44 year olds, the 30-44 year old group was tested and found to be significantly different than a combined group containing every other age group – i.e., people who are *not* 30-44 year olds. Results rounded to nearest whole number. Italics indicate a subset which was tested *within* a subgroup, rather than subgroup versus the rest of the overall sample – e.g., rainbow under 30s vs non-rainbow under 30s. Only 'significantly more likely' differences reported – 'significantly less likely' not reported. 'Don't know' and 'it depends' not reported.

Free text

We asked respondents to optionally explain their views towards one-way door restrictions in an open text box. 151 people wrote comments explaining their views. Because the text box directly followed the questions about a limit across Wellington City, answers have been analysed and grouped based on people's previous answers to this question.

Reasons for agreeing with one-way door restrictions

We analysed reasons why people agreed with one-way-door-restrictions. 50 people responded, and of these, 86% were current drinkers (vs 87% of the overall sample). The proportion of respondents who wrote a comment, of those who agreed with one-way door restrictions across Wellington City, was 18% (53/288). 50 responses relevant to the question were analysed.

Table 43: Free text – Reasons for agreeing with one-way door restrictions

Reason	Number of responses that mentioned this
Harm reduction	32
Limits consumption – would reduce excessive / binge drinking	9
Encourages winding down, stops people bar hopping	4
Helps prevent crime / antisocial behaviour	4
Would help control late night drinking	4
Think it will help / been proven effective elsewhere	4
Keeps drinking in a controlled environment	2
Generally a good idea	9
Logical tool – makes sense for venues/staff to use	5
General agree / good idea (no further details)	3
Sets a limit (no further details)	1
Balance / careful implementation needed - could result in more harm unintentionally	5
Would support if there is evidence it will work	3

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common reason for agreeing with one-way door restrictions is harm reduction (n = 31). The subthemes within this were:

… it could limit consumption, therefore reducing excessive or binge drinking (n = 9), for example:

> *"It will reduce alcohol related harm from binge drinking/excessive drinking"*
>
> *"Its a way to limit consumption!"*

… it could encourage winding down or limit bar hopping (n = 4), for example:

> *"Prevent return of people who have been asked to leave. Prevent bar hopping and late night reentry after antisocial behaviours on the street or further drinking away from licensed premises"*
>
> *"Would help encourage winding down rather than endless bar-hopping."*

… it could help prevent crime or antisocial behaviour (n = 4), for example:

"It prevents drunk people from causing more trouble."

… it could help control late night drinking (n = 4), for example:

"better control on late night drinking so reduced risk of harms related to alcohol"

"Alcohol-related harm levels are also connected to time of day, so that harm is likely to be more common, or more severe, after a certain time."

… they think it could help, or mention that it has been proven effective elsewhere, (n = 4), for example:

"I think one way door policies are potentially effective mechanisms for controlling alcohol generated bad behaviour"

"Lock out laws in Sydney reduced harm so significantly it was wild"

… it keeps drinking in a controlled environment (n = 2), which were:

"It may keep drinking contained within a controlled environment"

"More controlled drinking made easier."

Some people commented that it is generally a good idea (n = 9) – including a subtheme that it's a good tool for venues/staff to use (n = 5). For example:

"It sounds like a logical solution that's easily managed"

"It makes perfect sense, and makes it more controllable for staff and security."

"Hosts/sellers should have a selection of ways to limit over use of alcohol. This is especially late at night/early morning or overuse during the day."

Some people commented that although they agree with the idea, balance or careful implementation was needed to ensure it was didn't cause more harm (n = 5). For example:

"Good idea. From what time though? Are you going to stymy business by imposing an early time."

"Restricting access may help however, the unintended consequence if this may be seen on any weekend night in Courtenay Place. If bars and clubs all restrict access at the same time, the street and surrounding streets become flooded with (usually) young, drunk people with nowhere to go. It is inevitable that public harm occurs in this situation. This has to be carefully managed and not a blanket approach."

"I think it would probably help in the city but not sure it would in the suburbs. Could cause loading of people in the last half hour before the doors go one way."

Finally, two people commented that they would support if it works/could be evidenced. These comments were:

"Well if it's worked in other areas, and their is data those areas would happily share with WCC to prove this, WCC would be mugs to refuse to learn from others' experiences"

"If that helps to reduce crimes"

Reasons for disagreeing with one-way door restrictions

We analysed reasons why people disagreed with limiting the number of licensed premises. 53 people responded, and of these, 94% were current drinkers (vs 87% in the overall sample). The proportion of respondents who wrote a comment, of those who disagreed with one-way door restrictions across Wellington City, was 18% (96/242). 50 responses relevant to the question were analysed.

Table 44: Free text – Reasons for disagreeing with one-way door restrictions

Reason	Number of responses that mentioned this
Would be unsafe, would lead to more issues/more harm	22
Would lead to more dangerous alcohol consumption e.g. binging – safer for people stay in a controlled environment	8
Would lead to more drunk people on the street	7
Would separate groups of people, which is unsafe	4
Would trap people in an establishment – may encourage them to stay inside drinking more, dissuade them from taking breaks, leaving if they are harmed, etc	4
Would lead to aggression from people faced with restrictions	1
It's about individual freedoms / personal responsibility - responsible consumers should be able to drink where they like	11
Won't be effective to reduce harm / needs more evidence / doesn't make sense etc	10
Policy is unnecessary, pointless, illogical, doesn't make sense, or is redundant – (e.g., bouncers can already use their judgement)	4
Policy lacks evidence - any decision must be evidence based	4
Policy is too difficult to enforce	1
Would negatively impact businesses	6
Not Council's job to police – should be up to the venue	5
Could impact business revenue	1
Would be annoying for consumers, disincentivises socialising	4
Doesn't address the problem, different approach needed	3
Better enforcement of current laws	1
Implement late night door charges	1
Other unique response	3

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common reason for disagreeing with one-way door restrictions was the view that it would lead to more harm (n = 22). Some interesting subthemes within this were:

… it would lead to more dangerous forms of consumption, and/or its safer that people stay in a controlled environment (n = 8). Example comments include:

> *"It is much easier to monitor people's behaviour and drinking when they are in a bar, etc. When they are on the street - which will happen if they cannot get back in to a pub - this is much harder to do and increase the risk of unsocial behaviour."*
>
> *"It encourages binge behaviour"*

… it would lead to more drunk people on the street (n = 7). Examples include:

> *"[One-way door restrictions would] ruin vibrancy and end up causing more negative behaviour as people end up stuck congregating on the street."*
>
> *"Because when you get a large number of drunk people in the street without anywhere to go, they will cause issues"*

… it would separate groups of people, which is unsafe (n = 4). Examples include:

> *"It is very dangerous if young people are separated from their friends while drinking. They may have a flat phone."*
>
> *"Not allowing someone to come back in could lead to them standing out on the street and it would be best for them to be with the group of people they were for safety reasons. They should only not be in let in if they were causing a disturbance whilst inside."*

… it would trap people inside an establishment, encouraging unsafe drinking behaviour and discourages behaviours such as taking a break, leaving if they are harmed, etc (n = 4). These were:

> *"You miss that point that it is after a certain time that this generally starts and that can be reasonable, e.g. after 1am. But before that you should be able to move between venues as this gives you a chance to get fresh air and assess how much you have had to drink and whether you should go home. Forcing people to remain in a venue just takes away the chance to evaluate their state and continue. A lot of places have poor ventilation so fresh air gives you a fresh focus."*
>
> *"It can trap people in a single establishment, and makes it more likely that those who leave can be harmed out of sight of bouncers etc."*
>
> *"If people need a break or want a change why punish them for stepping out and then wanting to come back in, also unsafe if their friends are in a bar and now they can't get back in"*
>
> *"It encourages people to stay and drink more than they might have originally planned to"*

… one person said it could increase aggression of people faced with restrictions:

> *"It will make it worse, people get angry when they are restricted"*

The next most common theme was comments centring on freedom of choice and personal responsibility (n = 11), for example:

"It is an infringement on individual liberty. It is likely to increase rather than reduce the amount people will drink. It would be difficult to enforce. There is no evidence that it leads to reduced alcohol consumption."

"… this is seeking to penalise the majority when it is supposed to address a few. There is balance required here. Majority of people do not go out and get drunk. But they may visit a couple of places, especially if you are eating at one place and attending another for a gig."

"It is pretty obvious who should have such restrictions imposed on them, but if I need to take a phone call of something and want to pop outside to be able to better hear I should be allowed back in. The bad eggs will just go and 'hit the piss' in other premises if they aren't allowed back into one which they left"

"People should be free to choose when they arrive."

"People should be able to come and go as they please"

"If it is open then it should be open to all."

"Responsible drinkers should be allowed to re enter freely"

The next most common reason for disagreeing with one-way door restrictions was the perception that it wouldn't work, needs more evidence, or doesn't make sense (n = 10), which included the subthemes of the policy being pointless/not making sense (n = 4), that it lacks evidence (n = 4), or that it is too difficult to enforce (n = 1). Example comments include:

"It's been proven in other cities that this policy does not work, it only hinders the cities nightlife. It also forces people to carry on drinking in other unsupervised more dangerous situations like the street or the home"

"My experience of these is that they can cause issues - it may reduce issues for that particular place, but the annoyed party go elsewhere and continue drinking but are now wound up and out drinking away from their mates"

"It's not clear what the benefits of one-way door restrictions should be. Security on the doors should determine whether someone is allowed in or not."

"… you can already refuse entry based on dress code and intoxication levels."

There were some comments on potential impacts on businesses (n = 6), mostly to do with a view that it's not Council's role and should be up to the venue itself to decide (n = 5). These were:

"This is a private property matter, entirely up to the proprietor to decide who enters its property."

"I understand one way door policies, but I think it should be up to the business owner."

"It's a business decision on how to operate within the constraints of liquor licencing rules."

"Courtney Place has had a rough enough time over the past 5 years. Without the council trying to interfere in our cities night life."

"I don't have a lot of knowledge on the benefits of this but it seems unnecessary to me. It seems mostly targeted toward clubs - I think these businesses would lose revenue if people were restricted from moving from one place to another (and back again) freely."

"… it's not the council job to police businesses."

Some other minor themes included that it would be annoying for consumers or disincentivize socialising (n = 4), or that it wouldn't address the problem and a different approach is needed (n = 3). Examples include:

"Need to encourage socialising in the city, not disincentivise it"

"One way door restriction is a dumb restriction in the first place"

"Police the current laws properly."

"Either allow people in and serve them or don't. Adding stupid rules like this is not addressing the problem."

Reasons for neither agreeing nor disagreeing with one-way door restrictions

We analysed reasons why people agreed with limiting the number of licensed premises. 29 people responded, and of these, 93% were current drinkers (vs 87% in the overall sample). The proportion of respondents who wrote a comment, of those who neither agreed nor disagreed with one-way door restrictions across Wellington City, was 14% (96/213). 28 responses relevant to the question were analysed.

Table 45: Free text – Reasons for neither agreeing not disagreeing with one-way door restrictions

Reason	Number of responses that mentioned this
Won't be effective to reduce harm / needs more evidence / doesn't make sense etc	10
It should be up to the operators/venues themselves to choose	8
Too hard to police, not appropriate for private premises to become responsible for a policing function	3
Redundant – competent bouncers can already enforce at discretion	2
Other unique response	6
It's about individual freedoms / personal responsibility - responsible consumers should be able to drink where they like	3
Late sale hours are a bigger issue	3

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

The most common reason for neither agreeing nor disagreeing with one-way door restrictions was not being convinced it would make a difference / needing to see evidence (n = 10). Examples include:

“I think there are both pros and cons to one-way door restrictions. Proper statistical research should be done on this before consulting the community’s opinion.”

“I think it's certainly something worth exploring. But it would depend on the results of any research done into the results from those locations that have implemented it.”

“What's the evidence for harm reduction?”

“I don't think that type of policy would impact things significantly.”

Another view was that it should be up to the operators/venues themselves to choose (n = 8). Within this, there were comments received about it being too hard to police or not appropriate for private premises to be responsible for (n = 3) or that it’s a redundant policy (n = 2). For example:

“it should be up to the owner of the premise how they want to handle it. Letting people [into venues] may do more good than harm if they need a place to recover. they dont have to drink or be served a drink”

“having an earlier closing time makes more sense rather than treating licenses premises as some form of detention centre with arbitrary, restricted access. It distorts human behaviour and places a policing function upon the license holder unnecessarily.”

“Will be hard to police and will turn-away responsible alcohol consumers”

“The operators of licensed premises should be able to choose whether one-way doors are desirable to control the drinking of their patrons. It is an available tool.”

Some unique comments were received (n = 6). These included:

“It can be quite frustrating when you are wanting to meet someone outside (eg drop something to a friend) and then are told you are not allowed back in”

“It should be up to the news and the council or police in only limited areas when necessary generally the cost of alcohol in these places tends to limit consumption anyway.”

“I can see this being a good idea of clubs or other heavy drinking places.”

“Could encourage less 'bar-hopping'? Which might be a good thing?”

“If the premises is open for business, it seems pointless.”

Some comments were received that one-way door policies would restrict freedom / that personal responsibility is important (n = 3), for example:

“I don't like being restricted in anything, as long as I do not harm others.”

Some comments said that the time of closing is a bigger issue (n = 3), for example:

“It's not the ability to move from bar to bar that's a problem so much as 4am closing, and poor enforcement of policies on selling to intoxicated people”

Reasons for saying 'I don't know' or 'it depends' to one-way door restrictions

There were 16 people who said 'I don't know' who wrote relevant comments. Of these:

- 6 people said they didn't know whether it would be effective
- 4 people said they didn't understand the concept or the rationale behind the idea
- 3 people said they don't know enough about the drinking scene to comment
- 1 person said they don't think it would do anything
- 1 person said it depends on the circumstances

There were 2 people who said 'it depends' who wrote relevant comments. These comments were similar to answers of previous respondents.

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Free text: General comments on licensed premises

We asked respondents: “Is there anything else you would like to say about places to drink or purchase alcohol in Wellington, including licensed premises?” 138 relevant comments were received.

Table 46: Free text – General comments on places to drink/purchase alcohol

Comment theme	No. of responses that mentioned this
More restrictions are needed	46
Licensed premises need to exert, and/or be kept under, tighter controls	14
Selling hours should be shortened	8
Supermarkets/grocery stores should be more restricted in alcohol sale	7
There are too many licensed premises	4
Bring back licensing trusts	2
Restrict alcohol advertising	2
Restrict proximity of licensed premises to community services	1
Balanced approach needed	23
Alcohol is important to the city’s vibrancy	7
Restrictions may result in more harm	5
Review the liquor ban and/or create dedicated accessible public drinking zones	5
Need to ensure an evidence-based harm reduction approach	3
Should use indirect/holistic approaches to alcohol harm	19
Social approach (eg improving housing, education, services)	9
Support more ‘mature’, ‘high quality’ alcohol venues	5
Support more alcohol-free options/events/spaces	5
General comments	17
Concern about children/young people	6
Dislike negative consequences of alcohol – e.g. anti-social behaviour, rubbish	5
Drinking out is expensive, encourages drinking at home	4
Concern about health impact of alcohol	2
There aren’t enough premises	1
Should use individualised approaches to alcohol harm	15
Stricter Police enforcement for public drunkenness	7
More taxes/fines needed	4
Drinking responsibly is an individual responsibility	2
Other unique response	14
Current settings are okay	12
Less restrictions are needed	6
Selling hours should be lengthened / unrestricted	2
Not Council’s responsibility / should focus on other things	6

Note: Responses could contain multiple themes. Primary themes are common topics with 3 or more mentions.

Comments were received on a range of topics. The most common theme was a view that more restrictions were needed (n = 46), followed by a view that balance is needed (n = 23), and support for an indirect/holistic approach to alcohol harm (n = 19).

The vast majority of the comments received were in the same vein as comments from previous open text questions. Some comments that contained unique ideas, or otherwise stood out as being different from previous comments, were the following:

… on the liquor ban / dedicated accessible drinking zones:

> *"Its not clear where there are alcohol ban zones start and finish when you're at different areas in the suburbs. It needs to be more clearly illustrated."*
>
> *"I think the public spaces liquor ban areas should be reevaluated. I agree with most of the areas covered in this, but would like to suggest the hours within which the liquor ban applies be reconsidered. E.g. allowing alcohol to be consumed in these areas during, say, 1pm-7pm in the summer and 12pm-4pm in the winter - to allow for more casual consumption to occur, e.g. a beer at the beach on a Sunday afternoon. Many countries in Europe provide successful examples of this*
>
> *"WCC can create a drinking zone facility like we have smoking zone facilities. This will enable people safety (keeping the drinkers aways from schools / colleges / residents / playgrounds.)"*
>
> *"People will always drink alcohol. You can provide accessible spaces in public, or people will go to unregulated parties instead. A girl at my uni died from this - Sophia Crestani."*

… on licensing trusts:

> *"I think West Auckland is one of the few remaining areas in NZ which maintains its licensing trust status...and I think the local community derives considerable benefit from it. I can't imagine a scenario where supermarkets would relinquish their right to sell alcohol but I feel their alcohol -related profits could be better distributed locally."*

… on restricting supermarkets or grocery stores specifically:

> *"I feel that further restrictions should be made on supermarkets selling alcohol. Those that are struggling to control their alcohol intake should be able to shop for bread and milk without having to pass by the alcohol section - e.g. Thorndon new world. I'd prefer that supermarkets were not able to sell alcohol."*
>
> *"Greater restrictions need to be applied to supermarkets and grocery stores able to sell alcohol. The role of supermarkets has changed dramatically to undercut specialist stores retailing alcohol and this needs to be curtailed. Supermarkets have enough dominance in our commercial lives (as they have subsumed butchers, fruit and vegetables, seafood suppliers and many others.) They don't need to also muscle in on the alcohol trade."*

… on-licensed premises needing to exert, or be kept under, tighter control:

> *"There are occasionally intoxicated folk being served. The first order taken in a licensed eatery is the drink ordered and the serving staff are more interested in selling drinks because of their profit margin."*

"Sports clubs are the epicentre of harm. That and small grocery stores that the managers did their LCQ in 2013 and haven't done any further training."

"I know there is a requirement to provide food, but sometimes I go places and the food is so slack, or not everything on the menu is available and I think potentially the current rules might just need to be enforced a bit more strictly."

… on using a social/holistic approach to alcohol harm:

"Cheaper and available public transport is needed to get people home at night"

"Excess alcohol consumption feels more like a mental health and social issue rather than an over-accessibility issue in my opinion. Limiting alcohol advertisements and health PSAs may be a better way rather than enforcing rules that potentially damaging hospitality sector, live arts, and music venues."

"More community based support for problem drinkers and violent individuals that are really the minority of people in Wellington."

… on supporting alcohol-free options or spaces:

"… Council should open a 'safe bar' on Courtney. Zero alcohol, good music, a place for people to sober up, get safe and enjoy getting home. It might decrease some of the consumption in the city"

"I'd love to see more and more options provided for --> lower cost or free <-- alcohol free drink options. For example, the local brewery bar provides still and fizzy water on tap, as do some cafés. That makes me feel respected and looked after."

"Focus on other social non-alcohol events and activities. E.g. sports and the arts"

… on supporting more 'mature' alcohol venues:

"The nightlife in Wellington would enormously benefit from encouraging a older demographic to return to the city late at night. Venues that cater more the to the mid 20s through to early 30s should be encouraged, rather than just focusing on the late teens to early 20s as in the case now. More mature people in the city late at night would create a less "feral" atmosphere in the city."

"I would love to have more interesting places to go out that aren't just focused around consuming alcohol and talking loudly over blasting music at each other. If incentives could be created for proper night clubs with good dance music, or more lounge style places, still serving alcohol, that would be amazing! I also think the ban on public drinking is so stupid. Living Europe and being able to have a drink in the park without risking a fine or being stigmatised would be lovely."

"Wellington needs to have more top notch bars and nightclubs to bring back the vitality it used to have"

… on alcohol being important to the city's vibrancy:

"To impose artificial limits on access to alcohol is to accept that the policing of our current rules has failed. The current limits are fine and to invite an increasingly ageing population to effectively limit the vibrancy of the city is a poor idea."

“Stop trying to reduce the number of premises selling alcohol. Council policy, combined with the efforts of public health and police, have already killed the vibrancy of Wellington, particularly Courtney Place. Given overall alcohol is dropping across the population, target those who are causing issues and get out of the way of the rest of the responsible patrons and establishment owners/operators.

… on fines/taxes:

“Maybe consider a local tax on alcohol sales to deter excessive drinking (and also improve council finances)? …”

.. on the negative consequences of alcohol:

“When there are festivals, sports games, concerts and big public events held, the rubbish is disgustingly noticeable. Even though you try to have waste free events, the drunken fallout after these massive events leaves our city feeling grimey, skodey and just yuck, we have to wait for a howling southerly to cleanse the city out.”

“I think the binge drinking culture is a bigger issue among young people (particularly new uni students aged 18-20) and at-risk communities like the homeless. The people whose behaviour is most concerning are common faces around the CBD. I've lived in Wellington since 2018 and have noticed a major increase in violence, harassment, and general public disorder over the last two years or so. I frequently get harassed by people on the street who have clearly been drinking. Courtney Place doesn't feel safe as a young woman. Drinking habits have shifted a lot since covid lockdowns - I don't think there are as many people going into town to socialise at bars and clubs as there used to be … I think the increase in harm and alcohol dependence is more of a social issue that would be fixed through proper support for at-risk communities ….”

… other unique responses included comments like:

“Places to buy alcohol, cigarettes & vape products should all be reduced to lower accessibility in our neighbourhoods.”

“[Do the] same for vape stores”

“When venues apply for licenses I want the option to support them. Not just have my say against them.”

“Allow supermarkets to sell spirits., Limiting sale to beer, wine, RTD's is arbitrary and confusing and reduces choice for adults who simply go somewhere else to make the same purchase or buy online.”

“Let's all grow up.”