

Alcohol attitudes and behaviours in Wellington 2024 – key findings and demographic summaries

Wellington City Council: Research and Evaluation

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.

Methodology

A representative sample was sourced from our Capital Views survey panel on the basis of age and gender, and later additionally weighted to ward. Only respondents aged 18 or older who live in Wellington City were eligible to take part. The survey was open from the 30th of June 2024 to 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. The number of respondents varies depending on the type of question being asked (see full report).

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 they 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 not 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/café (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 not 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 do 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 either '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/café's 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/café (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 alcohol¹.
- 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%) or alcohol shops (55%, vs 21%). Additionally, we also found that as age increases, typical

* 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%).

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 amounts².

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 injury³ and illness/disability/mortality⁴. 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 alcohol⁵, 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 assaults⁷.

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%).

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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 amounts⁹. 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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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 nightclubs¹⁰. 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 overall¹¹. 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 of the full report 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 1:1¹². 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 pattern¹³ - 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 male¹⁴. Female respondents were more likely to frequently purchase alcohol at restaurants/café's (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 men¹⁵. 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 women¹⁶.

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/café (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, and 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/café's 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/café's 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 younger¹⁷ 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 drink¹⁸.

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 pattern¹⁹.

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 drink²⁰. 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 drinking²¹. 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

* 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.

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 average²³, and that people who live in more highly deprived areas are more likely experience crime²⁴, 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 men²⁵, 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 alcohol²⁶, and less likely to exhibit a hazardous drinking pattern²⁷.

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 2021²⁹.

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 lifetime³¹. 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 assaults³².

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 report³³ 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 Northern 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/café's 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 café's 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 premises hours are too short.