

**Napier City Council**  
**Local Alcohol Policy**

**Research Report**  
**February 2025**

To support the review of Napier City Council's Local Alcohol Policy

## Contents

EXECUTIVE SUMMARY .....	3
INTRODUCTION .....	4
SECTION 78(2)(A): OBJECTIVES AND POLICIES OF THE DISTRICT PLAN .....	6
SECTION 78(2)(B): NUMBER OF LICENCES, LOCATION AND OPENING HOURS .....	7
SECTION 78(2)(C): AREAS IN WHICH BYLAWS PROHIBIT ALCOHOL IN PUBLIC PLACES .....	9
SECTION 78(2)(D) AND SECTION 78(2)(E): DEMOGRAPHY OF RESIDENTS AND PEOPLE WHO VISIT NAPIER .....	10
SECTION 78(2)(F): OVERALL HEALTH INDICATORS OF RESIDENTS .....	11
SECTION 78(2)(G) NATURE AND SEVERITY OF THE ALCOHOL-RELATED PROBLEMS .....	15
CONCLUSION .....	24
RECOMMENDATIONS .....	25
REFERENCES .....	26
APPENDIX 1: MAP OF LICENCED PREMISES IN NAPIER .....	29

## Executive Summary

This paper sets out background information and data to support and inform a review of the Napier City Local Alcohol Policy (LAP).

Key findings:

- As of December 2024, there were a total of 230 licences (On, Off, and Club) throughout Napier City that sell and supply alcohol. That is, approximately 35 licences per 10,000 residents in Napier City. There are approximately 23 licences per 10,000 residents in New Zealand.
- Since 2020, the number of special licences has continued to increase, with around 140 being issued in 2024 for a variety of events in Napier City compared with just over 100 in 2020 and 2021.
- There are 6 of the 137 on-licences open to the maximum permitted in LAP, being a 3am closing time. In total, there are 78 premises licensed to stay open until after 12am midnight.
- There is strong international and domestic evidence that support the proposition that the longer licensed premises are open, the more alcohol related harm that can be attributed to them including:
- NZ Police believe that off licences contribute to alcohol related harm by among other things facilitating pre and side loading. Evidence is that reductions in hours of sale both on and off licensed premises are associated with reduced alcohol related harm.
- The Medical Officer of Health states there is clear evidence that alcohol-related harm is higher among communities who live in high levels of deprivation. There is also clear evidence that the density of licensed premises within a community correlates with levels of alcohol related harm.
- Alcohol causes significant harms to individuals, whānau and communities, costing NZ an estimated \$9.1 billion each year (NZIER, 2024).
- Alcohol related harms are not fairly distributed and health burden from alcohol is disproportionately borne by Māori and male. Māori are twice as likely to die from alcohol-related causes compared to non-Māori (Chambers, et al., 2024).
- Councils wishing to develop a LAP can be confident that setting broad limits on trading hours and density is an effective way to reduce alcohol harm with strong community support (as cited in Public Health Communication Centre, 2024).
- Off-licences, including supermarkets and grocery stores, sell over 80% of all alcohol in New Zealand. These outlets are easily accessible and often operate with long trading hours, which increases the potential for alcohol-related harm, as alcohol is consumed in unregulated environments where supervision is minimal.
- Lastly, the absence of regulation concerning remote sales from off-licenses is a significant issue, particularly in a market where an increasing proportion of the population is turning to online platforms to purchase alcohol. This is an area that warrants attention in order to mitigate alcohol-related harm.

## **Introduction**

### ***Purpose***

The purpose of this report is to examine alcohol-related harm data required under Section 78 of the Sale and Supply of Alcohol Act 2012 (the Act). This report aims to provide assessment of available information to inform the review of the Napier City Council (NCC) Local Alcohol Policy.

The Policy is required to be reviewed no later than 6 years after it came into force.

The Research Report should be read in conjunction with the Issues and Options Report which examines various options available to the Council as part of its review of the LAP.

Evidence indicates that alcohol-related harm is present within Napier City, with Māori, youth, and individuals residing in areas of socio-economic deprivation experiencing disproportionate impacts. In response, the Council has explored a variety of policy measures aimed at further reducing alcohol-related harm. These proposed measures are outlined in the draft LAP, which is open for community consultation.

### ***Scope***

The scope and structure of this Research Report aligns with the requirements for developing a Local Alcohol Policy as set out in section 78 of the Sale and Supply of Alcohol Act 2012 (the Act). This section states that when producing a draft policy, a territorial authority must have regard to—

- (a) the objectives and policies of its district plan; and
- (b) the number of licences of each kind held for premises in its district, and the location and opening hours of each of the premises; and
- (c) any areas in which bylaws prohibiting alcohol in public places are in force; and
- (d) the demography of the district's residents; and
- (e) the demography of people who visit the district as tourists or holidaymakers; and
- (f) the overall health indicators of the district's residents; and
- (g) the nature and severity of the alcohol-related problems arising in the district.

### ***Methodology***

Data collection for this research report involved two key components. First, staff collaborated with Hastings District Council Officers to collate and analyse information to inform development of the Local Alcohol Policy. Relevant alcohol literature was also reviewed, with a list of references provided at the end of this report. Second, staff engaged with NZ Police and the Medical Officer of Health to make them aware of the policy review and gather data to inform the process.

## **Background**

Alcohol is a legalised drug with the potential to cause serious harm (Law Commission, 2010).

In 2023/24, four in every five adults (76.0%) drank alcohol in the past year, a decrease since 2019/20 (81.6%) (Ministry of Health, 2024).

The object of the Sale and Supply of Alcohol Act 2012 (the Act) is:

- (a) That the sale, supply and consumption of alcohol should be undertaken safely and responsibly; and
- (b) The harm caused by the excessive or inappropriate consumption of alcohol should be minimised.

Harm is defined very widely and includes any crime, damage, death, disease, disorderly behaviour, illness, or injury to individuals or the community either directly or indirectly caused by excessive or inappropriate alcohol consumption.

The Act allows territorial authorities to develop local alcohol policies (LAPs).

A LAP is a set of decisions made by a territorial authority in consultation with its community about the sale and supply of alcohol in its geographical area. Once a LAP is in place, licensing bodies will have to consider the policy when they make decisions on licence applications.

Section 78 of the Act requires when producing a draft policy, a territorial authority must have regard to—

- (a) the objectives and policies of its district plan; and
- (b) the number of licences of each kind held for premises in its district, and the location and opening hours of each of the premises; and
- (c) any areas in which bylaws prohibiting alcohol in public places are in force; and
- (d) the demography of the district's residents; and
- (e) the demography of people who visit the district as tourists or holidaymakers; and
- (f) the overall health indicators of the district's residents; and
- (g) the nature and severity of the alcohol-related problems arising in the district.

As per section 97 of the Act, a territorial authority must review the policy utilising the Special Consultative Procedure no later than 6 years after it came into force and no later than the 6 years after the most recent review was completed.

When reviewing a LAP, the territorial authority must follow the process as if it were the adoption of a new LAP (i.e. using the special consultative procedure).

## **Section 78(2)(a): Objectives and policies of the district plan**

The District Plan is a formal document prepared under the provisions of the Resource Management Act 1991.

### **Relevant objectives of the Proposed District Plan**

Some of the relevant objectives of the Proposed District Plan are the following:

- SD-UFD-O3: Napier CBD - A vibrant and sustainable Napier CBD, with a mix of complementary activities and public spaces that encourage inner city/fringe city living.
- SD-UFD-05: Centre Zones - Centre zones provide for community and economic wellbeing by:
  - a. Being a focal point for economic and community life, including through agglomeration of retail, hospitality, and community facilities.
- SD-UFD-O10: Quality environment - Attractive, safe, and healthy environments to live, work, and play.
- LCZ-O2: Character and amenity - Development and activities contribute to an attractive local centre that does not detract from the character of
  - a. suburban environment.

### **Relevant policies of the Proposed District Plan include:**

- SD-UFD-P6: Integration with social facilities - Enable social facilities to meet the diverse demographic and cultural needs of people and communities.
- Additionally, matters of discretion for additions and alterations within the Local Centre Zone are the following:
  1. Vibrancy and vitality of the local centre;
  2. Safety, attractiveness, and connectivity of streets and public open spaces;
  3. Resilience and infrastructure, and
  4. Quality living environments.

The commercial objective of the commercial environments is to enable the continued use and development of commercial activities and resources while ensuring the adverse effects on nearby land uses are avoided, remedied, or mitigated. Policies to achieve this objective include:

- Ensure that the effects of noise generated within the zone do not extend beyond the zone boundary.
- Ensure that new residential activities in the commercial area do not give rise to reverse sensitivity effects for noise.
- Avoid, remedy or mitigate the effects of light spill beyond the zone boundary.
- Avoid, remedy or mitigate the effects of signs on the amenity of adjoining residential zones.
- Identify distinct commercial zones within the City that recognise the existing investment in commercial infrastructure.

The Operative District Plan states that noise has become one of the more significant effects of commercial areas with changes to the operating hours of shopping centres and also with the increasing number of cafes and bars. Changes to the liquor licensing laws have also meant that the effects of noise from commercial zones are more noticeable. Commercial zones are an appropriate place for these types of land uses. However the effects beyond the zone must be managed.

Research found that zoning policies would have greatest impact on the most deprived neighbourhoods that were estimated to experience reductions in violent crime (Trangenstein, et al., 2020). However, there is a lack of published outcome evaluations relevant to New Zealand to inform an understanding of the effectiveness of zoning changes on indicators of alcohol-related harm (Alcohol Healthwatch, 2024a).

## **Section 78(2)(b): Number of licences, location and opening hours**

As of December 2024, there were a total of 232 licences (On, Off, and Club) throughout Napier City that sell and supply alcohol. That is, approximately 35 licences per 10,000 residents in Napier City. There are approximately 23 licences per 10,000 residents in New Zealand.

### **On-licences: number, location and opening hours**

Napier has a total of 138 on-licences, including pubs, restaurants, cafés and bars.

On-licenses are commonly located in Ahuriri, Napier South and Taradale.

The most common on-license opening hours are 8.00am, and closing times are between 12am (midnight) and 2am. There are 6 of the 137 on-licences open to the maximum permitted in LAP, being a 3am closing time. In total, there are 78 premises licensed to stay open until after 12am midnight.

While these are the licensed hours, many premises will not open until later in the day.

### **Off-licences: number, location and opening hours**

Napier has a total of 62 off-licences, including bottle stores, remote sellers and supermarkets.

Off-licences are commonly located Ahuriri, Napier South, Onekawa and Taradale.

The most common licensed opening time is 9.00am and the most common closing time is 10pm (32 Licences).

Currently, 21 of the 62 off-licences are remote sellers that open or close at 'anytime', however these are online sales only.

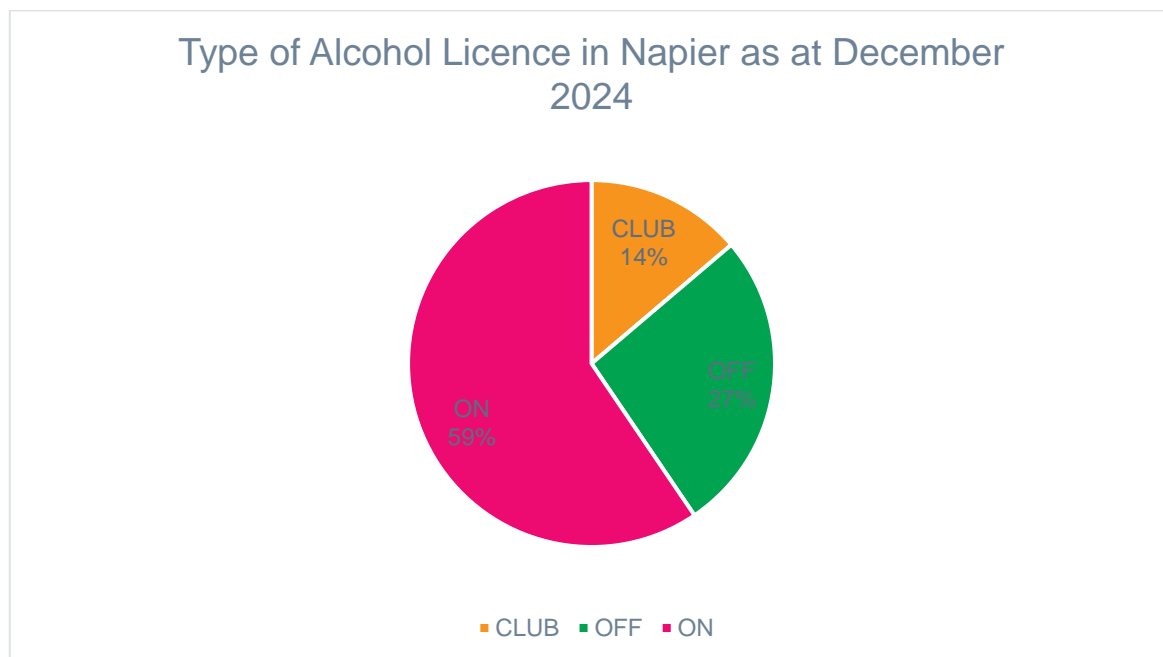
Napier City has 9 supermarkets or grocery stores can open at 7am and close at 10pm. There are 23 other off-licences with a closing time of 10.00pm.

**Club licences: number, location and opening hours**

Napier has a total of 32 club licences, including various sports clubs, theatrical society, and social clubs.

Club licences are commonly located in Ahuriri, Marewa, Napier, Onekawa and Taradale.

Many of the Club licences (14/31) have a closing time of 1.00 am.



**Graph 1:** Type of Alcohol Licence in Napier as of December 2024.

**Locations of licenced premises**

Appendix 1 includes a map of Napier provides the locations of licensed premises as at 29 January 2025. In summary, licenced premises are located in the following city and suburban areas:

Suburb	OFF	ON	CLUB	Grand Total	Area (km2)	Density (licensed premises / km2)	Density (licensed premises / Population)
Ahuriri	7	28	3	38	1.01	37.47	0.0327
Napier South	16	69	5	90	2.54	35.46	0.0190
Bluff Hill	3	1	2	6	1.42	4.23	0.0023
Marewa	3	2	4	9	2.27	3.96	0.0018
Onekawa	5	5	3	13	3.70	3.51	0.0086
Tamatea	2	3	2	7	2.15	3.26	0.0013

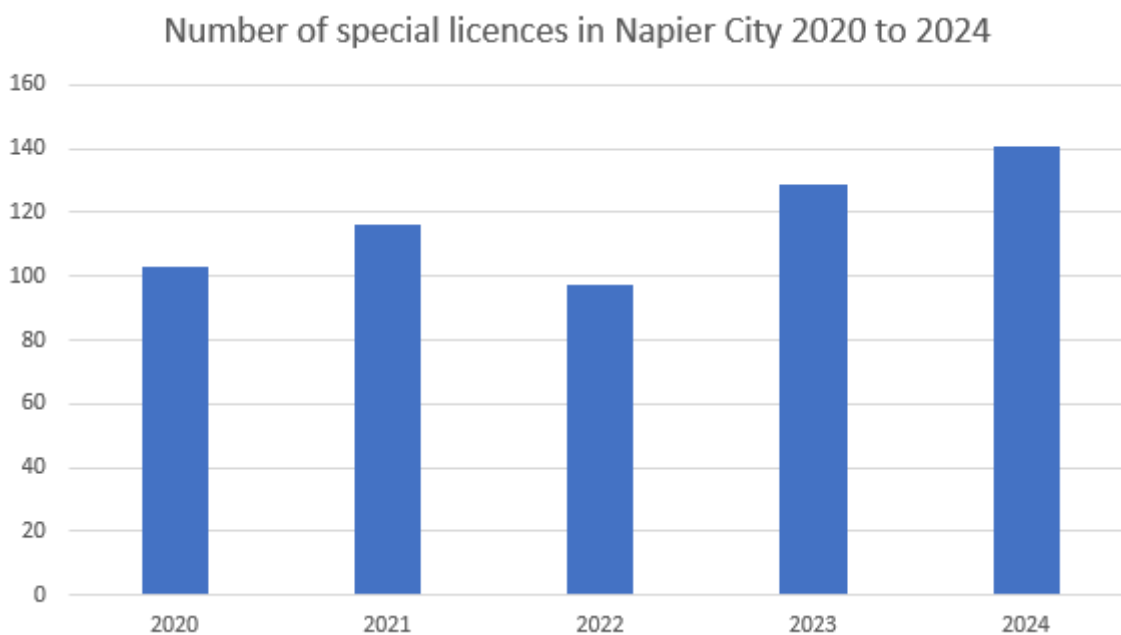


Greenmeadows	4	2	1	7	3.09	2.27	0.0013
Taradale	5	15	4	24	11.38	2.11	0.0019
Maraenui	2			2	1.05	1.90	0.0006
Pandora	2			2	1.23	1.62	0.0142
Pirimai	2			2	1.43	1.40	0.0005
Te Awa	1			1	1.03	0.97	0.0022
Westshore	2	5	1	8	9.80	0.82	0.0070
Hospital Hill		1		1	1.31	0.76	0.0003
Bayview	4	3	3	10	17.33	0.58	0.0045
Meeanee	3	3	1	7	17.39	0.40	0.0215
Awatoto		1	1	2	5.91	0.34	0.0025
Poraiti	1		2	3	17.76	0.17	0.0015
<b>Grand Total</b>	<b>62</b>	<b>138</b>	<b>32</b>	<b>232</b>	<b>102</b>		

**Table 1:** Locations of Licensed premises by ward / suburb and indicative density

### Special licences: number, location and opening hours

Napier City has a variety of events that hold special licence such as sports events, art deco weekend, festivals and concerts. There is a trend of more special licences being sought is increasing year on year.



**Graph 2:** Number of special licences in Napier City 2020 to 2024

### Section 78(2)(c): Areas in which bylaws prohibit alcohol in public places

Pursuant to section 147 of the Local Government Act 2002, council may make bylaws for the purpose of prohibiting or regulating the following:

- The consumption of alcohol in public places;
- The bringing of alcohol into public places;
- The possession of alcohol in public places.

Council has “The Napier City Public Places Liquor Control Bylaw 2021” which came into force on 21st December 2021. The primary purpose of this bylaw is to enhance safety and the public enjoyment of public places in a responsible manner, particularly within the central city, by providing for liquor control in specified public areas to reduce the incidence of alcohol-related offences, particularly those of a violent and/or destructive nature.

Alcohol ban areas are located within the Napier CBD, Marewa, Ahuriri, Taradale, Westshore, and Maraenui.

## **Section 78(2)(d) and Section 78(2)(e): Demography of residents and people who visit Napier**

To provide an understanding of the demography of residents in Napier, this section examines various demographic characteristics including ethnic groups, age profile, geographic distribution and level of socioeconomic deprivation.

According to the 2023 Census,

- The Hawke’s Bay region has a total population of 175,074.
- The usually resident population in Napier City is 64,695 which is an increase of 3.9% since 2018. For comparison, New Zealand's overall population grew by 6.3% during the same period.
- Ethnic groups in the Napier city included European (79%), Māori (24.2%), Pacific peoples (4.2%), Asian (6.5%), Middle Eastern/Latin American/African (1.0%), and Other ethnicity (1.3%).
- The largest age group in Napier City are individuals aged 10-14 (6.8%). With the median age being 42 years.
- The percentage of the population in the 25-64 years age group in Napier is 49.4% as at 30 June 2023.
- There are 26,739 dwellings in Napier City as of the 2023 census which is an increase from 25,287 since the 2018 census.

A range of social and economic regional data, is available online at <https://hawkesbay.communitycompass.co.nz/monitor/summary/overview>

This social and economic data includes Napier City being ranked:

- 3 out of 66 available districts for the Crime Rate (2024). A rank of 1 means the district has the highest Crime Rate.
- 33 out of 60 available districts for the Deprivation Index (2024). A rank of 1 means the district has the highest Deprivation Index. Note this is an average and some parts of Napier rank in the highest deprivation levels across the whole of NZ (eg, Maraenui, Onekawa East and Marewa East rank 1st= of 1916 communities in all of NZ) – see here: <https://hawkesbay.communitycompass.co.nz/monitor/deprivation/key-metrics/index>
- 39 out of 66 available districts for the Cancer Mortality Rate (2018). A rank of 1 means the district has the highest Cancer Mortality Rate.

The population weighted deprivation index in Napier, for 2018 is 5.9. The most deprived areas in Napier City include Maraenui, Onekawa, and Tamatea (10 deprivation index 2018).

### **Tourists and Visitors**

The demography of people who visit Napier is influenced by its art deco architecture, festivals, many wineries, restaurants, bars and cafes. In a pre-COVID environment, approximately 70-75% of visitors to Hawke's Bay were from domestic regions. They may visit to see friends and relatives, attend an event, a wedding or a conference or may purely be in the region to have a holiday. Most visit during the summer months of December / January and February but increasingly visitors are coming in 'shoulder season months' like October / November and March / April.

Hawke's Bay's Visitor Economy is the third largest contributor to regional GDP (after processing/manufacturing and agriculture) and is estimated to represent 9-10% of the total employment in the region. It therefore plays an important role in bringing money into the economy, and supporting jobs and businesses, including the Napier CBD.

Analysis undertaken by specialist economic impact modelling agency Hughes Economics, Auckland (January '23) indicates that the total direct visitor spending in Hawkes Bay over the year ended October 2022, of \$696 million, has a total direct plus flow-on or multiplied GDP or economic activity impact within the region of \$666.31 million and a total flow-on employment impact in the area of 9,468 full/part-time employees.

Total visitor industry GDP in the region grew at an estimated annual average rate of 5-6% over the 2012-2022 interval, compared to the 'all industries' growth figure of 4.7%.

According to New Zealand tourism data accessed online, 32% of visitors to Hawke's Bay are in the age range of 18-34 and activities most associated with the region include art deco heritage, vineyard tastings, wine trails, and brewery or vineyard tours.

## **Section 78(2)(f): Overall health indicators of residents**

This section presents overall health indicators of residents.

There is clear evidence nationally that alcohol-related harm is higher among communities who live in high levels of deprivation (Ministry of Health, 2024).

Harm is also evident in the Napier community, with the majority of alcohol-related presentations to Hawke's Bay Hospital's Emergency Department (ED) from Decile 8 - 10 suburbs (see Table 2 below).

**Top five suburbs in the Napier City Council area for alcohol-related emergency department presentations November 2021 – October 2023**

Suburb	Count	Deprivation
Marewa	43	10
Greenmeadows	37	5
Maraenui	37	10
Onekawa	34	10
Nelson Park	30	8

**Table 2:** Top five suburbs in the Napier City Council area for alcohol-related emergency department presentations November 2021 – October 2023

The New Zealand Health Survey, which provides results by gender, age group, ethnic group, neighbourhood deprivation and disability status. The Survey includes 180+ indicators with data for the 2023/24 collected between July 2023 and July 2024, and a sample size of 9,719 adults and 3,062 children. Note this dates is for all of New Zealand, not specifically Hawkes Bay or Napier.

### Self-rated health

- Most adults (85.4%) reported that they were in ‘good health’ (which is defined as good, very good or excellent) in 2023/24. This is similar to 2022/23, when 86.2% of adults stated they were in good health.
- In 2023/24, disabled adults were less likely (60.0%) to have reported being in good health than non-disabled adults (87.8%), after adjusting for age and gender.
- Nearly all children were in good health in 2023/24. 96.5% of children were reported by their parents to be in ‘good health’ compared to 98.2% five years ago.
- 82.0% of adults reported high or very high family wellbeing in 2023/24.
- Disabled adults were less likely to report high levels of life satisfaction (61.0%) than non-disabled adults (85.0%).

### Psychological distress

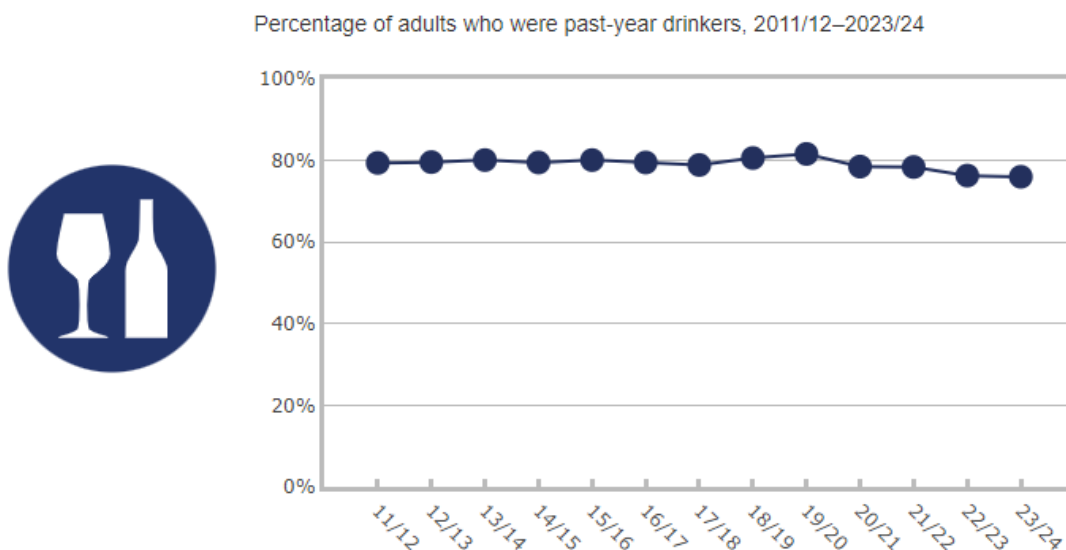
- In 2023/24, 67.8% of adults experienced none or low levels of psychological distress with 19.1% experiencing moderate levels in the four weeks prior to the 2023/24 survey. However, one in eight adults (13.0%) experienced high or very levels of psychological distress.
- After adjusting for age and gender differences, Māori and Pacific adults were 1.4 and 1.3 times as likely to have experienced psychological distress as non-Māori and non-Pacific adults, respectively.
- Adults living in the most socioeconomically deprived areas were 1.7 times as likely to have experienced psychological distress as those in the least deprived areas, after adjusting for age, gender and ethnicity.
- High or very high levels of psychological distress were more common in young adults aged 15–24 years (22.9%), disabled adults (33.2%), and in Pacific (20.0%) and Māori (19.5%) adults.

- High or very high levels of psychological distress have increased over the last five years (8.3% in 2018/19 to 13.0% in 2023/24), with the largest increase in those aged 25–34 years (from 8.8% to 18.0%).
- Disabled adults were more likely to experience high or very high levels of psychological distress than non-disabled adults (33.2% and 11.2%, respectively).

### Past year drinking

- In 2023/24, four in every five adults (76.0%) drank alcohol in the past year, a decrease since 2019/20 (81.6%).
- Although the legal age for purchasing alcohol in New Zealand is 18 years old, 51.0% of those aged 15–17 years drank alcohol in the past year.
- Men were 1.1 times as likely to have been past-year drinkers than women, after adjusting for age.
- Pacific and Asian adults were less likely to have had alcohol in the past year than non-Pacific and non-Asian adults, after adjusting for age and gender.
- After adjusting for age, gender, and ethnic group, those in the most socioeconomically deprived areas were less likely to have consumed alcohol in the past year than those living in the least deprived areas.
- Disabled adults were less likely to have drunk alcohol in the past year than non-disabled adults, after adjusting for age and gender. The rates were 66.5% and 76.9%, respectively.

### Past-year drinking



**Graph 3:** Percentage of adults who were past-year drinkers, 2011/12–2023/24 (Ministry of Health, 2024).

### Hazardous drinking

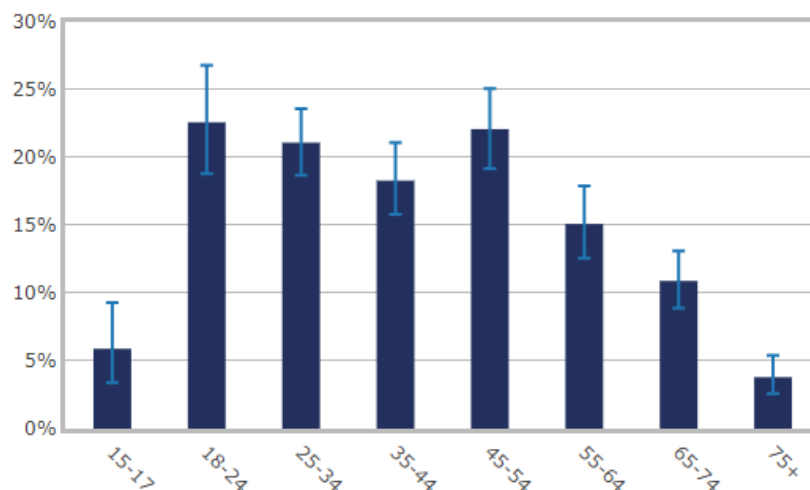
- In 2023/24, the highest prevalence of hazardous drinking was among those aged 18–24 years, at 22.6%. The prevalence of hazardous drinking was also high in those aged 25–34 (21.1%), 35–44 (18.3%) and 45–54 (22.1%).

- The rate of hazardous drinking was 16.6%, which is equivalent to about 720,000 adults. This is similar to last year (16.0%), but down from 20.4% in 2018/19.
- The largest decrease in hazardous drinking over the last five years was among young people 18–24 years (from 35.8% to 22.6%).
- The prevalence of hazardous drinking was 22.2% among men and 11.2% among women. Men were 2.0 times more likely to be hazardous drinkers than women, after adjusting for age.
- Asian adults (5.7%) had the lowest rate of hazardous drinking compared to other ethnic groups: Māori (29.6%), Pacific (16.2%) and European/Other (17.9%).
- One in 12 adults (8.2%) reported drinking six or more drinks on one occasion at least weekly. This is a decrease since 2018/19, when the rate was 12.3%.

### Hazardous drinking



Percentage of adults who were hazardous drinkers, by age, 2023/24



**Graph 4:** Percentage of adults who were hazardous drinkers, by age, 2023/24 (Ministry of Health, 2024).

### Napier City health indicators

In Napier City, other indicators of overall health include:

- Life expectancy: The life expectancy of a Napier City resident is 78.8 years for Males and 82.6 for Females This is lower than the national life expectancy of 80 years for males and 83.5 years for females based on Stats NZ data available online between 2017-2019.
- Wellbeing: Following a spike in mental distress during the post-cyclone period, the community mental wellbeing index decreased to 10.5, indicating reduced distress. Most mental wellbeing attributes returned to their historical levels, with the exception of the persistent slightly higher level of individuals feeling worried about everyday problems (48%).

- Personal health: Similar to mental health wellbeing, Cyclone Gabrielle was a significant contributing factor for respondents rating their personal health in the post-cyclone period. Later in 2023, more respondents rated their personal health as 'good' or 'very good' (64%). However, this result remained below the levels observed from 2020 (70%) to 2022 (69%) (Napier City Council, 2023).

## **Section 78(2)(g) Nature and severity of the alcohol-related problems**

### ***Alcohol related harm data***

Alcohol related harm spans a wide range of impacts due to the ubiquitousness of alcohol in people's lives and the wide range of consequences that alcohol consumption may have (NZIER, 2024).

Alcohol causes a substantial preventable health burden. The health burden was disproportionately borne by Māori and males. Cancers, injuries and wholly attributable alcohol conditions (e.g. alcohol use disorders) contribute the large majority of alcohol-attributable mortality and morbidity (Chambers, et al., 2024).

In the Act, alcohol-related harm means the harm caused by the excessive or inappropriate consumption of alcohol; and includes any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by the excessive or inappropriate consumption of alcohol; and any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury.

A report by the NZIEH estimates the current annual cost of alcohol-related harm at \$9.1 billion, with the harms resulting from non-disordered drinking costing over double the amount of harms resulting from disordered drinking. Alcohol use disorders accounted for approximately 28% of the total cost of harm, leaving a staggering 72% of the total cost due to non-disordered alcohol consumption. This finding signals that population level harm reduction strategies are required alongside targeted strategies for people with alcohol use disorder (Alcohol Healthwatch, 2024b).

Harms include many significant concerns for the government and the public, such as cancers, road crashes, crime, mental illness, suicide, and family harm (NZIER, 2024). Many of these impact drinkers and non-drinkers alike and have ripple effects affecting multiple sectors and even intergenerational outcomes (NZIER, 2024). Short-term harms include alcohol poisoning, and injury from violence and accidents. Examples of long-term harms include liver disease, alcohol use disorder, various cancers and dementia. Harms to other people can come from unintentional injury (eg traffic, fire), miscarriage, or foetal alcohol spectrum disorder.

### **What type of licenced premises is causing harm?**

There is high quality evidence that consistently shows that reducing alcohol availability reduces alcohol-related harm (as cited in Public Health Communication Centre, 2024), accordingly:

- Closing bars and pubs (on-licences) earlier leads to fewer physical harms including assaults, (Connor et al., 2021), injuries and vehicle crashes (Nepal, et al., 2020) and Wilkonson, et al., 2016).
- European studies indicate limiting off-premises trading hours has similar benefits and also reduces consumption (Babor et al., 2023).
- NZ data shows people buying take-away alcohol after 10pm from off-licences are more likely to be heavier drinkers (Casswell, et al., 2014).
- Recent evidence suggests outlet density has a greater impact on high-risk drinking among lower income groups, and in NZ, higher off-licence premises density has been linked to a greater likelihood of binge drinking (Connor., et al., 2011)

A study by Crossin, et al., 2023 indicated that alcohol remained the most harmful drug for the total population when separately considering harm to those who use it, and harm to others. Māori tend to be overrepresented in drug harm incidents and have disproportionate alcohol-related harm (as cited in Crossin, et al., 2023).

The analysis of alcohol-related harm in Napier through both Emergency Department data and NZ Police data reveals clear peak periods occurring late at night and in the early morning, especially over weekends.

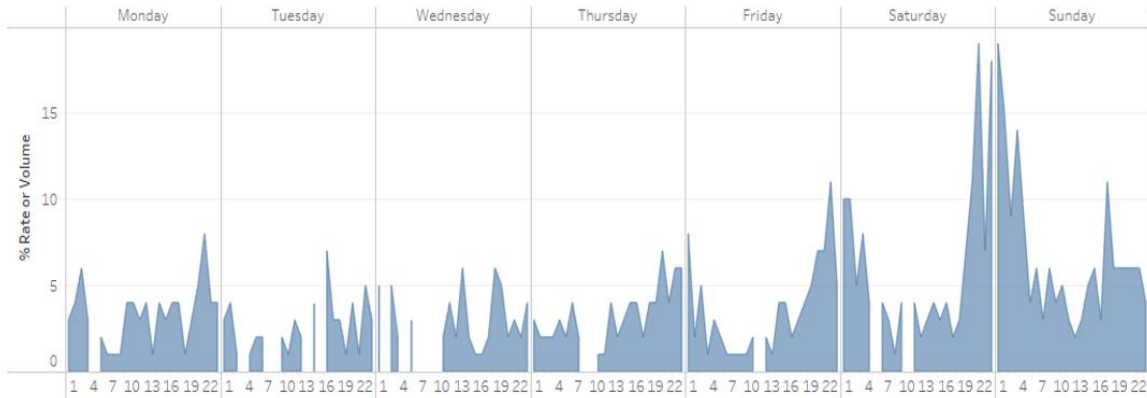
Evidence suggests that on-demand services may increase alcohol-related harm (particularly due to its influence on underage and binge drinking), through increased access, poor age verification and lack of vendor liability (as cited in Public Health Communication Centre, 2024). Research has recommended closing all loopholes in the Act regarding online sales that may undermine the effect of LAPs (as cited in Public Health Communication Centre, 2024). Researchers note that LAP trading hours must apply to online sales and deliveries, and a 2-hour delay before delivery is needed to improve safety. Checks to prevent supply or delivery to minors and intoxicated people should meet the requirements placed on physical outlets.

### **Alcohol related presentations into Hawke's Bay Hospital Emergency Department**

Data on alcohol related presentations into Hawke's Bay Hospital Emergency Department data were reviewed as a part of the research requirements.

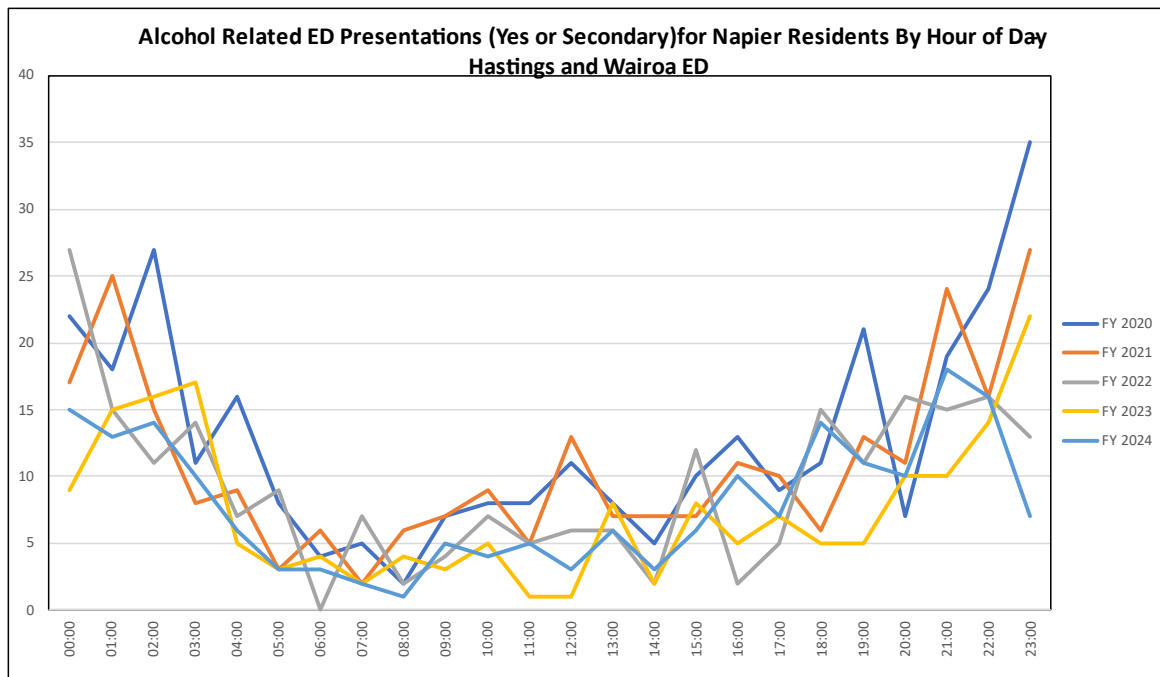
Saturday and Sunday have the highest rates of alcohol related presentations into ED, followed closely by Friday. Rates of alcohol related ED presentations peak Saturday 9pm and again at midnight Saturday / Sunday morning. Rates start to rise from Friday night 10.00 pm through to 4.00 am Sunday morning. A total of 46% of the alcohol related presentations occur over the weekend (298 of the 641 total alcohol related presentations).





**Graph 5: Rate of alcohol related presentations into Hawke’s Bay Hospital Emergency Department**

For most days of the week emergency department presentations start to rise from 7pm (1900hrs) as seen in the graphic below, this trend has not changed over the last 4 years. Policy provisions in the LAP could help reduce alcohol related harm by intervening at these times of highest harm.



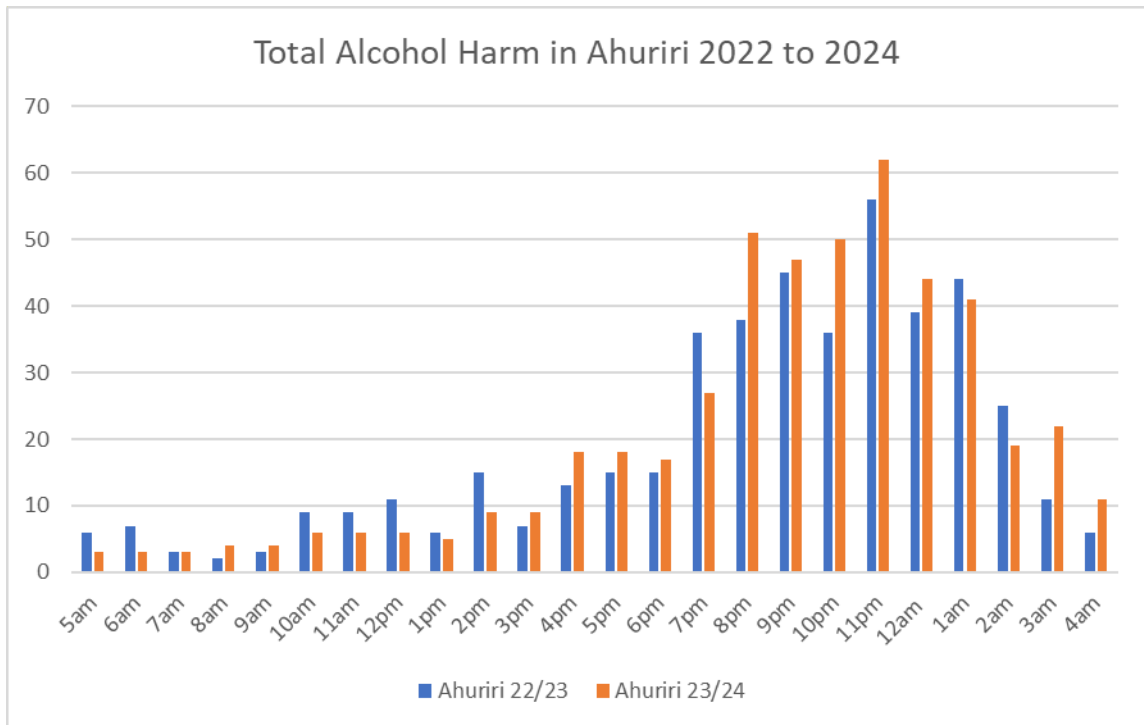
**Graph 6: Alcohol Related Emergency Department Presentations by hour of Day**

**New Zealand Police total alcohol harm incident data**

NZ Police provided Council with alcohol harm incident data for incidents in Ahuriri, Napier CBD, Taradale, Tamatea and Maraenui. The NZ Police data provided shows the time blocks with the highest alcohol-related harm were in the early hours of the morning and late evening periods.

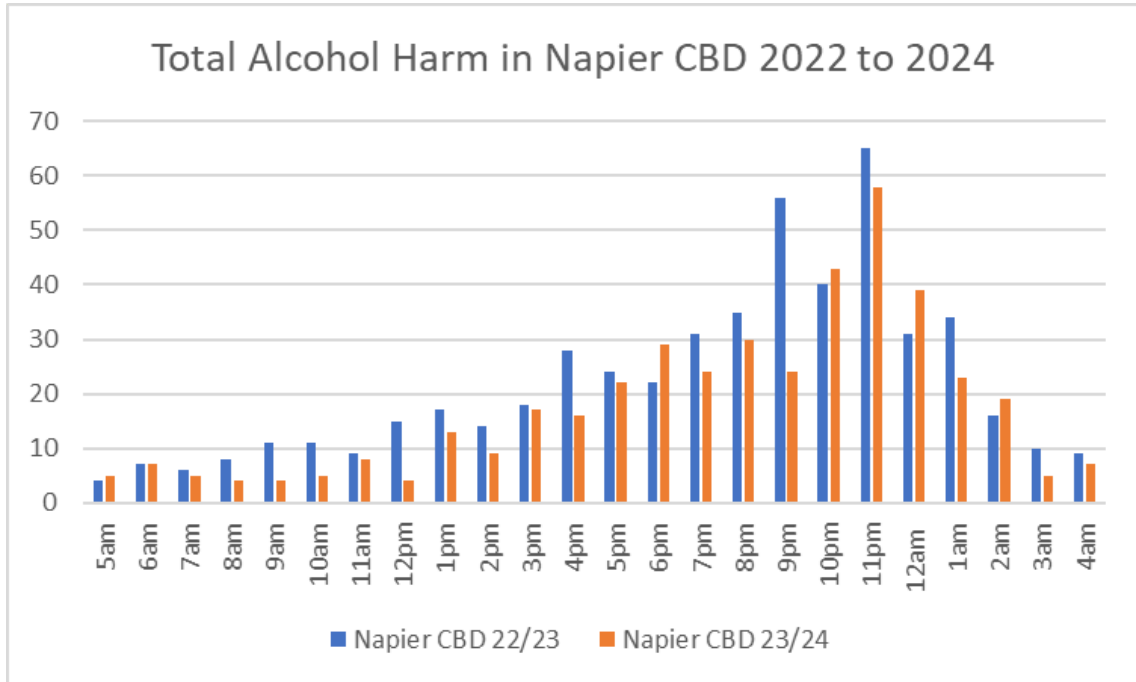
Council Officers noted that harm incidents start to rise from 8pm, as seen in the graphic below. The peak periods of alcohol related harm between 8pm and 4am)

consistently show the highest alcohol-related harm (accounting for between 55% to 70% of the total incidents). This time period likely correlates with the tail end of social gatherings, bars closing, and heightened alcohol consumption.



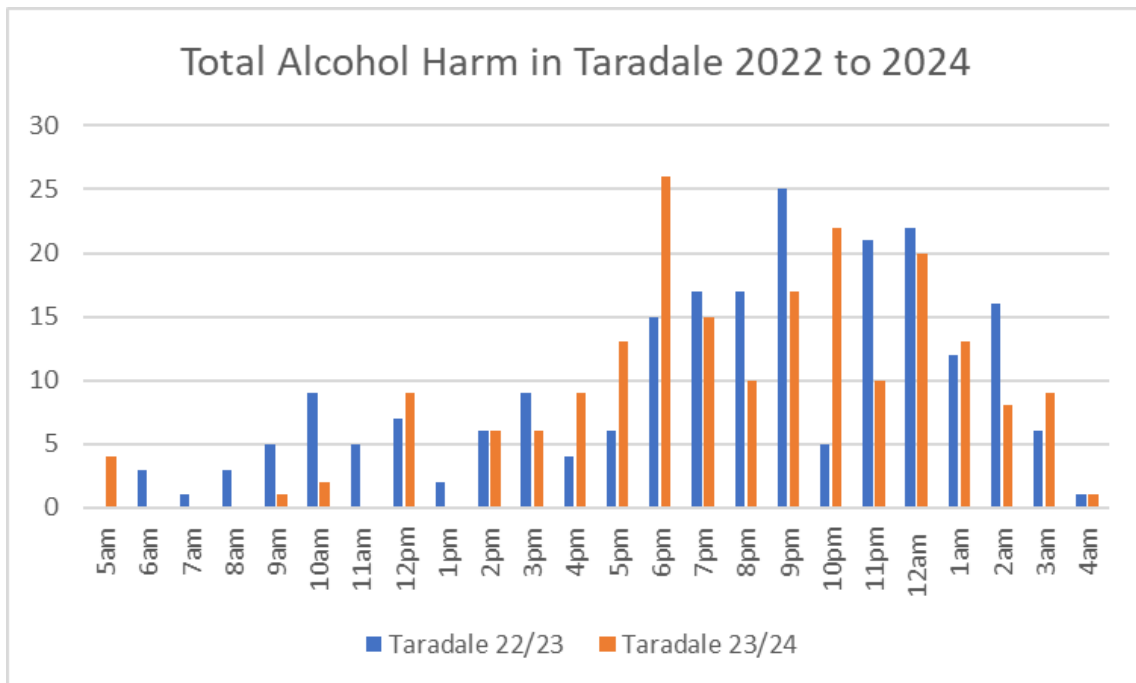
**Graph 7: Ahuriri alcohol related incidence (NIA Data – NZ Police) by time of the day 2022-23 / 2023-24**

In Ahuriri, the late-night trends show a substantial increase in incidents occurring during the 8:00 PM - 9:59 pm window, and 11pm to 3pm window, this time period likely correlates with social gatherings, bars being open, and heightened alcohol consumption.



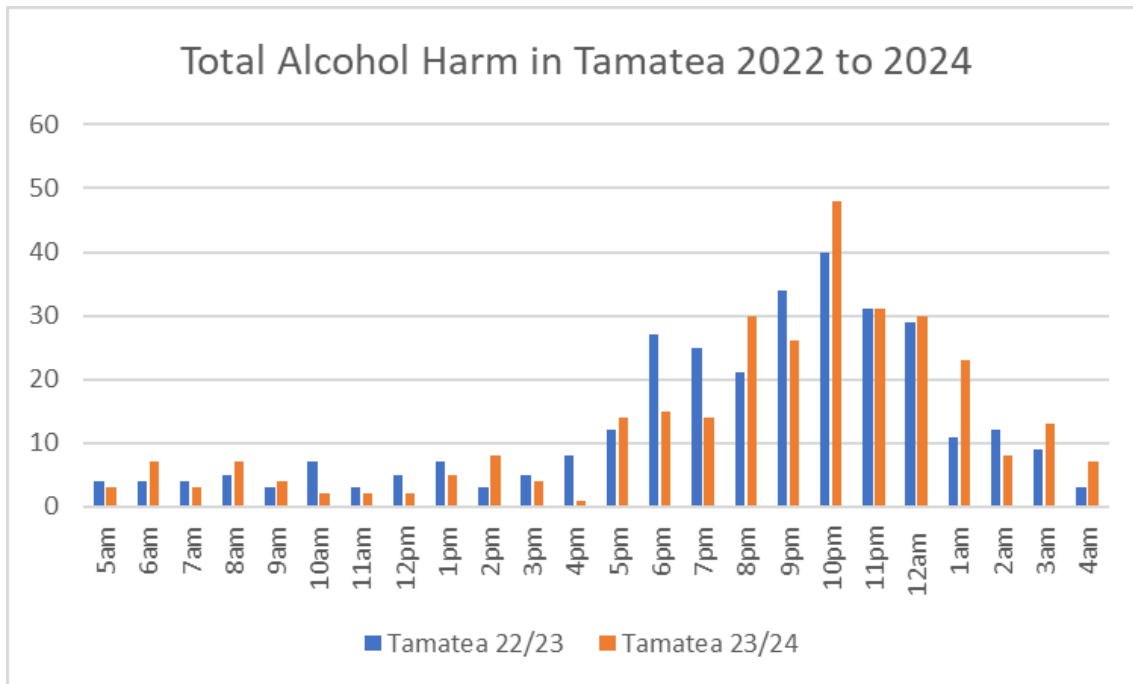
**Graph 8: Napier City CBD alcohol related incidence (NIA Data – NZ Police) by time of the day 2022-23 / 2023-24**

In Napier CBD the late-night trends showing a substantial increase in incidents occurring during the 9:00 PM - 9:59 pm window, and 11pm to 11.59pm this time period likely correlates with social gatherings, bars being open, and heightened alcohol consumption.

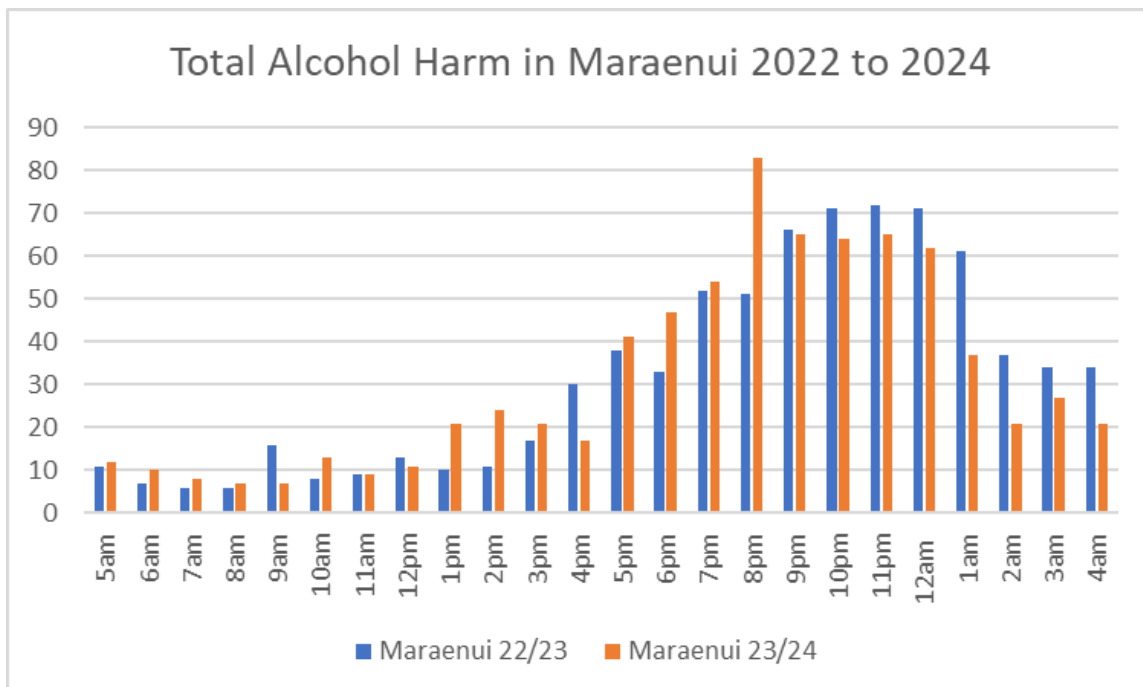


**Graph 9: Taradale alcohol related incidence (NIA Data – NZ Police) by time of the day 2022-23 / 2023-24**

Late afternoon 3.00pm to 5.59pm shows a notable spike in alcohol-related harm, possibly due to post-work drinking sessions or events where alcohol is consumed after the working day ends or perhaps day time drinking.



**Graph 11: Tamatea alcohol related harm incidence (NIA Data – NZ Police) by time of the day 2022-23 / 2023-24**



**Graph 12: Maraenui alcohol related harm incidence (NIA Data – NZ Police) by time of the day 2022-23 / 2023-24**

In summary, a significant proportion of alcohol-related harm is concentrated during late evening hours (8:00 PM - 9:59 PM) through to the early morning hours

(12:00 AM - 2:59 AM), while the late afternoon (3:00 PM - 5:59 PM) also shows a noticeable spike. This is a trend that occurs in many of the suburbs within Napier including Ahuriri, Napier CBD, Taradale, Tamatea, and Maraenui,

### ***Longer trading hours and consequent greater availability increases alcohol-related harm at a community level***

There is strong evidence that supports the proposition that the longer alcohol licenced premises are open, the more alcohol related harm that can be attributed to them. Studies include:

- A systematic review of studies examining on-licence trading hours provided evidence that extended trading hours at on-licence premises was typically followed by increases in the incidence of assault, unintentional injury or drink driving offences and that conversely, restricting trading hours was typically followed by decreases in the incidence of assault and hospitalisation” (Nepal, et al., 2020).
- The relationship between alcohol availability, trading hours, and alcohol-related harm is well-established. International and national studies document that longer trading hours and consequent greater availability increases alcohol related harm at a community level (Alcohol Healthwatch, 2024a, Hahn, et al., 2010).
- Rossow and Norstrom (2012) highlights the significant impact that even small extensions in trading hours can have on violent crime, underscoring the importance of carefully considering the optimal trading hours for reducing harm.
- Graham (2012) suggests that research should focus not only on when to close, but also on the potential displacement effects of early closures, where drinking may shift to unsupervised locations.

### ***Alcohol-related harm is higher among communities who live in high levels of deprivation***

This research identifies evidence nationally that alcohol-related harm is higher among communities who live in high levels of deprivation (New Zealand Health Survey (2023/24)). As advised by the Medical Officer of Health, this is also evident in the Napier community, with the majority of alcohol-related presentations to Hawke’s Bay Hospital’s Emergency Department (ED) from Decile 8 - 10 suburbs (see Table 2, pg 12).

### ***Alcohol harm in scene type being a public space***

NZ Police provided data on alcohol harm reported in public spaces which included the following:

Category	2021-2022	2022-2023	2023-2024
1000 - Violence	117	98	83
2000 - Sexual	4	2	6
3000 – Drugs & Antisocial	81	78	74
4000 – Dishonesty	9	19	9
5000 – Property Damage	15	29	15
6000 – Property Abuse	3	5	5
7000 - Administrative	3	4	5
Incidents	133	124	135
Tasks	0	0	0
Traf Offs – Precedent Codes	492	668	747
<b>TOTAL</b>	<b>857</b>	<b>1027</b>	<b>1079</b>

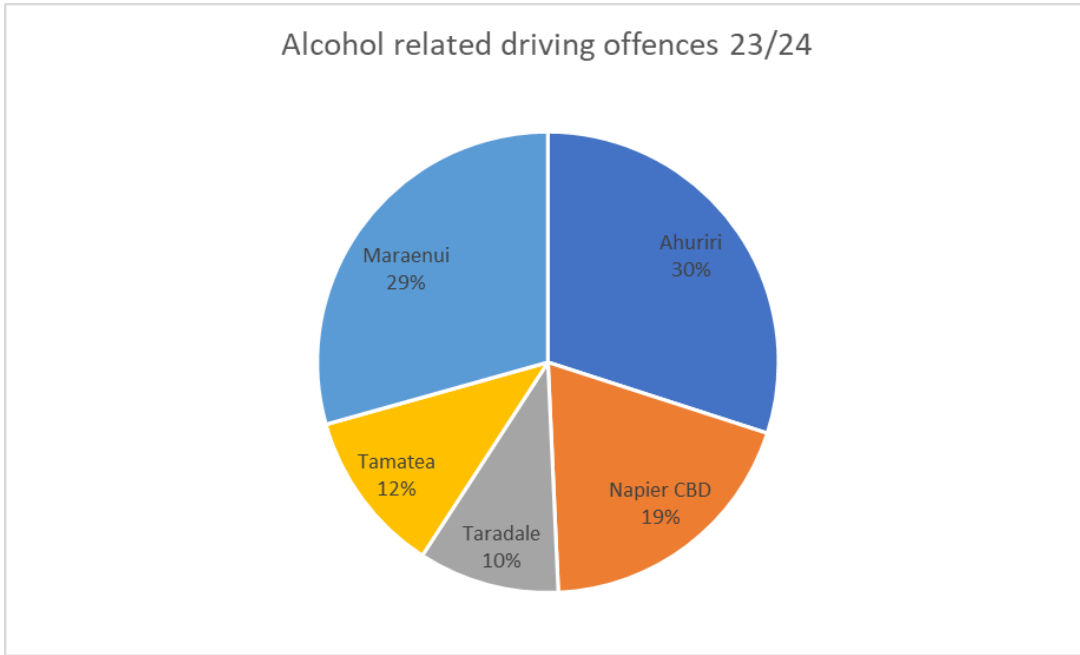
**Table 3:** Alcohol Harm in Scene Type =Public Space

### ***Drink driving related offences***

Note that drug specific driving related offences and those that do not differentiate between being alcohol related or drug related are unable to be excluded from the data provided.

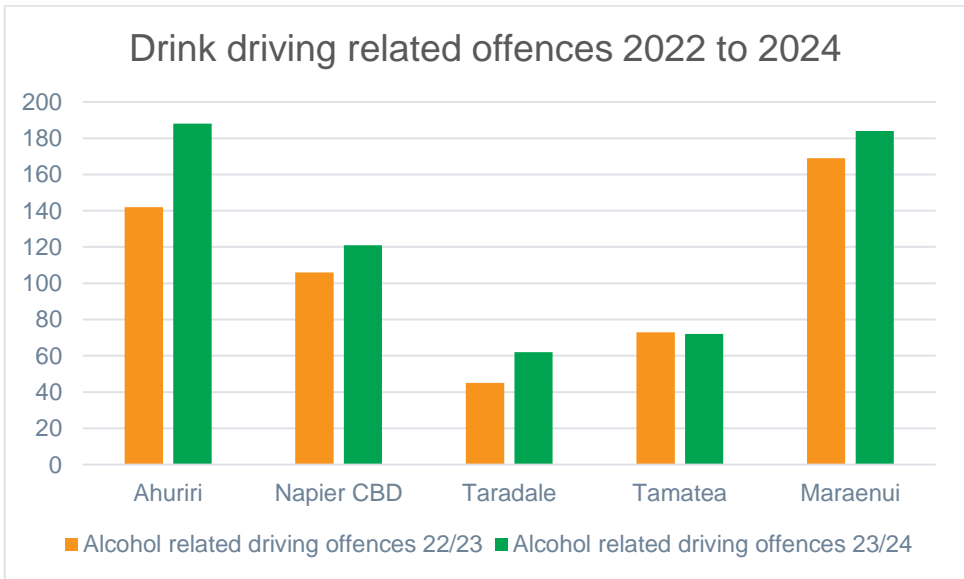
Data is provided on drink driving related offences in Ahuriri, Napier CBD, Taradale, Tamatea and Maraenui were provided by NZ Police.

In 2024, Ahuriri and Maraenui contributed to nearly 60% of alcohol related driving offences reported by NZ Police.



**Graph 13:** Alcohol related driving offences 23/24

The trend of drink driving related offences in many suburbs within Napier City is increasing for example, in Ahuriri, the number detected increased by 46 from 142 to 188 from 22/23 to 23/24, and Maraenui the number detected increased by 15 from 169 to 184 in 22/23 to 23/24.



**Graph 13:** Drink driving related offences 2022 to 2024

***Crash data – Ministry of Transport and Waka Kotahi NZ Transport Agency***

Crash data are derived from Traffic Crash Reports completed by police officers who attend fatal and injury crashes. The detailed information about crash circumstances and causes is extracted and reported by the Ministry of Transport and Waka Kotahi NZ Transport Agency.

In 2023, in NZ, there were:

- 138 fatal crashes,
- 293 serious injury crashes, and
- 726 minor injury crashes where driver alcohol/drugs was a contributing factor.

In these crashes, 155 people died, 413 people were seriously injured, and 1086 people suffered minor injuries.

For more information about driver alcohol reporting in the Crash Analysis System, please see Research Report 694 Alcohol related crash trends (NZ Transport Agency Waka Kotahi)(<https://www.nzta.govt.nz/resources/research/reports/694/>)

## Conclusion

This report and information provided by the Medical Officer of Health and New Zealand Police identify that alcohol has a large effect on the health and wellbeing of our residents in Napier City. A summary of key points is noted below:

- There has been an increase in the number of new licences being applied for, showing demand and potential increase in the number of licences in the future.
- High deprivation across Napier City including suburbs of including Marewa, Maraenui, and Onekawa puts our region at a higher risk of harms relating to alcohol.
- Napier has a large population of Māori (24.2%) and research indicates that Māori are disproportionately affected by the harms of alcohol.
- Data provided by Health New Zealand has shown that a large proportion of hospital admissions in Napier City are contributed to by alcohol, with numbers higher at in areas of higher deprivation and a peak from Saturday 9pm and again at midnight Saturday / Sunday morning.
- Hospital admission rates start to rise from Friday night 10pm through to 4am Sunday morning. A total of 46% of the alcohol related presentations occur over the weekend (298 of the 641 total alcohol related presentations).
- Feedback provided from the Medical Officer of Health and NZ Police indicates that there is great potential and support to strengthen the provisions in our LAP. This includes placing tighter restrictions maximum trading hours and venue density.
- Such reductions in trading hours are associated with reduced alcohol-related harm.
- In 2023/24, violence offences made up the highest proportion of alcohol-related offending in Napier City with 19% and 16% respectively in 2022/23 and 2023/24. Drug and anti-social offences made up the next highest proportion of alcohol-related offending with approximately 7% of incidents in Napier City in 2022/23 and 2023/24.
- According to the Ministry of Transport, over the years 2021 - 2023, driver alcohol/drugs was a factor in 48 percent of fatal crashes, 13 percent of serious injury crashes, and 10 percent of minor injury crashes.



## **Recommendations**

This research report reviewed recent evidence on alcohol harm from available sources including data provided by the Medical Officer of Health and NZ Police.

Officers recommend Napier City Council consider policy provisions for:

- location of licenced premises (broad areas, or proximity restrictions on new licences being issues in communities with high levels of alcohol-related harm), such as Marewa, Maraenui and Onekawa.
- further reductions in the maximum trading hours.
- a range discretionary conditions to be considered across all licence types including on, off, club and special licences.
- one-way door restrictions.

Officers will provide further detail on these policy provisions within the issues and options paper.

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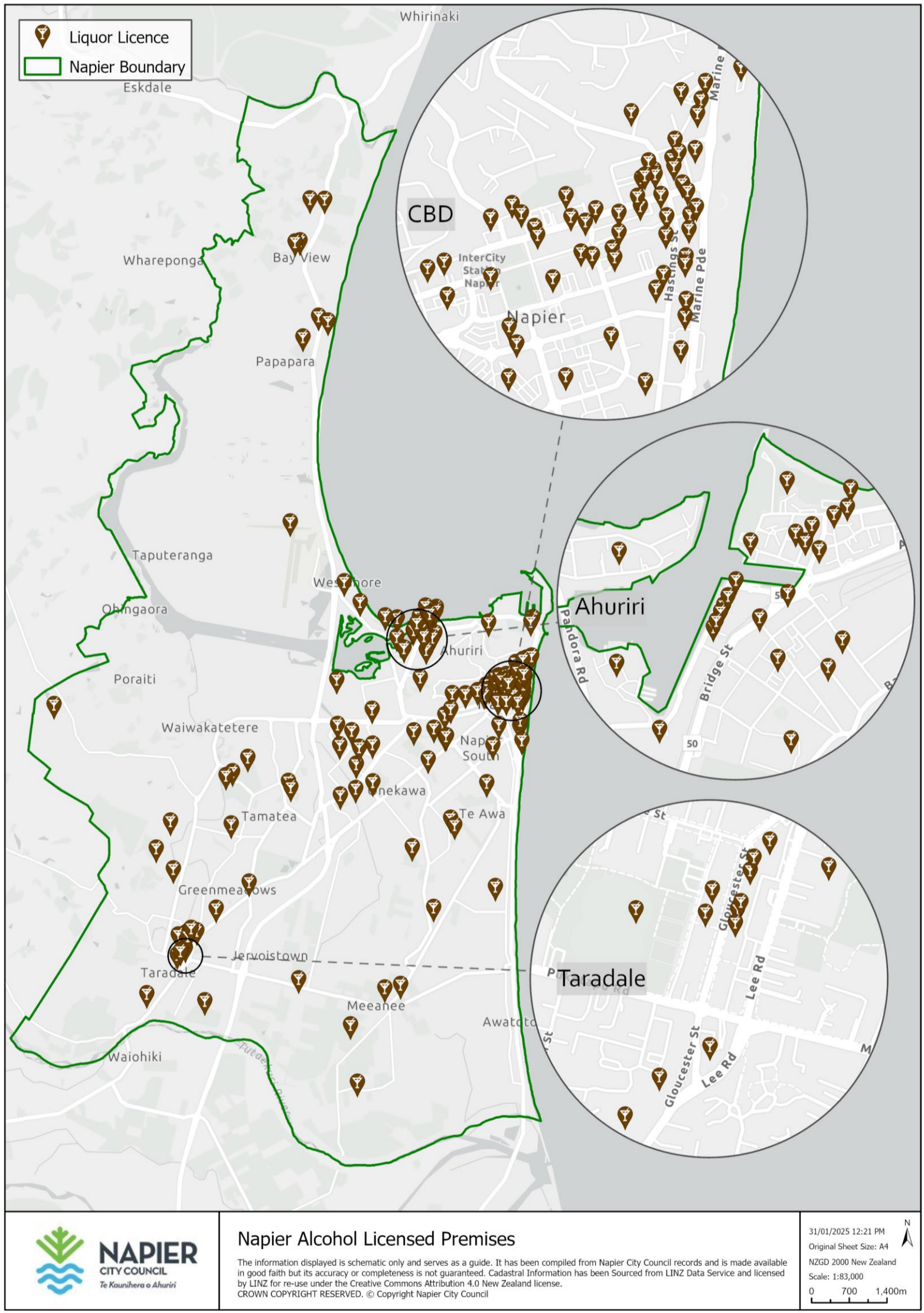
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# Appendix 1: Map of licenced premises in Napier

Map downloaded from Napier City Council Geographical Information System with Licenced Premises (Liquor Licences selected).  
 Map can be viewed online at: [Liquor Licences and Licenses](#)

A download and snapshot is provided below:



## Napier Alcohol Licensed Premises

The information displayed is schematic only and serves as a guide. It has been compiled from Napier City Council records and is made available in good faith but its accuracy or completeness is not guaranteed. Cadastral Information has been Sourced from LINZ Data Service and licensed by LINZ for re-use under the Creative Commons Attribution 4.0 New Zealand license. CROWN COPYRIGHT RESERVED. © Copyright Napier City Council

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