



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
Fax 03 769-7791

21 December 2020

9(2)(a)

RE Official information request WCDHB 9492

I refer to your email dated 9 November 2020 requesting the following information under the Official Information Act from West Coast DHB, and further clarified on 19 November 2020 below. Specifically:

- Please provide a yearly breakdown of how many people were treated at West Coast District Health Board from 2015 to 2020 to date (including through the COVID-19 period) for alcohol related harm. People who have alcohol poisoning.***
 - Broken down by age groups of those treated and ethnicity.***

There are many avenues that people may seek treatment for alcohol poisoning and for alcohol-related harm, as there are varying degrees of harm thus associated; both to self and to others. For the purposes of answering this question, we have therefore interpreted and limited our response as being people treated for individual personal treatment at our Emergency Department and acute unplanned care services at our integrated hospital and health centres. Data collection for alcohol involvement in emergency presentations at these settings only commenced from 1 July 2015 onward. These factors noted, the data for each calendar year from 2015 to 2020 (to 31 October 2020) of local people and visitors from other areas thus seen and treated by age cohort and by ethnicity are listed respectively in Table 1(a) and Table 1(b) below as follows:

Table 1 (a): Emergency Department and Acute Unplanned Care Service Presentations By Age Cohort

Calendar Year	Age Cohort***								Total
	0 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81+	
2015*	51	57	20	23	31	24	13		219
2016	86	139	65	86	95	63	36	19	589
2017	81	134	58	80	88	52	40	8	541
2018	74	126	49	73	82	51	31	8	494
2019	77	96	52	73	93	70	33	14	508
2020**	48	87	62	49	69	60	25		400

*Data from 1 July 2015 – 1 December 2015 only

**10-month period 1 January – 31 October 2020

***Note: where numbers are <5 in an age band we have aggregated the age bands i.e. 0-10, 81-90 and 90+ with the nearest cohort cluster under section 9(2)(a) of the Official Information Act to protect the privacy of the individual.

Table 1 (b): Emergency Department and Acute Unplanned Care Service Presentations By Ethnicity

Calendar Year	European	Maori	Pacific / Other Ethnicity***	TOTAL
2015*	160	55	4	219
2016	478	88	23	589
2017	449	74	18	541
2018	407	78	9	494
2019	408	87	13	508
2020**	333	54	13	400

*Data from 1 July 2015 – 1 December 2015 only

**10-month period 1 January – 31 October 2020

*****Note:** we have aggregated the numbers under section 9(2)(a) of the Official Information Act to protect the privacy of the individual.

2. Please provide a yearly breakdown of how many people were admitted to West Coast District Health Board from 2015 to 2020 to date (including through the COVID-19 period) for alcohol related harm. Those who have injured themselves with alcohol in their system

a. Broken down by age groups of those admitted and ethnicity.

We note that admissions may be for a combination of diseases or disorders where alcohol may be a feature or factor, and such admissions will be variously caused or impacted by short-term effect or harm for long-term alcohol use as a complication or comorbidity. We capture this by disease code rather than necessarily by cause.

The **tables** below show the numbers of admissions to our integrated hospital and health facilities and the number of individual people to which these admissions related, in the calendar years from 1 January 2015 and 31 October 2020. These admissions are not necessarily the direct result of alcohol, either self-ingested or by other injury. Rather, they are cases where alcohol is listed as a factor in their diagnosis. Principal diagnoses for the following inpatient events included a range of primary diseases and conditions; with alcohol coded as a complication and/or comorbidity.

These caveats noted, the number of admissions to the various services at our integrated hospital and health centre facilities from 2015 to 2020 where alcohol was coded as being involved or being a complication / comorbidity by age cohort and by ethnicity are listed respectively in **Tables 2 (a and b)**, and **Tables 3 (a and b)** below as follows:

Table 2 (a): Number of admissions where alcohol was coded as a complication/ comorbidity factor by Age Cohort

Calendar Year	Age Cohort**							Total
	0-20	21-30	31-40	41-50	51-60	61-70	71+	
2015	22	19	14	24	22	20	10	131
2016	13	15	9	20	31	16	15	119
2017	16	21	13	24	68	33	16	191
2018	11	14	12	19	70	50	28	204
2019	11	21	11	19	39	23	13	137
2020*	9	15	17	17	28	25	14	125

*10-month period 1 January – 31 October 2020

****Note:** where numbers are <5 in an age band we have aggregated the age bands i.e. 0-10, 81-90 and 90+ with the nearest cohort cluster under section 9(2)(a) of the Official Information Act to protect the privacy of the individual.

Table 2 (b): Number of admissions where alcohol was coded as a complication/ comorbidity factor by Ethnicity

Calendar Year	European	Maori / Pacific / Other Ethnicity**	TOTAL
2015	101	30	131
2016	98	21	119
2017	159	32	191
2018	166	38	204
2019	114	23	137
2020*	104	21	125

*10-month period 1 January – 31 October 2020

**Note: we have aggregated the numbers under these ethnicities pursuant to section 9(2)(a) of the Official Information Act to protect privacy of the individual

Table 3 (a): Number of people admitted during the year where alcohol was coded as a complication/ comorbidity factor by Age Cohort

Calendar Year	Age Cohort**							Total
	0-20	21-30	31-40	41-50	51-60	61-70	71+	
2015	21	18	13	20	17	15	9	113
2016	13	13	9	14	23	14	11	97
2017	15	21	13	18	25	18	11	121
2018	11	14	9	17	38	26	23	138
2019	11	17	10	16	23	19	11	107
2020*	9	13	14	16	19	20	11	102

*10-month period 1 January – 31 October 2020

**Note: where numbers are <5 in an age band we have aggregated the age bands i.e. 0-10, 81-90 and 90+ with the nearest cohort cluster under section 9(2)(a) of the Official Information Act to protect the privacy of the individual.

Table 3 (b): Number of people admitted during the year where alcohol was coded as a complication/ comorbidity factor by Ethnicity

Calendar Year	European	Maori / Pacific / Other Ethnicity**	TOTAL
2015	85	28	113
2016	78	19	97
2017	95	26	121
2018	110	28	138
2019	89	18	107
2020*	85	17	102

*10-month period 1 January – 31 October 2020

**Note: we have aggregated the numbers under these ethnicities pursuant to section 9(2)(a) of the Official Information Act to protect privacy of the individual

3. *Please provide a yearly breakdown of how many people died from alcohol related harm at West Coast District Health Board from 2015 to 2020 to date (including through the COVID-19 period) Those who have been injured by others with alcohol in their system.*

Q 3. We do not hold information on cause of death for our patients in an easily retrievable electronic data system. Whether alcohol may have been a major or minor contributing factor in a person's death is difficult to determine without reviewing individual patient records. We are therefore declining a

response to this question pursuant to section 18(f) of the Official Information Act i.e. *...the information cannot be made available without substantial collation and research.*"

- 4. Please provide a yearly breakdown of the cost for each person who was treated at West Coast District Health Board from 2015 to 2020 to date (including through the COVID-19 period) for alcohol related causes. Those who may be referred to the hospital from concerns around mental health issues relating to alcohol.**

West Coast DHB does not have the ability within our costing systems to break down treatment costs for each person who has been or is treated at West Coast DHB-provided services. We note that alcohol-related causes – be it resultant from long term alcoholism or one-off events involving alcohol harm, and be it intentional, accidental, inflicted by third party, or ill-defined in individual patient case note notation - could extend to all manner of emergency, medical, surgical, and mental health disciplines; physical and counselling treatments; and can be delivered in a wide range of inpatient, outpatient and community clinical settings. We therefore decline your request for costing information under Section 18 (g) of the Official Information Act i.e. *"... that the information requested is not held"* by the West Coast DHB, and additionally under Section 18 (f) of the Official Information Act i.e. *"... that the information requested cannot be made available without substantial collation or research."*

- 5. Other health issues such as being admitted for diseases that could impact a patient's liver, heart, brain etc relating to long term use of a long-term use of alcohol.**

The various impacts of alcohol to the physical and mental health to individuals, and resultant impact to others arising from collateral alcohol-related harm, is well established and internationally recognised. The detailed exploration of these issues is widely publicly available through numerous international research studies, journals, clinical reviews, books, and a host of other print and media publications.

West Coast DHB has not undertaken or commissioned any research studies of this depth or nature in relation to people from our DHB region, and we are not aware of any specific independent research studies that explore these topics in respect of the West Coast that may have been undertaken for the time-period from 2015 to current. We therefore decline your request for costing information under Section 18 (g) of the Official Information Act i.e. *"... that the information requested is not held"* by the West Coast DHB.

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support