



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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31 May 2022

9(2)(a)

RE Official Information Act request WCDHB 9692

I refer to your email dated 13 April 2022 to the Ministry of Health which they subsequently transferred to us on 29 April 2022 requesting the following information under the Official Information Act from West Coast DHB pertaining to Alcohol Related Harm. Specifically:

- 1. Please provide a yearly breakdown of how many people were treated from 2012-2022 (to date) for alcohol related harm.**
- 2. Please provide a yearly breakdown of age groups of those treated in your DHB between 2012-2022 for alcohol related harm.**
- 3. Please provide a yearly breakdown of the ethnicity of those treated in your DHB from 2012-2022 for alcohol related harm.**

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 questions 1 – 3 above, 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.

West Coast DHB does not hold a central record of additional information you have requested prior to 1 July 2015 back to 2012; the only such information that may be recorded being that held in individual clinical case notes and patient records as may be pertinent to individual patient concerned. We therefore decline to provide additional information for Emergency Department presentations that may or may not be held if we undertook manual research of each of individual patients' case notes under Section 18 (f) of the Official Information Act i.e. *"... that the information requested cannot be made available without substantial collation or research."*

These factors noted, the data for each calendar year from 2015 to 2022 (to 31 March 2022) of local people and visitors from other areas thus seen and treated by age cohort and by ethnicity in answer to Questions 1 – 3 above are listed in Table 1(a) and Table 1(b) overleaf as follows:

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

Calendar Year	Age Cohort***							
	0 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81+
2015*	51	57	20	23	31	24	13	
2016	86	139	65	86	95	63	36	19
2017	81	134	58	80	88	52	40	8
2018	74	126	49	73	82	51	31	8
2019	77	96	52	73	93	70	33	14
2020	53	111	76	69	81	71	28	5
2021	46	130	60	94	99	74	35	11
2022**	< 5	< 5	< 5	< 5	< 5	< 5	< 5	0

*Data from 1 July 2015 – 1 December 2015 only

**1-month period 1 - 31 January 2022 only. Data not yet available from Indici system newly introduced in February 2022.

*****Note:** we have aggregated the age bands i.e. 0-10, 81-90 and 90+ with the nearest cohort cluster and are declining to provide numbers <5 pursuant to 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***
2015*	160	55	<5
2016	478	88	23
2017	449	74	18
2018	407	78	9
2019	408	87	13
2020	414	64	16
2021	466	71	12
2022**	13	< 5	< 5

* Data from 1 July 2015 – 1 December 2015 only

** 1-month period 1 - 31 January 2022 only. Data not yet available from Indici system newly introduced in February 2022.

*** **Note:** We are declining to provide numbers <5 pursuant to section 9(2)(a) of the Official Information Act to protect the privacy of the individual.

4. Please provide a yearly breakdown of age groups of those admitted to your DHB from 2012-2022 for alcohol related harm.
5. Please provide a yearly breakdown of ethnicity of those admitted to your DHB from 2012-2022 for alcohol related harm.
6. Please provide a yearly breakdown of age groups of those admitted to your DHB from 2012-2022 for alcohol related harm. *(Noted: repetition of Question 4 above)*

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 overleaf 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 2012 and 31 March 2022. 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. Principle diagnoses for the following inpatient events included a range of other primary diseases and conditions; with alcohol coded as a complication and/or comorbidity.

These caveats noted, the number of admissions and number of individuals admitted to the various services at our integrated hospital and health centre facilities from 2012 to 2022, 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**						
	0-20	21-30	31-40	41-50	51-60	61-70	71+
2012	10	15	11	19	21	9	<5
2013	12	16	16	23	17	13	16
2014	22	14	17	25	30	17	9
2015	22	19	14	24	22	20	10
2016	13	15	9	20	31	16	15
2017	16	21	13	24	68	33	16
2018	11	14	12	19	70	50	28
2019	11	21	11	19	39	23	13
2020	10	20	19	22	35	30	15
2021	10	28	11	28	37	16	19
2022*	6	5	< 5	< 5	< 5	6	< 5

*3-month period 1 January – 31 March 2022

**Note: where numbers are <5 in a complete year 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	NZ European	Maori	Pacific / Other European / and Other Ethnicity**
2012	73	9	5
2013	89	18	6
2014	93	24	17
2015	93	28	10
2016	92	20	7
2017	149	27	15
2018	158	36	10
2019	105	21	11
2020	120	18	13
2021	125	12	12
2022 *	18	8 **	

* 3-month period 1 January – 31 March 2022

**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 (unique count of individuals) admitted during the year where alcohol was coded as a complication/ comorbidity factor by Age Cohort

Calendar Year	Age Cohort**						
	0-20	21-30	31-40	41-50	51-60	61-70	71+
2012	10	13	10	14	17	7	<5
2013	12	14	13	20	14	10	9
2014	21	14	14	20	27	15	7
2015	21	18	13	20	17	15	9
2016	13	13	9	14	23	14	11
2017	15	21	13	18	25	18	11
2018	11	14	9	17	38	26	23
2019	11	17	10	16	23	19	11
2020	10	17	16	21	23	22	12
2021	10	18	11	24	26	15	15
2022*	< 5	5	< 5	< 5	< 5	6	< 5

*3-month period 1 January – 31 March 2022

**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 (unique count of individuals) admitted during the year where alcohol was coded as a complication/ comorbidity factor by Ethnicity

Calendar Year	European	Maori	Pacific / Other European/ Other Ethnicity**
2012	59	9	<5
2013	71	15	6
2014	81	21	16
2015	80	26	7
2016	74	18	5
2017	88	21	12
2018	102	26	10
2019	81	16	10
2020	95	16	10
2021	98	10	11
2022*	17	7 **	

*3-month period 1 January – 31 March 2022

**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

7. Please provide a yearly breakdown of the cost for each person treated / admitted in your DHB for alcohol related causes.

West Coast DHB does not have a costing system that allows us to determine costs for individualised patient treatment due to alcohol related harm. We therefore decline your request for this data under Section 18(g) of the Official Information Act i.e. “... that the information requested is not held” by the West Coast DHB.

8. Please provide a breakdown of how many patients were admitted to Emergency Departments where alcohol was determined to be a factor in their admission from 2012-2022.


This data is outlined in Tables 1 (a) and 1 (b) above.

I trust that 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

A handwritten signature in dark ink, appearing to read 'Rls', followed by a long horizontal line extending to the right.

Ralph La Salle
Senior Manager, OIAs
Canterbury DHB & West Coast DHB