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An RFI provides data and aggregate information for a specific purpose – we share these widely in case they are useful for others.

Request for Information

Alcohol-Related ED Presentations and Hospitalisations Among Tasman District Residents

Purpose

The purpose of this document is to present evidence on alcohol-related health harm among Tasman District residents attending Nelson and Wairau Hospitals.

Request date: 12/02/2025

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Key insights

- *There has been a decrease in the recording rate of alcohol-involved ED presentations for Nelson and Wairau Hospital from financial year 2020/21 – 2024/25. This decrease limits the ability to identify and have confidence in trends in alcohol-involved presentations.*
- *A higher proportion of alcohol-related ED presentations were for males than females across all five years.*
- *AAH estimates provide information on the health burden associated with alcohol consumption for 26 conditions recorded in hospitalisations data.*
- *In the 2023/24 financial year, the total estimated number of AAHs for Tasman District Council Territorial Authority was 316.*

Introduction

This report presents data on alcohol-related harm among Tasman District residents for the period 1 July 2020 to 30 June 2025. It focuses on three key areas:

1. All emergency department (ED) presentations, analysed by financial year.
2. Alcohol-related ED presentations, analysed by financial year and gender.
3. Alcohol-attributable hospitalisations (AAH) for 2023/24, estimated using alcohol-attributable fractions (AAF) applied to all hospitalisations.

ED Presentations

Background

The ED alcohol-involved flag is used to monitor acute alcohol-related presentations to emergency departments throughout New Zealand.

Hospital staff record whether an ED presentation is related to alcohol using a Ministry of Health mandated flag variable. The variable classifies presentations into four categories:

- **Yes** - alcohol consumption is directly associated with this presentation.
- **Secondary** - consequence of others' alcohol consumption.
- **No** - alcohol consumption is NOT directly associated with this presentation.
- **Unknown** - could not determine if alcohol is associated with this presentation.

Details on data quality and sources are described in the Interpreting Data section (page 5).

For Wairua and Nelson Hospitals, no records were identified as secondary suggesting a difference in policy or recording practice.

All ED Presentations by Financial Year

The number of ED presentations recorded as "unknown" with respect to alcohol involvement increased substantially over the five most recent years (from 504 to 1,026, over a 200% increase). This increase in 'unknown' recording rate limits the ability to identify or have confidence in the observed trends in alcohol-involved presentations.

Over the five most recent financial years, total ED presentations among Tasman District residents increased from 11,544 to 13,701 (a 19% increase) (Table 1). Recorded alcohol-related ED presentations peaked in 2020/21, declined in 2021/22, and then fluctuated within a relatively narrow range through to 2024/25.

Table 1. ED Presentations among Tasman District residents attending Nelson and Wairau Hospitals, by financial year. Source: National Non-Admitted Patient Collection (NNPAC) retrieved 12 February 2026.

Tasman District Residents	2020/21	2021/22	2022/23	2023/24	2024/25
Alcohol-related ED Presentations (alcohol involved flag values of Yes or Secondary)	345	245	289	270	249
Not related to Alcohol	10,695	11,325	11,453	11,998	12,426
Unknown	504	355	660	924	1,026
Total ED Presentations	11,544	11,925	12,402	13,192	13,701
Alcohol-related ED presentations (%)	3.0	2.1	2.3	2.0	1.8

Alcohol-Related ED presentations by Financial Year and Gender

A higher proportion of alcohol-related ED presentations were recorded for males than females across all five years (Table 2). Between 2023/24 and 2024/25, the proportion of alcohol-involved presentations remained stable for females (1.6% to 1.5%) and declined modestly for males (2.5% to 2.2%). However, care should be taken in interpreting trends due to the large increase in 'unknown' ED presentations.

Table 2. Alcohol-related ED presentations (alcohol involved flag values of Yes or Secondary) among Tasman District residents attending Nelson and Wairau Hospitals, by financial year and gender. The another gender population is not shown due to very small or zero counts. Source: National Non-Admitted Patient Collection (NNPAC) retrieved 12 February 2026.

Tasman District Residents	2020/21	2021/22	2022/23	2023/24	2024/25
Female - Alcohol-related ED Presentations	134	89	110	106	106
Female - Total ED Presentations	5,631	6,052	6,083	6,489	7,051
Female - Alcohol %	2.4	1.5	1.8	1.6	1.5
Male - Alcohol-related ED Presentations	211	156	179	164	143
Male - Total ED Presentations	5,910	5,869	6,304	6,684	6,631
Male - Alcohol %	3.6	2.7	2.8	2.5	2.2

Alcohol-Attributable Hospitalisation Estimates

This document contains Alcohol-Attributable Hospitalisation (AAH) estimates for Tasman District Council Territorial Authority. In the 2023/24 financial year, the total estimated number of AAHs was 316. More detailed breakdowns of the AAHs are reported in Table 3

AAHs provide information on the health burden associated with alcohol consumption for 26 conditions recorded in hospitalisations data in 2023/24. The AAH estimates are calculated using alcohol-attributable fractions (AAFs), which are used to estimate the proportion of health outcomes associated with alcohol. The alcohol-attributable percentage gives the proportion of hospitalisations that are attributable to alcohol, e.g. the estimated number of alcohol-attributable hospitalisations divided by the count of hospitalisations.

The method to produce these estimates is based on a study conducted by Chambers et al. (2024) using 2017/18 data. The study created AAFs for New Zealand demographic groups. The AAFs were then applied to National Minimum Dataset (NMDs) information sourced from the Health New Zealand data warehouse to produce alcohol attributable hospitalisation estimates. The AAHs were limited to publicly funded discharges between 1 July 2023 and 30 June 2024 for individuals aged 15 years and over with known sex recorded as male or female.

AAFs for most diseases and conditions are positive, indicating that their occurrence is more likely given alcohol use. However, a small number of diseases and conditions have negative AAFs, reflecting possible contested protective effects of alcohol consumption (Chambers et al., 2024).

Table 3: Estimated wholly and partially alcohol-attributable conditions in Tasman District Council Territorial Authority, 2023/24 financial year. Counts of discharges have been suppressed where numbers are small to protect individual privacy and prevent potential identification. All values are suppressed in rows with suppressed discharge counts. All AAH counts have been rounded to the nearest whole number.

Condition	Number of Discharges	Estimated number of Alcohol-Attributable Hospitalisations (AAH)	Lower Confidence Interval AAH	Upper Confidence Interval AAH	Alcohol-Attributable Percent
Unintentional injuries	1,039	89	79	97	8.6
Alcohol use disorders	41	41	41	41	100
Transport injuries	249	39	35	43	15.7
Alcoholic gastritis	36	36	36	36	100
Atrial fibrillation and cardiac arrhythmia	151	18	15	21	11.9
Pancreatitis	64	17	13	21	26.6
Lower respiratory tract infections	216	15	11	18	6.9
Self-harm	94	14	11	16	14.9
Alcoholic cardiomyopathy	12	12	12	12	100
Liver cirrhosis	17	11	10	12	64.7
Colorectal cancer	63	8	6	9	12.7
Epilepsy	34	8	7	9	23.5
Breast cancer	56	7	6	8	12.5
Interpersonal violence	41	6	5	7	14.6
Haemorrhagic stroke	29	5	4	6	17.2
Lip and oral cavity cancer	11	5	5	6	45.5
Oesophageal cancer	S	S	S	S	S
Liver cancer	S	S	S	S	S
Hypertension	S	S	S	S	S
Diabetes	29	-1	-1	-1	-3.4
Ischaemic stroke	182	-1	-4	1	-0.5
Ischaemic heart disease	225	-13	-16	-11	-5.8
Tuberculosis	S	S	S	S	S
Larynx cancer	S	S	S	S	S
Pharynx cancer	S	S	S	S	S
Nasopharynx cancer	S	S	S	S	S

Interpreting data

Data quality

- Assessing the quality of emergency presentation data in the National Non-Admitted Patients Collection is challenging due to limited available variables. For example, the absence of diagnosis codes makes it difficult to independently verify whether an ED presentation was alcohol related. The only internal data quality indicator available is the proportion of ED presentations recorded with an "Unknown" status.
- The analysis in this document is based on home addresses recorded in the National Health Index (NHI) database. Each time patients interact with the health system, their addresses are checked against existing records and updated if a new address is provided. Consequently, the 'current' home address may not reflect the patient's address at the time of their ED presentation. Some patients may also provide outdated or inaccurate addresses.

Data sources

- ED Alcohol Flag data was extracted from National Collections NNPAC. Detailed information about NNPAC can be accessed on the Health New Zealand | Te Whatu Ora Website (Health New Zealand | Te Whatu Ora, 2026).

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