

Alcohol Data

New Zealand Data Sources Relating
to Alcohol

Prepared for:

The Alcohol Advisory Council of New
Zealand

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2 EXECUTIVE SUMMARY

This report details data collections in New Zealand which have an alcohol component. Data sources range from alcohol-specific collections such as the 'Drinking in New Zealand' reports to the 'Victimisation Study' which has just a few alcohol questions amongst a more broad study topic.

What each collection has in common is that the data is collected on a continuous basis, or where the intention is for it to be repeated. Data may be collected annually or less frequently. The majority of collections documented are taken from national data sources but some regional data is included where it is of an ongoing nature and is not collected elsewhere.

Information for this report was collected from phone interviews with the key contacts, and through published reports. The author and Alcohol Advisory Council of New Zealand (ALAC) staff identified key contacts. Following up on initial contacts provided further contacts.

The report sets out a brief description of each data source, the data items of interest to ALAC and the limitations and strengths of the data. A summary of each collection is based on its usefulness to the alcohol research community. It is important to note that the collections are described in respect of their importance to ALAC, which means that they may not be able to be generalised by other organisations or individuals who use this report.

Also identified in this report are organisations that collect little or no alcohol data. These are organisations that may be thought to contribute to the knowledge of the use and effects of alcohol. This is not to assume these organisations should collect such information but merely identifies them to ensure the report is as comprehensive as possible.

Gaps of understanding in the alcohol field have been identified in the report and a number of recommendations made. It is hoped this report may act as a guide for the development of information needs for the alcohol research community.

3 SUMMARY AND RECOMMENDATIONS

The following summaries have been made for each data source. Please note that the recommendations only relate to the alcohol component of each data source.

Alcohol Production: Statistics New Zealand

Statistics NZ collects and reports on the amount of pure alcohol and volume of alcoholic beverage available for consumption in New Zealand. It is important to note that while this information only relates to what is available for consumption, and not what is actually consumed, it is still likely to be fairly accurate. The data, which does not include home brewed drinks, is widely used internationally to measure and compare consumption and trends between countries.

Household Economic Survey: Statistics New Zealand

The aim of the Household Economic Survey (HES) is to provide statistics on the expenditure patterns, income, social and demographic characteristics of private households in New Zealand. The information collected on alcohol from the HES is useful for following trends over time with regard to the proportion of household income spent on alcohol. While the data does not provide information on all alcohol consumed, it does provide a summary of alcohol expenditure. There are opportunities for greater breakdown of the data. Separating the alcohol price of restaurant meals and other purchases should be encouraged. This would require some changes in the training of respondents but would make little change to Statistics NZ's data collection and analysis. The data is of limited use for estimating quantities of drink consumed.

Mental Health Data: New Zealand Health Information Service

The New Zealand Health Information Service is responsible for collecting and publishing all inpatient mental health data. This data is of limited use as it only provides information on a small proportion of New Zealanders with extreme alcohol problems.

Mental Health Information Project: New Zealand Health Information Service

The Mental Health Information Project collects information from both Hospital Health Services (HHS) and Non Government Organisations which provide secondary mental health, and alcohol and drug services purchased by the Health Funding Authority. It does not, as yet, include primary mental health services.

While the data does not provide comprehensive information on all alcohol services, it is important that discussions are held with the New Zealand Health Information Service to ensure what is collected is fully understood, and to advocate for more alcohol-specific data.

To complement this, there is a need to establish the level of services being provided by the private sector and through the Justice system to find out how big the gap in understanding may be.

Mortality Data: New Zealand Health Information Service

The New Zealand Health Information Service is responsible for collecting and publishing data on the underlying cause of all deaths registered in New Zealand. Mortality data can only provide information on deaths with alcohol as the underlying cause i.e. mostly for disease clearly caused by alcohol. Therefore, injury data where alcohol is a factor is not included and neither are other diseases for which the role of alcohol is unclear. There is a free text description of the injury circumstances that may contain some information on alcohol use. The data should be used with caution as the involvement of alcohol is largely underestimated.

Coroners' Files

Coroners' files have been widely used overseas for injury prevention research. They provide particularly useful information about alcohol-related injury fatalities. However, reliable data on alcohol involvement in injury fatalities such as homicide, suicide, falls, drownings and other unintentional injuries is not available due to low testing rates.

Coroners' data has the potential to be an important source of information on alcohol. Compulsory testing of the Blood Alcohol Concentration (BAC) levels of all fatally injured persons should be advocated. Support should also be given to the development of a computerised regional and national Coroners' database so that data on alcohol-related injury fatalities can be collected.

Hospital Inpatient Data: New Zealand Health Information Service

The New Zealand Health Information Service is responsible for collecting and publishing inpatient hospital data. Data is collected from all public and 200 private hospitals.

With hospitalisation data, up to 25 diagnoses can be listed. Therefore, if the person admitted with injuries from a car crash was found to be intoxicated, two codes would be recorded. The difficulty is that the hospital will only code clearly identified diagnoses and causes, and these are not always available. This applies to circumstances in which alcohol could clearly be a contributing factor but if alcohol is not coded it will not be reported. Under-reporting in this data collection is less than that of mortality data collections. The data is therefore useful for looking at hospitalisations related to alcohol, but may be lacking in detail for injury statistics and some diseases.

Hospital Records and Trauma Registries

There is little known about the role of alcohol in more severe non-fatal injuries, which require hospitalisation. Testing for blood alcohol concentration (BAC) levels on admission to a Trauma Unit would provide very useful information. Hospitals are increasingly collecting data on trauma registries, but inconsistent testing practises for BAC create a major limitation on the usefulness of the data. Initiatives to collect such data through trauma registries should be encouraged and supported.

National Health Survey: Ministry of Health

The National Health Survey is collecting data from around 7,800 adult New Zealanders. Part of this survey is the "AUDIT" questionnaire that assesses alcohol problems. This information will not be available until 1999. Interested groups or individuals should keep in contact with the Ministry of Health to ensure they are kept up-to-date with developments.

National Nutrition Survey: Ministry of Health

The National Nutrition Survey involves collecting data from approximately 4,700 adult New Zealanders who took part in the National Health Survey, and will provide useful information on alcohol consumption. The ability to link these two surveys will provide a wealth of information. Interested groups or individuals should keep in contact with the Ministry of Health so that results can be fed through to them as they become available.

Motor Traffic Crash Reports: Land Transport Safety Authority

The Land Transport Safety Authority (LTSA) collects statistics on traffic crashes attended by a police officer. The data includes details of exactly where, when, how and why the crash happened, and gives the police officers' impressions of alcohol involvement. Blood alcohol data is also included in these statistics.

The data supplied by LTSA in published form provides useful information. It would be worthwhile asking LTSA whether they could provide special runs of data of particular interest to particular sectors, for example, data on rural crashes or crashes by age group. More complete testing of BAC levels, particularly those of drivers and pedestrians, should be encouraged.

NZ Household Travel Survey: Land Transport Safety Authority

This survey is undertaken as resources allow, and is carried out over a full year. The 1989/90 survey collected data for all persons aged five years and over, while the current survey involves collecting data from all household members. Respondents are asked about their travel experiences over the previous two days.

The data produced in this survey will be uniquely interesting in that it will show the relationship between drinking and travel.

Reported Offences and Incidents: New Zealand Police

The New Zealand Police compile annual data on reported liquor offences. The information provided in their annual report provides statistics of interest. The difficulty is distinguishing whether there are any trends over time, as any fluctuations may have been influenced by police activity. Rather than making year to year comparisons, data should be compared across a number of years in order to gain a better indication of long-term trends.

Last Drink Surveys

Last Drink Surveys are carried out throughout New Zealand, and involve collecting data on the last place a person who has committed an offence consumed alcohol. While the surveys cannot provide trend data for the country as a whole, they provide useful information about the kind of drink driving that leads to road crashes. They also provide important information for preventing alcohol problems associated with high-risk premises. Continuation of the Last Drink Survey should be supported, while nation-wide standardisation of the survey, where practical, should be encouraged.

Fatal Motor Vehicle Accident Database: Bailey Associates

This database includes drivers and other victims involved in every fatal motor vehicle traffic accident in New Zealand from 1991 to 1995. It is currently being extended to include every fatal traffic accident for 1996.

This collection provides a comprehensive look at the role of alcohol and fatal accidents. Interested groups and individuals should remain aware of its existence.

Alcohol and Family Violence Offences: New Zealand Police

After attending a family violence incident or offence, police officers complete a report using a form called 'Pol 400'. This data collection began in 1994 and provides information on both the offenders and the victims. Part of the data collected includes an assessment by the police officer as to whether or not alcohol was a contributing factor. At present information is only indicative of the role of alcohol in family violence incidents. An effort is being made to make the data more accurate. Those interested in this area should monitor progress.

Victimisation Survey: Ministry of Justice

The National Survey of Crime Victims was conducted in 1996 on behalf of seven Government Departments. It is the first survey of its kind and will only be repeated if resources allow.

It is useful to know that this information exists but as the effects of alcohol were not one of the main objectives of the study, the information is of limited use. Contact should be made with the Ministry of Justice to discuss the inclusion of more alcohol-specific questions if the survey is repeated.

Census of Prison Inmates: Ministry of Justice

The Ministry of Justice conducts a census of prison inmates every two years. The next census will be conducted in November 1997.

This information provides some data on the attendance of inmates at prison-based courses related to substance abuse. However, the data collection has limitations and is, therefore, not of great use.

Drinking in New Zealand: Alcohol and Public Health Research Unit

A wide range of alcohol research is conducted by the Alcohol and Public Health Research Unit (APHRU) with two main surveys in particular: the national Drinking in New Zealand survey which provides generic population information about who is drinking, why, how much, where etc; and the Auckland Tracking Survey. Interested groups and individuals need to keep in contact with APHRU to keep up-to-date on specific projects.

Water Safety New Zealand

Water Safety New Zealand collects information on all drownings in New Zealand. This data collection presents one of the only sources of information on drowning and alcohol in New Zealand; however, the inability to distinguish between those tested and those not tested for alcohol, combined with the unavailability of information on actual BAC levels, limits the usefulness of the data. Ensuring that the data collected is representative of the role alcohol plays in drowning should be encouraged. The most effective way to do this is to develop better alcohol data in the Coroners' files.

Maritime Safety Authority

The Maritime Safety Authority publishes annual information on maritime accidents and their causes. It is required by law that every maritime accident is reported but it is suspected that many are not. This is an interesting source of data, which interested groups and individuals should remain aware of. Better collection of alcohol-related data should be advocated.

AC Nielsen-AGB McNair Market Research Company

AC Nielsen is a market research company that undertakes client-focused and syndicated data research. It has a number of data sources that provide information on alcohol.

Interested groups and individuals should look further at the information provided by AC Nielsen / AGB McNair in both its Prime Prospect Profiles and Scan Data. At present, the Scan Data is limited in scope as the alcohol sold in supermarkets accounts for only a portion of all wine sales, and does not include spirits or full-strength beer sales.

Fletcher Challenge - University of Auckland Heart and Health Study: Injury Prevention Research Centre (IPRC) and Clinical Trials Research Unit (CTRU), University of Auckland

This prospective observational study aims to determine the relationships between a number of factors and the risk of coronary heart disease and other common conditions, including injury. Interested groups and individuals should remain aware of this study and make use of the results when developing research questions, or when making comparisons with other data collected on the effects of alcohol in New Zealand.

New Zealand Blood Donors Health Study: Injury Prevention Research Centre (IPRC), and Clinical Trials Research Unit (CTRU), University of Auckland

This is a proposed longitudinal study of 30,000 New Zealand blood donors in the greater Auckland and Northland regions.

As the survey is just beginning, no data is available at present; however, interested groups and individuals should remain aware of its existence.

Dunedin Multi-disciplinary Health and Development Study: Otago School of Medicine

This longitudinal study follows the health and development of approximately 1,000 children born in Dunedin between 1 April 1972 and 31 March 1973.

The information collected from this cohort provides useful information on the effects and use of alcohol over time in one group of individuals. While it may not be generalised to the whole of New Zealand, the information provides some insight into drinking habits in New Zealand.

Christchurch Child Development Study: Christchurch School of Medicine

The Christchurch Child Development Study is a longitudinal study of 1,265 New Zealand children born in 1977.

The information collected from this birth cohort provides useful information on the effects and use of alcohol over time in one group of individuals. While it may not be generalised to the whole of New Zealand, the information provides some insight into drinking habits in New Zealand.

3.1 SUMMARY OF GAPS IDENTIFIED

- Lack of standardisation of drinking quantification in alcohol research
- Failure to keep alcohol and drug statistics separate
- Lack of statistics on injuries and alcohol
- Lack of information on the numbers of people using treatment and rehabilitation services for alcohol
- Lack of research into the use and effects of alcohol on minority groups, especially Maori and Pacific people
- Limited opportunities for sharing and gathering information.

4 INTRODUCTION

Accurate and timely information is required to underpin alcohol-related policy development, and to provide a sound base from which to develop a range of strategies and programmes which will reduce alcohol-related harm. Data on the use and effects of alcohol, if monitored, can identify the areas of greatest need.

In New Zealand, a number of organisations are collecting information that relates to the use, effects and production of alcohol. There is, as yet, no means of obtaining an overall view of these data collections, nor their inter-relationships.

In 1996, the Alcohol Advisory Council of New Zealand (ALAC) published a Directory of New Zealand Alcohol-Related Publications and Research, and this has since been up-dated (Hodges and Maskill 1998). The Directory, lists all of the public domain alcohol research papers and publications produced by New Zealand researchers over an eight-year period. This report looks at ongoing data collections rather than individual research projects and as such compliments, rather than repeats, the directory.

The report begins by listing data collections that have a significant input to the knowledge of alcohol use, effects and production. Also listed are other data sources which have some potential to provide information in the alcohol area, and other organisations that could potentially provide relevant input, but who do not currently have any information to add.

The report goes on to identify the gaps in data collections and finishes with an overall discussion and list of recommendations.

The report can be used as an index to available data collections. It will be useful to anyone interested in familiarising themselves with alcohol-related data and, specifically, how, when, where and why the data is collected. A list of contacts is appended as Appendix I.

5 METHODOLOGY

A list of potential data providers was identified by the author, and by staff at ALAC. The author then approached the identified groups or individuals and gathered information about the data collections they were involved in. Each contact was asked about other possible collections and, subsequently, other contacts were approached.

In addition, some funding agencies were contacted in order to identify any other groups or individuals to be contacted (see Appendix 1 for a full contact list).

The amount of information collected in New Zealand is extensive; therefore, to keep the project manageable (and so as not to overlap with ALAC's Directory of Research), some parameters were set for inclusion of data. These were:

- i) that the data collected be part of an ongoing data collection, or regularly collected to allow for comparisons over time;
- ii) that the data be collected nationally, except where the information collected met the criteria above and provided data not collected elsewhere.

Each section was sent to the contact person to review for accuracy and to provide an opportunity to include any further information.

6 SOURCES OF ALCOHOL DATA

The following section provides a summary of data sources identified as having some alcohol component. Full contact details are provided in Appendix 1.

6.1 ALCOHOL PRODUCTION: STATISTICS NEW ZEALAND

Contact: Rob Tinkler – Christchurch

Statistics NZ collects and reports on the amount of pure alcohol and volume of alcoholic beverage available for consumption in New Zealand.

6.1.1 BRIEF DESIGN

Alcohol available for consumption is calculated from the production for domestic consumption, plus imports and less re-exports.

The volume of beer available for consumption is obtained from Customs Department figures on beer produced for local consumption (on which duty has been paid), together with Statistics NZ's External Trade Statistics for imports and exports.

The volume of wine available for consumption is estimated using the following: the New Zealand wine producers' quarterly survey. This survey lists the quantities of domestic wine sales and production; the annual census of wine production (conducted by Statistics NZ) which records the number of litres produced and the number of litres sold for table and fortified wine; and the Statistics NZ's External Trade Statistics for imports and exports.

The volume of spirits available for consumption is obtained from Customs Department figures on locally produced/bottled spirits (on which duty has been paid), and Statistics NZ's External Trade Statistics for imports and exports. Technical notes are provided by Statistics NZ with their data.

6.1.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data is available for beer, wine and spirits by both volume of beverage and volume of alcohol.

The volume of alcohol for beer is calculated using the five categories for excise tax. These are:

- 1) not more than 1.15% alcohol
- 2) more than 1.15% but less than 2.5%
- 3) more than 2.5% but less than 4.35%
- 4) more than 4.35% but less than 5%
- 5) more than 5% alcohol volume.

The following factors are used respectively to calculate the total volume of alcohol available for consumption – 0.0155, 0.01825, 0.04, 0.4675 and 0.051. Volumes of alcohol in each of these categories are also available for comparison.

Data on wine is available for table and fortified wine. The factors used to calculate volumes of alcohol are: 11% for fortified wine; and 18% for table wine. The way in which wine is measured will change in 1998 to more accurately reflect wine production. Statistics NZ will keep ALAC up-to-date on the changes as they occur.

The volume of spirits available for consumption is measured by absolute alcohol content rather than litreage as for wine and beer. Spirits with an alcoholic content of less than 23% have the alcohol content calculated by multiplying the actual volume by 0.229.

6.1.3 STRENGTHS OF DATA

Data has been collected in some capacity since the late 1800s and, while methodologies have changed, data from the last 20 to 30 years (at least) can be reliably compared. The data collected through the Customs Department (via the payment of excise tax) is considered to be very accurate as checks are carried out on producers at least once a year.

6.1.4 LIMITATIONS OF DATA

Data does not include any home production or duty-free alcohol so the amount available for consumption would be an underestimate. An estimate of home production was undertaken in the Drinking in New Zealand Survey (Wyllie 1996).

While the survey records the amount of alcohol available for consumption, there is no information on the actual amount consumed, nor is there any data on the population groups who are consuming the alcohol.

6.1.5 AVAILABILITY OF DATA

ALAC receives this information via a 'Hot Off the Press' publication which is produced by Statistics NZ approximately every three months (Statistics NZ 1998).

6.1.6 *SUMMARY RECOMMENDATIONS*

It is important to note that while this information only relates to what is available for consumption, and not what is actually consumed, it is still likely to be fairly accurate. The data does not include home brewed drinks. The data is widely used internationally to measure and compare consumption and trends between countries.

6.2 HOUSEHOLD ECONOMIC SURVEY: STATISTICS NEW ZEALAND

Contact: Jeff Sheerin – Wellington

Statistics NZ has collected information from the Household Economic Survey (HES) on an annual basis since 1973; however, this will change to a three yearly cycle from August 1998. The aim of the collection is to provide statistics on the expenditure patterns, income, social and demographic characteristics of private households in New Zealand.

6.2.1 BRIEF DESIGN

The HES collects information from a sample of over 3,000 randomly selected New Zealand resident private households who live in permanent dwellings. Data is collected over a 12-month period to enable seasonal variation to be ascertained, and is never collected twice from the same respondent.

Contact with each participating household extends for a period of just over two weeks. During this time, each household member aged 15 years and over keeps an expenditure diary for 14 consecutive days, recalls major purchases made in the previous 12 months, and provides income and employment data. The diary collects a description of the item, approximate quantity bought, amount paid, type of shop or service and the method of payment. Copies of the diary are available from Statistics NZ.

While data has been collected since 1973, true comparisons can only be made since 1982 due to changes in the survey design.

6.2.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

In the process of completing their diaries, respondents indicate what they bought and the quantity, cost and source of their purchases (although the quantity data is not included in the final database). Food and drink are analysed under one of approximately 592 item reference numbers. The food items are reviewed annually and new food items are added as deemed appropriate. Items are generally included if the product is mentioned frequently in the diaries.

Alcohol analysis is broken down into the following categories or groupings: beer, wine, spirits/cocktails, liqueurs, ready mixed spirits, wine coolers, and fortified wines (e.g. port and sherry). Expenditure data is available by household and also by store type, although a special request for this data must be made. Store types of interest to ALAC would be restaurants, hotels/taverns, wineshops, vineyards, supermarkets, dairies/grocery stores.

6.2.3 STRENGTHS OF DATA

Information is collected regularly (previously annually but now three yearly) on household drink expenditure, which provides sound data on drink purchasing patterns at a national level. Annual comparisons and trends over time (back to 1982) can be clearly shown between money spent on individual drinks as well as the percentage of the total income/budget allocated to drink purchases.

6.2.4 LIMITATIONS OF DATA

While the diaries detail each drink item, the final analysis is given based on the groupings above. Alcohol consumed at a restaurant is included in the total restaurant bill and not separated from the food cost. There is also some concern that alcohol purchases are being under-reported.

6.2.5 AVAILABILITY OF DATA

The published data is available from Statistics NZ for a nominal cost (Statistics NZ 1997). Once the most recent data has been published in August 1998, the next collection will be undertaken in three years time (2001). Specific runs of data can also be purchased from Statistics NZ.

6.2.6 SUMMARY RECOMMENDATIONS

The information collected on alcohol from the HES is useful for following trends over time as to the proportion of household income spent on alcohol. While the data does not provide information on all alcohol consumed, it does provide a summary of what is happening with alcohol expenditure. There are opportunities for greater breakdown of the data. Separating the alcohol price of restaurant meals and other purchases should be encouraged. This would require some changes in the training of respondents but would make little change to Statistics NZ's data collection and analysis. The data is of limited use for estimating quantities of drink consumed.

6.3 MENTAL HEALTH DATA: NEW ZEALAND HEALTH INFORMATION SERVICE

Contact: Tracey Stewart, Jim Fraser - Wellington

The New Zealand Health Information Service is responsible for collecting and publishing all inpatient mental health data.

6.3.1 BRIEF DESIGN

Data is collected from statistical returns received when a patient (formal or informal) is admitted as an inpatient. Event types range from admission, discharge, readmission or death for informal and formal patients to change of status, replaced-from-leave and a number of other events for formal patients.

Data is collected from:

- 1) psychiatric hospitals/hospitals providing care for people with intellectual disability;
- 2) psychiatric units located at public hospitals; and
- 3) certified alcohol and drug addiction facilities.

With the introduction of the Mental Health Act 1992, mental health patients may be admitted and treated in any hospital. This includes data from Salvation Army but from only one private facility.

6.3.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data is collected on the individual, i.e. age, gender, ethnic group etc. as well as the provisional diagnosis on admission, which is over-written by the principal diagnosis on discharge. Diagnoses are coded using ICD-9 CMA 2nd Edition (International Classifications of Disease). Alcohol-related disorders coded under ICD-9 are: 305.0 - Alcohol abuse, 303 - Alcohol intoxication, and 291 - Alcoholic psychoses. Data is generally published under short list diagnosis, which for alcohol is (02) Alcoholic psychoses and (11) Alcohol dependence or abuse.

6.3.3 STRENGTHS OF DATA

Data has been collected since 1965 but the collection of mental health data came into force legally on 1 November 1992. Before this time, data was collected from different sources. The data, which covers all inpatient mental health admissions, undergoes rigorous quality checks before being made available.

6.3.4 *LIMITATIONS OF DATA*

Data collected only provides information from the sources listed above; community-based mental health programmes are not included and therefore data on the register will underestimate the true prevalence of psychiatric illness in New Zealand, particularly for non-psychotic conditions.

6.3.5 *AVAILABILITY OF DATA*

Data is presently available up to 1994 and can be purchased for a nominal price from the New Zealand Health Information Service. (Ministry of Health 1997). Data published uses the short diagnosis mentioned above, and provides information on type of admission, short diagnosis, age, gender, ethnic breakdowns and numbers by Regional Health Authority boundaries and specific hospitals. Special runs of the data can be undertaken at commercial rates or copies of the computer files can be purchased and analysed.

6.3.6 *SUMMARY RECOMMENDATIONS*

This data is of limited use as it only provides information on a small proportion of New Zealanders with extreme alcohol problems.

6.4 MENTAL HEALTH INFORMATION PROJECT: NEW ZEALAND HEALTH INFORMATION SERVICE

Contact: Catherine Scollay; Barbara Arnold – Wellington

The New Zealand Health Information Service (NZHIS) is currently leading the project. The mental health section of the Ministry is providing clinical and strategic advice during the implementation stage of the project.

The project was piloted between March and May of 1997 and, at the time of this report, is being rolled out nationally.

6.4.1 BRIEF DESIGN

The Mental Health Information Project collects information from both Hospital Health Services (HHS) and Non Government Organisations which provide secondary mental health, and alcohol and drug services purchased by the Health Funding Authority. It does not, as yet, include primary mental health services.

Information is collected from providers and fed through to NZHIS which processes the data on an ongoing basis. Information is collected based on the National Health Index number (a unique number for each individual).

6.4.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data is collected on: the referral (GP, self, family etc.); the diagnosis or category for alcohol and drug services; legal status; what services were provided; and where the individual was referred to, or where they went when they left (if known). Basic demographic data is also collected, i.e. ethnic group, date of birth, domicile and gender.

Diagnosis information can be provided in a number of ways, i.e. ICD-9 CMA, ICD-10 or DSM-IV tables will make it possible to map within these coding sources. For alcohol and drug services, data is recorded in the category for the drug that is being abused, e.g. alcohol, polydrugs, cannabis, etc.

6.4.3 STRENGTHS OF DATA

The database is fed information that helps track the services provided to an individual. It collects information from a large number of providers and is designed to facilitate and inform at a national level.

6.4.4 *LIMITATIONS OF DATA*

Many issues arose during the establishment of this project. One issue involved the definition of an 'event', i.e. defining what constitutes a consultation or service being significant and therefore recorded.

The main limitation on this data is that many providers in the alcohol and drugs field are not publicly funded through health, i.e. they are funded privately or through the Justice system, in which case they would not form part of this database. Therefore, data on drugs and alcohol may underestimate the extent of the problem and not accurately provide information on what services are being provided and to whom.

6.4.5 *AVAILABILITY OF DATA*

The data will be available through NZHIS (Ministry of Health). Although it is expected to take two years to get all providers contributing to the database, information from existing data providers will be available before then.

6.4.6 *SUMMARY RECOMMENDATIONS*

While this collection does not provide comprehensive information on all alcohol services, it is important that discussions are held with NZHIS to ensure that what information is collected is fully understood, and that more alcohol-specific data is advocated. To complement this, there is a need to establish the level of services being provided by the private sector and through the Justice system to determine just how big the gap in understanding may be.

6.5 MORTALITY DATA: NEW ZEALAND HEALTH INFORMATION SERVICE

Contact: Tracey Stewart, Jim Fraser - Wellington

The New Zealand Health Information Service (NZHIS) is responsible for collecting and publishing data on the underlying cause of all deaths registered in New Zealand.

6.5.1 BRIEF DESIGN

Data is collected from death certificates (from doctors or Coroners), post-mortem reports (from private pathologists and hospitals), and death registration forms (which are most often completed by funeral directors).

6.5.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data is collected on the individual, i.e. age, gender, ethnic group etc. as well as the diagnosis for admission. Diagnoses are coded using ICD-9 CMA (International Classifications of Disease). Alcohol-related disorders coded under ICD-9 CMA are: 305.0 Alcohol abuse, 303 Alcohol intoxication, 291 Alcoholic psychoses, 425.5 Alcoholic cardiomyopathy, 535.3 Alcoholic gastritis, 571.0.3 Chronic liver disease caused by alcohol, 760.71 Foetal alcohol syndrome, E860.0 Accidental poisoning by alcohol. There is also a free text field describing the injury circumstances that may contain some information on alcohol use.

6.5.3 STRENGTHS OF DATA

Data has been collected in some form since the late 1800s, although computerised records are only available from 1977. That data, which is recorded from all deaths registered in New Zealand, undergoes rigorous quality checks before being made available.

6.5.4 LIMITATIONS OF DATA

Only the underlying cause of death is recorded. Therefore, a person (driver or passenger) dying in a car crash caused by a driver with high blood alcohol level would be coded as a car crash. This is particularly true for accidents, i.e. if someone fell while drunk. This is also true for a number of diseases where the underlying cause will be listed but there will not be a link to show that it was associated with alcohol problems. Multiple-cause coding would improve this.

6.5.5 AVAILABILITY OF DATA

Data is presently available up to 1995 and can be purchased for a nominal price from NZHIS (Ministry of Health 1997a). To obtain output based on the codes listed previously in this section, special runs at commercial rates must be requested as publications only go to the third-digit level. Computerised files can also be purchased for analysis.

6.5.6 SUMMARY RECOMMENDATIONS

Mortality data can only provide information on deaths where alcohol was the underlying cause, i.e. where a disease was clearly caused by alcohol. Therefore, injury data where alcohol is a factor is not included and neither are other diseases for which the role of alcohol is unclear. There is a free text description of the injury circumstances that may contain some information on alcohol use. The data should be used with caution as the involvement of alcohol is largely underestimated.

6.6 CORONERS' FILES

Contact: Gordon Smith – Auckland; John Langley – Dunedin

Coronial inquests are held after most injury deaths in New Zealand with the exception of certain causes of death in the elderly. Over 80 different Coroners' courts conduct these inquests. Reports and information from these inquests are forwarded to the central repository at the Justice Department in Wellington.

6.6.1 BRIEF DESIGN

The information in the coronial files does not have a standard format and the amount of information varies widely between records and jurisdiction. However, witness statements from the inquest often contain extensive information on injury circumstances and how the fatal injury occurred. The level of investigation also varies widely, with detailed autopsy reports and other forensic examinations for certain cases, and few recorded details for others.

6.6.2 DATA COLLECTED OF RELEVANCE TO ALAC

The most useful information available in the Coroners' files is the data on Blood Alcohol Concentration (BAC) levels recorded at the time of a fatal injury. This can provide important information on the involvement of alcohol but, as discussed below, the proportion of cases tested varies widely. In addition, the files sometimes contain detailed information on alcohol use around the event. This information comes from the police reports and detailed witness or family member statements made at the inquest. Sometimes other drug-related data is available, such as the results of a blood test for drugs other than alcohol. Such tests for alcohol and drugs are carried out by Environmental Science & Research (ESR) on specimens provided to them.

6.6.3 STRENGTHS OF DATA

Coroners' data provides very useful information on injury fatalities (Selby 1998; Moller 1994). The fact that all injury fatalities are investigated (except for a few cases involving the elderly) provides a valuable opportunity to collect information on injury circumstances and causes. If blood is taken and tested, the resulting BAC information can provide important information on the involvement of alcohol in the case of an injury fatality.

6.6.4 LIMITATIONS OF DATA

A major limitation on current data from Coroners' files is that alcohol-related data is not available on all injury fatalities. At present, the degree of testing for BAC varies widely by jurisdiction and by injury cause. Even for motor vehicle drivers, where there is a legal requirement for BAC testing, only 75% of drivers killed in 1995 were tested, 64% of adult pedestrians, and 70% of adult cyclists killed (LTSA 1996). The Coroners are reliant on the availability of pathologists or other medical persons to do the blood collection, and on hospitals collecting and testing the blood of injury victims who die some time after admission.

Little is known regarding the completeness of BAC testing for non-motor vehicle injuries as there is no legal requirement for testing these cases. A recent review of Coroners' records found that only 36% of all drownings among persons 10 years and older were tested for alcohol during the period 1992 to 1994.

6.6.5 AVAILABILITY OF DATA

Data is archived in a central office in Wellington and can be retrieved from storage on a case-by-case basis. The records are made available to researchers and other who use the data. For example, Water Safety NZ regularly review the files for all drownings.

6.6.6 SUMMARY RECOMMENDATIONS

Coroners' files have been widely used overseas for injury prevention research. They provide particularly useful information about alcohol-related injury fatalities. However, reliable data on alcohol involvement in injury fatalities such as homicide, suicide, falls, drownings and other unintentional injuries is not available due to low testing rates.

Coroners' data has the potential to be an important source of information on alcohol. Compulsory testing of the BAC levels of all fatally injured persons should be advocated. Support should also be given to the development of a computerised regional and national Coroners' database so that data on alcohol-related injury fatalities can be collected.

6.7 HOSPITAL INPATIENT DATA: NEW ZEALAND HEALTH INFORMATION SERVICE

Contact: Tracey Stewart, Jim Fraser - Wellington

The New Zealand Health Information Service (NZHIS) is responsible for collecting and publishing inpatient hospital data.

6.7.1 BRIEF DESIGN

Data is collected on all inpatient hospital admissions (including day patients) in the public system. Data collected from private hospitals has been reported separately since 1993.

6.7.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data is collected on the individual, i.e. age, gender, ethnic group etc. as well as the diagnosis for admission. Diagnoses are coded using ICD-9 CMA (International Classifications of Disease). Alcohol-related disorders coded under ICD-9 CMA are: 305.0 Alcohol abuse, 303 Alcohol intoxication, 291 Alcoholic psychoses, 425.5 Alcoholic cardiomyopathy, 535.3 Alcoholic gastritis, 571.0.3 Chronic liver disease caused by alcohol, 760.71 Foetal alcohol syndrome, E860.0 Accidental poisoning by alcohol.

6.7.3 STRENGTHS OF DATA

Data has been collected throughout this century and covers all inpatient public hospital admissions. The data, which undergoes rigorous quality checks before being made available, has been used in other countries for the surveillance of alcohol-related problems.

6.7.4 LIMITATIONS OF DATA

Data is collected on the basis of admissions; therefore, patients who are admitted more than once for the same complaint, or who are transferred to another hospital, are counted again (there are methods available to estimate re-admissions). The data collected only provides information on inpatient admissions to public hospitals and does not include outpatient data.

6.7.5 AVAILABILITY OF DATA

Data is presently available up to the 1995/1996 financial year and can be purchased for a nominal price from NZHIS (Ministry of Health 1997b).

To obtain output based on the codes listed previously in this section, special runs at commercial rates must be requested as publications only go to the third-digit level.

6.7.6 SUMMARY RECOMMENDATIONS

With hospitalisation data, up to 25 diagnoses can be listed. Therefore, if the person admitted with injuries from a car crash was found to be intoxicated two codes would be recorded. The difficulty is that the hospital will only code clearly identified diagnoses and causes, and these are not always available. This applies to circumstances in which alcohol could clearly be a contributing factor but if alcohol is not coded it will not be reported. Under-reporting in this data collection is less than that of mortality data collections. The data is therefore useful for looking at hospitalisations related to alcohol, but may be lacking in detail for injury statistics and some diseases.

6.8 HOSPITAL RECORDS AND TRAUMA REGISTRIES

Contact: Individual Hospitals in NZ, or Gordon Smith, Auckland

Injuries which require hospitalisation represent the more severe non-fatal injuries and are an important group of injuries. However, the involvement of alcohol on this group is largely unknown. Sometimes, new admissions are tested for Blood Alcohol Concentration (BAC) levels, but often this is only performed on patients suspected of intoxication. As a result, BAC data is not collected systematically on all patients and results, if tested, are not available as part of a computerised database. Increasingly, however, hospitals are establishing trauma registries to systematically collect data on admitted injury patients. This provides an important opportunity to include alcohol data as part of this effort.

6.8.1 BRIEF DESIGN

The design of the various registries differs considerably. Some such as the one at Auckland Hospital include all trauma admissions except for hip fractures in the elderly. Others only include those severe enough to require treatment in the Intensive Care Unit (ICU), or a consultation from the trauma care team. However, most trauma registries only include acute trauma and exclude other injuries caused by poisoning, drowning, asphyxiation, and sometimes burns, as trauma surgeons do not usually treat such cases. Some hospitals have also established registries of all patients whose injuries are severe enough to require treatment in an ICU.

6.8.2 DATA COLLECTED OF RELEVANCE TO ALAC

The most useful information on alcohol in these registries is the BAC test taken on a patient's admission to hospital. Hospital case notes also often contain useful information on injury circumstances, if alcohol was involved or where the drinking or injury took place. However, to the author's knowledge, trauma registries do not have a policy of collecting alcohol data on all admissions. This makes them of little value in providing representative data on the involvement of alcohol in severe non-fatal injuries.

6.8.3 *STRENGTHS OF DATA*

Trauma registries can provide useful data on all injury admissions and the involvement of alcohol in causing those injuries.

6.8.4 *LIMITATIONS OF DATA*

Inconsistent testing practises limit the usefulness of this data. If hospitals only test those they suspect are drunk, then it is not possible to accurately determine the percentage of injuries related to alcohol.

6.8.5 *AVAILABILITY OF DATA*

This is difficult to define as hospitals all have different policies on the release of data. In the first instance, contact should be made with the individual hospitals to ensure they collect the data and then to discuss how to access it.

6.8.6 *SUMMARY RECOMMENDATIONS*

Initiatives to collect such data through trauma registries and to have this data made available to appropriate individuals or organisations should be encouraged and supported.

6.9 NATIONAL HEALTH SURVEY: MINISTRY OF HEALTH

Contact: Diana Sarfati – Wellington

6.9.1 BRIEF DESIGN

The National Health Survey involves collecting data which relates to the use of health services and the prevalence of disease. The information is collected during face-to-face interviews with approximately 7,800 New Zealanders. While around 1,000 children are included in the survey, those under 15 years are not asked about alcohol. The next Health Survey is scheduled to be run in approximately three years time.

6.9.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

The National Health Survey collects data on income, education and general health, and also contains a self-complete questionnaire called an 'AUDIT' to assess alcohol problems (Babor et al 1989). The AUDIT has questions about whether or not respondents drink, how often they drink and the effects of drinking.

6.9.3 STRENGTHS OF DATA

Because the National Health Survey and the National Nutrition Survey (see below) both survey the same respondents, this provides opportunities to study the data in a number of ways. The methodologies have been pre-tested for Maori and Pacific Island people, and over-sampling these same people will provide better data for their groups.

6.9.4 LIMITATIONS OF DATA

The data on alcohol is only collected for persons aged 15 years and over.

6.9.5 AVAILABILITY OF DATA

This information, which may or may not include unit record data, will not be available until 1999. ALAC needs to maintain contact with the Ministry of Health to ensure they are kept up-to-date with developments.

6.9.6 SUMMARY RECOMMENDATIONS

The information collected from the AUDIT questionnaire in conjunction with other data sources will be very useful. While this information will not be available until 1999, interested groups or individuals should keep in contact with the Ministry of Health to ensure they are kept up-to-date with developments.

6.10 NATIONAL NUTRITION SURVEY: MINISTRY OF HEALTH

Contact: Rob Quigley - Wellington

6.10.1 BRIEF DESIGN

The National Nutrition Survey (NNS) involves collecting dietary intake and nutritional status data from respondents from the National Health Survey who consented to being part of the NNS. The NNS, expects to survey 4,700 adults and is the first of its kind to be commissioned since the 'Life in New Zealand' survey was undertaken in the early 1990s. The Ministry of Health intends to repeat it every five years.

6.10.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

The NNS will collect data using 24-hour food recall, food frequency questionnaire and biomedical results. Answers to the food frequency questionnaire will be used to gain information on the frequency, type and quantity of alcohol consumed by respondents. Nutrient contribution from the food group 'alcoholic beverages' will be reported. Other alcohol-related analyses from the 24-hour food recall will not be contained in the summary report.

The data set will be made available through the Ministry of Health and can be analysed by any research body. Another option is to contract for further analysis from a provider who is analysing the data set. The methodology for the NNS was recently published (Quigley and Watts 1997).

6.10.3 STRENGTHS OF DATA

Because the National Health Survey and the National Nutrition Survey (see below) both survey the same respondents, this provides opportunities to study the data in a number of ways. The methodologies have been pre-tested for Maori and Pacific people, while over-sampling these same people will provide better data for their groups.

6.10.4 LIMITATIONS OF DATA

The data on alcohol is only collected for persons aged 15 years and over.

6.10.5 AVAILABILITY OF DATA

The confidential unit record data will be released (probably free of charge) in February 1999. Analysed results from the survey are likely to be available in August 1999.

6.10.6 *SUMMARY RECOMMENDATIONS*

This survey will provide useful information on alcohol consumption and, when linked with the National Health Survey, will provide a wealth of information. Interested groups or individuals should keep in contact with the Ministry of Health so that results can be fed through to them as they become available.

6.11 MOTOR TRAFFIC CRASH REPORTS: LAND TRANSPORT SAFETY AUTHORITY

Contact: Bill Frith – Wellington

The Land Transport Safety Authority (LTSA) collects statistics on traffic crashes attended by a police officer. The data includes details of exactly where, when, how and why the crash happened, and gives the police officers' impressions of alcohol involvement. Blood alcohol data is also included in these statistics.

6.11.1 BRIEF DESIGN

Information is coded from Traffic Crash Reports (TCRs) that are filled out by police officers attending traffic crashes where an injury has been sustained. The TCRs are examined, coded and loaded onto a computer, then the data is edited and checked before statistics are released or published.

6.11.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

The information most relevant to ALAC is the data which shows alcohol as a contributing factor in a fatal or injury crash. As it is possible to code up to three factors which contributed to a crash, alcohol is often listed alongside other factors such as speed or road conditions. There is a question on the TCR which asks if alcohol was involved, and police indicate the relevant answer: Unknown, Not Suspected or Suspected. If an alcohol test is performed, the results are also shown on the TCR form.

The blood alcohol levels of fatally injured drivers are taken from post-mortem results and rely on tests carried out by hospitals and Coroners.

6.11.3 STRENGTHS OF DATA

Using a standard form, it is the police officers who collect data, including alcohol-related information, from a crash scene. The data is then checked and edited before being released. As this type of data has been collected for a number of years, it is useful for following trends.

6.11.4 LIMITATIONS OF DATA

By law, a motor vehicle crash which causes injury must be reported to police. However, LTSA is aware that only about half of such crashes are reported. The most serious under-reporting occurs amongst single occupant vehicle crashes, motorcycle crashes and crashes involving alcohol. It is estimated that around 65-75% of fatally injured drivers have their blood alcohol levels tested, but few passengers and pedestrians are similarly tested. In 1996, 15,883 drivers were involved in injury crashes - of these: 283 recorded a negative blood/breath alcohol test; 768 tested positive; and a further 197 were tested but the results were not recorded on TCRs. For a further 710, alcohol was suspected but was not tested for. The rest of the drivers were not suspected of drinking alcohol, and were not tested.

6.11.5 AVAILABILITY OF DATA

Annual data is published on the number of fatal and injury-causing crashes and casualties where drink driving was a contributing factor (Land Transport Safety Authority 1997). Note that any 'crash' may include one or more vehicles and numerous 'casualties'. The method of coding alcohol factors changed in 1975 to establish a more accurate record of alcohol's contribution to crashes. Therefore, data prior to this time will not be comparable with recent statistics.

Data is also published on the number of crashes where alcohol was 'probably' a contributing factor. LTSA will undertake special runs of data if requested, although a cost may apply.

6.11.6 SUMMARY RECOMMENDATIONS

The data supplied by LTSA in published form provides useful information. It would be worthwhile asking LTSA whether they could provide special runs of data of particular interest to particular sectors, for example, data on rural crashes or crashes by age group. More complete testing of BAC levels, particularly those of drivers and pedestrians, should be encouraged.

6.12 NZ HOUSEHOLD TRAVEL SURVEY: LAND TRANSPORT SAFETY AUTHORITY

Contact: Bill Frith – Wellington

Land Transport Safety Authority (LTSA) periodically collects statistics on New Zealanders' travel patterns, undertaking surveys when resources are available. The most recently published survey was undertaken in 1989-90; the next survey is currently underway.

6.12.1 BRIEF DESIGN

These surveys, which are carried out over a full year, involve personally interviewing all members of the sampled households to collect data. Respondents are asked about their travel experiences over the previous two days. For the 1989-90 survey, 3,102 households were sampled.

6.12.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

In addition to the general data which is collected on the individual and his/her household, details of all trips (regardless of length) are recorded. Respondents are also asked about their alcohol consumption on each of the two days of travel, specifically: if they drank any alcohol at all (including at home, work, visiting etc.); and, if they did drink alcohol, the time they began drinking and when the session finished. They are also asked where they drank, what they drank and how many drinks they had (using show cards) on each drinking session.

6.12.3 STRENGTHS OF DATA

This collection provides national data on the link between drinking and travel, and provides interesting information regarding people's exposure to drinking and driving alongside other household statistics. The 1989/90 survey collected data for all persons aged five years and over, while the current survey involves collecting data from all household members.

6.12.4 LIMITATIONS OF DATA

The 1989-90 survey collected the alcohol data in a different way (it did not ask for the type and number of drinks, just the length and location of any drinking sessions). Therefore, comparisons cannot be made between the two surveys. The survey currently being undertaken is collecting data on the amounts of alcohol consumed, although there may be problems with under-reporting if people are concerned about the data being passed to LTSA.

6.12.5 AVAILABILITY OF DATA

Data is published by LTSA (Land Transport Safety Authority 1990) who will also undertake special runs of information, although a cost may apply.

6.12.6 SUMMARY RECOMMENDATIONS

The data produced in this survey will be uniquely interesting in that it will show the relationship between drinking and travel.

6.13 REPORTED OFFENCES AND INCIDENTS: NEW ZEALAND POLICE

Contact: Colin Durville - Wellington

The New Zealand Police compile annual data on reported liquor offences committed under the Sale of Liquor Act, drink drive offences, and alcohol-related incidents attended.

6.13.1 BRIEF DESIGN

Data is collected from police communication centres (CARD), offence and incident reports, and traffic offence notices which police officers enter into the police database.

6.13.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

This collection includes data on the number of drink drive traffic offences, and offences committed under the Sale of Liquor Act. Data is collected for specific offences such as: the sale of liquor by unlicensed persons, or to minors; driving causing death while under the influence of alcohol; and excess blood/breath alcohol offences. Summaries of these statistical reports are compiled annually at aggregate levels of offences.

6.13.3 STRENGTHS OF DATA

Data is collected from every police offence report to give a complete picture of all reported alcohol-related offences.

6.13.4 LIMITATIONS OF DATA

The usefulness of this data may be limited by trend fluctuations caused largely by police activity. For example, a drink-driving blitz may result in a large number of reported offences, but will not reflect the actual number of drink drivers.

6.13.5 AVAILABILITY OF DATA

Data on the number of liquor-related and drink driving offences is available from the New Zealand Police annual report (NZ Police 1997), but requests for more detailed data can also be made. For national runs of information there may be no cost; however, clerical costs may need to be recovered for the provision of regional data.

6.13.6 SUMMARY RECOMMENDATIONS

The information provided in the New Zealand Police annual report provides statistics of interest. The difficulty is distinguishing whether there are any trends over time, as any fluctuations may have been influenced by police activity. Rather than making year to year comparisons, data should be compared across a number of years in order to gain a better indication of long-term trends.

6.14 LAST DRINK SURVEYS

Contacts: Pauline Proud – Auckland / Ross Henderson – Hamilton

The three main aims of the Last Drink Survey (LDS) are: to identify premises in breach of their obligations under the Sale of Liquor Act; to identify possible interventions; and to provide a tool for follow-up.

6.14.1 BRIEF DESIGN

Last Drink Surveys are carried out in a number of areas around Auckland, the Waikato and other parts of New Zealand. Exact methodologies vary across regions although the basic aim of every survey is the same: to collect information on the last place where someone who has committed an offence consumed alcohol. Through the collection of this data, premises which are not meeting their obligations under the Sale of Liquor Act are able to be identified. Although the offence committed may be minor in nature, what is important is that the individual was highly intoxicated at the time of the offence.

Last Drink Surveys have been collecting information in some regions since 1990. They were originally started to collect information on the last place alcohol was consumed following a drink driving offence. Since then, some regions now collect information on offences other than drink driving.

While there is some variation between regions, the survey basically aims to:

- Identify premises in breach of their obligations under the Sale of Liquor Act;
- Provide information to a liquor liaison group (which includes representation from organisations such as New Zealand Police, the local District Licensing Authority, LTSA, HHS's and, in Auckland, Alcohol Health Watch) which discusses options for such premises;
- Support the premises in making changes. While the emphasis of responsibility must lie with the premises, LDS can assist by identifying parts of their customer base that they need to focus on;
- Provide information to the Liquor Licensing Authority, if required, to support hearings;
- Deploy resources, i.e. if under-age drinkers are identified as an issue at premises they can be visited by the police etc.

6.14.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

In general, information is collected on a form (which can vary for different regions) that records where the offender last consumed alcohol together with a number of other indicators which might include how much they had to drink, basic demographic data, what they were drinking etc.

6.14.3 STRENGTHS OF DATA

Data provides a link between the use and effects of alcohol and is a useful tool for reducing drink driving and other alcohol-related offences. Although it is not the primary purpose of the survey, the LDS data can provide useful information in profiling highly intoxicated drivers who are involved in crashes.

6.14.4 LIMITATIONS OF DATA

The data collections are not consistent and cannot, therefore, be compared across regions. This is partly due to the fact that the primary purpose of LDS is to meet the needs of the agencies involved. These may vary from region to region depending on the type of offences committed and the populations they serve.

Data relating to serious injuries is often not collected, as the officers are too busy with other responsibilities to complete the forms. Also, minor offences which are not reported to the police are not recorded.

6.14.5 AVAILABILITY OF DATA

Data is available in different forms from each centre with no national resource available. Each centre prepares an annual report which tables the results of their survey, and provides details of how the information is collected and who the agencies involved are.

6.14.6 SUMMARY RECOMMENDATIONS

While the surveys cannot provide trend data for the country as a whole, they provide useful information about the kind of drink driving that leads to motor vehicle crashes. They also provide important information for preventing alcohol problems associated with high-risk premises.

Continuation of the Last Drink Survey should be supported, while nation-wide standardisation of the survey, where practical, should be encouraged.

6.15 FATAL MOTOR VEHICLE ACCIDENT DATABASE: BAILEY ASSOCIATES

Contact: John Bailey – Wellington

This database includes all drivers and other victims involved in every fatal motor vehicle accident in New Zealand from 1991 to 1995. This is currently being extended to include fatal traffic accidents which occurred in 1996.

6.15.1 BRIEF DESIGN

The following data sources were collected to make up this database:

- fatal Traffic Accident Reports (TARs) from the Land Transport Safety Authority (LTSA)
- quick report fatal reports from LTSA
- breath/blood alcohol test file from LTSA
- post-mortem blood alcohol results from Environmental Science & Research Ltd (ESR)
- hospital-sampled blood alcohol results from ESR
- Coroners' reports
- criminal conviction histories from court sources of all drivers involved in the fatal accidents
- traffic conviction histories from court sources of all drivers involved in the fatal accidents
- coded home addresses of drivers.

The major effort in gathering data for the study concentrated on the Coroners' files, printouts of the fatal TARs, and traffic and criminal conviction files.

Three criminal offence types were used including violence (such as assault), antisocial behaviour (such as drug abuse), and dishonesty (such as stealing). In addition, six traffic offence types were included:

- drink driving
- urban speeding, i.e., speeding in areas with a designated speed limit of 50 kph
- rural speeding
- dangerous driving
- careless driving
- driving while disqualified.

6.15.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

All data items collected are described above.

6.15.3 STRENGTHS OF DATA

The data in each of the nine source files was matched to produce a composite database on fatal accidents in New Zealand - currently the most comprehensive available (Bailey and Bailey 1998; Bailey 1995).

6.15.4 LIMITATIONS OF DATA

Blood alcohol levels were available from about 75% of the fatally injured drivers, but from about only 30% of the surviving drivers. Testing rates for passengers and other road victims were much lower. However, blood alcohol levels were available from over 90% of the fatally injured drivers who were suspected of drinking.

6.15.5 AVAILABILITY OF DATA

The authors are prepared to undertake further research using the database, providing that funding is made available. More complete testing of all drivers, passengers and especially pedestrians should be advocated to provide a more complete picture of alcohol's role in traffic crashes.

6.15.6 SUMMARY RECOMMENDATIONS

This data provides a comprehensive look at the role of alcohol and fatal accidents, and interested groups and individuals should remain aware of its existence.

6.16 ALCOHOL AND FAMILY VIOLENCE OFFENCES: NEW ZEALAND POLICE

Contact: Jeff Taylor – Wellington

6.16.1 BRIEF DESIGN

After attending a family violence incident or offence, police officers complete a report using a form called 'Pol 400'. This data collection began in 1994 and provides information on both the offenders and the victims. Part of the data collected includes an assessment by the police officer as to whether or not alcohol was a contributing factor. The information is only indicative of the role of alcohol in violent incidents.

6.16.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

The 'Pol 400' form records information on whether the offender and/or victim were affected by alcohol. Because other data is collected on the same form, it can also provide certain demographic data on the offender and/or victim i.e. gender. Data is also collected regarding the role of drugs on the incident.

6.16.3 STRENGTHS OF DATA

This is the only ongoing data collection that gives some idea of the role alcohol plays in family violence.

6.16.4 LIMITATIONS OF DATA

The collected data relies on the attending officer identifying alcohol as a factor on the family violence forms. The question is not asked of the victim and perpetrator; rather, the police officer records his own impression. There may be a number of reasons why this information would not be recorded, i.e. not being able to accurately establish the involvement of alcohol, or being too busy at a serious incident to get all the details.

Although information has been collected since 1994, the data from recent years is more representative due to a higher proportion of forms being more fully completed by the attending officers.

The data only indicates that alcohol was a factor in the situation; it does not provide information on the degree of alcohol intake.

6.16.5 AVAILABILITY OF DATA

At present, data is collected on the police database but is not routinely reported on. Therefore, a special run of the data would be required at a cost to the organisation requesting such information. However, during 1998, the police hope to place the data from this family violence report (Pol 400) on-line, making it more accessible.

6.16.6 SUMMARY RECOMMENDATIONS

This information is of interest when studying the effects of alcohol in domestic violence. Due to the number of factors listed previously, the information is only indicative of the problem, but is becoming more accurate and accessible, and should be monitored by those interested in this area.

6.17 VICTIMISATION SURVEY: MINISTRY OF JUSTICE

Contact: Judy Paulin – Wellington

The National Survey of Crime Victims was conducted in 1996 on behalf of seven government departments. It is the first survey of its kind and will only be repeated if resources allow.

6.17.1 BRIEF DESIGN

The National Survey of Crime Victims was conducted in person with 5,000 adult New Zealanders. Participants were also asked to complete two self-completion questionnaires. The Women's Safety Survey was also conducted in person with a sub-sample of 500 randomly selected women.

6.17.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

While the National Survey of Crime Victims did not directly aim to gather information on alcohol consumption, a number of questions on alcohol were included, e.g. was the offender and/or victim affected by alcohol and drugs when the offence happened?

The Women's Safety Survey asked:

- in the last month, how often had the women participants drunk too much alcohol (scale of 1-5 plus don't know);
- whether drinking or using drugs by either partner was perceived by the women participants as a trigger for violence by a male partner; and
- whether the court had sentenced a violent male partner to alcohol and drug counselling.

6.17.3 STRENGTHS OF DATA

The data is taken from a large sample of randomly chosen adult New Zealanders and is the first survey of its kind in New Zealand. Resources permitting, the Ministry of Justice intends to repeat the survey every three years.

6.17.4 LIMITATIONS OF DATA

Information on alcohol was collected only where it was considered relevant to the main objectives of the surveys, i.e. to assess the nature and extent of crime victimisation.

6.17.5 AVAILABILITY OF DATA

Copies of the two reports can be purchased either separately or as a set (\$54.90 for the set + \$3.75 postage) from GP Publications, PO Box 12 052, Wellington. (Young 1997; Morris et al 1997). Requests for any additional analyses should be made to the Ministry of Justice.

6.17.6 SUMMARY RECOMMENDATIONS

It is useful to know that this information exists but as the effects of alcohol were not one of the main objectives of the study, the information is of limited use. Contact should be made with the Ministry of Justice to discuss the inclusion of more alcohol-specific questions if the survey is repeated.

6.18 CENSUS OF PRISON INMATES: MINISTRY OF JUSTICE

Contact: Judy Paulin – Wellington

The Ministry of Justice conducts a census of prison inmates every two years. The last census was conducted in November 1997 and the results will be available around December 1998.

6.18.1 BRIEF DESIGN

On one day in November, data is collected from all sentenced and remand inmates in New Zealand prisons. This data is complemented by information supplied by prison staff, and data from the Law Enforcement System.

6.18.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Some of the data relates to the enrolment of inmates in prison-based programmes such as “Substance Abuse Help”. These programmes includes the abuse of all substances, not just alcohol.

6.18.3 STRENGTHS OF DATA

Data is collected every two years and can, therefore, be used to show trends and changes over time.

6.18.4 LIMITATIONS OF DATA

This data does not separate alcohol abuse from substance abuse as a whole. Increases in enrolment may be due to more courses being run, rather than to a greater number of inmates having problems with substance abuse. Therefore, data is only indicative of the problem.

6.18.5 AVAILABILITY OF DATA

The census data is collated into a report which can be obtained from GP Publications (Ministry of Justice 1996).

6.18.6 SUMMARY RECOMMENDATIONS

This information provides some data on attendance at courses run in prisons. However, due to the limitations listed above, this is not of great use in the alcohol field.

6.19 DRINKING IN NEW ZEALAND: ALCOHOL AND PUBLIC HEALTH RESEARCH UNIT

Contact: Sally Casswell – Auckland

The Alcohol and Public Health Research Unit (APHRU) has surveyed the drinking patterns of New Zealanders since 1987.

6.19.1 BRIEF DESIGN

The first report was produced in 1988 (Wyllie 1988) and covered the whole of New Zealand. This was followed by six-monthly tracking surveys undertaken in Auckland until 1993. From 1994 the Auckland region was surveyed annually (Wyllie 1993). The latest national survey was undertaken in 1995 (Wyllie 1996). Data for all but the first national survey used the same methodology and are therefore directly comparable.

Data was collected through telephone interviews with respondents (aged 14 to 65 years) randomly selected from the study population. The respondents are interviewed using a computer-assisted telephone interviewing system that ensures rigorous quality checking procedures. The six-monthly tracking surveys collect data from around 1,000 people while the 1995 study surveyed 4,232 people.

6.19.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Respondents were asked a wide range of questions about their alcohol usage. Questions included how much did they consume, what were their drinking patterns, where did they drink and how much, were there any changes in their drinking patterns, did they experience any alcohol-related problems themselves or through the drinking behaviour of others. They were also questioned on issues relating to host responsibility (1995 National Survey) and abstinence (1995 National Survey).

Data on ethnicity was also collected by asking respondents which ethnic group they belonged to (they were able to identify with up to two different groups). In the national report, data for the Maori sample was included with the general population data; however, this information was also reported separately in *Te Ao Waipiro: Maori and Alcohol in 1995* (Dacey 1997).

6.19.3 STRENGTHS OF DATA

Data was collected from a representative sample of New Zealanders (via the national survey) and Aucklanders (via the tracking survey). A high response rate was obtained and methodological consistency allowed for comparisons over time.

The alcohol consumption measures related favourably to the statistics on alcohol available for consumption. Data was collected and reported for the Maori population.

6.19.4 LIMITATIONS OF DATA

Data was obtained from 14-65 years olds only. Data on ethnic groups other than Maori was not reported due to the small numbers in the sample.

The Maori data was reported separately but is also combined with the general population data in the national survey, making direct comparisons of Maori with other population groups difficult. Because of the small numbers in the sample the Maori data is reported in broad age group bands i.e. 14-29 and 30-65. It is therefore difficult to report in any detail what is happening within those age groups. The data continues to be analysed and published.

6.19.5 AVAILABILITY OF DATA

Data is published as per the reports listed above. The published data provides a large amount of detail, but further runs may also be undertaken. The timing and cost of such a run will need to be discussed with APHRU.

6.19.6 SUMMARY RECOMMENDATIONS

Interested groups and individuals need to keep in contact with APHRU to keep up-to-date on specific projects.

6.20 WATER SAFETY NEW ZEALAND

Contact: Catriona McBean - Wellington

Water Safety New Zealand (WSNZ) collects information on all drownings in New Zealand, including domestic, recreational and work-related incidents.

6.20.1 BRIEF DESIGN

The database which contains the drowning statistics has been in operation since 1980. Information is collected from the New Zealand Police and verified against the Coroners' reports.

6.20.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

If a victim was known to have consumed alcohol before a drowning incident, this information is entered into a special field in the database. Confirmation of the involvement of alcohol is verified against the Coroners' reports. Data is collected on the age, gender and ethnicity of the victim, the location of the incident, whether or not the person was alone, and the type of water involved, i.e. sea, river, pond etc.

6.20.3 STRENGTHS OF DATA

This data is the only source of ongoing statistics on alcohol-related drownings.

6.20.4 LIMITATIONS OF DATA

While the data does indicate if it was known that a drowning victim had been drinking before the incident, it does not indicate the amount of alcohol involved (even if available from the Coroners' files). It is therefore not possible to judge if alcohol was a contributing factor in the accident. Also, just because the data does not show that a person had been drinking, this does not necessarily mean that they had not consumed alcohol. Rather, it means that it was not obvious to the police, medical examiners/pathologists or the Coroner. There is no legal requirements to take a blood alcohol test in drowning cases so testing rates are low. WSNZ is reliant on the quality of data provided by Coroners or police.

6.20.5 AVAILABILITY OF DATA

The New Zealand Health Information Service and Statistics NZ use the data collected by WSNZ as the official drowning statistics. WSNZ publishes monthly and annual statistics through the media, but statistics may be requested at any time. The design of the database allows for specific information to be obtained by individuals or organisations.

6.20.6 SUMMARY RECOMMENDATIONS

While this collection presents one of the only sources of information on drowning and alcohol in New Zealand, the inability to distinguish between those tested and those not tested for alcohol, together with the omission of information on actual Blood Alcohol Concentration (BAC) levels, limits the usefulness of the data. Ensuring that the data collected is representative of the role alcohol plays in drowning should be encouraged. The most effective way to do this is to develop better alcohol data in the Coroners' files.

6.21 MARITIME SAFETY AUTHORITY

Contact: Tony Legge – Wellington

The Maritime Safety Authority (MSA) has a statutory duty to promote, and not merely regulate for, a safe and clean maritime environment. The MSA publishes annual information on maritime accidents and their causes.

6.21.1 BRIEF DESIGN

The Maritime Safety Transport Act 1994 requires, amongst other things, that masters of all recreational and commercial ships report to the MSA all accidents, incidents and mishaps involving serious harm, as soon as is practicable. The skipper or master must report the event on the appropriate reporting form and send it in to the MSA.

There are three report forms: Report of Accident and Incident for Commercial Operational Accidents; Pleasure Boat Accident and Incident Report Form; and Report of Mishap to Seafarer or Passenger (for reporting injuries sustained on board).

Accidents may also be reported over the phone or via the police. Occasionally accidents are followed up from media reports.

6.21.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Each of the three forms collects information on whether drugs or alcohol were contributing factors to, or the cause of, the incident.

6.21.3 STRENGTHS OF DATA

The data provides the only information available on maritime accidents.

6.21.4 LIMITATIONS OF DATA

With this collection, it is not possible to differentiate between the use of drugs or alcohol. However, this information can be obtained by reading the investigation report or the summary field of the accident report. The reports also rely on people's impressions rather than actual blood alcohol levels.

Although it is required by law that the master reports every maritime accident, it is suspected that many accidents and incidents are never reported.

6.21.5 AVAILABILITY OF DATA

In addition to the annual statistics which are produced in the annual Maritime Accidents Book, a request for statistics can be made at any time to the MSA.

6.21.6 *SUMMARY RECOMMENDATIONS*

This is an interesting source of data, which interested groups and individuals should remain aware of. A better collection of alcohol data should be advocated.

6.22 AC NIELSEN-AGB MCNAIR MARKET RESEARCH COMPANY

Contact: Harry Pappafloratos – Wellington

A C Nielsen is a market research company that now incorporates AGB McNair and MRL. The market research they undertake is either client-focused or syndicated. The syndicated data, which is obtained by A C Nielsen to sell on to any interested parties, forms the basis of this description.

There are a number of data collections that A C Nielsen undertakes which could be of use to ALAC. These are described briefly below.

6.22.1 PRIME PROSPECT PROFILES (PPP)

The PPP is a syndicated study that is published annually. Information is collected via face-to-face interviews (conducted continuously throughout the year) with 12,000 persons aged 10 years and over. The aim of the PPP is to collect data on a wide variety of products to assess the type and frequency of consumer purchases. The survey has been running for 12 years and the majority of questions have remained unchanged.

6.22.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

With regard to alcohol consumption and usage, the data is largely based around frequency of consumption, and is not quantified. Separate questions are asked about beer, wine and spirits, together with one general question about how often a respondent frequented pubs/hotels etc. for a drink.

With regard to beer, the respondent is asked questions about whether they buy and drink cans, bottles etc. and what pack sizes they buy. They are also asked what kind of beer they drink most often and what brand (home brew is an option here). With regard to consumption, they are asked how many glasses, bottles or cans they have drunk in the last seven days. Although the answers to this question cannot be quantified, some measure of quantity could be estimated from this information if desired by ALAC.

For wine and spirits, the respondent is asked if they drink them or not, and the number of glasses they consume (by type).

6.22.3 STRENGTHS OF DATA

This information has been collected for a number of years and includes data on people aged 10 years and over. The demographic data which is collected can be linked to other collections within A C Nielsen (see below).

There is the potential to change questions so that they more accurately meet the needs of ALAC, or to add questions if an on-going commitment is made by ALAC.

6.22.4 LIMITATIONS OF DATA

Alcohol consumption data is only collected by the number of glasses or cans etc., so is unable to be easily quantified.

6.22.5 AVAILABILITY OF DATA

This data is available from A C Nielsen who publish it each year. The costs are negotiable depending on the level of commitment to usage of the data.

6.22.6 A C NIELSEN SCAN DATA

A C Nielsen collects scanning data from 96% of all supermarkets in the country. Information for the remaining 4% is projected to make up 100%. Information is also collected from 'route trade', i.e. Four Square, Super Value and service stations, although these stores do not often sell alcohol.

Homescan collects information from households who scan all items that come into the home for consumption. At present, Homescan is only carried out in Auckland, and information on anything other than supermarket purchases is limited. Therefore, it does not currently provide information on liquor bought outside of supermarkets.

6.22.7 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

As the product code is scanned, data can be collected on the exact quantities of product being purchased. This data can be brand- or product-specific, while regional breakdowns of the data are also available. Other information collected relates to 'Promo-Track' which links promotions with sales, i.e. the use of coupons or discounted items.

6.22.8 STRENGTHS OF DATA

Because data is collected from bar coding, it is extremely up-to-date and accurate. With Homescan, data on a wide range of products (not just those which are purchased from supermarkets) is collected from whole households. This will enable product purchasing to be tied to specific population characteristics.

6.22.9 LIMITATIONS OF DATA

The usefulness of the data is limited by two factors: firstly, supermarkets sell a lot of wine but no full-strength beer and, secondly, sales from liquor stores, restaurants and bars are not included.

6.22.10 AVAILABILITY OF DATA

Scan data from A C Nielsen is readily available for purchase - the cost for the liquor page is \$550. The information available on this page relates to wine (low alcohol beer is listed with carbonated drinks, while home brew kits are also listed elsewhere) and includes data on wine sales (by bottles and by litres). A ranking of top brands is also provided, but market share information is excluded.

6.22.11 ADVERTISING DATA

A C Nielsen keeps a log of all television and print advertising and, by applying rating factors to this, can calculate the amount spent on advertising by individual organisations or product categories.

They are also introducing a weekly mail diary. Individuals will be asked to list, in a diary, the various promotions and offers which are made through the mail. This new initiative is not yet fully operational.

6.22.12 LINKING OF DATA

Each of these data sources can be linked together in the form of cross-tabs to answer questions such as: 'what television programmes do Lion beer drinkers watch?' or 'what kind of print media is read by wine drinkers?' etc. Some of this information could be useful to ALAC when targeting campaigns. More detail can be provided if a specific need is identified by ALAC.

6.22.13 SUMMARY RECOMMENDATIONS

Interested groups and individuals should look further at the information provided by AC Nielsen / AGB McNair in both its Prime Prospect Profiles and Scan Data. At present, the Scan Data is limited in scope as the alcohol sold in supermarkets accounts for only a portion of all wine sales, and does not include spirits or full-strength beer sales.

6.23 FLETCHER CHALLENGE - UNIVERSITY OF AUCKLAND HEART AND HEALTH STUDY: INJURY PREVENTION RESEARCH CENTRE (IPRC) AND CLINICAL TRIALS RESEARCH UNIT (CTRU), UNIVERSITY OF AUCKLAND

Contact: Gary Whitlock, Stephen MacMahon, Robyn Norton – Auckland

This prospective observational study aims to determine the relationships between a number of factors and the risk of coronary heart disease and other common conditions, including injury.

6.23.1 BRIEF DESIGN

Participants were recruited for this study from the Fletcher Challenge group of employees throughout New Zealand, and the general electoral roll in the Auckland region. Baseline data collection began in June 1992 and the final sample consisted of 8,011 people from Fletcher Challenge and 2,518 from the electoral roll.

Participants completed a self-administered questionnaire that included a wide range of questions on health problems, medical history, smoking habits and alcohol consumption, exercise, diet etc. Heights, weights, blood pressure and resting pulse were also recorded, and blood samples taken.

Follow-up will be facilitated by linking participant identifiers to data collected by the New Zealand Health Information Service on hospital discharges and causes of death. Any alcohol-specific information would come from these collections (see above).

6.23.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Baseline data collected information on whether participants were drinkers (i.e. drinking more than once a month), and recorded the amount they drank per day as 0, 0-1, 1-2, 2-3, 3-4 or more than 4 standard drinks. Data was also collected on basic demographic details, i.e. age, gender, occupation and ethnicity.

6.23.3 STRENGTHS OF DATA

The study had a high initial response rate and the sample contained a broad distribution of participants with relation to alcohol consumption, smoking behaviour, occupation, ethnicity and a number of other measures.

6.23.4 LIMITATIONS OF DATA

While the study population includes a broad range of New Zealanders it is not representative of all populations in New Zealand and, specifically, contains 72% males versus 28% females. The study population is largely aged over 20 years and therefore does not provide any data on young New Zealanders.

6.23.5 AVAILABILITY OF DATA

The data is held at the Clinical Trials Research Unit (CTRU) where they are happy to discuss access to the data with interested individuals or organisations. The baseline findings were published in the New Zealand Medical Journal (MacMahon et al 1995).

6.23.6 SUMMARY RECOMMENDATIONS

Interested groups and individuals should remain aware of this study and make use of the results when developing research questions, or when making comparisons with other data collected on the effects of alcohol in New Zealand.

6.24 NEW ZEALAND BLOOD DONORS HEALTH STUDY: INJURY PREVENTION RESEARCH CENTRE (IPRC), AND CLINICAL TRIALS RESEARCH UNIT (CTRU), UNIVERSITY OF AUCKLAND

Contact: Shanthi Ameratunga, Gary Whitlock, Robyn Norton – Auckland

This is a proposed longitudinal study of 30,000 New Zealand blood donors in the greater Auckland and Northland regions.

6.24.1 BRIEF DESIGN

This study began data collection in mid 1998. The design and data collection methods were pre-tested on a pilot of 1,000 participants, with the proposed methodology as follows.

All regular and new donors presenting to the Auckland Regional Blood Centres (ARBC) will be invited to participate, during a 12-month recruitment period. Data on demographics, and exposure information on potential risk and protective factors for injury and chronic disease, will be collected at baseline.

Random samples of the participants will be re-surveyed at two to five year intervals to assess changes in exposure data. Data on outcomes of interest, i.e. deaths, hospitalisations due to injury and chronic disease, will be collected from national databases using record linkage techniques.

6.24.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data will be collected on the quantity (standard drinks) and frequency of alcohol use and problems relating to drinking. To provide some information on the effects of alcohol on injury and chronic disease, future analyses will assess the association between the data on alcohol consumption and other data on risk and protective factors.

6.24.3 STRENGTHS OF DATA

The data will be collected from a large number and wide range of people. The ARBC donors range from 16-65 years with 98% of secondary schools participating in the donor programme. The donor base comprises 90% European and 8.5% Maori with the remainder from a range of ethnic groups.

The donor response rate was shown to be high (92%) in the pilot project.

6.24.4 LIMITATIONS OF DATA

The sample does not include anyone under 16 years of age and, while Maori are included in the population base, they are under-represented in terms of national figures. Data will only be collected from the upper third of the North Island and may not, therefore, represent all population groups within New Zealand. It is too soon yet to say how useful the data will be.

6.24.5 AVAILABILITY OF DATA

The survey began in mid 1998 and therefore no data is available yet.

6.24.6 SUMMARY RECOMMENDATIONS

As the survey is just beginning, no data is available at present; however, interested groups and individuals should remain aware of its existence.

6.25 DUNEDIN MULTI-DISCIPLINARY HEALTH AND DEVELOPMENT STUDY: OTAGO SCHOOL OF MEDICINE

Contact: Sally Casswell – Auckland

6.25.1 BRIEF DESIGN

This longitudinal study follows the health and development of approximately 1,000 children born in Dunedin between 1 April 1972 and 31 March 1973.

The children were studied at birth, followed up at age three, and then every two years until the age of 15. The next follow-ups were carried out at ages 18 and 21, and the follow-up at age 26 is currently underway.

The data items collected at each of these ages are too numerous to list here. A detailed overview of the study can be found in a book published in 1996 (Silva and Stanton 1996).

6.25.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Questions about alcohol were first asked of the respondents at age nine. At this interview, questions were also asked of the parent, usually the mother. These questions related to the parent's (and their partner's) drinking habits and beliefs about alcohol, their child's experiences with alcohol, and whether drinking was an issue for the family or child.

The questions asked of the children were about their drinking, their attitudes to alcohol and a number of possible influences on their drinking, such as messages from their parents, peers and the mass media. In later stages, they also described their experiences of alcohol-related problems, both from their own drinking and that of others.

At ages nine, 11 and 13, the information was gathered via face-to-face interviews; at age 15, a new method of collecting information was introduced. Children answered questions directly into computers, although the interviewer was there to assist, and some questions were still asked by the interviewers.

At ages 18 and 21, as part of an assessment of mental health, sample members were interviewed using a slightly modified version of the Diagnostic Interview Schedule (DIS) which yielded a diagnosis of alcohol dependence/abuse based on DSM-III-R criteria.

The interview asked about:

- the frequency and amount of drinking (whether five or more drinks were consumed on an occasion)
- information regarding the impairment of control caused by drinking,
- the inability to abstain

- compulsive use of alcohol
- reduction or impairment of usual social role functions caused by alcohol use
- tolerance of alcohol
- withdrawal symptoms and relief drinking

(marijuana dependence and frequency of use of other drugs were also assessed).

Information regarding the frequency of drink driving and of being drunk in a public place was collected at ages 18 and 21 as part of an interview on delinquent/criminal behaviour.

6.25.3 STRENGTHS OF DATA

Very few of the original sample have been lost to follow-up (97.3% were followed up at age 21). Data has been collected on these children since birth, providing the opportunity to look at other factors occurring in the lives of these children, in addition to consumption and attitudes to alcohol at a set point in time.

6.25.4 LIMITATIONS OF DATA

Data is collected from a Dunedin cohort, with many still residing in and around Dunedin; therefore, claims of relevance to the whole of New Zealand cannot be made. Given this, much of the data collected will still reflect New Zealand culture and therefore provide some insight into the New Zealand scene.

6.25.5 AVAILABILITY OF DATA

Many of the research findings from the study have been published in reports and refereed journals. The data is not publicly available and anyone wishing to use it should contact the Director of the Dunedin Multi-disciplinary Health and Development Study in the first instance to discuss their query.

6.25.6 SUMMARY RECOMMENDATIONS

The information collected from this cohort provides useful information on the effects and use of alcohol over time in one group of individuals. While it may not be generalised to the whole of New Zealand, the information provides some insight into drinking habits in New Zealand.

6.26 CHRISTCHURCH CHILD DEVELOPMENT STUDY: CHRISTCHURCH SCHOOL OF MEDICINE

Contact: David Fergusson – Christchurch

The Christchurch Child Development Study is a longitudinal study of 1,265 New Zealand children born in 1977.

6.26.1 BRIEF DESIGN

The children have been studied since birth, with interviews conducted (with children and/or parents) at four months, then annually thereafter.

Numerous data collection variables are included and are summarised in a number of papers including an early review of epidemiological findings (Fergusson et al 1989).

6.26.2 DATA ITEMS COLLECTED OF RELEVANCE TO ALAC

Data was collected through: annual parental interviews; health diaries kept by the parents to record medical visits, hospital notes and GP records; annual teacher questionnaires (conducted from the age of six); and psychometric assessments (conducted annually from the age of eight).

Alcohol-specific collections were undertaken at three levels:

1. Parents were asked if their child had been given alcohol from age two;
2. Children were asked if they had consumed alcohol from age nine; and
3. At the ages of 14, 15, 16 and 18, children were asked about their alcohol consumption during the last year. This included frequency, typical amounts drunk on any occasion, the largest amount consumed in the last three months and problems associated with the consumption of alcohol. This is due to be repeated when the respondents turn 21.

6.26.3 STRENGTHS OF DATA

While there has been some loss to follow-up, 81% of the original cohort were followed up at age 20, and 91% of these cohort members still reside in New Zealand. Data has been collected on these children since birth, providing the opportunity to look at other factors occurring in the lives of these children, in addition to consumption and attitudes to alcohol at a set point in time.

6.26.4 *LIMITATIONS OF DATA*

The sample is drawn from Christchurch and cannot, therefore, be extrapolated to the whole of New Zealand.

6.26.5 *AVAILABILITY OF DATA*

The data is published in a variety of places including referred journals, papers from the Christchurch School of Medicine and conference papers. For specific analyses, contact should be made with the Christchurch Child Development Study.

6.26.6 *SUMMARY RECOMMENDATIONS*

The information collected from this cohort provides useful information on the effects and use of alcohol over time in one group of individuals. While it may not be generalised to the whole of New Zealand, the information provides some insight into drinking habits in New Zealand.

7 OTHER DATA SOURCES

7.1 BEER WINE AND SPIRITS COUNCIL

Contact: Edward Richards – Wellington

The Beer Wine and Spirits Council does not collect data itself but purchases data from Statistics NZ. Any other data collected by them is limited and not freely available given its commercial nature.

7.2 DISTILLED SPIRITS ASSOCIATION

Contact: Thomas Chin; Jenny Ferguson – Auckland

The Distilled Spirits Association of New Zealand carries out a monthly survey of the sales of spirits and liqueurs with a participating pool of companies which covers 98% of spirits sales in New Zealand. This provides information on sales to trade and includes duty-free spirits. Contact can be made with the Association to discuss the availability of data which consists of domestic-only and domestic duty-free sales information broken down into 14 specific liquor type categories (although this may be reviewed shortly).

7.3 ROYAL NEW ZEALAND PLUNKET SOCIETY

Contact: Janet Gafford - Dunedin

The Royal New Zealand Plunket Society asks all mothers on their first home visit whether they drank during their pregnancy. The data is collected under the following categories: non-drinker, light drinker, moderate drinker or heavy drinker. The data is collected by Plunket nurses but is not available electronically; therefore, in order to obtain the data, the collection sheets need to be studied individually. Plunket nurses have collected the data for many years.

The Royal New Zealand Plunket Society is happy to discuss the possibility of surveys being undertaken in the field by Plunket nurses if an area of interest arose that funding would support.

7.4 ADVERTISING COMPLAINTS STANDARDS AUTHORITY

Contact: Amanda Smith - Wellington

The Advertising Complaints Standards Authority is responsible for following up on complaints about advertisements. They can rule that an advertisement breaches the advertising code, and can provide information on the number of liquor complaints upheld. This information does not tell anything about the effects and use of advertising; rather, it focuses on how well advertising adheres to the code. The number of complaints for liquor advertising are lower than many other areas. This is largely due to a voluntary code on liquor advertising which stipulates criteria for alcohol advertisements to adhere to before they are aired or printed.

7.5 LIQUOR LICENSING AUTHORITY

Contact: Chris Smith – Wellington

The Liquor Licensing Authority can provide information on the number of active liquor licenses, and the number of suspensions and cancellations - although not the reasons why. This type of information is held at the District Licensing Agency where a search of their paper-based files would be needed to provide any more detail than actual numbers.

7.6 NEW ZEALAND FIRE SERVICE

Contact: Elizabeth Grieve – Wellington

The New Zealand Fire Service does collect data on alcohol as a contributing factor to the cause of a fire, but this data only shows up in extreme cases. It is collected from reports made by the attending fire-fighters.

7.7 ENVIRONMENTAL SCIENCE & RESEARCH (ESR): GRACEFIELD

Contact: Allan Stowell – Wellington

ESR provides blood and breath alcohol data to its client, the New Zealand Police. With regard to breath alcohol results, the result cards are forwarded to ESR by individual police stations. Some result cards have circumstances surrounding the incident included but this is not often the case. Not all result cards are provided to ESR, so the database is not comprehensive. However, analyses are carried out from time to time, such as in the late 1980s when 60% of the breath tests received were shown to be 50% over the legal limit. For such analyses, data is used from those police stations who are known to return a high level of result cards.

All blood alcohol samples taken under the Transport Act are analysed at ESR. Analysis of post-mortem cases is also undertaken and this may include incidents at home or work, suicides etc. As a result, a comprehensive database on blood alcohol results exists, although no information about the circumstances surrounding the incident is recorded on the data base. Information collected relates to the driver and the police station and region where the test was taken.

The data can be used to show the number of tests on Blood Alcohol Concentration (BAC) levels. It is important to note that the data is not a randomly collected sample; therefore, care needs to be taken when analysing and interpreting results.

7.8 INJURY PREVENTION RESEARCH UNIT

Contact: John Langley - Dunedin

The Injury Prevention Research Unit at the University of Otago has no ongoing data collections on alcohol, but they are involved in a wide range of research on injury, which sometimes involves asking questions about alcohol. Research topics include injuries sustained through sport, at home, school or the workplace, and covers all age groups. Details of current and past projects may be obtained by contacting the Unit.

8 ORGANISATIONS THAT DO NOT COLLECT DATA ON ALCOHOL

A number of other organisations who were contacted as part of this investigation indicated that they did not collect any data of use to ALAC at this time.

Accident Rehabilitation and Compensation Insurance Corporation (ACC) Contact: Adam Crisp (04) 473 8775. ACC is concerned about alcohol and injury, especially with regard to motor vehicle crashes. They do not have any data collections that explore alcohol use, as questions on alcohol are not asked on any of their forms.

Children Young Persons and their Families Service (CYPS) (04) 916 3860. This organisation does not collect alcohol-related data.

College of Midwives Contact: Karen Gilliland (03) 377 2732. This organisation does not collect alcohol-related data.

Colmar Brunton Contact: Raymond Burr (04) 384 7893. Most of Colmar Brunton's work is client-specific and is not able to be released without their permission. They do not generally carry out syndicated research.

Corrections Contact: Andrew Hoy (04) 460 3085. No data is available currently but Corrections are developing a new information technology system which should help with the availability of data. At present, some data may be available locally, but not nationally. This is expected to improve over the next few years, and contact should be made if this data is of interest.

Crown Company Monitoring and Advisory Unit (CCMAU) Contact: Fram Kamock (04) 474 8220. CCMAU do not collect any data on alcohol use or the effects of alcohol.

Department of Social Welfare (DSW) Contact: Raweyn Good (04) 472 7666. DSW do not have any accessible data sources that would provide information on alcohol intake or effects. Access to DSW data sources is limited, even for internal staff.

Hillary Commission Contact: Sue Walker (04) 472 8058. The Hillary Commission does not hold information on any alcohol-related topic.

Insurance Council of New Zealand Contact: Catherine Baird (04) 472 5230. While the Insurance Council itself does not collect any statistics, they do have concerns regarding the effects of alcohol on motor vehicle crashes and fires.

Ministry of Education Contact: Lea Aitken (04) 473 5544. This organisation does not hold information on any alcohol-related topic.

Ministry of Women's Affairs (04) 473 4112. This organisation does not hold information on any alcohol-related topic.

Ministry of Youth Affairs Contact: Sandra Meredith (04) 471 2158. This organisation does not hold information on any alcohol-related topic.

National Centre for Treatment Development Contact: Doug Sellman (04) 364 0480. This group is involved in treatment development research and, as such, their work is project-based which means data is only collected around individual projects.

National Poisons Centre Contact: (03) 479 1200. The Poisons Centre records all calls made to it regarding poisoning, including incidents caused by ingestion or through contact/environment. While they may field some calls regarding the ingestion of alcohol, this would not be reliable information as other substances may also be involved. Interested groups or individuals requiring information on a specific area can send their request to the Centre who will inform them of the reliability of the data.

New Zealand Customs (04) 473 6099. The customs data on imports of alcohol goes directly to Statistics NZ and is included in the alcohol production statistics. There is no collection of data on duty-free alcohol brought into or taken out of New Zealand as travellers are not required to declare this unless they exceed the duty-free limit.

Occupational Safety and Health (OSH), Department of Labour Contact: Andrea Yeng (04) 915 4402. At present, OSH does not have any data collections that link alcohol with workplace accidents. However, they are very interested in this area.

Statistics New Zealand Population Census At present, Statistics NZ do not ask any alcohol-related questions; however, if a case was made for the inclusion of such questions, they would consider it. Contact should be made with Statistics NZ.

Te Puni Kokiri Contact: Tane Cassidy (04) 494 7165. Te Puni Kokiri do not have any information themselves, but the He Oranga Poutama Project (which is run by Te Puni Kokiri, ALAC and HSC) may include something in the future.

University of Auckland, Pacific Island Research Centre Contact: Colin Tukuitonga (09) 373 7599. No specific research is carried out on alcohol and Pacific people.

Wine Institute Contact: Philip Gregan (09) 303 3527. The Wine Institute undertakes two annual surveys (vineyard and vintage) to collect information on the quantity and variety of grapes grown. They do not have any alcohol production statistics.

9 CONCLUSIONS AND GAPS IDENTIFIED

While there are many organisations which collect alcohol data in New Zealand, the type and quality of data collected varies. Few data sources are compatible, and linking data is a complex and often impossible task. Therefore, there is a need for one organisation to take a proactive role in ensuring that the alcohol data collected covers all areas and is compatible and accessible.

Other conclusions and identified gaps are summarised as follows:

9.1 STANDARDISATION OF DRINKING QUANTIFICATION IN ALCOHOL RESEARCH

Many data sources collect data on the consumption of alcohol, but the information is quantified in different ways which makes comparisons unclear, e.g. what constitutes a standard drink is not always measured in the same way. Therefore, standards need to be developed for use when collecting alcohol data. Where definitions do not exist, they should be developed, e.g. non-drinker, past drinker, present drinker etc.

9.2 KEEPING ALCOHOL AND DRUG STATISTICS SEPARATE

A number of data sources currently collect information under one category for alcohol and drugs. While it is accepted that there is a relationship between alcohol and drugs, the collection of data should be separated so that individual effects can be monitored.

9.3 STATISTICS ON INJURIES AND ALCOHOL

There is little or no ongoing data which relates to the role of alcohol and injury. This includes injuries at home, in the workplace, on the sports field etc. Current injury data is confined to deaths and public hospital admissions and, for many of these cases, alcohol levels are not assessed. Therefore, the testing of blood alcohol levels by Coroners and emergency departments should be advocated.

9.4 TREATMENT AND REHABILITATION SERVICES FOR ALCOHOL

While the Mental Health Information Project is providing some information on secondary mental health, and alcohol and drug services, the gaps for alcohol are still large. In particular, there is no information collected on the services provided in the private or Justice system. Work needs to be undertaken to more accurately identify what services are being provided, by whom and to whom.

9.5 OPPORTUNITIES FOR SHARING AND GATHERING INFORMATION

One of the challenges when undertaking specific work is letting others in the same field know what work is available. The advent of the World Wide Web has made this task easier, provided that people know how and where to find the information on the Web.

ALAC has developed its own Web site, www.alcohol.org.nz, providing an excellent opportunity for ALAC to become the first point of call for alcohol data through the Directory of New Zealand Alcohol-Related Publications and Research as well as the current report providing links to many other sources.

9.6 RESEARCH INTO THE USE AND EFFECTS OF ALCOHOL FOR MINORITY GROUPS - ESPECIALLY MAORI AND PACIFIC ISLAND PEOPLES

Some information exists on the effects of alcohol on Maori through the Drinking in New Zealand Survey, and the data to be released from the National Nutrition Survey and National Health Survey. Given this, there is no specific ongoing data collection which studies drinking and consumption issues amongst a large sample of Maori or Pacific people. The undertaking of such work should be encouraged, and this may include training of the Maori and Pacific people workforces to undertake such research.

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