METADATA

Information topic	Details
Indicator name	Mortality wholly attributable to alcohol
Domain and topic	Alcohol-related harm: Harms to drinkers
Indicator definition and units	Number and rate of registered deaths where conditions wholly attributable to alcohol use are the cause of death, in persons aged 15 years or over. Crude and age-standardised rates per 100,000.
	Death from conditions considered wholly attributable to alcohol as per Jones and Bellis (2014). ICD-10 AM codes: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, X45, X65, and Y15.
	Excludes ICD codes R78.0, T51.0, T51.1, T51.9, Y90 and Y91. While these excluded codes are considered to be conditions wholly attributable to alcohol, they are not an underlying cause of death.
Data source	New Zealand Mortality Collection, Ministry of Health
	Statistics New Zealand for population denominator data
	NZDep2013 population denominators from Otago University Wellington
Numerator	Number of registered deaths of where the underlying cause of death is wholly attributable to alcohol.
	Excludes deaths in overseas visitors/non-residents.
Denominator(s)	Mid-year DHB population estimates (2013 and prior) and projections of usually resident population, aged 15 years and over. This includes the denominator used for calculating rates for all of New Zealand.
	NZDep2013 usually resident population from Census 2013
	TA population estimates: at 30 June 2018 from Stats NZ. The estimated resident population from 2013 to 2017 is based on the 2013 Census usually resident population count.
Time period and time scale	Calendar year from 2001 onwards to most recent year of available data, based on date of death registration.
Population coverage	New Zealand usually resident population 15 years and over

Spatial coverage	District Health Board, Territorial Authority including Auckland Local Boards, and Area Unit
Measures of frequency	By age group, sex, prioritised ethnicity (Māori, Pacific, Asian, European/Other) and Māori/non-Māori, NZDep2013 quintile, and urban/rural classification.
Methodological notes	Age-standardised to the WHO world standard population (Ahmad et al 2001), to account for different age structures of populations.
	Data for multiple years is aggregated when producing geographical and population group breakdowns, due to low numbers of deaths.
	Deaths are allocated to geographical areas based on the residential address of the person.
Confidence interval methodology	95% confidence intervals for crude and age-standardised rates as recommended by the UK Association of Public Health Observatories, using Byar's approximation and exact probabilities for small counts (Eayers 2008).
Limitations of indicator	Health conditions considered to be wholly (100%) attributable to alcohol use represent only part of the burden of disease and injury to which alcohol contributes.
	This indicator does not capture deaths for the much wider set of conditions that are partially attributable to alcohol such as various cancers, cardiovascular diseases, and injury.
	The number of deaths becomes small when examined by subnational geography, and population groups such as age and ethnicity. This means results are too unreliable to be reported or are only available for large groupings of years, limiting the time series.
Limitations of data source	The reported year is based on the year of death registration, not the year of death. A small minority of deaths can have a reasonable delay between date of death and date of registration eg coroner's inquiry.
Created by	Environmental Health Indicators Programme, Massey University
Related indicators	 Hospitalisations wholly attributable to alcohol Alcohol-related motor vehicle crashes and injury outcomes from alcohol-related crashes Prevalence of hazardous drinking Alcohol license density

For more information	https://www.researchgate.net/publication/235428834_Alcohol- Attributable_Fractions_for_England_Alcohol- Attributable_Mortality_and_Hospital_Admissions https://www.health.govt.nz/nz-health-statistics/national-
	collections-and-surveys/collections/mortality-collection
References	Ahmad OB, Boschi-Pinto C, Lopez AD, et al. 2001. <i>Age Standardization of Rates: A New WHO Standard (Technical Report).</i> GPE Discussion Paper Series: No. 31. Geneva: World Health Organization.
	Eayres D. 2008. <i>Technical Briefing 3: Commonly used public health statistics and their confidence intervals.</i> York: Association of Public Health Observatories.
	Jones L, Bellis MA. 2014. <i>Updating England-Specific Alcohol-Attributable Fractions</i> . Liverpool: Centre for Public Health, Liverpool John Moores University.