National Healthcare Agreement: P07-Proportion of adults at risk of long-term harm from alcohol, 2010 QS

Exported from METEOR (AIHW's Metadata Online Registry)

National Healthcare Agreement: P07-Proportion of adults at risk of long-term harm from alcohol, 2010 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 407820

Registration status: Health!, Superseded 12/03/2015

Data quality

Institutional environment: The National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) are collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

Timeliness: The NHS is conducted every three years over a 12 month period. Results from the 2007-08 NHS were released in May 2009. The NATSIHS is conducted every six years. Results from the 2004-05 survey were released in April 2006.

Accessibility: See *National Health Survey, Summary of Results* (cat. no. 4364.0) for an overview of results from the NHS, and *National Health Survey: State tables* (cat. no. 4362.0) for State and Territory specific tables.

See the *National Aboriginal and Torres Strait Islander Health Survey* (cat.no. 4715) for an overview of results from the NATSIHS. Other information from these surveys is also available on request.

Interpretability: Information to aid interpretation of the data is available from the *National Health Survey User Guide*, and the *National Aboriginal and Torres Strait Islander Health Survey User Guide* on the ABS website.

Many health-related issues are closely associated with age, therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories and the Indigenous and non-Indigenous population. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Relevance:

The NHS and NATSIHS collected self-reported information on alcohol consumption from persons aged 15 years and over. Respondents were asked to report the number of drinks of each type they had consumed, the size of the drinks, and, where possible, the brand name(s) of the drink(s) consumed on each of the most recent three days in the last week on which they had consumed alcohol.

Intake of alcohol refers to the quantity of alcohol contained in any drinks consumed, not the quantity of the drinks. Reported quantities of alcoholic drinks consumed were converted to millilitres (mls) of alcohol present in those drinks, using the formula:

- alcohol content of the type of drink consumed (per cent) x number of drinks (of that type) consumed x vessel size (in millilitres).

An average daily amount of alcohol consumed was calculated (i.e. an average over the 7 days of the reference week), using the formula:

- average consumption over the 3 days for which consumption details were recorded x number of days consumed alcohol / 7.

According to average daily alcohol intake over the 7 days of the reference week, respondents were grouped into three categories of relative risk level. Risk levels are based on the 2001 National Health and Medical Research Council (NHMRC) risk levels for harm in the long term, and assume the level of alcohol consumption in the week recorded was typical. The average daily consumption of alcohol associated with the 2001 NHMRC risk levels is as follows:

- Low risk (males) less than or equal to 50 ml (4 standard drinks)
- Low risk (females) less than or equal to 25 ml (2 standard drinks)
- Risky (males) more than 50 ml – to 75 ml (6 standard drinks)
- Risky (females) more than 25 ml – to 50 ml (4 standard drinks
- High risk (males) more than 75 ml (6 standard drinks)
- High risk (females) more than 50 ml (4 standard drinks)

Accuracy:

The NHS is conducted in all states and territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The 2007-08 NHS response rate was 91 per cent. NHS data are weighted to account for non-response.

The NATSIHS is conducted in all states and territories and includes remote and non-remote areas. The 2004–05 NATSIHS was 10,000 persons/5,200 households, with a response rate of 81 per cent of households.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

This indicator has acceptable levels of sampling error for state and territory estimates. Very few RSEs for alcohol risk rates for Remote areas are less than 25 per cent and data should be used with caution. The breakdown by SEIFA quintiles has sampling error within acceptable llimits, except for the highest quintile in the Northern Territory which should not be considered reliable. Alcohol risk rates by Indigenous status have acceptable levels of sampling error except again for the NT where data should be used with caution.

The collection of accurate data on quantity of alcohol consumed is difficult, particularly where recall is concerned, given the nature and possible circumstances of consumption. The use of the one week reference period (with collection of data for the most recent three days in the last week on which the person drank) is considered to be short enough to minimise recall bias but long enough to obtain a reasonable indication of drinking behaviour. While the last week exact recall method may not always reflect the usual drinking behaviour of the respondent at the individual level, at the population level this is expected to largely average out.

The collection and coding of individual brands and container size ensures that no mental calculation is required of the respondent in reporting standard drinks, and is considered to eliminate potential for the underestimation bias which is known to occur when people convert drinks into standard drinks.

Coherence:

The 2004–05 NATSIHS and 2004–05 NHS had similar data content, shared common elements in the questionnaire, and were processed side by side. The NHS and NATSIHS collect a range of other health-related information that can be analysed in conjunction with alcohol risk level. For more detailed information see the *National Health Survey User Guide* on the ABS website.

The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) also contains questions on alcohol consumption, but not those that allow long term risk level estimates to be derived. This data is collected every 6 years, with the most recent survey being conducted between August 2008 and April 2009. Results from the survey were published in 2010.

Aggregate levels of alcohol consumption implied by the National Health Survey are somewhat less than the estimates of apparent consumption of alcohol based on the availability of alcoholic beverages in Australia from taxation and customs data, see *Apparent Consumption of Alcohol, 2007-08* (cat. no. 4307.0.55.001). This suggests a tendency towards under-reporting of alcohol consumption in self-report surveys.

Other collections, such as the National Drug Strategy Household Survey (NDSHS), report against the same NHMRC guidelines. Results from the NDSHS show slightly lower estimates of population risk than those from the NHS. These differences may be due to the greater potential for nonresponse bias in the NDSHS and the differences in collection methodology.

Source and reference attributes

Submitting organisation: Australian Bureau of Statistics

Relational attributes

Related metadata references: Has been superseded by National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2013 QS
Health!, Superseded 14/01/2015

Indicators linked to this Data Quality statement: National Healthcare Agreement: P07-Proportion of adults at risk of long-term harm from alcohol, 2010
Health!, Superseded 08/06/2011