National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2014 QS

Exported from METEOR (AIHW's Metadata Online Registry)

National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2014 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 517762

Registration status: Health, Superseded 31/01/2017

Data quality

Institutional environment: The Australian Health Survey (AHS) and Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) were 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 AHS is conducted every three years over a 12 month period. Results from the 2011–12 National Health Survey (NHS) component of the AHS were released in October 2012.

The AATSIHS is conducted approximately every six years over a 12 month period. Results from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the AATSIHS were released in November 2013. The previous NATSIHS was conducted in 2004–05.

Accessibility: See *Australian Health Survey: First Results, 2011–12* (ABS cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions, 2011–12* (ABS cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13* (ABS cat. no. 4727.0.55.001). Other information from the survey is available on request.

Interpretability: Information to aid interpretation of the NHS data is available from the *Australian Health Survey: User Guide, 2011–13* (cat. no. 4363.0.55.001).

Information on how to interpret and use the NATSIHS data appropriately is available from Explanatory Notes in *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012–13* (ABS cat. no. 4727.0.55.001) and also from the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13* (ABS cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age, so 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. 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 2011–12 NHS and 2012–13 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.

To measure against the 2009 National Health and Medical Research Council (NHMRC) guidelines, 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 (%) x number of drinks (of that type) consumed x vessel size (in millilitres).

An average daily amount of alcohol consumed was calculated (that is, 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, persons who consumed more than 2 standard drinks on any day were at risk of long term health problems.

Accuracy:

The AHS was 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 residing in very remote areas has only a minor impact on estimates for individual states and territories, except for the Northern Territory, where such persons make up approximately 23 per cent of the population. The response rate for the 2011–12 NHS component was 85 per cent. Results are weighted to account for non-response.

The AATSIHS was conducted in all states and territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012–13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for indicators are 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.

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 mthod 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.

The following comments apply to data for the general and non-Indigenous populations only.

- Data for Northern Territory for 2007–08 should be used with caution due to large RSEs resulting from the small sample size for Northern Territory in 2007–08.
- This indicator generally has acceptable levels of sampling error for state/territory and Remoteness Areas, except for remote areas where some rates are considered too unreliable for general use. The breakdown by state/territory and Socio-Economic Indexes for Areas (SEIFA) quintiles in general has sampling error within acceptable limits, except for the two lowest quintiles in Australian Capital Territory which should either be used with caution or are considered too unreliable for general use.

Coherence:

The AHS and AATSIHS collected a range of other health-related information that can be analysed in conjunction with alcohol risk level. For more detailed information see the *Australian Health Survey: User Guide, 2011–13* (ABS cat. no. 4363.0.55.001).

Aggregate levels of alcohol consumption implied by the AHS 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, Australia, 2011-12* (ABS 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 most recent NDSHS in 2010 show slightly lower estimates for long-term harm from alcohol than in the 2011-13 AHS. These differences may be due to the greater potential for non-response 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:

Supersedes National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2013 QS
Health, Superseded 14/01/2015

Has been superseded by National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2017 QS
Health, Standard 31/01/2017

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2014
Health, Superseded 14/01/2015