National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2020; Quality Statement

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

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Data quality

Institutional environment: The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and National Health Survey (NHS) 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, see ABS Institutional Environment

Timeliness: The NATSIHS is conducted approximately every six years. The 2018▌19 NATSIHS was conducted between July 2018 and April 2019. Previous NATSIHS was collected in 2012-13 and 2004–05. Results from the 2018-19 NATSIHS were released in December 2019.

The NHS is conducted approximately every three years. The 2017▌18 NHS was conducted between July 2017 and June 2018. Previous surveys were conducted in 1989-90, 1995, 2001, 2004-05, 2007-08, 2011-12 and 2014-15. Results from the 2017–18 NHS were released in December 2018.

Accessibility: See National Aboriginal and Torres Strait Islander Health Survey: 2018-19 (ABS 2019) and National Health Survey: First Results, 2017-18 (ABS 2018) for an overview of results.

Data from these surveys are also accessible in the DataLab and TableBuilder environment. For further details, refer to the Microdata Entry Page on the ABS website.

Other information from these surveys may also be available on request from the ABS.

Interpretability: Information to aid interpretation of the data is available from the:

- *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*(ABS 2019)
- *Household Income and Wealth, Australia, 2017-18*(ABS 2018c)
- *Survey of Income and Housing, User Guide, Australia, 2017-18*(ABS 2018d)
- *National Health Survey: First Results, 2017-18*(ABS 2018a)
- *National Health Survey: Users' Guide, 2017-18*(ABS 2018b)

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 Indigenous and non-Indigenous populations. 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 2018-19 NATSIHS and 2017-18 NHS collected self-reported information on alcohol consumption from persons aged 15 years and over.

In the 2018-19 NATSIHS and 2017-18 NHS, lifetime risk (2009 National Health and Medical Research Council (NHMRC) guidelines) was assessed using average daily intake of alcohol. This was derived from the type, brand, number and serving sizes of beverages consumed on the three most recent days of the week prior to interview, and the total number of days alcohol was consumed over the same period. The following formula for average daily amount of alcohol consumed (that is, an average over the 7 days of the reference week) was used:

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

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 NHMRC guidelines (NHMRC 2009), 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).

Individuals are defined as at risk of long term harm if they consume more than 2 standard drinks a day (2009 NHMRC alcohol guidelines).

Accuracy:

The NATSIHS 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 2018-19 NATSIHS was 73.4%. Results are weighted to account for non-response.

The NHS 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 effect on estimates for individual states and territories, except for the Northern Territory where such persons make up approximately 20% of the population. The response rate for the 2017-18 NHS was 76.0%. Results are weighted to account for non-response.

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

Estimates should be considered with reference to their corresponding relative standard error (RSE) of estimate Estimates with an RSE of estimate between 25% and 50% should be used with caution. Estimates with an RSE of estimate over 50% are considered too unreliable for general use.

Proportions should be considered with reference to their corresponding 95% margin of error (MOE) of proportion (or 95 per cent confidence interval). The proportion combined with the MOE of proportion defines a range which is expected to include the true population value with a given level of confidence. This is known as the confidence interval. Proportions with an MOE of proportion greater than 10 percentage points indicate that the range in which the true population value is expected is relatively wide and are subject to high sample variability. Particular consideration should be given to the MOE of proportion when using them. Depending on how the proportion is to be used, an MOE of proportion greater than 10 percentage points may be considered too large to inform decisions. In addition, proportions with a corresponding standard 95 per cent confidence interval that includes 0 per cent or 100 per cent are usually considered unreliable for most purposes.

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 NATSIHS and NHS collected a range of other health-related information that can be analysed in conjunction with alcohol risk level.

Other collections, such as the National Drug Strategy Household Survey (NDSHS), report against the same NHMRC guidelines. Results from the most recent NDSHS in 2016 show slightly different estimates for long-term harm from alcohol than in the 2017-18 NHS. 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

Reference documents:

ABS (Australian Bureau of Statistics) 2018. National Health Survey: First Results, 2017–18. ABS Cat. no. 4363.0.55.001. Canberra: ABS.

ABS 2018b. National Health Survey: Users' Guide, 2017-18. ABS Cat. no. 4363.0. Canberra: ABS.

ABS 2019. National Aboriginal and Torres Strait Islander Health Survey, 2018–19. ABS Cat. no. 4715.0. Canberra: ABS.

NHMRC (National Health and Medical Research Council) 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC.

Relational attributes

Related metadata references:

Supersedes National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2019; Quality Statement
Indigenous, Standard 07/02/2019

Indicators linked to this Data Quality statement:

National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2020
Indigenous, Standard 23/08/2019