Background data quality report

Statistics on drugs misuse

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Introduction

This document constitutes a background quality report for the *Statistics on drugs misuse* publication. The statistics included in this release are the latest available annual figures from a range of data sources.

Background

Context

This annual compendium report presents a range of up-to-date information on drug use and misuse, among both adults and children, from a variety of sources including previously published information from reports such as the Office for National Statistics (ONS) on deaths related to drug misuse; National drug treatment monitoring system (NDTMS); Crime survey for England and Wales (CSEW); Smoking, Drinking and Drug Use (SDD) and What About Youth (WAY).

This report also presents new analyses by NHS Digital which consists of statistics on the number of NHS hospital admissions attributable to drug related mental health and behavioural disorders and on the number of NHS hospital admissions attributable to poisoning by illicit drugs.

The report mainly focuses on England only where possible, but does include some international comparisons. Any analyses which are not based on England only are clearly labelled in the report.

Purpose of document

This paper aims to provide users with an evidence based assessment of quality of the statistical output included in this report. As the report uses a range of data sources, more detail can be found by following the links to the individual sources which are given in appendix A.

It reports against those of the nine European Statistical System (ESS) quality dimensions and principles\(^1\) appropriate to this output. In doing so, this meets NHS Digital’s obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics\(^2\), particularly Principle 4, Practice 2 which states:

*“Ensure that official statistics are produced to a level of quality that meets users’ needs and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors and other aspects of the European Statistical System definition of quality”.*

\(^1\) The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

Assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user needs in both coverage and content.

This publication is considered to be of particular interest to NHS and independent sector providers in England and to English NHS commissioning organisations. However, data and findings are likely to also be of interest to a much broader base of users.

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

This report is a National Statistic and is produced according to the Code of Practice for Official Statistics.

Most of the information in this report has been previously published. The sources of the information are trusted sources; the majority being either National or Official Statistics. Most sources referenced in this report include a Methodology section for further information.


HES Data Quality Notes, which highlight any specific known issues with the data, are available here: http://content.digital.nhs.uk/media/23538/DQ-Notes-M9-2016-17/xls/DQ_Notes_M9_2016-17.xlsm.

Drug Related Hospital Admissions

HES data is available from 1989-90 onwards. During this time there have been on-going improvements in data quality and coverage, which particularly affect earlier data years. Some of the increase in figures for later years (particularly 2006-07 onwards) may be due to the improvement in the recording of secondary diagnoses and the coverage of independent sector activity. The former is particularly relevant for the measure ‘Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders’ as this is more dependent on the use of secondary diagnoses than the other measures.

There have been a number of changes to the classifications used within HES records. The data presented in this report are for inpatients only and therefore does not reflect all hospital activity. This should be considered when interpreting the data as recording and clinical practice may vary over time and between regions.

Some caution is necessary when looking at these data as, drug misuse may only be suspected and may not always be recorded by the hospital and, where drug misuse is recorded it may not be possible to identify which drug(s) may be involved.
Survey data

Some of the information presented in the report is taken from survey data. Sometimes the mode of data collection used in a survey can have an impact on how respondents answer the questionnaire. For example, surveys conducted via a face-to-face interview such as the Health Survey for England (HSE) provide an opportunity for an interviewer to use a computer to record the respondent’s answers which will improve the quality of the data by ensuring all the questions are completed and not allowing any invalid answers. By comparison data collected via a postal survey such as What About Youth (WAY) will have none of these inbuilt validations.

Face-to-face interviews also provide an opportunity to guide the respondent through any interpretation issues such as the definition for new psychoactive substances, which is more difficult in a postal survey.

Both modes however, may suffer from respondents being tempted to give answers which are considered to be more socially acceptable. This could occur either through the surveys being completed in the home when other family members are present, or through the interviewer being present at a face-to-face interview. This effect may be reduced in surveys such as Smoking, Drinking and Drugs (SDD) which is conducted in schools in exam conditions.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

This compendium report is published annually and presents or signposts to the most up-to-date information available.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

This report is published online and is available free of charge with accompanying tables (in an Excel (.xls) and Comma Separated Values (.csv) format).

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

In line with other national statistics published by NHS Digital, that report on extracts of HES inpatient data, this report allocates episodes to time periods on the basis of episode end date.

Some international comparisons are included within the report.

All tables have been updated to add 2015/16 HES data.

Table 5 presents a time series of hospital admissions with a primary diagnosis of poisoning by illicit drugs. ICD 10 code T40.4 has been excluded from 2012/13 onwards because it was
reclassified to include the legal drug Tramadol. Consequently, comparisons with years prior to 2012/13 should be made with caution. This code accounted for 283 cases (2.3%) in 2011/12.

Tables which include standardised rates (tables 2, 4 and 6) were changed in the 2016 report to use the European Standard Population to calculate the rates. Prior to 2016, the England estimated resident mid-year population had been used. More information is available from the methodological change notice at:

http://content.digital.nhs.uk/media/21409/MethChange20160623Drugs-Compendium/pdf/MethChange20160623_Drugs_Compendium.pdf

**Trade-offs between output quality components**

*This dimension describes the extent to which different aspects of quality are balanced against each other.*

Most previously published sources referenced in this report include a Methodology section which will contain specific information about trade-offs.

New analyses by NHS Digital consist of HES statistics. HES data quality information, including details of trade-offs, is available here:


**Assessment of user needs and perceptions**

*This dimension covers the processes for finding out about users and uses and their views on the statistical products.*

The compendia reports on drug misuse, alcohol, smoking and obesity were subject to a National Statistics consultation in 2016. The report on the findings of the consultation and the NHS Digital response are available at:

http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports

NHS Digital is keen to gain a better understanding of the users of this publication and of their needs; feedback is welcome and may be sent via the “Have your say” link within the feedback section on the publication page, or by sending an email to NHS Digital Enquiries (Enquiries@nhsdigital.nhs.uk) with “Statistics on Drugs Misuse” as the subject heading. Information on the Users and Uses of the report are included in an annex to the main report.

**Performance, cost and respondent burden**

*This dimension describes the effectiveness, efficiency and economy of the statistical output.*

All data used within this report is either already published or is part of an existing dataset. Therefore there are no data collected specifically for this report.

**Confidentiality, transparency and security**

*The procedures and policy used to ensure sound confidentiality, security and transparent practices.*
The data contained in this publication are National Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.


**Statistical Governance Policy**


**Freedom of Information Process**

http://content.digital.nhs.uk/loi

**Statement of Compliance with Pre-Release Order**


**Small Numbers Procedure**