

Background Quality Report

Statistics from the Northern Ireland Substance Misuse Database

Dimension	Assessment by the author
Introduction	<i>Context for the quality report.</i>
	<p>Quality is recognised as one of the three pillars under the Code of Practice for Statistics highlighting the fundamental importance of ensuring that statistics fit their intended uses, are based on appropriate data and methods, and are not materially misleading. It states the need for suitable data sources, sound methods and assured quality. The full text of the Code is available at:</p> <p>Code of Practice for Statistics</p> <p>Publications from the Substance Misuse Database (SMD) contain key quality information in respect of the specific content of the statistical output. This information is provided in the definitions, notes to tables and metadata.</p>
Relevance	<i>The degree to which the statistical product meets user needs in both coverage and content.</i>
	<p>The SMD is the source of official statistics on persons presenting for treatment for problem drug and/or alcohol use in Northern Ireland.</p> <p>The data is supplied by drug and alcohol treatment services and includes both statutory and non-statutory agencies.</p> <p>The online database collects detailed information on each individual such as their age, sex, employment status, who they live with, as well as collecting information on the substances they misuse, their frequency of use and main route of administration. Other information collected includes referral information, treatment history, injecting/sharing history and whether individuals have been tested for HIV, Hepatitis B or Hepatitis C.</p> <p>Data collection is continuous with an annual publication scheduled.</p> <p>The data is used to inform Department of Health and Public Health Agency policy and commissioning colleagues on the activity around the provision of drug and alcohol treatment services. This is a key requirement of the forthcoming substance use framework.</p> <p>The statistics are also of interest to local media, academics and the general public.</p> <p>The statistics on persons presenting for drug misuse are submitted annually to the European Monitoring Centre for Drugs and Drug Addiction via the UK Focal Point. Steps are taken to encourage standardisation and commonality in approach.</p>

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Accuracy and Reliability	<i>The proximity between an estimate and the unknown true value.</i>
	<p><u>Validation</u> Information is collected through a secure online data collection system, with a small number of suppliers sending paper returns that require keying.</p> <p>Services are provided with guidance notes and training as required.</p> <p>The online system has inbuilt data validation checks to reduce the number of errors associated with keying data. Additionally, the data is checked for completion, invalid entries and duplication. Where queries exist, the supplier is contacted (named contact) to investigate and the data is suitably amended. A reconciliation exercise with data suppliers is also undertaken to ensure the data matches their own records.</p> <p>There is an ongoing working relationship with data suppliers to encourage accuracy in reporting and to liaise on any issues or developments in relation to the data. This regular communication allows issues to be raised via telephone or e-mail at any stage.</p> <p>There are a number of formal mechanisms whereby the data suppliers, the DoH and the PHA meet to discuss all aspects of information production and flow, e.g. strategy working groups.</p> <p>Additional validation: Trend analysis on previous year's data is performed to check data is broadly consistent. Where an apparent anomaly has been identified – this is queried directly with the named contact for each service.</p> <p>Information is also cross checked with similar returns made on the Impact Measurement Tool and Drug & Alcohol Census.</p> <p><u>Error</u> The main potential for error stems from the discretionary engagement of individual services in SMD collection. There are drug and alcohol treatment services that do not currently participate in the data collection and the data is thus not a full count of all people presenting for treatment in Northern Ireland.</p> <p>A biennial drug and alcohol Census is undertaken to augment the SMD data and obtain a fuller picture.</p> <p>Year-on-year consistent trends with same suppliers included can be produced which gives a fairly accurate assessment of the trend in the numbers seeking treatment.</p> <p>The SMD is still in its infancy so the move to include alcohol treatment suppliers will take some time to fully bed in. The inclusion of persons</p>

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	presenting for treatment for alcohol misuse in addition to drug misuse in the data collection system is currently being assessed.
Timeliness and Punctuality	<i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i>
	<p>The annual SMD report is published within a year of the reference period, most typically within 7/8 months. The date is pre-announced on the IAD statistical release calendar: Information Analysis Directorate statistical releases calendar.</p> <p>In the majority of cases, the target publication date is met. In the event of a change to a pre-announced date, the publication calendar is amended as soon as possible.</p>
Accessibility and Clarity	<i>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.</i>
	<p>The DoH website is the primary vehicle for release of the annual SMD publication. A combination of commentary, charts and infographics are included in the annual report with downloadable Excel tables also available.</p> <p>Definitions are provided within the annual report in the technical notes and the Excel tables include both technical notes and metadata.</p> <p>Once published, a web link to the annual publication is circulated to relevant colleagues across the HSC and to those named on our circulation lists.</p> <p>Additional ad-hoc analysis is provided as appropriate on request.</p>
Coherence and Comparability	<i>Coherence is the degree to which data that are 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.</i>
	<p>There is currently no other official regional drug and alcohol treatment data collection system in Northern Ireland. However, as detailed in the 'Accuracy and Reliability' section, a biennial drug and alcohol Census is undertaken to augment the SMD data and obtain a fuller picture.</p> <p>The SMD was first introduced in 2016/17 to collect information on drugs and alcohol. Prior to this, the system was referred to as the Drug Misuse Database and data collection was limited to drug misuse. Trends relating to drugs are available back to 2001/02 however the issues raised within the 'Accuracy and Reliability' section with respect to error should be considered.</p>

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	<p>The statistics on persons presenting for drug misuse are submitted annually to the European Monitoring Centre for Drugs and Drug Addiction via the UK Focal Point. A UK report is published annually outlining key drug trends across the UK. Whilst steps are taken to encourage standardisation and commonality in approach, the different data collection systems render the statistics partially rather than fully comparable.</p>
Trade-offs between Output Quality Components	<p><i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i></p>
	<p>None</p>
Assessment of User Needs and Perceptions	<p><i>The processes for finding out about users and uses, and their views on the statistical products.</i></p>
	<p>Data from the SMD help to meet the information needs of a wide range of internal and external users (as detailed in the 'Relevance' section).</p> <p>Awareness of users of our data is furthered from ad hoc requests for information and from the receipt of invitations to relevant meetings and conferences.</p> <p>The SMD was created fully under the auspices of the NSD for alcohol and drugs. In the light of the development of the new Departmental strategy, its processes will be reviewed and improved where possible.</p>
Performance, Cost and Respondent Burden	<p><i>The effectiveness, efficiency and economy of the statistical output.</i></p>
	<p>There are numerous services providing information for the SMD. Some of the information is collected specifically for the SMD publication however the majority of the information would be required by the services in their normal service provision role. In this regard, the SMD does not create substantial additional burden. There is potentially additional burden placed on services that also operate their own management information system whereby the information would need to be keyed twice.</p> <p>Accessing information directly from HSC Trust systems or from databases held by non-statutory agencies is a stream of work that will be considered within the context of the development of the new Departmental strategy for drugs and alcohol.</p> <p>The production of the annual report and data tables has been streamlined wherever possible and is reviewed regularly for efficiency.</p>

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	<i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i>
Confidentiality, Transparency and Security	<p>Information is collected through a secure online data collection system that has been tested by IT professionals. The creation/deletion and associated permissions of user accounts is managed by the relevant statistician who is also responsible for providing technical support to users.</p> <p>Data downloaded from the system is held on a network that is only accessible to relevant named staff.</p> <p>All statistics produced are aggregated to a non-disclosive level to ensure that individuals cannot be identified.</p> <p>The DoH Statistical Charter contains a 'Statement on Confidentiality and Security': Department of Health statistics charter</p>