

Sidhu, Tej PSSG:EX

From: Sidhu, Tej PSSG:EX
Sent: Thursday, April 27, 2017 3:40 PM
To: Jennings, Suzanne VSA:EX
Subject: Reporting small numbers

Hi Suzanne,

Do you have a standard response for reporting on small numbers?

We have a number of media requests for overdose numbers for the smaller townships so wanted to ensure we used consistent language.

Thanks.

Tej.

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From: Gaston, Valérie (STATCAN) <valerie.gaston@canada.ca>
Sent: Monday, May 1, 2017 12:31 PM
To: Sidhu, Tej PSSG:EX
Cc: Phillips, Owen (STATCAN)
Subject: RE: Question - Stats Canada data reporting rules
Attachments: CVS_DisclosureControlStrategy_Final_EN.pdf

Hi Tej,

There actually isn't anything at the corporate level. However, until recently, we have used 5 as the minimum cell size in the vital statistics program. In the case of the CCMED, this is what we have indicated in our agreements with our data providers (you) and the agreement with the Public Health Agency of Canada:

Numbers and rates based on numbers greater than zero (0) and less than six (6) are not to be published without the approval of the database Steering Committee. Where denominators are small, consideration must also be given to the difference between the denominator and the numerator, as differences of zero (0) and less than six (6) represent similar potential breaches of confidentiality to the situation where the numbers of cases are between zero (0) and six (6).

1. The Receiving Department agrees that for analytic results based on indirect identifiers, the following disclosure control methods will be used:
 - a. All counts will be rounded to an adjacent multiple of 5. Random or controlled additive rounding may be used;
2. When calculating crude or specific rates (and confidence intervals), rounded counts should be used.
3. Unrounded age-specific counts can be used to calculate the age-standardized rates (and confidence intervals); overall counts of deaths presented with the age-standardized rate should be rounded. Where the overall count rounds to zero, the corresponding age-standardized rate should be reported as zero.
4. Statistics based on continuous variables, such as means and percentiles, should be produced only for domains (subpopulations) of size 5 or greater, i.e. they should be based on no fewer than 5 deaths. Each domain should be fairly heterogeneous with respect to the variable of interest. Maximum and minimum values for the domain should not be reported.
5. Sample descriptives for regression outputs should also be rounded to an adjacent multiple of 5.
6. Where categorical covariates are used, the regression results from binary response (e.g. logistic, probit) and polytomous response (e.g. generalized logit, proportional odds) models can sometimes be used to construct the underlying table of frequencies, or portions thereof. Generally, this is only a concern if a saturated or nearly saturated model is used (i.e. a model presenting main effects and all significant interactions between covariates). Care should be taken to avoid the use of such models.

In our standard CANSIM tables (for vital statistics – we do not have standard tables for the CCMED), we release small cells only if we have obtained permission from the data providers to do so. Any other output is subject to rounding as per the attached policy which we implemented for the vital statistics program. Since we have not released information from the CCMED for some time now, this might be something worth discussing with the c/mes.

I hope this helps. If you have any specific questions on disclosure, we would be happy to discuss further.
Valérie

Valérie Gaston

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De : Sidhu, Tej PSSG:EX [<mailto:Tej.Sidhu@gov.bc.ca>]
Envoyé : 1 mai 2017 14:47
À : Gaston, Valérie (STATCAN) <valerie.gaston@canada.ca>
Objet : RE: Question - Stats Canada data reporting rules

Hi Valerie,

We are often asked for data where counts are small and previously we have referred to Stats Canada rules about reporting under 5 (privacy considerations).

I can't locate specific reference online to the Stats Canada data rules with respect to reporting under 5 counts....do you have those rules handy that you can send me?

Thanks

Tej.

Disclosure control strategy for Canadian Vital Statistics Birth and Death Databases

Introduction

The Canadian Vital Statistics Databases (births, deaths, stillbirths) contain information obtained through the Statistics Act, from the provincial and territorial vital statistics registrars who collected the data for their own administrative and/or statistical or research purposes.

The data can only be used for surveillance, research, analysis, quality assurance, program evaluation, or statistical purposes. Administrative use of the data such as using the information about an individual in a decision making process, is not permitted.

The Health Statistics Division of Statistics Canada is responsible for preventing disclosure and ensuring the privacy and confidentiality of the Vital Statistics data. Disclosure can be categorized as follows (Tambay, 2011):

Identity disclosure: identifying an individual from a table, typically from small cell showing 1 or 2 persons with a characteristic. If no other information is released it is not necessarily a confidentiality breach but the perception of a breach is there. This translates into a “small cell” problem, where, for the purpose of vital statistics, “small” is defined as frequencies representing fewer than 5 births, deaths or stillbirths

Attribute disclosure: disclosing attributes of individuals, even if they are not specifically identified. For example, a table row where all units share the same attribute because they are found in a single column. This translates into “zero cell” and “full cell” problems. Not all zero cells are problematic. Full cells, which occur when only one cell in a row or column is nonzero, are more likely to be.

Residual disclosure: occurs when released information is combined with other released information, or with information from external sources, to reveal confidential data. This translates into taking steps to ensure that disclosure cannot occur by differencing tables or even by “targeted attacks” (e.g., repeated queries under random rounding).

Historically, suppression of small cells in tabular outputs (except where explicitly approved by the provinces and territories) has been used as a disclosure control strategy by the Vital Statistics Programme. This approach, however, doesn’t adequately address residual and attribute disclosure, and is therefore not recommended in an environment where multiple tables are produced from the same

database. Furthermore, in the context of social science research, the births and deaths are being linked to numerous other administrative data sources (e.g. personal income tax information, hospitalization data, cancer registries) and other sensitive data (e.g. census of population, coroner and medical examiner data, numerous sample surveys), leaving them more susceptible to the risk of disclosure.

Given the limitations of cell suppression, rounding is being adopted, as it “gives visible indication that something was done (and) offers more protection against residual disclosure” (Tambay, 2011). The following sections will present the disclosure control strategy for the Vital Statistics databases. Emphasis will be placed on frequencies; however, disclosure control for other statistics, such as means, quintiles and regression output, will be discussed. A more detailed examination of rounding is given in Appendix A and Appendix B.

Disclosure control rules for Vital Statistics

Direct identifiers— variables like name, address and date of birth that relate to a single individual—are not releasable. Generally, this information is suppressed on the microdata files made available to researchers.

Indirect identifiers are variables such as sex, age, marital status, postal code, birth weight, and underlying cause of death that do not relate to a single individual but could be known about individuals and could, when used in combination with each other or with other data sources, lead to the identification of an individual in the population. These variables do not contain protected personal information.

From a disclosure control point of view geographical variables that identify small areas and sensitive variables such as cause of death can be particularly problematic indirect identifiers because the likelihood of uniqueness and identification increases with increased detail.

For analytic results based on indirect identifiers, the following disclosure control methods should be used:

1. All counts should be rounded to an adjacent multiple of 5. Random or controlled additive rounding may be used; the merits of each are discussed in Appendix A and Appendix B, and examples are given in Appendix C.
2. When calculating crude or specific rates (and confidence intervals), rounded counts should be used. Please see the examples in Appendix D.
3. Unrounded age-specific counts can be used to calculate the age-standardized rates (and confidence intervals); overall counts of deaths presented with the age-standardized rate should be rounded.

Where the overall count rounds to zero, the corresponding age-standardized rate should be reported as zero. Please see the example in Appendix E.

4. Should a journal refuse to publish an article because the data are rounded, the following procedure will need to be followed:
 - i. The researcher must return to the RDC with written proof that the journal has refused the article because of the rounded data.
 - ii. The request will go to the vetting committee who will look at the output and evaluate options.
 - iii. If there is no clear solution, the subject matter division will be consulted.
5. Statistics based on continuous variables, such as means and percentiles, should be produced only for domains (subpopulations) of size 5 or greater, i.e. they should be based on no fewer than 5 births or deaths. Each domain should be fairly heterogeneous with respect to the variable of interest, say for example birth weight; all individuals in a specified subpopulation should not have the same birth weight. Maximum and minimum values for the domain should not be reported.
6. Sample descriptives for regression outputs (number of deaths or births used to fit the model) should also be rounded to an adjacent multiple of 5.
7. Where categorical covariates are used, the regression results from binary response (e.g. logistic, probit) and polytomous response (e.g. generalized logit, proportional odds) models can sometimes be used to construct the underlying table of frequencies, or portions thereof. Generally, this is only a concern if a saturated or nearly saturated model is used (i.e. a model presenting main effects and all significant interactions between covariates). Care should be taken to avoid the use of such models.

Reference

Tambay, J.L. (2011). *Disclosure Control of Administrative Frequency Data*, internal document, November 30, 2011, Statistics Canada.

APPENDIX A: ROUNDING

Rounding is a statistical disclosure control method for frequency or count data. Rounding adjusts the values in all cells in a table to a specified base to create uncertainty about the original cell values (including zeros) while keeping data distortion to an acceptable level. Common choices for the rounding base include 3 and 5. Since Statistics Canada generally considers counts less than 5 as sensitive, a rounding base of 5 is used. Consequently, all rounded values will be integer multiples of five.

There are various ways of performing rounding, such as conventional, random and controlled. All three methods are transparent to users (i.e., all table values end in 0 or 5), remove the perception of disclosure, provide counts for all cells, introduce protection/ambiguity for zeros, guard against a false sense of perfection (i.e., databases are not 100% complete and accurate), and protect against residual disclosure through differencing across tables. Differences exist, however, in ease of implementation and end results. Since controlled rounding strives to maintain additivity of columns and rows, provides greater protection against disclosure, and can be implemented using an application developed at Statistics Canada, it is the preferred approach in Research Data Centres.

When controlled rounding cannot be used or is not easily implemented (e.g., incompatible operating system or large complex tables), random rounding is an alternative. Basically, each table cell is randomly rounded, independently of other cells, to an adjacent multiple of 5 using an unbiased random rounding scheme. Specifically, numbers ending in 0 or 5 are not rounded; numbers ending in 1 or 6 are rounded up with a probability of 0.20 and down with a probability of 0.80; numbers ending in 2 or 7 are rounded up and down with probabilities of 0.40 and 0.60, respectively; numbers ending in 3 or 8 are rounded up and down with probabilities of 0.60 and 0.40, respectively; and, numbers ending in 4 or 9 are rounded up and down with probabilities of 0.80 and 0.20, respectively. Thus, counts are more likely to be rounded to their nearest multiple of five but internal cells will sum to marginal cells only by chance. Random rounding is applied on tabular data, NOT MICRODATA. First create a data set with the desired frequencies and then apply the random rounding.

Whether using controlled or random rounding, creating new tables from rounded tables is discouraged because the new rounded counts may be more than ± 4 from the actual counts. Thus, all desired tables should be created directly from the microdata prior to applying the final step of rounding.

An example using Canadian cancer data and SAS is provided.

```
/*Assume the microdata "cancer_deaths" has two variables (sex and age_group)
defined as follows:
```

```
sex of decedent:
```

```
1=male
```

```
2=female
```

```
age_group of decedent:
```

```
1=0-19
```

```
2=20-39
```

```
3=40-59
```

```

4=60+
*/

/*Indicating where the microdata is located.*/

Libname Mylib "enter path where your data is located";

/*Creating a data set with the desired frequencies (i.e., Canadian cancer
deaths by sex and age group for 2009). The summary procedure is used with the
completetypes option to produce counts for all possible combinations present
in the microdata including marginal counts (i.e., both sexes and all age
groups).*/

proc summary data=Mylib.cancer_deaths completetypes;

class age_group sex;

output out=cancer_counts (drop=_TYPE_ rename=(_FREQ_=Count));

run;

/*Addressing marginals and applying the random rounding. The r_count variable
will always be within  $\pm 4$  of the count. If the count ends in 0 or 5,
the r_count will be equal to the count. The new data set will have both the
count and rounded count.*/

Data Mylib.Cancer_counts;
set work.cancer_counts;

if age_group=. then age_group=5; /*category for all ages*/
if sex=. then sex=3; /*category for both sexes*/

/*Random rounding. The variable r_count represents the rounded count.*/
remainder=mod(count,5);
floor_value=count-remainder;
random_number=ranuni(1); /*setting the seed value*/
if remainder=0 then r_count=count;
else r_count=floor_value + 5*(random_number < (remainder/5));

run;

/*Creating tabular results using proc tabulate.*/

proc format;
value age_group
1="0-19"
2="20-39"
3="40-59"

```

```

4="60+"
5="All";
value sex
1="males"
2="females"
3="males and females";
run;

/*Comparing actual with rounded counts.*/
options linesize=120 pagesize=100;

Proc tabulate data= Mylib.Cancer_counts format=comma12.0;
class age_group sex;
classlevel age_group sex;
var count r_count;
keyword sum;

tables age_group=" ", (count="Actual Count" r_count="Rounded Count")*sex="
"*(sum=" ")/

misstext="0" printmiss Box="Age Group (years)";
format age_group age_group. sex sex.;
run;

```

Notice that the randomly rounded counts are always within ± 4 of the actual counts and that the randomly rounded internal cells may not sum to the marginals.

Age Group (years)	Actual Count			Rounded Count		
	males	females	males and females	males	females	males and females
0-19	109	91	200	110	95	200
20-39	373	480	853	375	480	850

40-59	5,661	5,849	11,510	5,660	5,845	11,510
60+	31,309	27,253	58,562	31,310	27,250	58,560
All	37,452	33,673	71,125	37,450	33,675	71,125

```

/*Creating a table of rounded counts only.*/
options linesize=120 pagesize=100;
Proc tabulate data= Mylib.Cancer_counts format=comma12.0;
class age_group sex;
classlevel age_group sex;
var r_count;
keyword sum;
tables age_group=" ",r_count="Rounded Count"*sex=" "(sum=" ")/
misstext="0" printmiss Box="Age Group (years)";
format age_group age_group. sex sex.;
run;

```

APPENDIX B: STATA WRAPPER FOR ACROUND CONTROLLED ROUNDING PROGRAM

Controlled rounding is a method of rounding tables of frequency counts. Unlike other rounding methods, controlled rounding attempts to produce additive tables. Additive tables are tables where the marginal cells (subtotals and totals) are equal to the sum of their corresponding interior cells. This makes for easier interpretation of tables (different methods of calculating proportions and residual counts all yield the same result) and it also makes a rounded table from which it is harder to reverse-engineer the rounding.

Controlled rounding is computationally more complicated than standard or unbiased random rounding, but a software tool, ACROUND, was developed at Statistics Canada to automate the process. ACROUND is a Windows executable, but to further facilitate its use, wrappers have been developed in SAS and Stata to make calling ACROUND more intuitive and easy. This document describes the Stata wrapper for ACROUND.

Using the Stata wrapper

ACROUND is implemented as an .ado file for Stata, with built-in help included. It can be called seamlessly from within Stata once installed.

Before calling the wrapper, you will need a set of microdata or an unrounded frequency table. In the case of the frequency table, you will need your frequency estimates to be integers – if you have been doing weighted analysis, you will need to round or truncate non-integer estimates before proceeding. Your cross-tabulation variables should also be coded to integers. In the case of a frequency table, ACROUND expects only the interior cells – remove any totals or subtotals before running the wrapper.

The syntax of the call is as follows:

acround varlist [if] [in] [weight] [, **exepath**(string) **base**(integer) **summpath**(string) **outpath**(string)]

If and *in* qualifiers work as usual in Stata.

The *weight* option is intended for frequency weights, whether in microdata or in the form of cell counts in a frequency table.

The *exepath* parameter defaults to C:\ado\personal\rnd.exe. This should be correct; your RDC analyst should know if you need to supply a value to this parameter.

The *base* parameter defaults to 5. In most cases with RDC data, this is the correct value. Your analyst, consulting the survey-specific guidelines, should know if this parameter should be changed (although it is always acceptable to increase it from the recommended value).

The *summpath* and *outpath* parameters indicate where ACROUND should deliver summary and output files. The summary file describes the number of iterations and constraints as well as the proportion of constraints fulfilled (i.e. the number of totals where additivity is preserved). The output file is a blank-

delimited file with the rounded cell counts, one cell per line. The first line contains variable names. Totals and subtotals are indicated by asterisks.

Installing the Stata wrapper

Because RDC computers tend to be isolated from the Internet, manual installation is recommended. With Stata closed, administrative privileges and with any security software temporarily off, create the folder C:\ado\personal\rnd.exe. Place acround.ado, acround.sthlp and acround.exe in the folder. The wrapper should be available the next time Stata is run.

APPENDIX C: EXAMPLES OF RANDOM AND CONTROLLED ROUNDING

The example presented in Table C1 and used throughout the appendices uses real data from *CANSIM Table 102-0521: Deaths, by cause, Chapter I: Certain infectious and parasitic diseases (A00 to B99), age group and sex, Canada*. The release of unsuppressed small cells and unrounded data in CANSIM is done with the approval of the provincial and territorial vital statistics registrars.

Table C1
Male deaths, human immunodeficiency virus (HIV) disease, by age group, Canada, 2006 to 2011
Unrounded

Age group	2006 to 2011						Total
	2006	2007	2008	2009	2010	2011	
Under 1 year	0	0	0	0	0	0	0
1 to 4 years	0	0	0	0	0	0	0
5 to 9 years	0	0	0	0	0	0	0
10 to 14 years	0	0	0	0	0	0	0
15 to 19 years	0	1	1	0	0	0	2
20 to 24 years	2	1	1	1	0	0	5
25 to 29 years	10	5	3	5	2	5	30
30 to 34 years	24	17	11	14	10	3	79
35 to 39 years	43	42	23	13	15	17	153
40 to 44 years	67	66	62	42	34	32	303
45 to 49 years	66	76	78	63	65	49	397
50 to 54 years	49	48	50	63	36	42	288
55 to 59 years	33	37	39	33	40	36	218
60 to 64 years	26	20	19	24	20	23	132
65 to 69 years	15	15	11	6	18	11	76
70 to 74 years	4	6	5	10	6	6	37
75 to 79 years	7	2	7	8	12	3	39
80 to 84 years	0	2	2	3	5	2	14
85 to 89 years	0	0	1	0	0	0	1
90 years and over	0	1	0	0	0	0	1
Total all ages	346	339	313	285	263	229	1,775

Using random rounding to an adjacent multiple of 5 might yield Table C2. All cells are individually rounded to an adjacent multiple of 5, but not necessarily to the nearest; values that are already multiples of 5 are not subject to rounding.

The advantage to random rounding is that it is very simple to implement and doesn't require the use of special software or tools (see the example of SAS code given in Appendix A). However, it does not ensure the additivity of the rounded table. In Table C2, the rounded marginal totals highlighted in red do not reflect the total of the rounded internal cell counts. For example, the rounded six-year total for males aged 45 to 49 years is 335 deaths; the sum of the rounded counts for each of the six years is 410 deaths.

Note also that rounding produces a number of “false” zeros (i.e. counts of 1, 2, 3 or 4 rounded to 0), highlighted in yellow. Part of the protective nature of the rounding methodology is that it does not allow the user to distinguish the false zeros from the real zeros. In an effort to mitigate the impact of false zeros, users may wish to use a suitable aggregation of the data, say in three-year intervals.

Table C2

Male deaths, human immunodeficiency virus (HIV) disease, by age group, Canada, 2006 to 2011
Random rounding to an adjacent multiple of 5

Age group	2006 to 2011						Total
	2006	2007	2008	2009	2010	2011	
Under 1 year	0	0	0	0	0	0	0
1 to 4 years	0	0	0	0	0	0	0
5 to 9 years	0	0	0	0	0	0	0
10 to 14 years	0	0	0	0	0	0	0
15 to 19 years	0	5	5	0	0	0	5
20 to 24 years	0	5	5	5	0	0	5
25 to 29 years	10	5	0	5	5	5	30
30 to 34 years	20	15	15	10	10	0	75
35 to 39 years	45	40	20	15	15	20	150
40 to 44 years	65	70	65	45	30	35	305
45 to 49 years	70	80	75	60	65	45	395
50 to 54 years	45	45	50	60	40	45	285
55 to 59 years	30	40	35	30	40	40	220
60 to 64 years	30	20	20	20	20	25	130
65 to 69 years	15	15	15	10	15	15	80
70 to 74 years	0	10	5	10	10	10	35
75 to 79 years	10	0	5	5	15	5	35
80 to 84 years	0	0	0	0	5	5	10
85 to 89 years	0	0	5	0	0	0	5
90 years and over	0	5	0	0	0	0	5
Total all ages	350	335	310	285	265	225	1,775

In situations where additivity is required, the ACROUND algorithm can be used to produce controlled additive rounding. The ACROUND algorithm uses linear programming to round counts up or down in a controlled manner such that the additivity of the table might be preserved; complete additivity cannot be guaranteed for tables of three or more dimensions. Please see Appendix B for more detail.

In the ACROUND rounded table given below (Table C3), all entries are controlled, and the rounded row and column totals now reflect the sums of the individual rounded entries. Note that additive rounding still produces false zeros (highlighted again in yellow).

Table C3

Male deaths, human immunodeficiency virus (HIV) disease, by age group, Canada, 2006 to 2011

Additive controlled rounding to an adjacent multiple of 5

Age group	2006 to 2011						Total
	2006	2007	2008	2009	2010	2011	
Under 1 year	0	0	0	0	0	0	0
1 to 4 years	0	0	0	0	0	0	0
5 to 9 years	0	0	0	0	0	0	0
10 to 14 years	0	0	0	0	0	0	0
15 to 19 years	0	0	0	0	0	0	0
20 to 24 years	0	0	0	5	0	0	5
25 to 29 years	10	5	5	5	0	5	30
30 to 34 years	25	15	10	10	10	5	75
35 to 39 years	45	40	25	15	15	15	155
40 to 44 years	65	70	60	40	35	30	300
45 to 49 years	65	75	80	65	65	50	400
50 to 54 years	50	50	50	60	35	45	290
55 to 59 years	35	35	40	35	40	35	220
60 to 64 years	25	20	15	25	20	25	130
65 to 69 years	15	15	15	5	15	15	80
70 to 74 years	0	5	5	10	10	5	35
75 to 79 years	10	5	5	10	10	0	40
80 to 84 years	0	5	5	0	5	0	15
85 to 89 years	0	0	0	0	0	0	0
90 years and over	0	0	0	0	0	0	0
Total all ages	345	340	315	285	260	230	1,775

APPENDIX D: EXAMPLES OF ROUNDING FOR RATES

Table D1 presents the distribution of male HIV deaths by age group, expressed as a percentage of all male HIV deaths. The percentages calculated here are based on the unrounded counts from Table C1 and therefore cannot be released. Instead, rounded counts of both numerator and denominator should be used to calculate the percentages. Here, the additive nature of Table C3 offers an advantage, in that the column percentages will sum to 100% (Table D2).

Table D1

Percent share of male HIV deaths, by age group, Canada, 2006 to 2011

Based on unrounded counts from Table C1

Age group	2006	2007	2008	2009	2010	2011
Under 1 year	0	0	0	0	0	0
1 to 4 years	0	0	0	0	0	0
5 to 9 years	0	0	0	0	0	0
10 to 14 years	0	0	0	0	0	0
15 to 19 years	0	0	0	0	0	0
20 to 24 years	1	0	0	0	0	0
25 to 29 years	3	1	1	2	1	2
30 to 34 years	7	5	4	5	4	1
35 to 39 years	12	12	7	5	6	7
40 to 44 years	19	19	20	15	13	14
45 to 49 years	19	22	25	22	25	21
50 to 54 years	14	14	16	22	14	18
55 to 59 years	10	11	12	12	15	16
60 to 64 years	8	6	6	8	8	10
65 to 69 years	4	4	4	2	7	5
70 to 74 years	1	2	2	4	2	3
75 to 79 years	2	1	2	3	5	1
80 to 84 years	0	1	1	1	2	1
85 to 89 years	0	0	0	0	0	0
90 years and over	0	0	0	0	0	0
Total	100	100	100	100	100	100

Table D2**Percent share of male HIV deaths, by age group, Canada, 2006 to 2011****Based on controlled rounded counts from Table C3**

Age group	2006	2007	2008	2009	2010	2011
Under 1 year	0	0	0	0	0	0
1 to 4 years	0	0	0	0	0	0
5 to 9 years	0	0	0	0	0	0
10 to 14 years	0	0	0	0	0	0
15 to 19 years	0	0	0	0	0	0
20 to 24 years	0	0	0	2	0	0
25 to 29 years	3	1	2	2	0	2
30 to 34 years	7	4	3	4	4	2
35 to 39 years	13	12	8	5	6	7
40 to 44 years	19	21	19	14	13	13
45 to 49 years	19	22	25	23	25	22
50 to 54 years	14	15	16	21	13	20
55 to 59 years	10	10	13	12	15	15
60 to 64 years	7	6	5	9	8	11
65 to 69 years	4	4	5	2	6	7
70 to 74 years	0	1	2	4	4	2
75 to 79 years	3	1	2	4	4	0
80 to 84 years	0	1	2	0	2	0
85 to 89 years	0	0	0	0	0	0
90 years and over	0	0	0	0	0	0
Total	100	100	100	100	100	100

As before, yellow is used to highlight the false zeros in Table D2 (and later in Table D4).

Table D3 gives the age-specific HIV mortality rates for males, expressed as the number of male HIV deaths per 100,000 males. These are obtained by dividing the number of HIV deaths (Table C1) by the corresponding population measure in the table in Appendix F, then multiplying the result by 100,000. Again, as unrounded counts are used, Table D3 could not be released under the Vital Statistics disclosure control rules. Instead the rounded counts from Table C3, should be used as numerator. The resulting mortality rates are given in Table D4.

Table D3

Age-specific HIV mortality rates (per 100,000 population), males, Canada, 2006 to 2011

Based on unrounded counts from Table C1

Age group	2006	2007	2008	2009	2010	2011
Under 1 year	0.0	0.0	0.0	0.0	0.0	0.0
1 to 4 years	0.0	0.0	0.0	0.0	0.0	0.0
5 to 9 years	0.0	0.0	0.0	0.0	0.0	0.0
10 to 14 years	0.0	0.0	0.0	0.0	0.0	0.0
15 to 19 years	0.0	0.1	0.1	0.0	0.0	0.0
20 to 24 years	0.2	0.1	0.1	0.1	0.0	0.0
25 to 29 years	0.9	0.5	0.3	0.4	0.2	0.4
30 to 34 years	2.2	1.6	1.0	1.2	0.9	0.3
35 to 39 years	3.7	3.7	2.0	1.1	1.3	1.5
40 to 44 years	4.9	5.0	4.9	3.4	2.8	2.7
45 to 49 years	4.9	5.6	5.7	4.6	4.7	3.6
50 to 54 years	4.1	3.9	3.9	4.9	2.7	3.1
55 to 59 years	3.2	3.5	3.6	3.0	3.5	3.1
60 to 64 years	3.3	2.3	2.1	2.5	2.0	2.2
65 to 69 years	2.5	2.3	1.6	0.8	2.4	1.4
70 to 74 years	0.8	1.1	0.9	1.7	1.0	1.0
75 to 79 years	1.8	0.4	1.4	1.6	2.4	0.6
80 to 84 years	0.0	0.5	0.5	0.8	1.2	0.5
85 to 89 years	0.0	0.0	0.4	0.0	0.0	0.0
90 years and over	0.0	0.8	0.0	0.0	0.0	0.0

Note that the age-specific rates presented here do not necessarily reflect those presented in *CANSIM Table 102-0551: Deaths and mortality rate, by selected grouped causes, age group and sex, Canada*, owing to the periodic revision of population estimates.

Table D4**Age-specific HIV mortality rates (per 100,000 population), males, Canada, 2006 to 2011****Based on controlled rounded counts from Table C3**

Age group	2006	2007	2008	2009	2010	2011
Under 1 year	0.0	0.0	0.0	0.0	0.0	0.0
1 to 4 years	0.0	0.0	0.0	0.0	0.0	0.0
5 to 9 years	0.0	0.0	0.0	0.0	0.0	0.0
10 to 14 years	0.0	0.0	0.0	0.0	0.0	0.0
15 to 19 years	0.0	0.0	0.0	0.0	0.0	0.0
20 to 24 years	0.0	0.0	0.0	0.4	0.0	0.0
25 to 29 years	0.9	0.5	0.4	0.4	0.0	0.4
30 to 34 years	2.3	1.4	0.9	0.9	0.9	0.4
35 to 39 years	3.8	3.5	2.2	1.3	1.3	1.3
40 to 44 years	4.7	5.3	4.7	3.3	2.9	2.5
45 to 49 years	4.9	5.5	5.8	4.7	4.7	3.7
50 to 54 years	4.2	4.0	3.9	4.6	2.7	3.4
55 to 59 years	3.4	3.3	3.7	3.1	3.5	3.0
60 to 64 years	3.2	2.3	1.6	2.6	2.0	2.4
65 to 69 years	2.5	2.3	2.2	0.7	2.0	1.9
70 to 74 years	0.0	0.9	0.9	1.7	1.7	0.8
75 to 79 years	2.6	1.0	1.0	2.0	2.0	0.0
80 to 84 years	0.0	1.3	1.3	0.0	1.2	0.0
85 to 89 years	0.0	0.0	0.0	0.0	0.0	0.0
90 years and over	0.0	0.0	0.0	0.0	0.0	0.0

Here data from two databases have been used. For the purpose of this example, unrounded, published population counts from the Census of Population were used in the denominator to obtain the resulting mortality rates. Were the Census also to have disclosure control rules, care would have to be taken to ensure that the rules for both surveys be respected.

APPENDIX E: EXAMPLES OF ROUNDING FOR AGE STANDARDIZED RATES

Table E1 presents the calculation of age-standardized HIV mortality rates for males, expressed as the number of deaths per 100,000 standard population. These are obtained by first multiplying the age-specific rates presented in Table D3 by the appropriate standard weight; then summing the resulting numbers over age-groups. Here, the Canadian population as estimated from the 1991 Census is used as the standard population for the calculation of the age-standardized rates. The weights and more information on mortality (death) rates are provided in the *Vital Statistics Death Database – Glossary*, available on the Statistics Canada website via the following link: http://www23.statcan.gc.ca/imdb-bmdi/document/3233_D4_T9_V1-eng.htm.

Table E1

Calculation of age-standardized HIV mortality rates (per 100,000 population), males, Canada, 2006 to 2011

Based on unrounded counts from Table C1

Age group	2006	2007	2008	2009	2010	2011
Under 1 year	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1 to 4 years	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
5 to 9 years	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
10 to 14 years	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
15 to 19 years	0.0000	0.0063	0.0062	0.0000	0.0000	0.0000
20 to 24 years	0.0130	0.0068	0.0068	0.0067	0.0000	0.0000
25 to 29 years	0.0818	0.0406	0.0239	0.0389	0.0153	0.0381
30 to 34 years	0.2030	0.1443	0.0921	0.1150	0.0807	0.0238
35 to 39 years	0.3058	0.3061	0.1679	0.0951	0.1097	0.1245
40 to 44 years	0.3722	0.3837	0.3730	0.2608	0.2163	0.2045
45 to 49 years	0.2934	0.3345	0.3385	0.2708	0.2800	0.2159
50 to 54 years	0.1973	0.1849	0.1880	0.2323	0.1304	0.1491
55 to 59 years	0.1406	0.1527	0.1581	0.1303	0.1532	0.1343
60 to 64 years	0.1395	0.0970	0.0874	0.1056	0.0843	0.0939
65 to 69 years	0.0973	0.0870	0.0611	0.0319	0.0920	0.0539
70 to 74 years	0.0242	0.0319	0.0263	0.0515	0.0302	0.0292
75 to 79 years	0.0400	0.0089	0.0310	0.0353	0.0528	0.0132
80 to 84 years	0.0000	0.0069	0.0068	0.0102	0.0168	0.0066
85 to 89 years	0.0000	0.0000	0.0027	0.0000	0.0000	0.0000
90 years and over	0.0000	0.0027	0.0000	0.0000	0.0000	0.0000
Age-standardized rate	1.9	1.8	1.6	1.4	1.3	1.1
Number of deaths	345	340	315	285	260	230

Note that the age-standardized rates presented here do not necessarily reflect those presented in *CANSIM Table 102-0552: Deaths and mortality rate, by selected grouped causes and sex, Canada, provinces and territories*, owing to the periodic revision of population estimates.

Only the portion of the table highlighted in green can be released; that which is highlighted in red should not be published. Note that the annual number of deaths reported is the controlled rounded count from Table C3.

APPENDIX F: POPULATION ESTIMATES USED FOR AGE-SPECIFIC AND AGE-STANDARDIZED RATES

Table F1 gives the population estimates used to calculate the age-specific and age-standardized mortality rates presented in Appendix D and Appendix E.

Table F1

Estimates of male population for July 1, by age group, Canada, 2006 to 2011

Age group	2006	2007	2008	2009	2010	2011
Under 1 year	180,209	175,328	182,181	183,837	184,121	183,532
1 to 4 years	711,756	679,482	693,079	710,062	729,408	742,720
5 to 9 years	936,683	876,674	870,622	871,143	871,350	882,186
10 to 14 years	1,070,996	1,008,019	990,188	971,961	953,208	931,354
15 to 19 years	1,136,292	1,089,857	1,101,760	1,104,755	1,099,360	1,092,368
20 to 24 years	1,152,961	1,105,546	1,110,053	1,122,588	1,143,846	1,160,880
25 to 29 years	1,099,320	1,105,939	1,129,690	1,154,214	1,172,819	1,181,076
30 to 34 years	1,092,278	1,088,238	1,103,779	1,124,642	1,144,782	1,167,005
35 to 39 years	1,172,767	1,144,306	1,142,319	1,139,591	1,140,667	1,138,694
40 to 44 years	1,370,029	1,309,109	1,265,043	1,225,701	1,196,423	1,190,523
45 to 49 years	1,338,447	1,351,702	1,370,911	1,383,977	1,381,337	1,350,322
50 to 54 years	1,182,027	1,235,706	1,266,211	1,291,021	1,314,334	1,341,093
55 to 59 years	1,032,665	1,066,228	1,085,659	1,114,760	1,148,580	1,179,520
60 to 64 years	788,307	871,875	919,142	961,229	1,003,725	1,036,627
65 to 69 years	594,884	665,148	695,183	725,583	754,956	787,985
70 to 74 years	490,000	558,078	563,943	576,791	590,770	610,955
75 to 79 years	387,227	495,087	498,794	500,308	502,038	503,555
80 to 84 years	251,777	393,714	397,286	399,534	404,476	410,520
85 to 89 years	115,707	242,067	253,935	265,324	272,787	277,374
90 years and over	40,114	127,505	132,450	138,328	148,326	158,532
Total all ages	16,144,446	16,589,608	16,772,228	16,965,349	17,157,313	17,326,821

Source: Statistics Canada, [CANSIM Table 051-0001](#) (accessed: May 12, 2014).

Sidhu, Tej PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Tuesday, May 2, 2017 10:16 AM
To: Gunnarson, Jess PSSG:EX
Cc: Cote, Courtney PSSG:EX
Subject: FW: April 25 death

Hi Jess,

Please see incoming request below. Not sure about this case specifically, but we have been responding to requests for COD with something along the lines of:

"We don't normally publicly confirm a cause or classification of death until our investigation is complete. This is especially true in the case of a suspected overdose, since we will not know conclusively if the deceased died of an overdose, and if so, from what, until all post mortem test results are received and the investigation is finished."

Please let me know if you would like to respond or what you want me to say if I am responding on your behalf.

Thanks,

Alana

From: Derek Kilbourn [<mailto:derek@soundernews.com>]
Sent: Tuesday, May 2, 2017 9:39 AM
To: PSSG Coroner Media PSSG:EX
Subject: April 25 death

Looking for clarification from Coroner's Service that a death on Gabriola Island on the night of April 25, 2017 was an overdose, or if there had been a cause of death determined. Deceased name was s.22

To the best of my knowledge, Gabriola RCMP have handed investigation into cause of death over to the Coroner.

Thank you,

Derek Kilbourn
Editor
Gabriola Sounder
Phone: 250-247-9337
Tweet: @News4Gabriola
Web: www.soundernews.com

Shi, Sandy PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Tuesday, May 2, 2017 3:06 PM
To: Gunnarson, Jess PSSG:EX
Subject: RE: April 25 death

In that case, you can just add his info into TOSCA as a contact, as well as on the information request screen. Or you can let me know and I'll do it.

Thanks,

Alana

From: Gunnarson, Jess PSSG:EX
Sent: Tuesday, May 2, 2017 2:46 PM
To: PSSG Coroner Media PSSG:EX
Subject: RE: April 25 death

Thanks again for this, Alana. If he wants to be added to the list of those who will receive the report, what e-mail address should I provide for him to make that request?

From: PSSG Coroner Media PSSG:EX
Sent: Tuesday, May 2, 2017 1:23 PM
To: Gunnarson, Jess PSSG:EX
Subject: RE: April 25 death

Here's the short answer and the long answer. You can pick and choose what you need from them:

RC Short Response: We just never like to speculate on that. We always have to wait for all other reports on that individual to be completed first, and we're never sure how long that will take. Plus some cases are much more complicated than others so they do just take longer to complete.

Additional Explanation on timelines (take what you need as it applies): The death of XXXXXX is under investigation by the Coroners Service, and all available information regarding the investigative findings to date has been shared with Mr/s. XXXXX's family.

Findings are considered preliminary until all information has been gathered and a final determination is made with respect to cause and manner of death, so we do not normally publicly confirm a cause or classification of death until our investigation is complete.

Determining the cause of any sudden, unexpected death can take weeks or months, depending on the circumstances of death and the extent of investigations ordered. Autopsy findings, which include the results of microscopic examination of tissue samples, can take several months to be determined. Standard toxicology testing can also take days, weeks or months, depending on the tests undertaken and the results of those tests. With regard to autopsy timelines, there are occasions when this process can happen within 24 hours of our involvement and other times where it might take 5 to 7 days. The time varies depending on a number of factors including, but not limited to:

1. The location of death in the province,
2. Resource (pathologist) availability,
3. The # of deaths reported within acute timeframe,
4. The nature of death (i.e. homicide)

5. The time of the year (i.e. holidays & long weekends)

Please note that our Coroners and contracted services are mindful of the importance of timeliness when it comes to this subject matter and work very diligently to expedite the process where and whenever possible.

Thanks,

Alana

From: Gunnarson, Jess PSSG:EX
Sent: Tuesday, May 2, 2017 11:49 AM
To: PSSG Coroner Media PSSG:EX
Subject: FW: April 25 death

Hi Alana,

Do you have any stock phrasing for this? I anticipate the final report will be several months. Thanks, Jess

From: Derek Kilbourn [<mailto:derek@soundernews.com>]
Sent: Tuesday, May 2, 2017 11:43 AM
To: Gunnarson, Jess PSSG:EX
Cc: PSSG Coroner Media PSSG:EX
Subject: Re: April 25 death

Thanks JESS - any sense on when I could check back in with you for a report on cause of death/investigation completion?

Derek Kilbourn
Editor
Gabriola Sounder
Phone: 250-247-9337
Tweet: @News4Gabriola
Web: www.soundernews.com

On 2-May-17, at 11:40 AM, Gunnarson, Jess PSSG:EX wrote:

Good morning Derek,

Thanks for your e-mail inquiry. The investigation into the cause of death is ongoing and, as a result, the cause of death is not confirmed at this time.

Cheers, Jess

From: Derek Kilbourn [<mailto:derek@soundernews.com>]
Sent: Tuesday, May 2, 2017 9:39 AM
To: PSSG Coroner Media PSSG:EX
Subject: April 25 death

Looking for clarification from Coroner's Service that a death on Gabriola Island on the night of April 25, 2017 was an overdose, or if there had been a cause of death determined. Deceased name was s.22

To the best of my knowledge, Gabriola RCMP have handed investigation into cause of death over to the Coroner.

Thank you,

Derek Kilbourn

Editor

Gabriola Sounder

Phone: 250-247-9337

Tweet: @News4Gabriola

Web: www.southernnews.com

Shi, Sandy PSSG:EX

From: Lapointe, Lisa PSSG:EX
Sent: Tuesday, May 16, 2017 10:09 AM
To: Sidhu, Tej PSSG:EX
Subject: FOI reply FW: MEDIA REQUEST: Camille Bains - CP - Reporting overdoses

For FOI request.

From: Lapointe, Lisa PSSG:EX
Sent: Wednesday, April 26, 2017 2:51 PM
To: McMahan, Alana PSSG:EX
Subject: Fw: MEDIA REQUEST: Camille Bains - CP - Reporting overdoses

Hi Alana, can you reply to Caroline?

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: McAndrews, Caroline GCPE:EX <Caroline.McAndrews@gov.bc.ca>
Sent: Wednesday, April 26, 2017 2:49 PM
To: Lapointe, Lisa PSSG:EX
Cc: McMahan, Alana PSSG:EX
Subject: RE: MEDIA REQUEST: Camille Bains - CP - Reporting overdoses

Hi Lisa: just following up on this media request.
From the newsroom looks like the first public posted report was May 2016 and then after that you put them out monthly?
But have always shared internally?
Thanks!

On Apr 26, 2017, at 8:31 AM, May, Stephen GCPE:EX <Stephen.May@gov.bc.ca> wrote:

Camille had tried that but no one was getting back to her.

From: Plank, Sarah GCPE:EX
Sent: Wednesday, April 26, 2017 8:31 AM
To: May, Stephen GCPE:EX
Cc: Anderson, Kristy GCPE:EX; Cascaden, Lori R GCPE:EX; Clarke, Brennan GCPE:EX; Lawrie, Hannah GCPE:EX; Lindstein, Sarah GCPE:EX; Maloney, Christine GCPE:EX; Newton, Sarah GCPE:EX; Peaker, Alexandra GCPE:EX; Shepherd, Brent GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Subject: Re: MEDIA REQUEST: Camille Bains - CP - Reporting overdoses - CLOSED

It was actually well before that that the coroner started releasing monthly illicit drug overdose death reports.
You should probably check with the coroners office.

Sarah Plank
Communications Director | Ministry of Health
Government Communications & Public Engagement
Mobile: [250.208.9621](tel:250.208.9621) | Email: sarah.plank@gov.bc.ca

Sent from my iPhone

On Apr 26, 2017, at 8:24 AM, May, Stephen GCPE:EX <Stephen.May@gov.bc.ca> wrote:

Reporter: Camille Bains

Media Outlet: CP

Phone Number: 604 692 1166

Email:

Deadline: ASAP

Call Time: 3:30 PM

Topic: When did BC start publicly releasing overdose deaths on a monthly basis.

Closed – Sent Camille first release from July 2016 of June 2016 numbers.

Relates to this story <http://thechronicleherald.ca/novascotia/1463020-federal-health-minister-says-provinces-territories-not-providing-od-death-data>

Stephen May
GCPE – Health
Phone: 250 952 3401
Cell: 250 888 9879

Shi, Sandy PSSG:EX

From: Lapointe, Lisa PSSG:EX
Sent: Tuesday, May 16, 2017 10:04 AM
To: Sidhu, Tej PSSG:EX
Subject: FOI request - FW: Interview please

For FOI request.

From: PSSG Coroner Media PSSG:EX
Sent: Tuesday, April 25, 2017 2:42 PM
To: Lapointe, Lisa PSSG:EX
Subject: RE: Interview please

I let her know.

Thanks,

Alana

From: Lapointe, Lisa PSSG:EX
Sent: Tuesday, April 25, 2017 2:38 PM
To: McMahan, Alana PSSG:EX
Cc: PSSG Coroner Media PSSG:EX
Subject: Re: Interview please

Hi Alana, i'll miss her deadline as I won't be out of this meeting until after 4 and then will be enroute to Helijet.

A little more notice would have been better.

Lisa

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: McMahan, Alana PSSG:EX
Sent: Tuesday, April 25, 2017 2:35 PM
To: Lapointe, Lisa PSSG:EX
Cc: PSSG Coroner Media PSSG:EX
Subject: RE: Interview please

Hi Lisa,

Are you able to call this person while you are waiting at the airport or something, or should I just let her know you are at a conference all day and unavailable?

Thanks,

Alana

From: Bains, Camille [<mailto:camille.bains@thecanadianpress.com>]

Sent: Tuesday, April 25, 2017 2:10 PM

To: PSSG Coroner Media PSSG:EX; Lapointe, Lisa PSSG:EX

Subject: Interview please

Hello,

I'm writing a story about the tracking of overdose deaths/rates across Canada and I would like to speak with Lisa Lapointe please. Could she please call? My deadline is in a couple of hours!

Thanks.

Camille Bains
Reporter-Editor
THE CANADIAN PRESS

Direct: 604-692-1166

Office: 604-687-1662

Follow @CamilleBains1 on Twitter

Shi, Sandy PSSG:EX

From: Lapointe, Lisa PSSG:EX
Sent: Tuesday, May 16, 2017 10:02 AM
To: Sidhu, Tej PSSG:EX
Subject: FOI request - FW: Interview TODAY re: Opioid Public Health Emergency Anniversary

For the FOI request.

From: PSSG Coroner Media PSSG:EX
Sent: Thursday, April 13, 2017 9:49 AM
To: Lapointe, Lisa PSSG:EX
Cc: McMahan, Alana PSSG:EX; PSSG Coroner Media PSSG:EX
Subject: FW: Interview TODAY re: Opioid Public Health Emergency Anniversary

Hi Lisa,

Please see email below are you able to schedule a meeting for today see details below. Let me know how to respond to request once you decide.

Thanks.

Anita Tamber

From: Shannon Waters [<mailto:swaters@vistaradio.ca>]
Sent: Thursday, April 13, 2017 9:39 AM
To: PSSG Coroner Media PSSG:EX
Subject: Interview re: Opioid Public Health Emergency Anniversary

Good morning,

I was hoping to have the opportunity to do a brief interview with the Chief Coroner about the anniversary of Dr. Kendall's declaration of the opioid crisis as a public health emergency.

We have spoken with Dr. Kendall already this morning. I am hoping for a quick (5-10 minute) phone interview anytime today.

I will be at the station until 5pm today and can be reach via this email or the phone number below.

--

Shannon Waters
News Director
Vista Radio, Prince George
250-564-2524 ext 232

Shi, Sandy PSSG:EX

From: Lapointe, Lisa PSSG:EX
Sent: Tuesday, May 16, 2017 10:00 AM
To: Sidhu, Tej PSSG:EX
Subject: FOI request review - FW: Overdose stats

For FOI request.

From: PSSG Coroner Media PSSG:EX
Sent: Wednesday, April 12, 2017 9:31 AM
To: Lapointe, Lisa PSSG:EX
Cc: McMahan, Alana PSSG:EX
Subject: FW: Overdose stats

Hi Lisa,

As Alana is s.22 Tej asked me to look into the Urgent emails only. Sarah from Globe and Mail would like to speak to you if possible today?

Please let me know how to respond to Sarah's request below?

Thanks

Anita Tamber

From: Petrescu, Sarah (Times-Colonist) [<mailto:spetrescu@timescolonist.com>]
Sent: Tuesday, April 11, 2017 3:56 PM
To: PSSG Coroner Media PSSG:EX
Subject: RE: Overdose stats

Thanks Alana.

Would the chief coroner be available tomorrow to discuss the one year mark of the overdose public health emergency and the progress of the specialized drug investigation team (<http://www.timescolonist.com/news/local/new-investigation-team-aims-to-curb-overdose-deaths-1.3699502>)?

Please let me know.

Thanks,

Sarah

Sarah Petrescu
Reporter
spetrescu@timescolonist.com
250-507-2528 (cell phone)
250-380-5370 (office)
@sarahpetrescu
timescolonist.com

From: PSSG Coroner Media PSSG:EX [<mailto:CoronerMedia@gov.bc.ca>]
Sent: April-11-17 11:22 AM
To: Petrescu, Sarah (Times-Colonist)
Subject: RE: Overdose stats

Good morning,

We expect to be releasing the next update on or after April 19.

Thank you,

Alana McMahan

Executive Administrative Assistant | Office of the Chief Coroner
BC Coroners Service
Location: 5th Floor, 910 Government St., Victoria BC V8W 1X3
Mail: PO Box 9259, Stn Prov Govt, Victoria BC V8W 9J4
Phone: (250) 356-9326 | Fax: (250) 356-0445
<http://www.gov.bc.ca/coronersservice>

From: Petrescu, Sarah (Times-Colonist) [<mailto:spetrescu@timescolonist.com>]
Sent: Monday, April 10, 2017 11:37 AM
To: PSSG Coroner Media PSSG:EX
Subject: Overdose stats

Hi Alana,

Hope you're well. Any chance we will get the updated numbers for March this week? April 14 is the one year anniversary of the overdose issue being declared a public health crisis.

Thanks!

Sarah

Sarah Petrescu
Reporter
spetrescu@timescolonist.com
250-507-2528 (cell phone)
250-380-5370 (office)
@sarahpetrescu
timescolonist.com

Shi, Sandy PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Wednesday, April 26, 2017 4:21 PM
To: Sidhu, Tej PSSG:EX
Cc: SG BC Coroners Service SG:EX
Subject: FW: Vernon-specific overdose and fentanyl-detected death statistics- media inquiry

Hi Tej,

This seems like a combination of other responses we've given to other requests. Do you have wording to explain why Vernon isn't on the report anymore?

Thanks,

Alana

From: Charlotte Helston [mailto:chelston@infotelnews.ca]
Sent: Wednesday, April 26, 2017 3:59 PM
To: PSSG Coroner Media PSSG:EX
Subject: Vernon-specific overdose and fentanyl-detected death statistics- media inquiry

Good afternoon,

I was looking for the most up to date statistics on fentanyl-detected deaths, and overdose deaths, in Vernon specifically, and found that the reports no longer list Vernon. These are the reports I am referring to: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf>

<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

I know the reports did include Vernon as recently as last summer. Do you know why the updated versions no longer list the municipality of Vernon in the breakdown? The reports do say the breakdown is for "deaths by top townships of injury" so I assume the reason is that Vernon no longer makes that top list. But, I never like to assume and am hoping to confirm.

If that is the case — that Vernon no longer makes the top list — is it possible to get the figures for Vernon specifically?

Many thanks,

Charlotte Helston
iNFOnews.ca
C: 250.309.5230
E: chelston@infonews.ca



Shi, Sandy PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Tuesday, April 25, 2017 3:54 PM
To: 'Givetash, Linda'
Subject: RE: Request

Good afternoon,

The Coroners Service aboriginal data is based on self-identification and may not be accurate. We are working with the First Nations Health Authority (FNHA) to confirm the data. We are not in a position to release data at this time, you may wish to contact FNHA for further information.

Thank you,

Alana McMahan

Executive Administrative Assistant | Office of the Chief Coroner
BC Coroners Service
Location: 5th Floor, 910 Government St., Victoria BC V8W 1X3
Mail: PO Box 9259, Stn Prov Govt, Victoria BC V8W 9J4
Phone: (250) 356-9326 | Fax: (250) 356-0445
<http://www.gov.bc.ca/coronersservice>

From: Givetash, Linda [mailto:Linda.Givetash@thecanadianpress.com]
Sent: Tuesday, April 25, 2017 2:50 PM
To: PSSG Coroner Media PSSG:EX
Subject: FW: Request

Hello,

I'm checking in to see when I can get a response on my request below, that was sent on Saturday.

Thanks,
Linda

From: Givetash, Linda
Sent: Saturday, April 22, 2017 6:49 PM
To: 'CoronerMedia@gov.bc.ca' <CoronerMedia@gov.bc.ca>
Subject: Request

Hello,

I'm working on a story regarding the impact the overdose crisis is having on First Nations communities in B.C. I was wondering if you had data available on what number or percentage of overdose deaths last year were aboriginal people (either status or non-status First Nations, depending on how you calculate that).

If that data is not available, could you provide me with a statement explaining why that is the case, and when the public could expect that data to become available in the future?

I'm out of the office Monday, but can be reached by email. Otherwise I can also be reached by phone on Tuesday.

Thanks,
Linda

Linda Givetash

Reporter-Editor, The Canadian Press
[O] 604-692-1164 | [C] 604-727-7413
[T] @Givetash

Shi, Sandy PSSG:EX

From: Shannon McDonald <Shannon.McDonald@fnha.ca>
Sent: Monday, April 24, 2017 3:31 PM
To: Sidhu, Tej PSSG:EX; Trevor Kehoe
Cc: Davis McKenzie
Subject: RE: Canadian Press Response - for this a.m.

Thank you.

From: Sidhu, Tej PSSG:EX [mailto:Tej.Sidhu@gov.bc.ca]
Sent: Monday, April 24, 2017 3:23 PM
To: Trevor Kehoe
Cc: Davis McKenzie; Shannon McDonald
Subject: RE: Canadian Press Response - for this a.m.

Hi Trevor,

We have another request from Canadian Press for the drug overdose statistics and another media outlet for homeless data.

Let me know if the following is OK for us to respond with (please edit as required):

As the Coroners Service aboriginal data is based on self-identification, it may not be accurate. We are working with the First Nations Health Authority (FNHA) to confirm data with a check against the First Nations Client File. As such, we are not in a position to release this data. You may wish to contact FNHA for further information.

Tej.

From: Trevor Kehoe [mailto:Trevor.Kehoe@fnha.ca]
Sent: Thursday, April 13, 2017 12:04 PM
To: Sidhu, Tej PSSG:EX
Cc: Davis McKenzie; XT:McDonald, Shannon HLTH:IN
Subject: RE: Canadian Press Response - for this a.m.

Hi Tej, this looks good over here – will just confirm with our folks and likely send it. Thanks, Trevor

From: Sidhu, Tej PSSG:EX [mailto:Tej.Sidhu@gov.bc.ca]
Sent: Thursday, April 13, 2017 11:57 AM
To: Trevor Kehoe <Trevor.Kehoe@fnha.ca>
Cc: Davis McKenzie <Davis.McKenzie@fnha.ca>; Shannon McDonald <Shannon.McDonald@fnha.ca>
Subject: RE: Canadian Press Response - for this a.m.

Hi Trevor...here is our suggestion for your consideration. We want to ensure the Ministry Aboriginal data standard isn't taken negatively...that the information collected is valuable but needs to be linked in with the client file. See what you think.

We want to ensure that any publicly released Aboriginal specific data is as accurate as possible. To accomplish that, all 'identifier' data collected will be matched against the Ministry of Health First Nations Client File. Once the data matching is completed and there's greater confidence in the numbers, it will be available for release.

From: Trevor Kehoe [mailto:Trevor.Kehoe@fnha.ca]
Sent: Thursday, April 13, 2017 11:11 AM
To: Sidhu, Tej PSSG:EX
Cc: Davis McKenzie; XT:McDonald, Shannon HLTH:IN
Subject: Canadian Press Response - for this a.m.
Importance: High

Hi Tej,

We have reworked this slightly. We are shooting to send this to the reporter before noon. I'll follow up with a call shortly.

The 'Aboriginal' statistics that include the 'identifier' approach is the only Aboriginal specific data in BC but our FNHA data leads advise that for us, it does not provide a clear enough picture on First Nations and Aboriginal overdoses. Our FNHA data leads have advised it is best not to provide an inaccurate picture of the situation at this point with these statistics, which is why we look forward to the coming data match with the First Nations Client File. We have been in regular communication with the Coroners office around the challenges of releasing the identifier data.

Trevor

From: Sidhu, Tej PSSG:EX [mailto:Tej.Sidhu@gov.bc.ca]
Sent: Wednesday, April 12, 2017 4:37 PM
To: Trevor Kehoe <Trevor.Kehoe@fnha.ca>
Cc: Davis McKenzie <Davis.McKenzie@fnha.ca>; Shannon McDonald <Shannon.McDonald@fnha.ca>
Subject: RE: Media Inquiry - Canadian Press - Overdose Stats - Confirming Response

Thanks Trevor...I'll review this with our team here tomorrow and let you know.

From: Trevor Kehoe [mailto:Trevor.Kehoe@fnha.ca]
Sent: Wednesday, April 12, 2017 4:27 PM
To: Sidhu, Tej PSSG:EX
Cc: Davis McKenzie; XT:McDonald, Shannon HLTH:IN
Subject: Media Inquiry - Canadian Press - Overdose Stats - Confirming Response
Importance: High

Hi Tej,

As part of a media inquiry from the Canadian Press, the reporter has asked this as a followup:

One quick question so I'm clear: Is there no statistic at all on the number of First Nations or Aboriginal people who have died from an overdose (in any period of time?) in BC?

We have the below draft suggestion – does your team have any comments on this? Any comments on the historical aspect?

Our response:

The 'Aboriginal' statistics that include the 'identifier' approach is the only Aboriginal specific data in BC but our data leads advise that it does not provide a clear enough picture on First Nations and Aboriginal overdoses. These statistics come with a major data quality concern. We would not want to provide a non-accurate picture of the situation at this point with these statistics, which is why we look forward to the coming data match with the First Nations Client File. We have been in consistent communication with the Coroners office around the challenges of releasing the identifier data.

Please advise if you can today – thanks. Trevor

Trevor Kehoe
Communications Lead, Media Relations and Publishing



First Nations Health Authority
Health through wellness

501-100 Park Royal South | West Vancouver, BC | V7T 1A2
Phone: 604.693.6553 | Cell: 604.831.4898 | Fax: 604.913.2081
Email: trevor.kehoe@fnha.ca | A row of four small square icons representing social media platforms: Facebook, Twitter, LinkedIn, and YouTube.

Privacy Notice: The contents of this e-mail, including any files attached, are confidential and may be privileged. Any unauthorized copying or distribution is strictly prohibited. If you receive this e-mail in error, please contact the sender immediately and delete this e-mail.

Shi, Sandy PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Monday, April 24, 2017 9:24 AM
To: SG BC Coroners Service SG:EX
Cc: Sidhu, Tej PSSG:EX
Subject: FW: Request

Hi Tej.

Please see incoming below. Do you want me to respond with our previous response:

We are in the process of confirming accurate aboriginal overdose numbers by checking with the First Nations Client database. It will likely take several weeks before this information is available. In the meantime, you may want to contact the First Nations Health Authority.

Should I remove the reference to the "several weeks" and tell them to ask FNHA for the ETA?

Thanks,

Alana

From: Givetash, Linda [mailto:Linda.Givetash@thecanadianpress.com]
Sent: Saturday, April 22, 2017 6:49 PM
To: PSSG Coroner Media PSSG:EX
Subject: Request

Hello,

I'm working on a story regarding the impact the overdose crisis is having on First Nations communities in B.C. I was wondering if you had data available on what number or percentage of overdose deaths last year were aboriginal people (either status or non-status First Nations, depending on how you calculate that).

If that data is not available, could you provide me with a statement explaining why that is the case, and when the public could expect that data to become available in the future?

I'm out of the office Monday, but can be reached by email. Otherwise I can also be reached by phone on Tuesday.

Thanks,
Linda

Linda Givetash

Reporter-Editor, The Canadian Press
[O] 604-692-1164 | [C] 604-727-7413
[T] @Givetash.

Shi, Sandy PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Friday, April 28, 2017 11:42 AM
To: 'Hannah Tiede'
Subject: RE: Media Inquiry

Good morning,

The only information we have available is what is posted on our website. The report on illicit drug overdose deaths contains information up to March 31, 2017; however, the report on fentanyl-detected deaths only goes up to February 28, 2017.

Thank you,

Alana McMahan

Executive Administrative Assistant | Office of the Chief Coroner
BC Coroners Service
Location: 5th Floor, 910 Government St., Victoria BC V8W 1X3
Mail: PO Box 9259, Stn Prov Govt, Victoria BC V8W 9J4
Phone: (250) 356-9326 | Fax: (250) 356-0445
<http://www.gov.bc.ca/coronersservice>

From: Hannah Tiede [mailto:Hannah.Tiede@jpbhg.ca]
Sent: Friday, April 28, 2017 10:33 AM
To: PSSG Coroner Media PSSG:EX
Subject: Media Inquiry

Hi there, my name is Hannah Tiede and I am with CKPG News in Prince George. I am hoping to get the number or fentanyl deaths in our region for the last month. I was only able to find the numbers up until February on the website. Is there anyone I could speak with? The station number is 250-563-0111.

Thank you!

Shi, Sandy PSSG:EX

From: PSSG Coroner Media PSSG:EX
Sent: Thursday, April 27, 2017 3:32 PM
To: 'Charlotte Helston'
Subject: RE: Vernon-specific overdose and fentanyl-detected death statistics- media inquiry

Good afternoon,

You are correct, we can confirm that Vernon is not in the current list as other townships had higher numbers in comparison. Month-to-month numbers are not available for Vernon due to the small numbers. The HSDA – Health Service Delivery Area is the lowest geographical breakdown publicly available. Vernon would be covered under the Okanagan.

Thank you,

Alana McMahan

Executive Administrative Assistant | Office of the Chief Coroner
BC Coroners Service
Location: 5th Floor, 910 Government St., Victoria BC V8W 1X3
Mail: PO Box 9259, Stn Prov Govt, Victoria BC V8W 9J4
Phone: (250) 356-9326 | Fax: (250) 356-0445
<http://www.gov.bc.ca/coronersservice>

From: Charlotte Helston [mailto:chelston@infotelnews.ca]
Sent: Wednesday, April 26, 2017 3:59 PM
To: PSSG Coroner Media PSSG:EX
Subject: Vernon-specific overdose and fentanyl-detected death statistics- media inquiry

Good afternoon,

I was looking for the most up to date statistics on fentanyl-detected deaths, and overdose deaths, in Vernon specifically, and found that the reports no longer list Vernon. These are the reports I am referring to: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf>

<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

I know the reports did include Vernon as recently as last summer. Do you know why the updated versions no longer list the municipality of Vernon in the breakdown? The reports do say the breakdown is for “deaths by top townships of injury” so I assume the reason is that Vernon no longer makes that top list. But, I never like to assume and am hoping to confirm.

If that is the case — that Vernon no longer makes the top list — is it possible to get the figures for Vernon specifically?

Many thanks,

Charlotte Helston

infoNews.ca

C: 250.309.5230

E: chelston@infonews.ca

VERNON

info
news.ca

Shi, Sandy PSSG:EX

From: Lapointe, Lisa PSSG:EX
Sent: Monday, May 1, 2017 2:44 PM
To: Sidhu, Tej PSSG:EX; PSSG Coroner Media PSSG:EX
Cc: Tu, Andrew PSSG:EX
Subject: Re: GS stats request for City of Vancouver ODs

And thanks Alana and Andrew!

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Sidhu, Tej PSSG:EX
Sent: Monday, May 1, 2017 2:37 PM
To: PSSG Coroner Media PSSG:EX; Lapointe, Lisa PSSG:EX
Cc: Tu, Andrew PSSG:EX
Subject: RE: GS stats request for City of Vancouver ODs

Slightly updated to be clear that the data will be in the next update:

Thank you for your request. While the month to month data currently provided on our website is by Health Authority (see chart below), we will be adding a specific breakdown for Vancouver and other large townships in the next monthly update. We are currently working on updating the overdose numbers to end of April and will post a revised report mid-May. Please note that in the current report, Vancouver Coastal Health Authority includes Vancouver, North Vancouver, Richmond, and Northshore/Coast Garibaldi"

From: PSSG Coroner Media PSSG:EX
Sent: Monday, May 1, 2017 2:34 PM
To: Sidhu, Tej PSSG:EX; Lapointe, Lisa PSSG:EX
Subject: RE: GS stats request for City of Vancouver ODs

Okay, I'll use this going forward (I think I will just refer to the page of the report instead of the screenshot).

So are we going to provide this particular requester the information he has been asking for over the last couple of weeks, or does he just have to wait until the next report? I suspect he will be calling me again if we don't have something for him.

Thanks,

Alana

From: Sidhu, Tej PSSG:EX
Sent: Monday, May 1, 2017 2:16 PM
To: Lapointe, Lisa PSSG:EX; PSSG Coroner Media PSSG:EX
Subject: RE: GS stats request for City of Vancouver ODs

Really good point Lisa. Other towns are asking for the data as well (Vernon, Abbotsford) but we have said numbers are too small by month.

For the 'top townships' where small numbers are not an issue, we can include in the next update. Currently we have the monthly data by health area but that seems to be too broad for those looking specifics in their area.

So we could respond " Thank you for your request. While the month to month data currently provided on our website is by Health Authority (see chart below), we will be adding a specific breakdown for Vancouver and other large townships in the next monthly update scheduled for mid-May. Please note that Vancouver Coastal Health Authority includes Vancouver, North Vancouver, Richmond, and Northshore/Coast Garibaldi""

Illicit Drug Overdose Deaths by Month of Death and Health Authority, 2016-2017^(4,6)

Year	Month	Interior	Fraser	Vancouver		Northern	Total
				Coastal	Island		
2016	Jan	16	28	22	14	4	84
	Feb	10	20	16	11	2	59
	Mar	12	30	14	15	8	79
	Apr	9	24	15	14	6	68
	May	10	21	6	8	4	49
	Jun	10	29	19	7	4	69
	Jul	8	24	16	15	4	67
	Aug	6	20	17	10	2	55
	Sep	13	17	14	12	2	58
	Oct	15	15	20	16	4	70
	Nov	19	44	46	18	1	128
	Dec	31	39	49	16	10	145

From: Lapointe, Lisa PSSG:EX
Sent: Monday, May 1, 2017 1:53 PM
To: Sidhu, Tej PSSG:EX; PSSG Coroner Media PSSG:EX
Subject: Re: GS stats request for City of Vancouver ODs

I have no problem sharing but wonder if it would Be better included in our monthly report as opposed to responding request by request? Will other towns want this data too and will any be eligible for it?

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Sidhu, Tej PSSG:EX
Sent: Monday, May 1, 2017 12:09 PM
To: PSSG Coroner Media PSSG:EX
Cc: Lapointe, Lisa PSSG:EX
Subject: RE: GS stats request for City of Vancouver ODs

Hi Alana,

For the Abbotsford request, you can use the same response as Vernon (small numbers etc).

For Vancouver, I am inclined to release the month to month as there are not the same issues with small numbers and Vancouver Police appear to be releasing monthly fatal OD numbers. This may help provide a bit more accuracy.

Lets gets Lisa's thoughts on this first?

Month-to-month of Vancouver.

BC Coroners Service: Suspected Illicit Drug Overdose Deaths by Month, 2016-17 (Vancouver) * Data is preliminary and s

	2016											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Vancouver	19	14	13	10	4	16	13	16	13	14	40	44
Total	19	14	13	10	4	16	13	16	13	14	40	44

-----Original Message-----

From: PSSG Coroner Media PSSG:EX
 Sent: Monday, May 1, 2017 10:32 AM
 To: Sidhu, Tej PSSG:EX
 Subject: FW: GS stats request for City of Vancouver ODs
 Importance: High

Hi Tej,

Do you have the response for this request for Vancouver month-to-month stats (as well as one for the similar request for Abbotsford)?

Thanks,

Alana

-----Original Message-----

From: Travis Lupick [mailto:t_lupick@straight.com]
 Sent: Monday, May 1, 2017 10:19 AM
 To: PSSG Coroner Media PSSG:EX
 Subject: RE: GS stats request for City of Vancouver ODs

Good morning Alana.

I'm writing to follow up on the same request that we've now had open for three weeks.

When we spoke last week, you said that you hoped a response would come soon. Can I ask for another status update?

I do appreciate how busy your office is these days. Thanks for your time.

Travis Lupick
 Coordinating editor, The Georgia Straight
 604.730.7001 / t_lupick@straight.com
 Follow me on Twitter: twitter.com/tlupick Like my page on Facebook: facebook.com/tlupick

-----Original Message-----

From: Travis Lupick [mailto:t_lupick@straight.com]
 Sent: Monday, April 24, 2017 9:44 AM
 To: 'CoronerMedia@gov.bc.ca'
 Subject: RE: GS stats request for City of Vancouver ODs

Good morning.

I'm writing with my fourth request for information about monthly overdose deaths in Vancouver.

If you could call me at the number below, that would be appreciated. Thank you.

Travis Lupick
Coordinating editor, The Georgia Straight
604.730.7001 / t_lupick@straight.com
Follow me on Twitter: twitter.com/tlupick Like my page on Facebook: facebook.com/tlupick

-----Original Message-----

From: Travis Lupick [mailto:t_lupick@straight.com]
Sent: Thursday, April 20, 2017 11:18 AM
To: CoronerMedia@gov.bc.ca
Subject: Re: GS stats request for City of Vancouver ODs

Good morning. Could I please have some sort of a response to my request.

In my experience, it's very unusual for a provincial communications office to completely ignore repeated requests emailed by a journalist.

I understand that the coroners service is going through a period of transition. But I've been quite patient with this request.

Thank you for your help.

Travis Lupick
Coordinating editor / The Georgia Straight
604.730.7001
t_lupick@straight.com
Follow me on Twitter: twitter.com/tlupick

On Mon, 17 Apr 2017 10:47:02 -0700

"Travis Lupick" <t_lupick@straight.com> wrote:

> Good morning. I'm writing to follow up on a request I sent a week ago,
> on April 11.

>

>

>

> If I could ask if this request is being processed and if an answer is
> on the way, that would be greatly appreciated. Thanks for your time.

>

>

>

> Travis Lupick

>

> Coordinating editor, The Georgia Straight

>

> 604.730.7001 / t_lupick@straight.com

>

> Follow me on Twitter: twitter.com/tlupick

>
> Like my page on Facebook: facebook.com/tlupick
>
>
>
>
>
>
> From: Travis Lupick [mailto:t_lupick@straight.com]
> Sent: Tuesday, April 11, 2017 3:37 PM
> To: 'CoronerMedia@gov.bc.ca'
> Subject: GS stats request for City of Vancouver ODs
>
>
>
> Hello. Travis here with the Georgia Straight.
>
>
>
> I'm writing to ask if the Coroners Service can provide me with a stats
> breakdown of overdose deaths for the City of Vancouver that tracks
> month to month.
>
>
>
> If those numbers could be supplied in response to this email, that will
> be greatly appreciated.
>
>
>
> I'm at the number below of you have any questions or wish to discuss.
> Thanks in advance for your time and assistance.
>
>
>
> Travis Lupick
>
> Coordinating editor, The Georgia Straight
>
> 604.730.7001 / t_lupick@straight.com
>
> Follow me on Twitter: twitter.com/tlupick
>
> Like my page on Facebook: facebook.com/tlupick
>
>
>

Travis Lupick
Coordinating editor, Straight.com
604.730.7001
t_lupick@straight.com
Follow me at twitter.com/tlupick

Sidhu, Tej PSSG:EX

From: Sidhu, Tej PSSG:EX
Sent: Monday, May 1, 2017 4:33 PM
To: PSSG Coroner Media PSSG:EX
Subject: RE: overdoses

"For townships with small counts per month, a *cumulative* total has been provided each month. The month to month geographical breakdown currently is by Health Authority as per the graph here on p. 9 of the report posted online"

Illicit Drug Overdose Deaths by Month of Death and Health Authority, 2016-2017 ^(4,5)							
Year	Month	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern	Total
2016	Jan	16	28	22	14	4	84
	Feb	10	20	16	11	2	59
	Mar	12	30	14	15	8	79
	Apr	9	24	15	14	6	68
	May	10	21	6	8	4	49
	Jun	10	29	19	7	4	69
	Jul	8	24	16	15	4	67
	Aug	6	20	17	10	2	55
	Sep	13	17	14	12	2	58
	Oct	15	15	20	16	4	70
	Nov	19	44	46	18	1	128
	Dec	31	39	49	16	10	145
2017	Jan	18	31	50	19	1	119
	Feb	18	30	32	23	5	108
	Mar	22	37	34	21	6	120
Total		217	409	370	219	63	1278
Average		14.5	27.3	24.7	14.6	4.2	85.2

From: PSSG Coroner Media PSSG:EX
Sent: Monday, May 1, 2017 4:20 PM
To: Sidhu, Tej PSSG:EX
Subject: FW: overdoses

Can we provide him with an explanation about the changing numbers?

Thanks,

Alana

From: Tyler Olsen - Abbynews [<mailto:tolsen@abbynews.com>]
Sent: Monday, May 1, 2017 4:04 PM

To: PSSG Coroner Media PSSG:EX

Subject: Re: overdoses

This is far too late to be helpful, and it doesn't make any sense given that those numbers are released every month in a report I can download.

Tyler Olsen
Reporter
Abbotsford News
604-851-4529



On May 1, 2017, at 3:58 PM, PSSG Coroner Media PSSG:EX <CoronerMedia@gov.bc.ca> wrote:

Good afternoon,

Apologies for the delay in responding.

The Research unit has reviewed your request and confirmed that month-to-month numbers are not available for Abbotsford due to the small numbers. The HSDA – Health Service Delivery Area is the lowest geographical breakdown publicly available.

Thank you,

Alana McMahan

Executive Administrative Assistant | Office of the Chief Coroner
BC Coroners Service

Location: 5th Floor, 910 Government St., Victoria BC V8W 1X3

Mail: PO Box 9259, Stn Prov Govt, Victoria BC V8W 9J4

Phone: (250) 356-9326 | Fax: (250) 356-0445

<http://www.gov.bc.ca/coronersservice>

From: Tyler Olsen - Abbynews [<mailto:tolsen@abbynews.com>]

Sent: Wednesday, April 19, 2017 11:12 AM

To: PSSG Coroner Media PSSG:EX

Subject: Re: overdoses

Hi, I have yet to receive a response to this.

Tyler Olsen
Reporter

Abbotsford News
604-851-4529

<image001.png>

On Mar 17, 2017, at 11:06 AM, PSSG Coroner Media PSSG:EX <CoronerMedia@gov.bc.ca> wrote:

Hi Tyler,

I will forward your request to our Research unit who can look into it and will respond directly to your request.

Thanks,

Alana

From: Tyler Olsen - Abbynews [<mailto:tolsen@abbynews.com>]
Sent: Friday, March 17, 2017 10:58 AM
To: PSSG Coroner Media PSSG:EX
Subject: Re: overdoses

Thanks Alana, I understand that's the only data available online. I was hoping you would have on hand previously reports released each month that you could send over. (Or just the month-by-month numbers for Abbotsford, which is included in the report)

Tyler Olsen
Reporter
Abbotsford News
604-851-4529

<image001.png>

On Mar 17, 2017, at 10:53 AM, PSSG Coroner Media PSSG:EX <CoronerMedia@gov.bc.ca> wrote:

Good morning,

I can't seem to find a previous request for overdose deaths in Abbotsford, so I apologize if that was missed.

The only overdose-related data that is currently available is posted on our website and updated monthly (numbers up to February 2017 were posted this morning): <http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports>. The reports show results for the Fraser East health delivery area; however, other specific townships are not available due to small numbers and privacy reasons.

Thank you,

Alana McMahan

Executive Administrative Assistant | Office of the Chief Coroner

BC Coroners Service

Location: 5th Floor, 910 Government St., Victoria BC V8W 1X3

Mail: PO Box 9259, Stn Prov Govt, Victoria BC V8W 9J4

Phone: (250) 356-9326 | Fax: (250) 356-0445

<http://www.gov.bc.ca/coronersservice>

From: Tyler Olsen - Abbynews [<mailto:tolsen@abbynews.com>]

Sent: Friday, March 17, 2017 10:27 AM

To: PSSG Coroner Media PSSG:EX

Subject: overdoses

Hi,

I haven't heard back from my last request regarding month-by-month numbers of overdose deaths in Abbotsford, so perhaps I'll tweak it a bit and do most of the legwork myself: Is there a place I can find (or can you forward) the monthly reports of overdose deaths since Jan. 1 2016 (rather than just the latest single report)?

Thanks

Tyler Olsen
Reporter
Abbotsford News
604-851-4529

<image001.png>