Question 1

I am assuming high heterogeneity on data quality from different countries and between different provincial and territorial systems. How do you deal with data analysis?

Question 1 - Answer 1/2

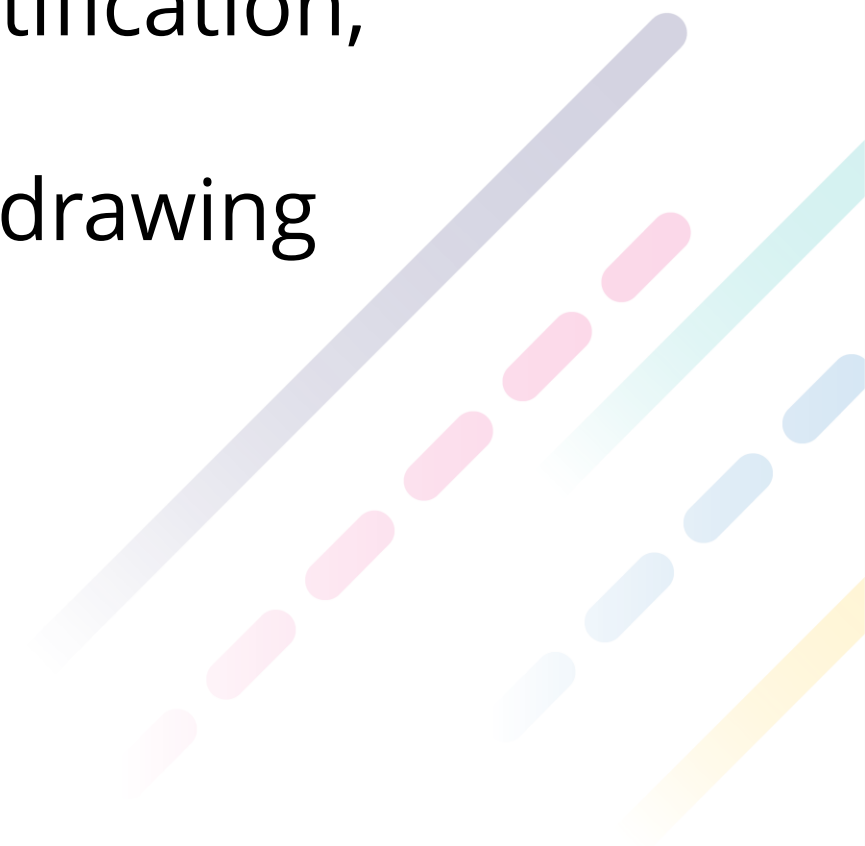**Heterogeneity of death investigation data across provinces and territories**

- There are many more similarities than differences in death investigative processes and available data.
- There is an existing data dictionary for the Canadian Coroner and Medical Examiner Database (CCMED) for provincial/territorial CC/CME offices, which includes operational definitions and common coding of data elements.
- The Chief Coroners, Chief Medical Examiners, and Public Health (CC/CME-PH) Collaborative is working to increase the comparability of data to address public health evidence needs through the development of:
    - Common approaches to relevant aspects of death investigation;
    - Additional discrete data elements (operational definitions/common coding) to support timely public health surveillance and research activities

Question 1 - Answer 2/2

Public health surveillance, and for some research methods
- Some heterogeneity or "noise" can always be expected with secondary or administrative data.
- Regardless, such data is a rich source of information, not to be discounted in the pursuit of perfect data.
- There are several approaches to addressing heterogeneity in data:
  - Be thoughtful and consider heterogeneity in advance of an analysis
  - Identify and account for systematic bias in an analysis (e.g. stratification, regression) to try and tease it out
  - Be realistic but transparent about limitations of the data when drawing conclusions

Question 2

For the Canadian surveillance system, are there any examples where the data have helped shape or influence public health policy?

Question 2 - Answer 1/3

National surveillance of opioid and stimulant toxicity deaths has informed a variety of policies and programs, such as:

The development of public education materials and marketing campaigns including:
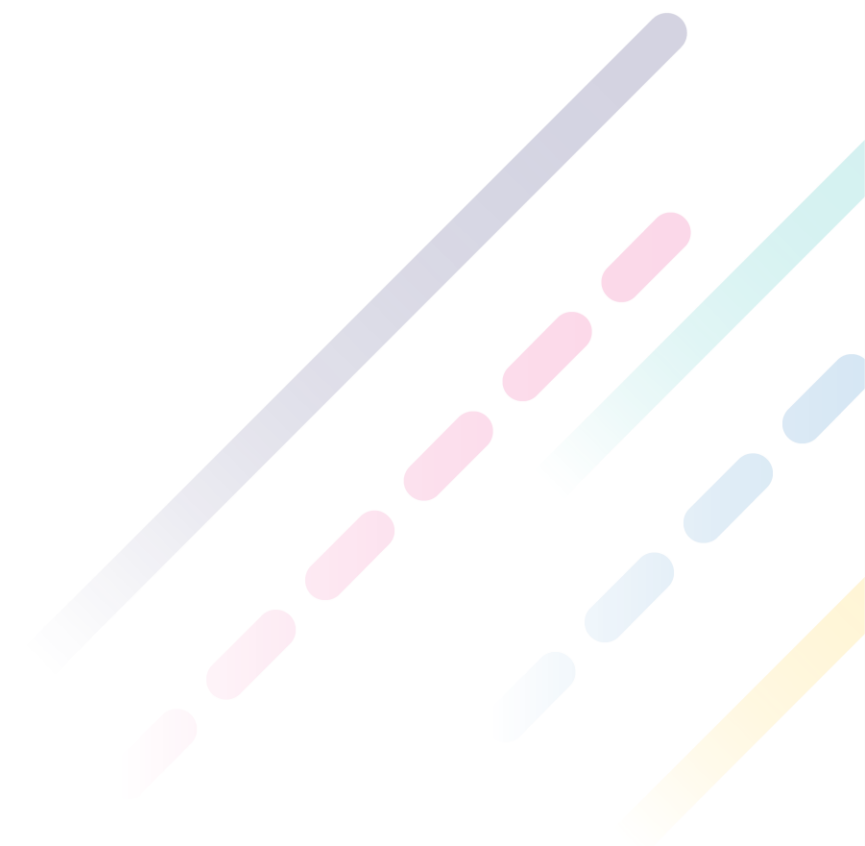- 'Know More': This program raises awareness of the overdose crisis and substance use stigma among teens through engagement with youth.
  - 1,500+ virtual and 755 in-person high school sessions
  - Engaged 185,000+ teens and young adults from April 2018 to March 2024
- 'Ease the Burden Campaign': This is a national awareness campaign targeting men in the trades to promote help-seeking, provide links to resources and supports, and reduce stigma associated with substance use and help-seeking.
- Additionally, awareness resources related to opioids (videos, fact sheets, posters, wallet cards, and an audio series) have been developed and distributed.
- Launch of a multi-year campaign to raise awareness of opioids, how to respond to an overdose, the *Good Samaritan Drug Overdose Act,* and the impacts of stigma on people who use drugs.

Question 2 - Answer 2/3

Development of regulations:

- National surveillance data helps characterize the severity of the crisis and conduct a gender-based analysis in support of controlling new synthetic opioids and precursor chemicals used in the manufacture of illegal fentanyl under the *Controlled Drugs and Substances Act.*

- Prior to regulatory implementation, these data are important in assessing the risk of psychoactive substances.

Question 2 - Answer 3/3

- **Bilateral transfers:**
  - In 2018, the federal government launched the Emergency Treatment Fund, which provided one-time emergency funding of $150 million for provinces and territories to improve access to evidence-based treatment services to help address the opioid overdose crisis.
  - One of the allocation criteria for funding was based on the severity of the opioid crisis in the province/territory, and was assessed using available data, including national surveillance data on opioid- and stimulant-related mortality.

- **Assessing exemptions under the Controlled Drugs and Substance Act (e.g., for supervised consumption sites):**
  - In assessing certain exemption requests, these national surveillance data are included as a consideration in the decision-making package.

Question 3

How might medical assistance in dying (MAID) impact data collection, interpretation/analysis, and public health policies? Would the underlying causes/reasons for MAID be captured?

Question 3 - Answer

- Medical Assistance in Dying (MAID) cases are not systematically included in data submissions to the Canadian Coroner and Medical Examiner Database (CCMED) and is dependent on provincial/territorial practice.

- Therefore, CCMED would not be the best source for information on MAID deaths, but instead Health Canada has a separate system to monitor these deaths.
  - Monitoring System for Medical Assistance in Dying in Canada