First Nations Health Authority
Health through wellness

Toxic Drug Crisis Events and Deaths and FNHA's Response
COMMUNITY SITUATION REPORT: JANUARY 2025

FNHA Public Health Response

Last updated: March 11, 2025

Introduction

Each month, the First Nations Health Authority (FNHA) reports on the number of toxic drug poisoning events[1]and deaths[2] that have taken place among First Nations populations in BC. In the report, the FNHA also summarizes the actions that the FNHA is taking in response to the toxic drug public health emergency. This report covers the period January 1, 2023 to January 31, 2025. For previous reports, see FNHA's harm reduction webpage.

Summary Update (January 2025)

First Nations Toxic Drug Poisoning Events and Deaths

In January 2025, there were a total of 204 paramedic-attended drug poisoning events reported among First Nations people. This represents a 6.8% decrease from the previous month and a 34.0% decrease from January of last year. Due to updates in how unique paramedic-attended drug poisoning events are counted, the total number of events is reduced by about 3% between 2010 and February 2022[3].

First Nations people represented 20.4% of all toxic drug poisoning events this month.

In January 2025, females[4] represented 37.7% of all First Nations toxic drug poisoning events; among other residents, 27.0% of all drug poisoning events were females.

In January 2025, we lost an additional 22 First Nations people due to toxic drug poisoning. First Nations people represented 14.5% of all deaths this month. Since 2016, the year in which a public health emergency was declared, we have lost 2,561 First Nations people to toxic drug poisoning.

FNHA's Response to the Toxic Drug Emergency

As described in the FNHA Programs and Outcomes section of this report, the FNHA has developed an expanding range of programs and initiatives to combat the toxic drug crisis. These are designed in culturally safe ways that confront the anti-Indigenous racism and systemic inequity built into Canada's health system.

Key programs include First Nations Treatment and Healing Centres, community-based wrap-around supports, land-based healing, Not Just Naloxone training, supporting conversations with youth on

[1] FNHA utilizes the term "drug poisioning" instead of "overdoses" to emphasize the contamination and inherent danger within the unregulated drug supply, acknowledging the risk to users who may unknowingly consume toxic substances. See Appendix 2

[2] See Appendix 1

[3] As of June 21, 2023, the BCCDC has updated the way it counts the number of paramedic-attended drug poisoning events per patient to reduce duplicate counting (ie. Counting multiple records of the same person as separate events). The total number of drug poisoning events is now reduced by approximately 3% between 2010 and February 2022. Updated numbers may be inconsistent with numbers in archived documents.

[4] Due to administrative data limitations, we do not have gender identiy data and, are only able to report sex as assigned at birth

substance use, the development of a network of peer coordinators, hiring of community-facing harm reduction educators and decriminalization navigators, dispensing opioid agonist therapy (OAT), and distributing naloxone.

Provision of OAT

Based on prescription drug claim data of FNHA clients, 2,698 First Nations people were dispensed OAT in January 2025. Of these:

- 51.2% were dispensed methadone, 21.7% were dispensed buprenorphine/naloxone (Suboxone), 22.5% were dispensed slow-release oral morphine (Kadian) and a small percent were dispensed buprenorphine extended-release (Sublocade).
- 1.2% were dispensed OAT through FNHA Health Benefits for the first time.

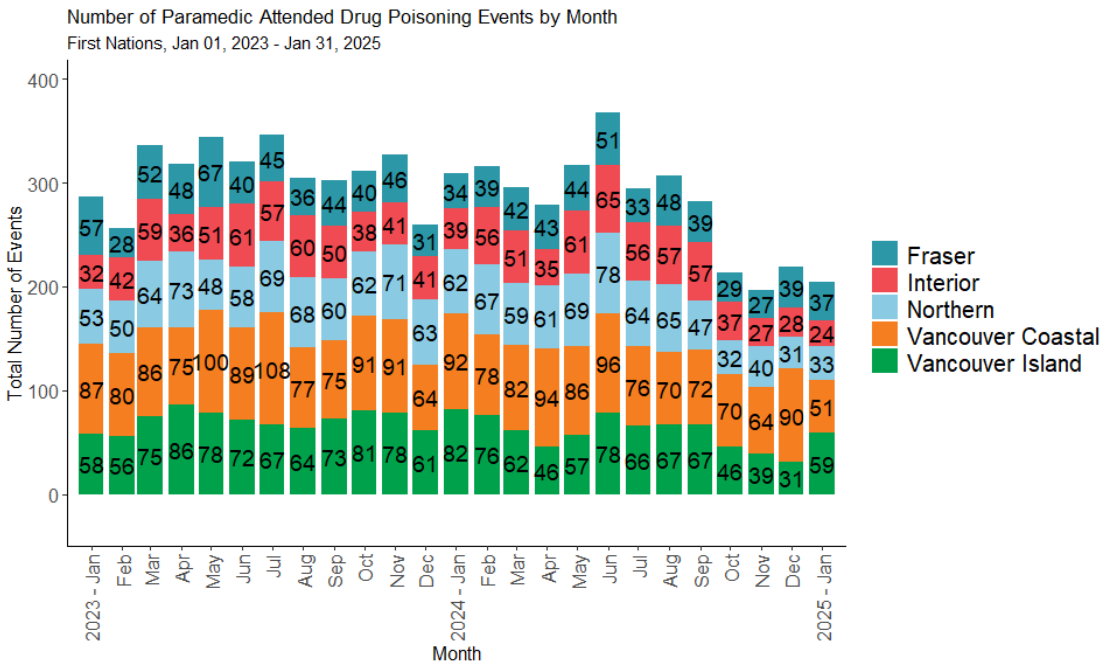
Naloxone Distribution

- Through FNHA's bulk ordering program, 350 nasal naloxone kits were distributed to First Nations and community organizations in January 2025 (each kit contains two doses).
- 560 injectable naloxone kits were ordered for First Nations sites or Friendship Centres (these kits contain three doses) in January 2025.

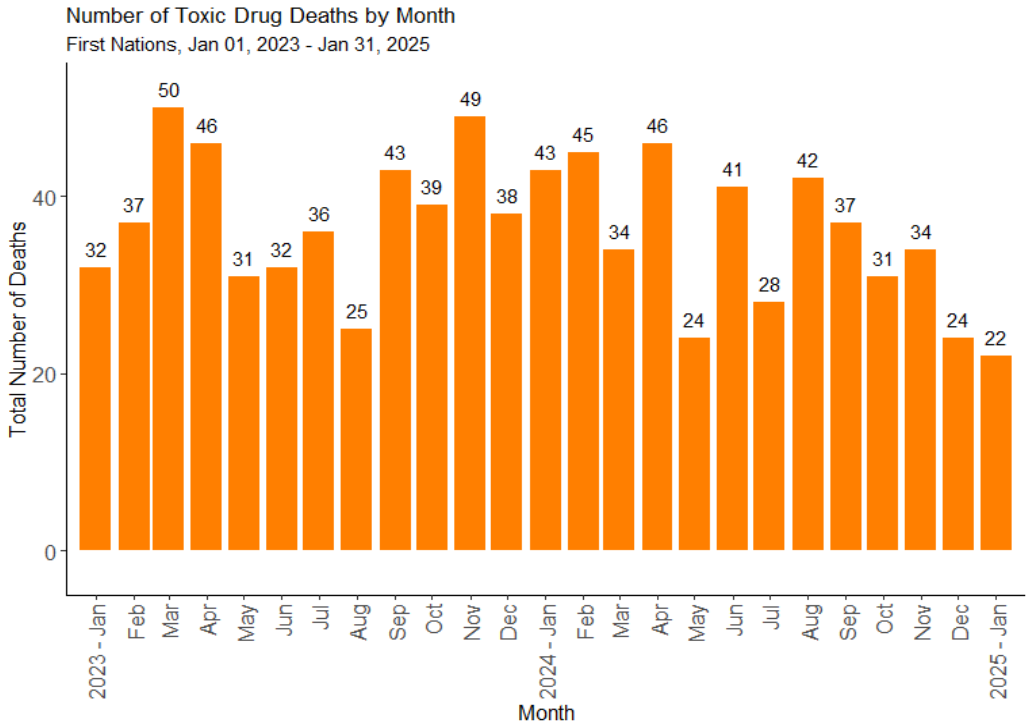
Toxic Drug Poisoning Events and Deaths Data (January 1, 2023 to January 31, 2025)

Paramedic-Attended Toxic Drug Events by Month

Since COVID-19 was declared a pandemic, there have been increases in the number of both toxic drug events and deaths among First Nations people.



Toxic Drug Deaths by Month



Note: *Suppressed when the number of deaths is less than 10 or to avoid back-calculation of another number that is less than 10*

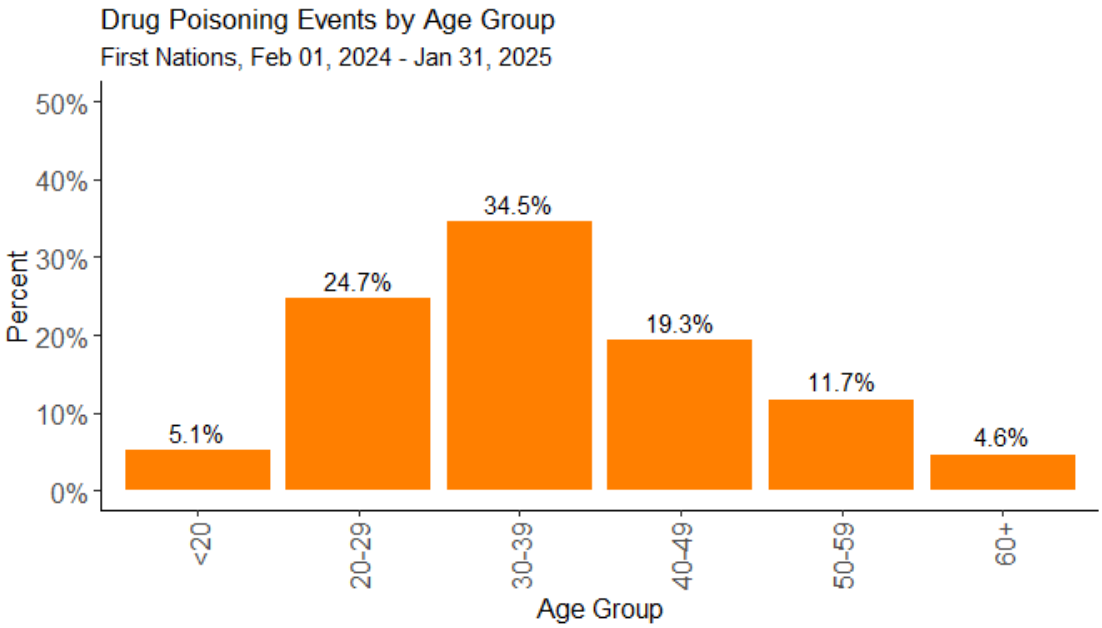
Events and Deaths (January 1, 2023 – January 31, 2025), and OAT Claimants (January, 2025), By Region

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	BC
Total Paramedic-Attended Drug Poisoning Events	1,039	1,161	1,447	2,044	1,625	7,316
Total Number of Deaths	115	133	190	301	170	909
Percentage of the Population that is First Nations[5]	1.5%	4.5%	14.8%	2.1%	4.5%	3.4%
Percentage of all Events that were First Nations[6]	10.9%	20.0%	53.9%	22.4%	24.8%	21.7%
Percentage of all Deaths that were First Nations*	8.4%	15.6%	44.6%	21.6%	17.8%	18.2%
Crude Drug Poisoning Event Rate (per 1,000)[7]	34.5	30.4	32.1	77.3	40.8	40.5
OAT Claimants (only January 2025)[8]	598	379	415	784	589	2,698

** The number of deaths by region and the proportion of all deaths that were First Nations are updated quarterly in order to protect privacy.*

[5] Based on 2022 estimates from First Nations Client File (FNCF) 2022 and BC Stats Population Estimates.
[6] Based on records with a complete Personal Health Number (PHN) only.
[7] Estimated rate for 2022-2024 based on 36 months of data; 2022 population estimates via 2022 FNCF.
[8] If a person was a claimant in two or more different regions in any given month they will count as a claimant for each region; hence, the sum of the regions is greater than the BC number presented in the table.

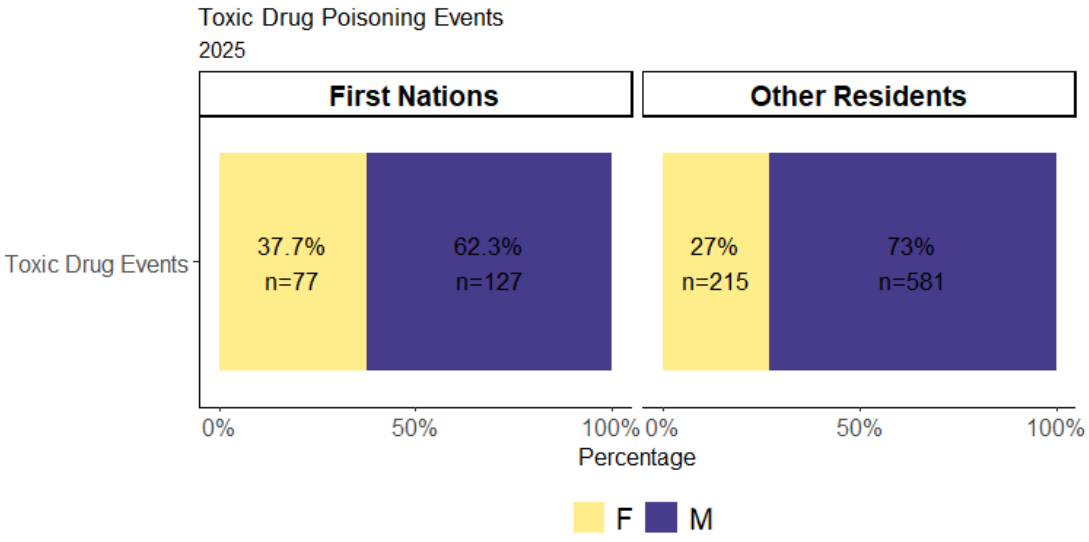
Toxic Drug Events by Age Group (1 Year Rolling)



Between February 1, 2024 and January 31, 2025, the highest percentage of paramedic-attended toxic drug poisoning events occurred among the 30-39 year old age group, followed by the 20-29 year old age group.

Approximately 60.4% of all First Nations persons who had a paramedic-attended toxic drug poisoning event in January 2025 were younger than 40 years of age.

Events by Sex (January 1-January 31, 2025)



Note: *Data on toxic drug deaths by sex is updated quarterly in order to protect privacy.*

In 2025, females represented higher proportions of First Nations toxic drug poisoning events compared to other residents.

- 37.7% of toxic drug poisoning events among First Nations involved females, compared to 27.0% among other residents of BC which involved females

For provincial-level data, please see:

- Illicit Drug Toxicity Deaths in BC (BC Coroners Service)
- Overdose in BC during COVID-19 (BCCDC)
- Overdose Response Indicators (BCCDC)

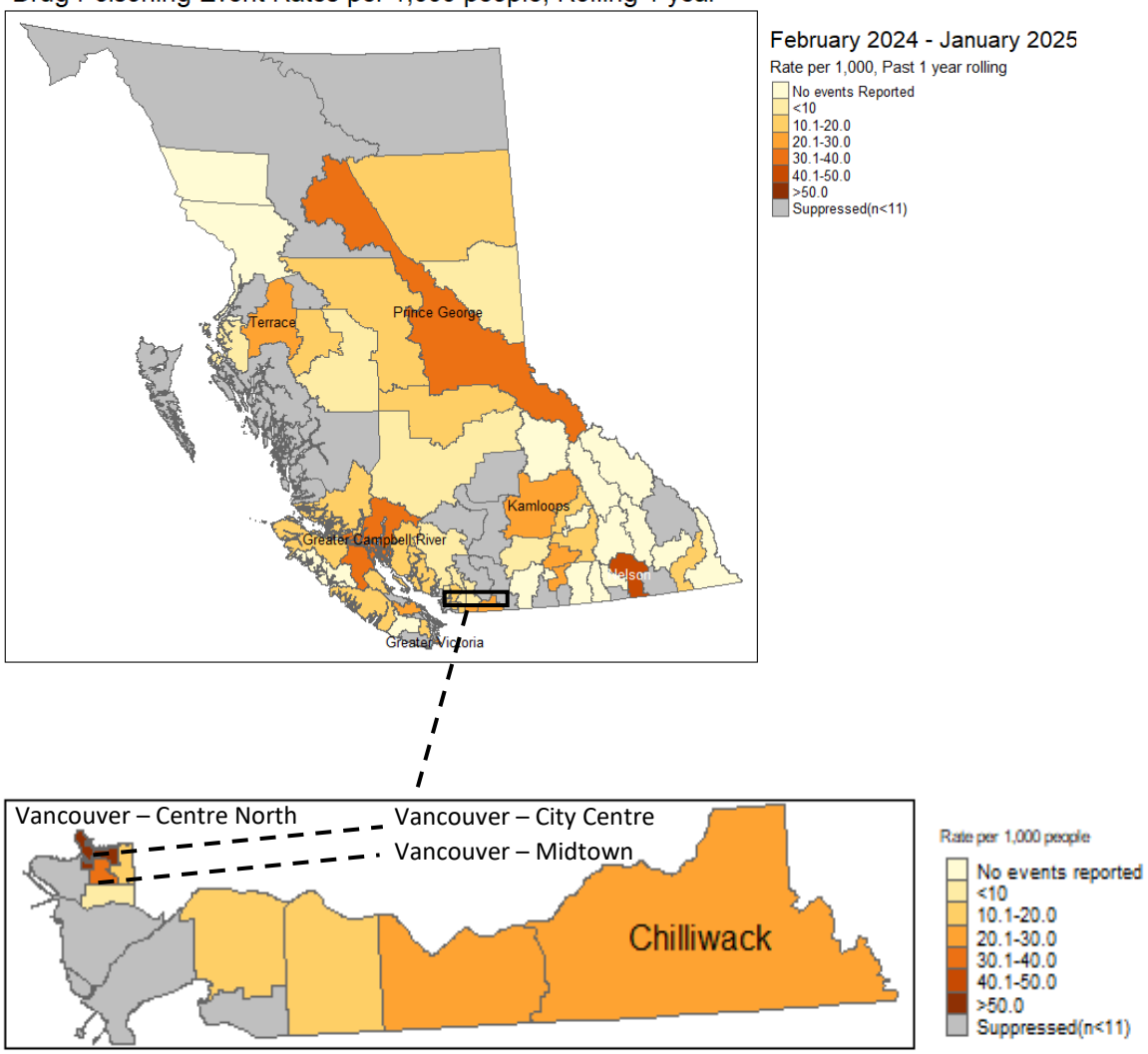
Toxic Drug Events by Local Health Area

The local health areas with the highest drug poisoning event rates (indicated on the map below) in the most recent 12 months (February 2024 - January 2025) were:

- Vancouver - Centre North (119.7 per 1,000),
- Vancouver - City Centre (82.9 per 1,000),
- Nelson (46.9 per 1,000),
- Vancouver - Midtown (36.2 per 1,000),
- Greater Campbell River (34.3 per 1,000) and
- Prince George (33.4 per 1,000).

The local health areas with the highest drug poisoning counts were Vancouver - Centre North, Prince George, Kamloops, Greater Victoria, Chilliwack and Terrace.

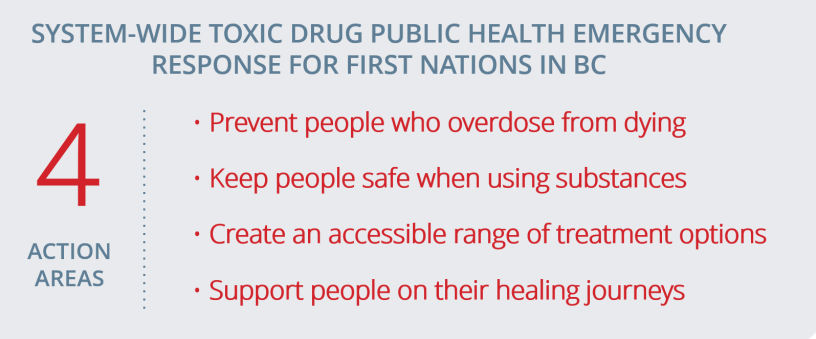
Drug Poisoning Event Rates per 1,000 people, Rolling 1 year



Note: *LHAs with the highest* ***rates*** *or highest* ***number*** *of events have been labelled in the map above.*

FNHA's Response to the Toxic Drug Emergency

FNHA's Toxic Drug Emergency Response Framework for Action spells out an iterative approach to evolving our response to the crisis based on what we hear from community members, health directors, leaders, frontline staff, peers and others throughout the process of implementation.



The full Framework is available here: A Framework for Action: Responding to the Toxic Drug Crisis for First Nations.

FNHA Programs and Outcomes

As the drug toxicity emergency has unfolded and worsened during the COVID-19 pandemic, the FNHA has implemented numerous ongoing and new programs and initiatives, including:

- **Ten First Nations treatment and healing centres** operate across BC and two new facilities are being planned – one in the Vancouver Coastal region and the other in the Fraser Salish region
- Funding a variety of programs and services that provide wrap-around support for individual and family wellness and access to care in all five regions
- **Land-based healing** grounded in cultural teachings is provided at 111 sites across BC
- Virtual and in-person **harm reduction education through Not Just Naloxone training** and community visits; from February 1, 2024 to January 31, 2025 18 training sessions were held and 353 health care workers, youth, Elders and community champions were trained.
- Broadened access to **nasal spray naloxone** through bulk supply ordering by First Nations communities and organizations across BC
- **Unlocking the Gates** supports people who are leaving prison and are at a dramatically higher risk of poisoning from toxic drugs
- Expanding the FNHA regional team's toxic drug response capacity; communities can access support from **addiction specialists and harm reduction educators**
- Connecting with 88 First Nations communities and organizations to support them in offering Supportive, Dispensing, and/or Prescribing services (such as OAT), with a focus on building capacity for Certified Practice for Opioid Use Disorder (CP-OUD) nurses in their communities directly through nurse prescribing; and hiring two FNHA Nurses in CP-OUD Point of Care positions in the Northern and Interior Regions
- Approved a Harm Reduction Policy with five areas for action:
    - increase access to cultural activities

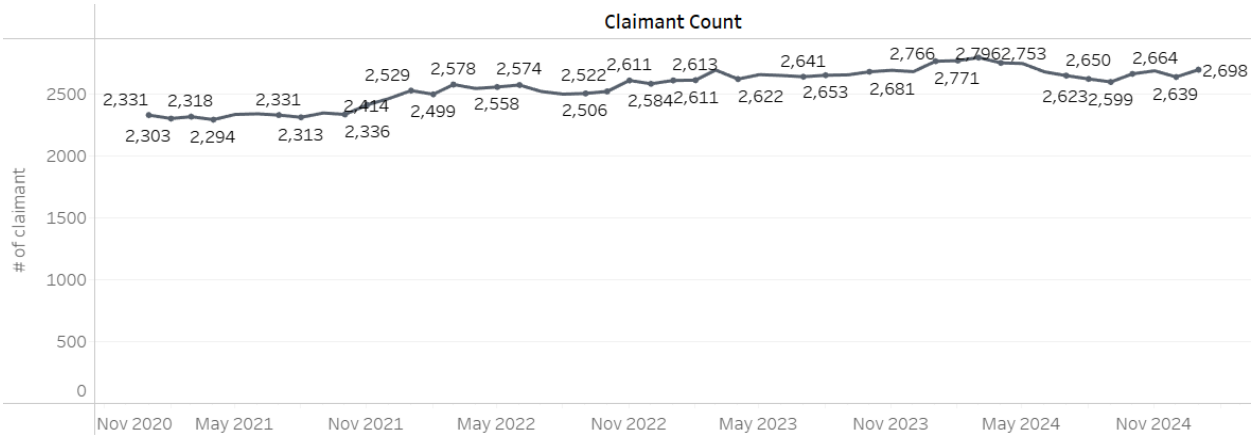
- expand access to substitution therapies (such as OAT)
- provide harm reduction services and promote expansion of related strategies
- engage with people with lived and living experience in design and implementation
- support expansion of pharmaceutical alternatives to toxic street drugs

The FNHA also has several new and emerging initiatives:

- The FNHA is partnering to establish **First-Nations-focused overdose prevention sites (OPS) and mobile harm reduction services**
  - in the Fraser Salish region, the FNHA partners with Cheam First Nation and Fraser Health to implement a first of its kind **OPS** in the Cheam First Nation community
  - FNHA has funded Nuu-Chah-Nulth Tribal Council for a harm reduction mobile van to provide outreach with expanded service hours; services will include drug testing; accessing harm reduction supplies; assisting with detox/treatment application; and cultural support uplifted with additional Elders and peers
- The FNHA has coordinated with the Western Aboriginal Harm Reduction Society (WAHRS) to open an **episodic OPS** in the Downtown Eastside and is working on identifying other sites in BC for these projects, to be known as Raven's Eye Sage Sites
- The FNHA is supporting First Nations communities with their response to the **decriminalization of people who use substances**, and working with provincial partners to monitor and evaluate BC's approach to decriminalization
- The FNHA will also engage with communities to assess the need and preferences for **pharmaceutical alternative to toxic street drugs** by First Nations people who are at risk of toxic drug poisoning
- The FNHA created a pathway for requests to access FNHA-purchased **private treatment centre beds to address unmet needs**. The requests for these beds goes through an existing subsidy portal for treatment access
- The FNHA is supporting 69 First Nations communities, First Nations Health Service Organizations and Aboriginal Friendship Centers to access public health vending machines and care cupboards to increase low barrier and 24/7 access to harm reduction supplies
- The FNHA supports communities with their drug testing initiatives and is collaborating with the province to allocate funding across regions to establish culturally safe drug testing sites for First Nations people

Access to OAT

Number of FNHA Clients Dispensed OAT (January 2021 – January 2025)

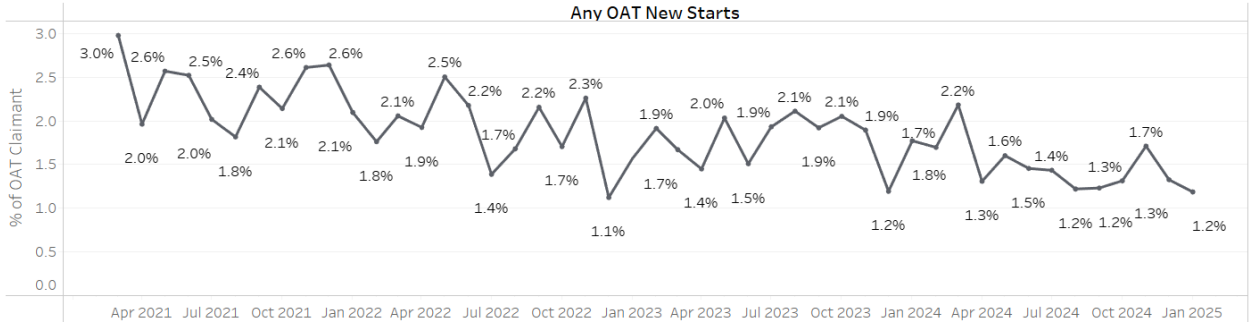


OAT is one of the recommended pharmacotherapy options to reduce opioid-use related harms and to support long-term recovery for persons with opioid use disorder. The medications include but are not limited to methadone, buprenorphine/naloxone (Suboxone), slow-release oral morphine (Kadian) and buprenorphine extended-release (Sublocade).

With the expansion of OAT initiatives throughout the province, the total number of FNHA clients who were dispensed any type of OAT covered by the FNHA pharmacy benefit plan has slightly increased to 2,698 persons in January 2025, compared to the previous month.

Methadone was the most commonly prescribed type of OAT among FNHA clients dispensed OAT in January 2025. 51.2% of FNHA clients dispensed any type of OAT under the FNHA health benefit plan in January 2025 were prescribed methadone, while 21.7% of were prescribed buprenorphine/naloxone (Suboxone), the recommended first-line therapy. 22.5% were dispensed slow-release oral morphine (Kadian), while a small percent were prescribed the injectable buprenorphine-extended release (Sublocade) intended for moderate to severe opioid-use disorder management. Note that some clients might be dispensed more than one type of OAT in a given month.

Percentage of FNHA Clients Dispensed OAT for the First Time through the FNHA Health Benefits Plan by Month



Of all 2,698 FNHA clients dispensed OAT in January 2025, 1.2% were dispensed OAT through the FNHA health benefits plan for the first time.

Naloxone Distribution

Naloxone is an opioid antagonist that is used in an emergency response situation to temporarily reverse the effects of life-threatening opioid overdose. It is available in injectable or nasal spray form and often is bundled with other supplies (such as gloves or a breathing mask) in a carrying case or kit. The nasal spray is provided by the FNHA through two routes: by way of community pharmacies to First Nations individuals and through bulk supply to communities and Indigenous service organizations:

- Through FNHA's bulk ordering program, 350 nasal naloxone kits were distributed to First Nations and community organizations in January 2025 (each kit contains two doses). FNHA Nasal Naloxone fact sheet
- Additionally, 560 injectable naloxone kits were ordered by 188 First Nations sites or Friendship Centres in January 2025. Injectable naloxone is available for free in the province to anyone at risk of a toxic drug poisoning or likely to witness one. For information on how to access and use an injectable naloxone kit, see Toward the Heart

Harm Reduction on FNHA.ca

For information about substance use, to get informed, and to support others, visit Mental Health and Substance Use on FNHA.ca, which includes:

- **Get Help**: Harm Reduction Hub and Addictions Medicine Support Line; harm reduction services, including OPS/harm reduction sites/LifeGuard app/drug checking, naloxone (nasal and injectable naloxone), workshops including Not Just Naloxone, Decolonizing Substance Use, and Tackling Stigma, land-based healing programs, OAT, and drug testing
- **Get Informed**: personal stories about overdose and harm reduction; FNHA harm reduction campaign; learning resources; news; FNHA's Framework for Action; FNHA toxic drug annual data releases; and First Nations treatment centres
- **Support others**: FNHA Toxic Drug Emergency Community Support Guide; First Nations harm reduction; Take-Home Naloxone for the FNHA nasal naloxone programs; FNHA First Nations Wellness Program; and learning resources for helping people who use substances

Latest News

- Harm reduction more important than ever in preventing toxic drug poisonings April 3, 2025
- Indigenous ways of healing focus of harm reduction gathering April 3, 2025
- Family Day: A story about substance use and healing February 12, 2025
- Supporting our loved ones through grief with Healing Indigenous Hearts facilitator training January 28, 2025
- 2024 BC Premiers Award for Innovation: Walking alongside community to heal December 6, 2024
- FNHA CMO shares spotlight at Science World event November 28, 2024
- National Addictions Awareness Week: Forging Connections November 27, 2024
- Celebrating and Continuing Your Sober for October Wellness Journey November 5, 2024

Appendix: Data Sources and Definitions

Appendix 1: BC Coroners Drug Toxicity Data

As defined by the BC Coroners Service (BCCS), "illicit drug overdoses include those involving street drugs (controlled and illegal: heroin, cocaine, MDMA, methamphetamine etc.), medications that were not prescribed to the deceased, combinations of the above with prescribed medications and those overdoses where the origin of the drug is not known. Both open and closed cases are included." (BCCS, 2018).

BCCS operates in a live database and includes both open and closed cases. Thus, data are subject to change as investigations are completed and data is refreshed. Small changes in numbers of deaths are expected with every refresh.

First Nations–specific information is identified via linkage to the FNCF, a cohort of all individuals registered with Indigenous Services Canada (ISC) as of 2018 and living in BC, as well as their eligible descendants. Only persons identified as status First Nations are captured via linkage. First Nations people without status, Métis and Inuit persons are not captured in the above data.

Appendix 2: BC Emergency Health Services (BCEHS) Paramedic-Attended Drug Poisonings

Identification of drug-poisoning records is based on paramedic impression codes as well as 911 dispatch codes or where naloxone was administered by a paramedic. Alcohol and prescription drug related overdoses are excluded.

The majority of drug poisoning events identified by BCEHS data are nonfatal; however, it is possible that some deaths are also captured (BCCDC, 2021). Paramedic-attended toxic drug events include all events where 911 was called and BCEHS paramedics responded. Drug poisonings reversed in community where paramedics were not called are not captured.

Linkages to the FNCF requires a PHN. When a PHN is unavailable, FNHA is unable to identify whether the record was of a First Nations persons or not. In 2021, approximately 25 per cent of events did not have a PHN; in 2020 and 2019, approximately 24 and 18 per cent of events respectively did not have a PHN and were thus not linkable to the FNCF. Consequently, paramedic-attended drug poisonings are likely underestimated for First Nations people.

As of June 21, 2023, the BCCDC has updated the way it counts the number of paramedic-attended drug poisoning events per patient to reduce duplicate counting (i.e. Counting multiple records of the same person as separate events). As a result of this change, the number of drug poisoning events is now reduced by approximately 3% between 2010 and February 2022. Updated numbers may be inconsistent with numbers in archived documents. Additionally, there is likely a greater underestimation for 2020 and 2021 compared to previous years due to higher numbers of events in which a PHN was not available in these years. BCEHS is able to recover some of the missing PHNs; however, this process takes time. The Ministry of Health is able to run an additional algorithm to recover PHNs for some of the records. This absence of data is expected to decline with time.

First Nations data includes only persons with status and their descendants. First Nations persons without status are not included.

Appendix 3: FNHA Health Benefits OAT Data

OAT data comes from line-level claims data for pharmacy dispensations through the First Nations Health Benefits program. There are three sources of this data: the federal Non Insured Health Benefits (NIHB) program (up to Sep 15 2019), BC PharmaCare Plan W (since Sep 2017), and Pacific Blue Cross Parallel Plan W (since Sep 2019). As of August 2021, the majority (97.4%) of FNHA clients have been enrolled in Plan W. All measures in this report are broken down by provider region, except for unique prescriber counts which are broken down by assumed prescriber region.