First Nations Health Authority
Health through wellness

Toxic Drug Crisis Events and Deaths and FNHA's Response
COMMUNITY SITUATION REPORT: JANUARY 2026
FNHA Public Health Response
Last updated: March 24, 2026

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 emergency. This report covers the period January 1, 2024 to January 31, 2026. For previous reports, see FNHA's harm reduction webpage.

Summary Update (January 2026)

First Nations Toxic Drug Poisoning Events and Deaths

In January 2026, there were a total of 278 paramedic-attended toxic drug poisoning events reported among First Nations people. This represents a 3.5% decrease from the previous month and a 29.9% increase from January of last year.

First Nations people represented 17.7% of all toxic drug events this month.

In 2026, females[3] represented 39.2% of all First Nations toxic drug events; among other residents, 26.6% of all toxic drug events were females.

In January 2026, we lost an additional 23 First Nations people to the toxic drug emergency. First Nations people represented 15.3% of all deaths this month. Since 2016, the year in which a public health emergency was declared, we have lost 2,859 First Nations people to toxic drug poisonings.

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-First Nations 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 services, Not Just Naloxone training, supporting

[1] FNHA utilizes the term "drug poisoning" 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] Our data is limited to biological sex at birth, which may misidentify two-spirit, transgender, non-binary, intersex, and gender diverse people.

conversations with youth on 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, 2,568 First Nations people were dispensed OAT in January 2026. Of these:

- 48.3% were dispensed methadone, 21.8% were dispensed buprenorphine/naloxone (Suboxone), 24.2% 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.

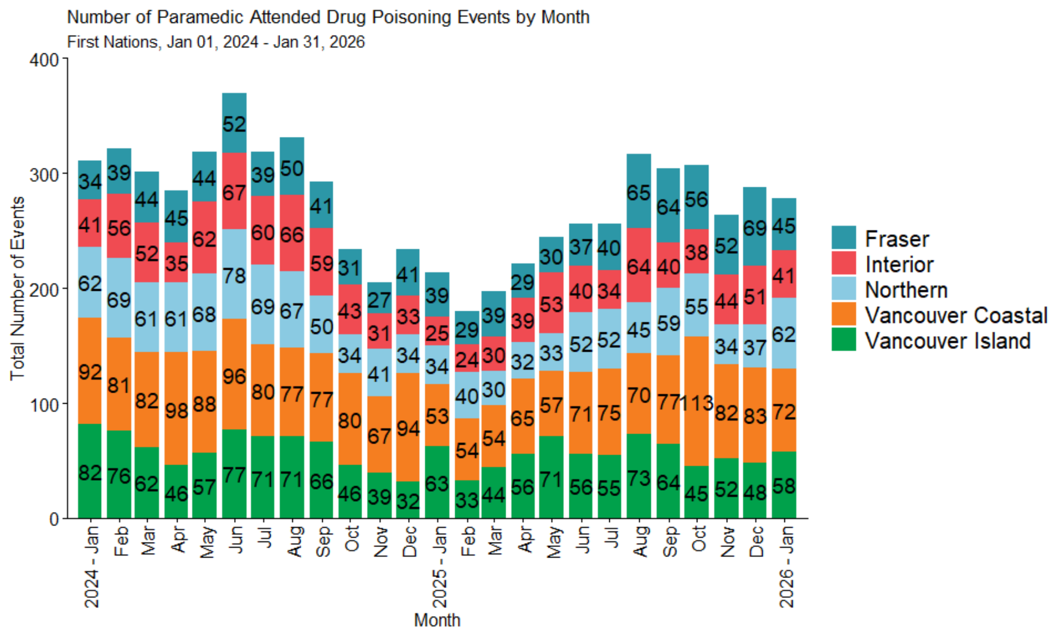
Naloxone Distribution

- Through FNHA's bulk ordering program, 606 nasal naloxone kits were distributed to First Nations and community organizations in January 2026 (each kit contains two doses).
- 620 injectable naloxone kits were ordered for First Nations sites or Friendship Centres (these kits contain three doses) in January 2026.

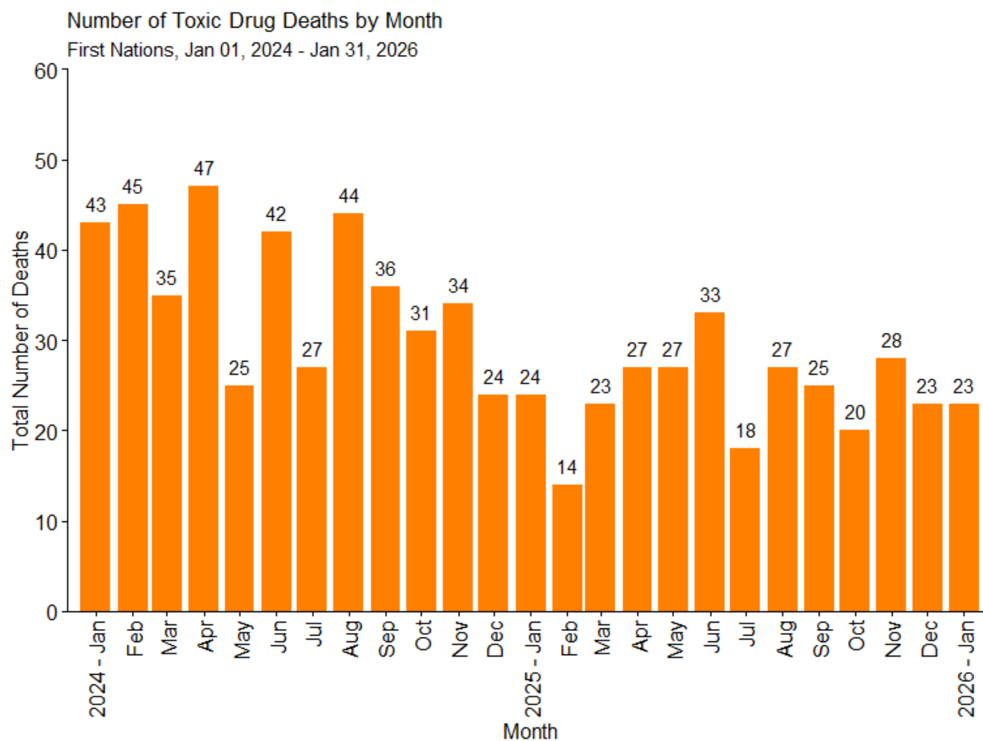
Toxic Drug Poisoning Events and Deaths Data (January 1, 2024 to January 31, 2026)

Monthly Paramedic-Attended Toxic Drug Events

There was a general decrease in the number of First Nations toxic drug events in 2025 compared to previous years. In February 2025, we observed the lowest number of events in years. Between March and August 2025, there was a steady increase in monthly events, followed by monthly fluctuations in the number of events.



Monthly Toxic Drug Deaths

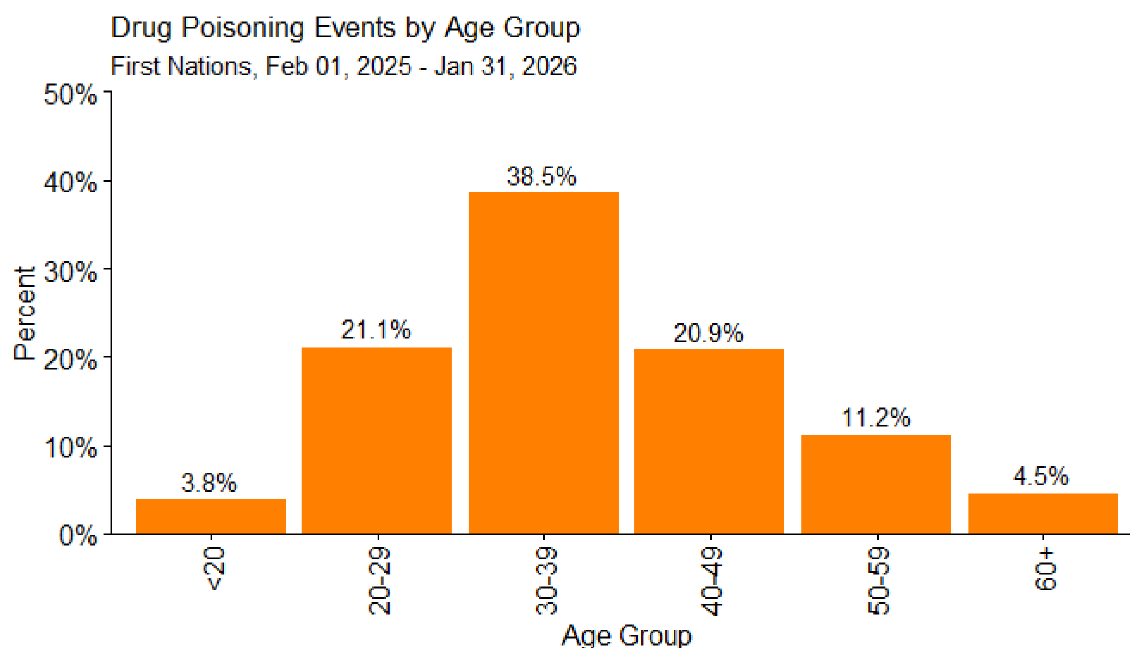


Events and Deaths by Region (Jan 1, 2024 – Jan 31, 2026), and OAT Claimants (Jan 2026)

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	BC
Total number of paramedic-attended toxic drug events	1,081	1,128	1,259	1,938	1,443	6,849
Total number of deaths*	95	123	146	234	147	745
Percentage of the population that is First Nations[4]	1.5%	4.5%	14.8%	2.1%	4.5%	3.4%
Percentage of all events that were First Nations[5]	10.9%	20.3%	53.8%	22.2%	25.0%	21.2%
Percentage of all deaths that were First Nations*	7.9%	16.2%	39.5%	20.5%	17.7%	17.3%
Crude drug poisoning event rate (per 1,000)[6]	35.9	29.5	27.9	73.3	36.2	37.9
OAT claimants (in January 2026)[7]	596	370	369	734	559	2,568

** The number of deaths by region and the proportion of all deaths that were First Nations are updated semi-annually to protect privacy.*

Toxic Drug Events by Age Group (1 year Rolling)

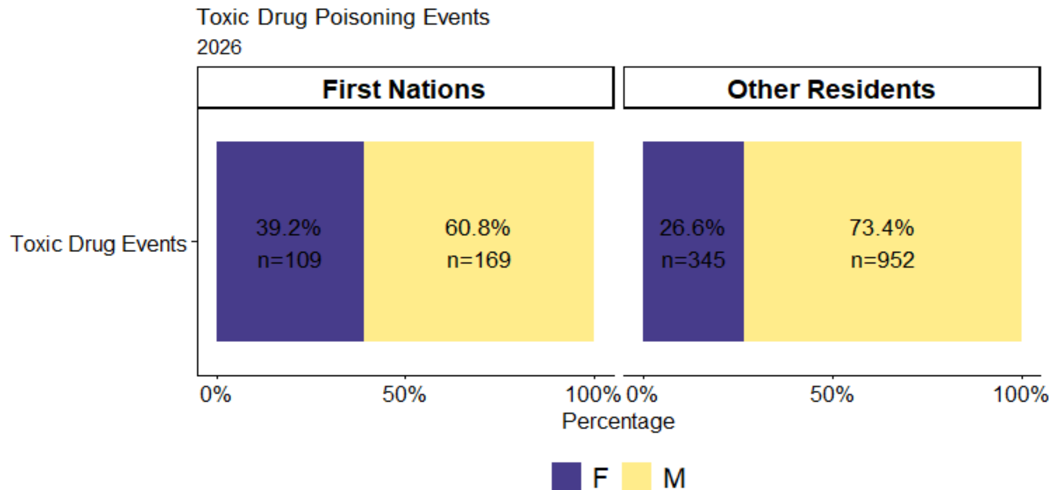


Between February 1, 2025 and January 31, 2026, the highest percentage of toxic drug events occurred among the 30-39 year old age group, followed by the 20-29 year old age group.

[4] Based on 2022 estimates from First Nations Client File (FNCF) 2022 and BC Stats Population Estimates.
[5] Based on records with a complete Personal Health Number (PHN) only.
[6] Estimated rate for 2024-2026 based on 25 months of data; 2022 population estimates via 2022 FNCF.
[7] 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.

Approximately 64.3% of all First Nations who had a toxic drug event in January 2026 were younger than 40 years of age.

Events by Sex, YTD, (January 1- January 31, 2026)



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

Year to date, in 2026, females represented higher proportions of First Nations toxic drug events compared to other residents.

- 39.2% of toxic drug events among First Nations involved females, compared to 26.6% among other residents of BC.

For provincial-level data, please see:

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

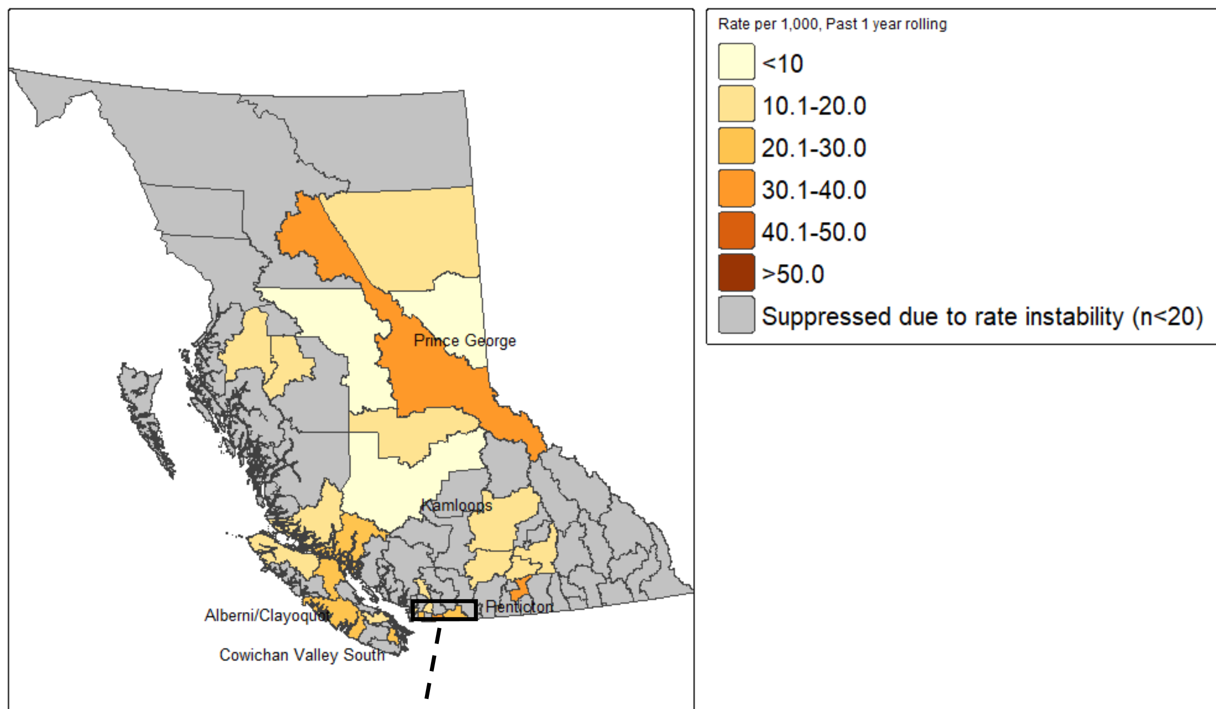
Toxic Drug Events by Local Health Area

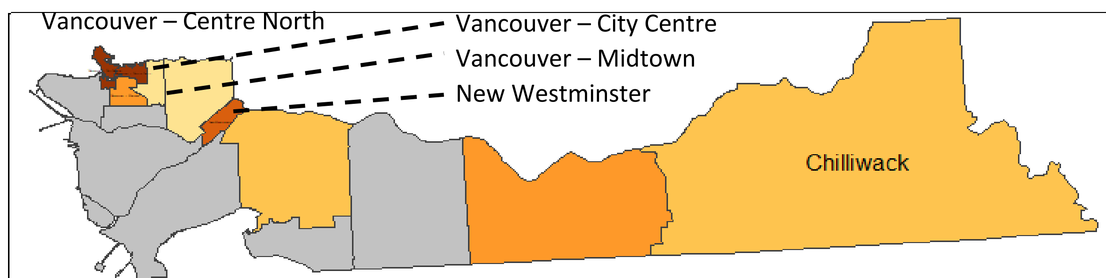
The local health areas with the highest toxic drug event rates (indicated on the map below) in the most recent 12 months (February 2025 - January 2026) were:

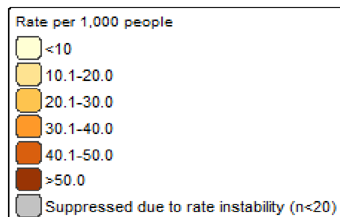
- Vancouver - Centre North (117.1 per 1,000),
- Vancouver - City Centre (73.9 per 1,000),
- New Westminster (40.1 per 1,000),
- Penticton (34.1 per 1,000),
- Vancouver - Midtown (32.6 per 1,000) and
- Prince George (31.3 per 1,000).

The local health areas with the highest drug poisoning counts were Vancouver - Centre North, Prince George, Chilliwack, Alberni/Clayoquot, Kamloops and Cowichan Valley South.

Drug Poisoning Event Rates per 1,000 people, Rolling 1 year
February 2025 - January 2026



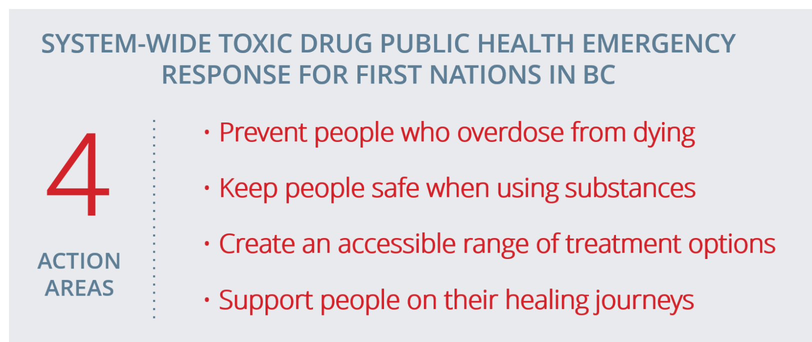




Note: *LHAs with the highest* ***rates*** *or highest* ***number*** *of events have been labelled in the map above.*

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 toxic drug crisis enters its tenth year following its declaration as a provincial public health emergency in BC, 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 214 sites across BC
- Strengthening connections between regional addiction specialists, referral workers and the regional health authorities to network and check-in regularly on high-risk clients, safety plans and access to treatment in consideration of readiness and availability
- Continue to support harm reduction through updating materials and courses such as:
    - Updated FNHA Opioid Agonist Therapy (OAT) website and changes published
    - Provided learning session about OAT program implementation and Certified Practice Opioid Use Disorder (CP-OUD) to First Nations-led Primary Care Centre (FNPCC) leads and clinical staff
    - Completed updates for Substance Use, Harm Reduction, and CP-OUD/OAT sections on the FNHA Clinical Services Guide
    - Completed OAT support pathway resource

- Virtual and in-person **harm reduction education through Not Just Naloxone training** and community visits. Since the beginning of FY2025/26[8] 316 health care workers, youth, Elders, and community champions have been trained in Not Just Naloxone
- 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 toxic drug poisonings (overdose) from unregulated substances
- Expanding the regional overdose response capacity with human resources; communities can access support from **addiction specialists and harm reduction educators**
- Having connected with **114** 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
- 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 targeted initiatives:

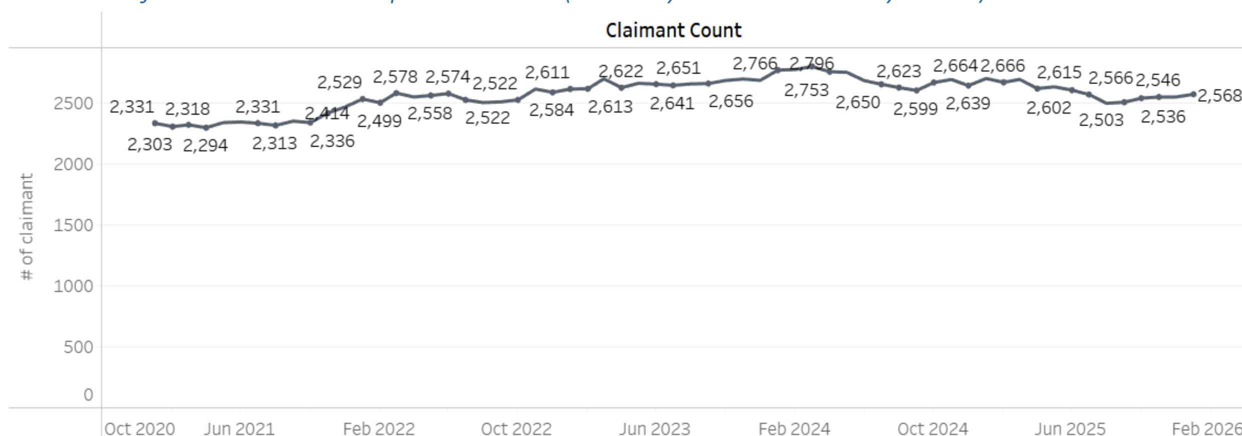
- In partnership with Cheam First Nation and Fraser Health, the FNHA continues to support the Fraser Salish region to access culturally safe, mobile harm reduction services.
- The FNHA has partnered with Nuu-Chah-Nulth Tribal Council to provide a mobile harm reduction van that offers outreach services, including drug testing, access to harm reduction supplies, detox/treatment application assistance, and cultural support uplifted with elders and peers
- The FNHA continues to support the Western Aboriginal Harm Reduction Society to operate an **episodic Overdose Prevention Site (eOPS)** in the Downtown Eastside.
- The FNHA has created a pathway for requests to access FNHA-purchased **private treatment centre beds to address unmet needs**. The requests for these beds go through an existing subsidy portal for treatment access.
- The FNHA continues to monitor and assess community needs and preferences for prescribed **pharmaceutical alternatives to toxic street drugs** for First Nations people who are at risk of toxic drug poisoning.

[8] FY2025/26 refers to the time period in the fiscal year from April 1, 2025 to March 31, 2026

- The FNHA continues to support First Nation Youth and communities by advancing harm reduction, wellness and recovery initiatives, including the development of With Open Arms: Supportive Conversations Among Friends Toolkit

Access to OAT

Number of FNHA Clients Dispensed OAT (January 2021 – January 2026)

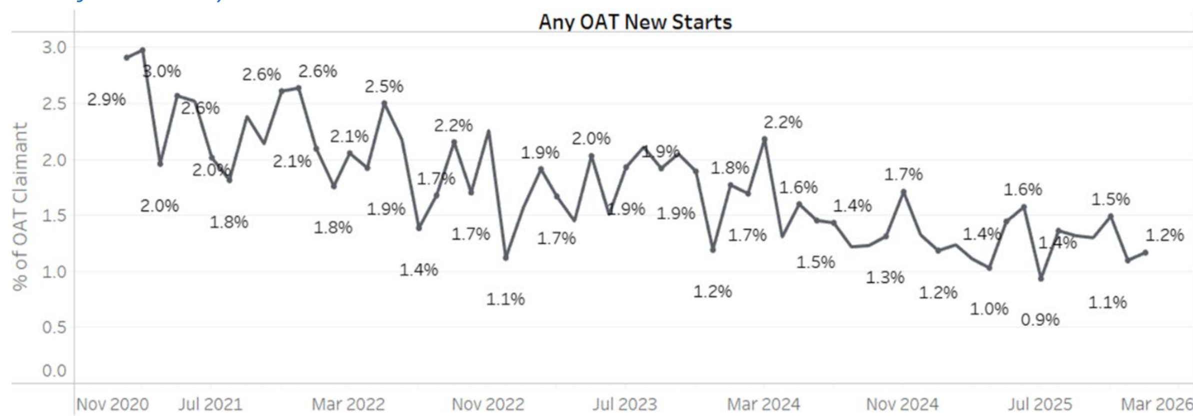


OAT is one of the recommended pharmacotherapy options to reduce opioid-use related harms and to support long-term recovery for persons with opioid use disorder. The medications include but are not limited to methadone, buprenorphine/naloxone (Suboxone), slow-release oral morphine (Kadian) and buprenorphine 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 2,568 persons in January 2026, compared to the previous month.

Methadone was the most commonly prescribed type of OAT among FNHA clients dispensed OAT in January 2026. 48.3% of FNHA clients dispensed any type of OAT under the FNHA health benefit plan in January 2026 were prescribed methadone, while 21.8% were prescribed buprenorphine/naloxone (Suboxone), the recommended first-line therapy. 24.2% 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 2,568 FNHA clients dispensed OAT in January 2026, 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, 606 nasal naloxone kits were distributed to First Nations and community organizations in January 2026 (each kit contains two doses). FNHA Nasal Naloxone fact sheet
- Additionally, 620 injectable naloxone kits were ordered by 196 First Nations sites or Friendship Centres in January 2026. Injectable naloxone is available for free in the province to anyone at risk of an overdose 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-led treatment centres
- **Support others**: FNHA Toxic Drug Emergency Community Support Guide; First Nations-led harm reduction; Take-Home Naloxone for the FNHA nasal naloxone programs; and learning resources for helping people who use substances

Latest News

- North Fraser communities celebrate grand opening of Éyameth' Health Centre January 23, 2026
- Dadzi Wellness Centre brings culturally rooted care to Fort St. James January 22, 2026
- FNHA statement on BC decriminalization pilot project January 14, 2026
- From Knowledge to Care: Gathering Community Wisdom to Support Our Relatives Who Use Substances November 25, 2025
- "Reclaiming Your Wellness Month" wraps up, but your health and wellness journey continues November 3, 2025
- Reclaiming Your Wellness Month: Angela Carter's Journey of Healing and Leadership October 29, 2025
- New study centres First Nations-led harm reduction practices October 28, 2025
- Reclaiming Your Wellness Month: Community Wellness Champion Maggie Fred October 22, 2025
- Tylenol (acetaminophen) is safe to use during pregnancy October 16, 2025
- Reclaiming Your Wellness Month: New toolkit for reflection and wellness with alcohol consumption October 15, 2025
- Emergency Treatment Fund Call for Proposals October 9, 2025
- World Mental Health Day: Nurturing spirit through connection to land October 9, 2025
- FNHA, Adler University partner to advance mental health services in First Nations communities October 3, 2025
- Introducing 'Reclaiming your Wellness Month': Reflecting on our relationship with alcohol October 1, 2025

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 2022 and living in BC, as well as their eligible descendants. Only persons identified as Status and Status-Eligible 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.

Most 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.