First Nations Health Authority
Health through wellness

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

FNHA Public Health Response

Last updated: January 28, 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, 2023 to September 30, 2025. For previous reports, see FNHA's harm reduction webpage.

Summary Update (September 2025)

First Nations Toxic Drug Poisoning Events and Deaths

In September 2025, there were a total of 286 paramedic-attended drug poisoning events reported among First Nations people. This represents a 5.6% decrease from the previous month and a 2.4% decrease from September 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 19.7% of all toxic drug poisoning events this month.

In 2025, women represented 37.9% of all First Nations toxic drug poisoning events; among other residents, 27.0% of all drug poisoning events were women.

In September 2025, we lost an additional 24 First Nations people due to toxic drug poisoning. First Nations people represented 14.7% of all deaths this month. Since 2016, the year in which a public health emergency was declared, we have lost 2,763 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-First Nations racism and systemic inequity built into Canada's health system.

[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] 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.

Key programs include First Nations Treatment and Healing Centres, community-based wrap-around supports, land-based healing services, Not Just Naloxone training, supporting 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, 2,504 First Nations people were dispensed OAT in September 2025. Of these:

- 49.9% were dispensed methadone, 21.8% were dispensed buprenorphine/naloxone (Suboxone), 23.5% were dispensed slow-release oral morphine (Kadian) and a small percent were dispensed buprenorphine extended-release (Sublocade).
- 1.3% were dispensed OAT through FNHA Health Benefits for the first time.

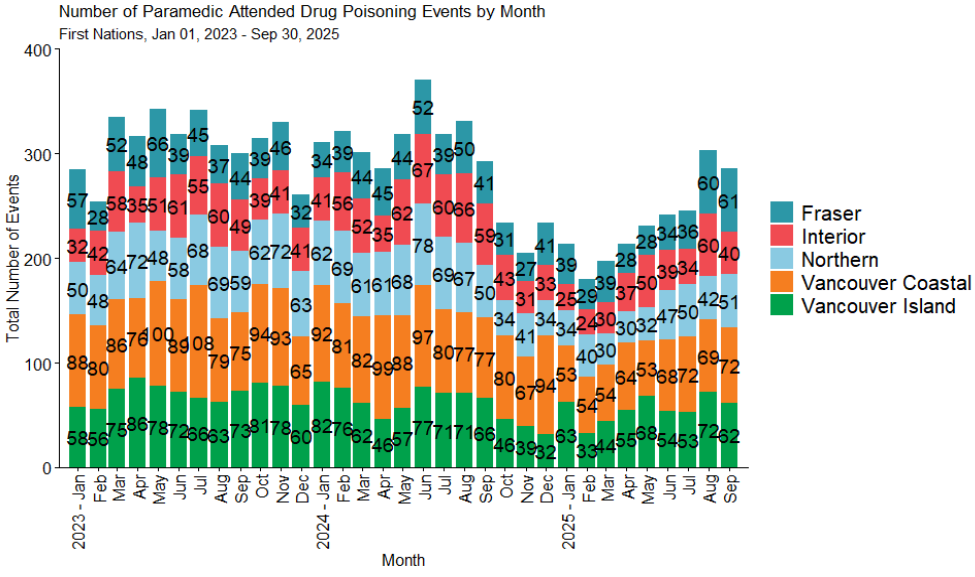
Naloxone Distribution

- Through FNHA's bulk ordering program, 270 nasal naloxone kits were distributed to First Nations and community organizations in September 2025 (each kit contains two doses).
- 860 injectable naloxone kits were ordered for First Nations sites or Friendship Centres (these kits contain three doses) in September 2025.

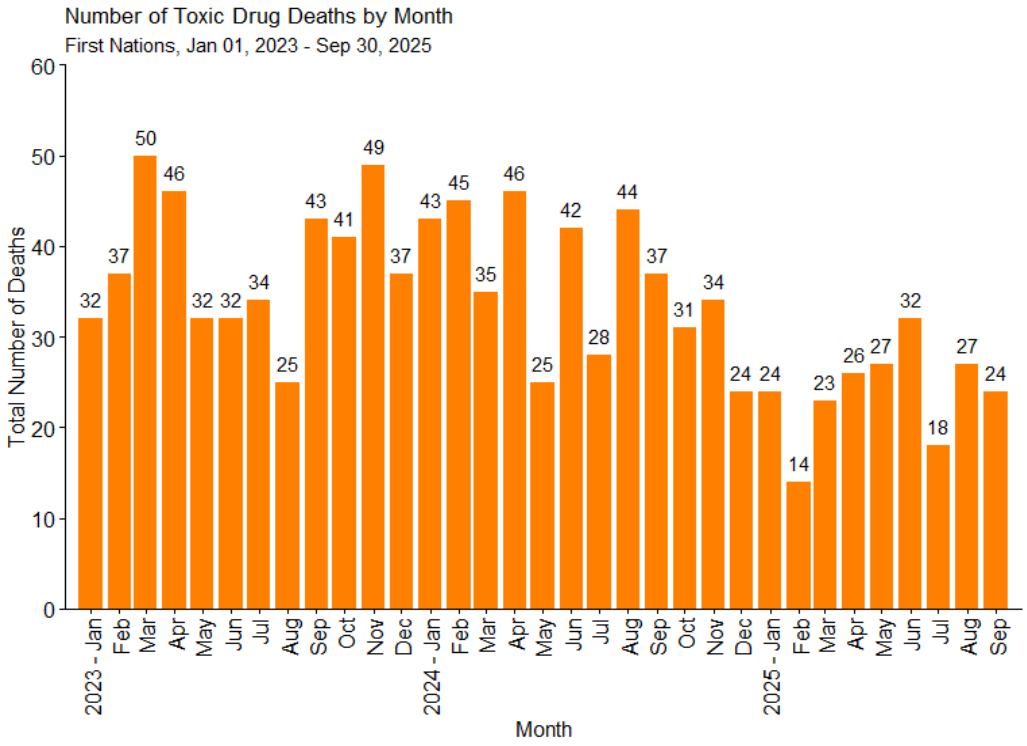
Toxic Drug Poisoning Events and Deaths Data (January 1, 2023 to September 30, 2025)

Monthly Paramedic-Attended Toxic Drug Events

There has been a general decrease in the number of First Nations toxic drug events in 2025 as compared to previous years. In February 2025, we observed the lowest number of events in years. From Feb 2025 onwards, there has been a steady increase, with August and September 2025 showing a similar number of events as in previous years



Toxic Drug Deaths by Month



Note: *Suppressed when the number of deaths is less than 11 or to avoid back-calculation of another number that is less than 11*

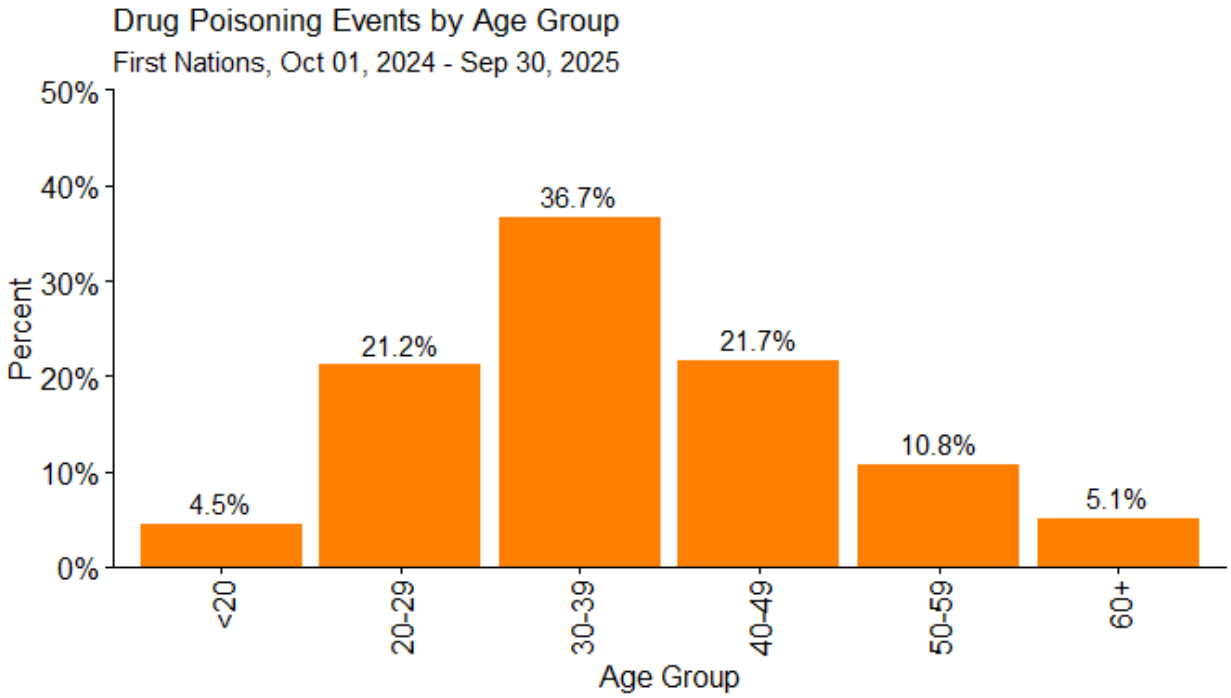
Events and Deaths by Region (Jan 1, 2023 – Sep 30, 2025), and OAT Claimants (Sep 2025)

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	BC
Total Paramedic-Attended Drug Poisoning Events	1,374	1,508	1,783	2,606	2,075	9,346
Total Number of Deaths (up to June 2025)*	131	163	206	336	198	1,034
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%	20.2%	53.6%	22.3%	25.1%	21.6%
Percentage of all Deaths that were First Nations (up to June 2025)*	8.2%	15.8%	41.4%	20.9%	17.7%	17.6%
Crude Drug Poisoning Event Rate (per 1,000)[6]	45.6	39.5	39.6	98.5	52.1	51.7
OAT Claimants (in September 2025)[7]	585	351	358	730	543	2,504

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

[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 2023-2025 based on 33 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.

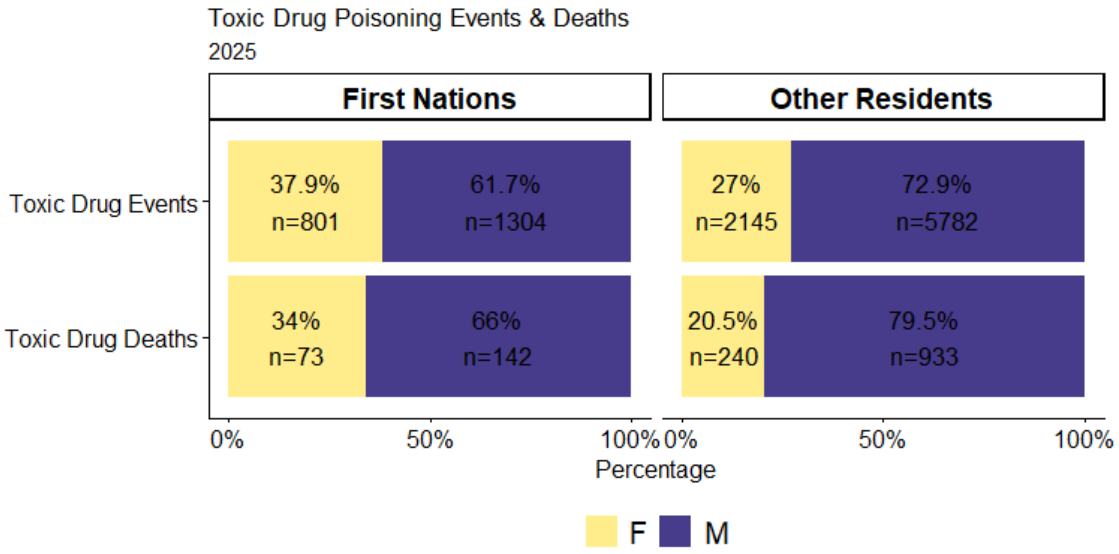
Toxic Drug Events by Age Group (1 year Rolling)



Between October 1, 2024 and September 30, 2025, the highest percentage of paramedic-attended toxic drug poisoning events occurred among the 30-39 year old age group, followed by the 40-49 year old age group.

Approximately 65.7% of all First Nations persons who had a paramedic-attended toxic drug poisoning event in September 2025 were younger than 40 years of age.

Events & Deaths by Sex (January 1-September 30, 2025)



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

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

- 37.9% of toxic drug poisoning events among First Nations involved women, compared to 27.0% among other residents of BC.
- 34.0% of toxic drug poisoning deaths among First Nations involved women, compared to 20.5% among other residents of BC.

For provincial-level data, please see:

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

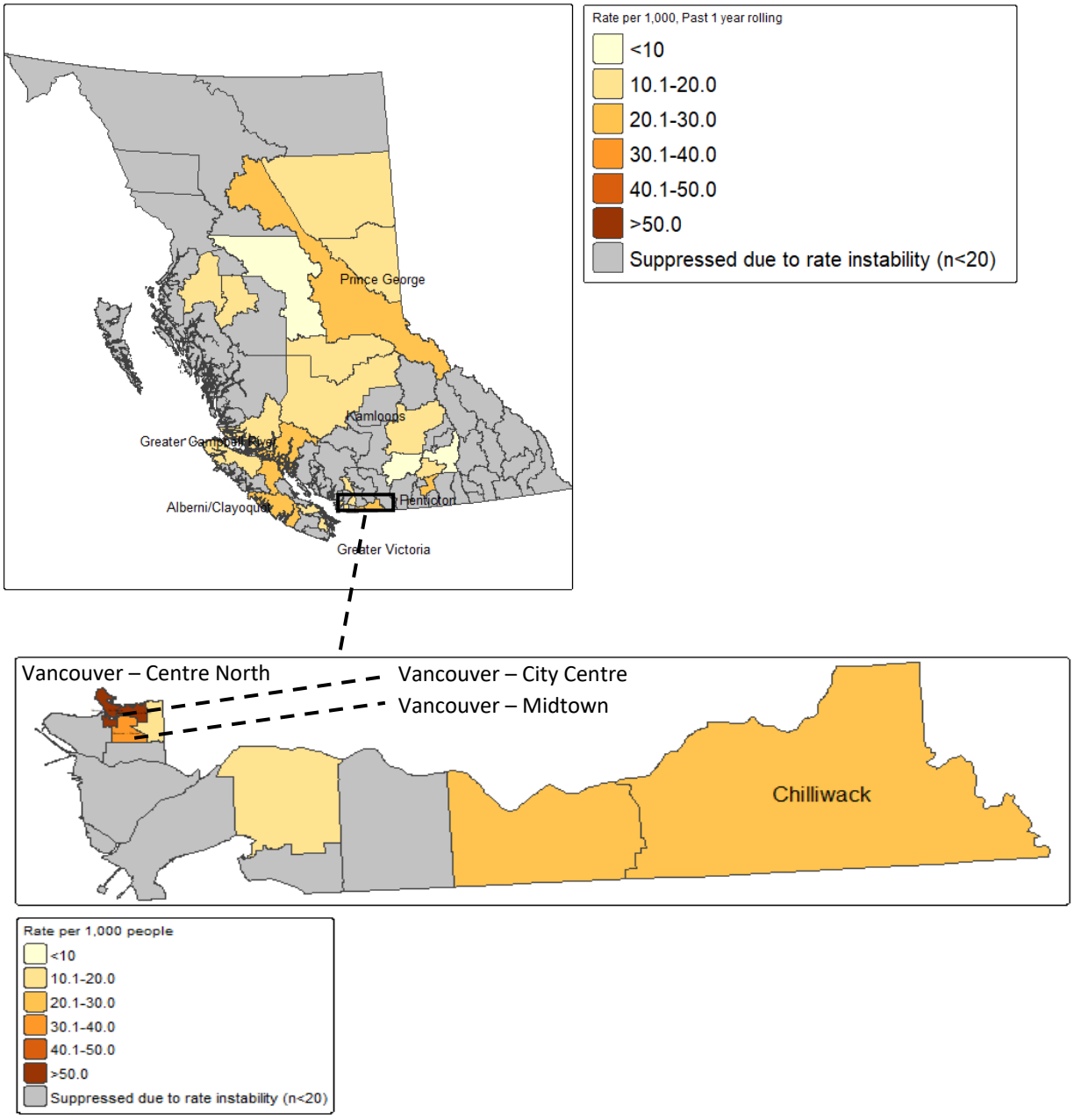
Toxic Drug Events by Local Health Area

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

- Vancouver - Centre North (107.9 per 1,000),
- Vancouver - City Centre (66.3 per 1,000),
- Vancouver - Midtown (30.3 per 1,000),
- Chilliwack (26.3 per 1,000),
- Greater Campbell River (25.4 per 1,000) and
- Penticton (24.7 per 1,000).

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

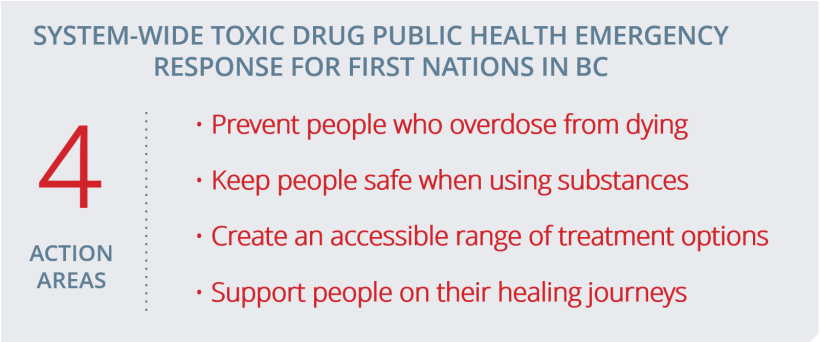
Drug Poisoning Event Rates per 1,000 people, Rolling 1 year
October 2024 - September 2025



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 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 147 sites across BC
- Strengthening connections between FNHA regional addictions specialists, and community 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 all 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] 208 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 toxic drug response capacity with human resources; communities can access support from **addiction specialists and harm reduction educators**

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

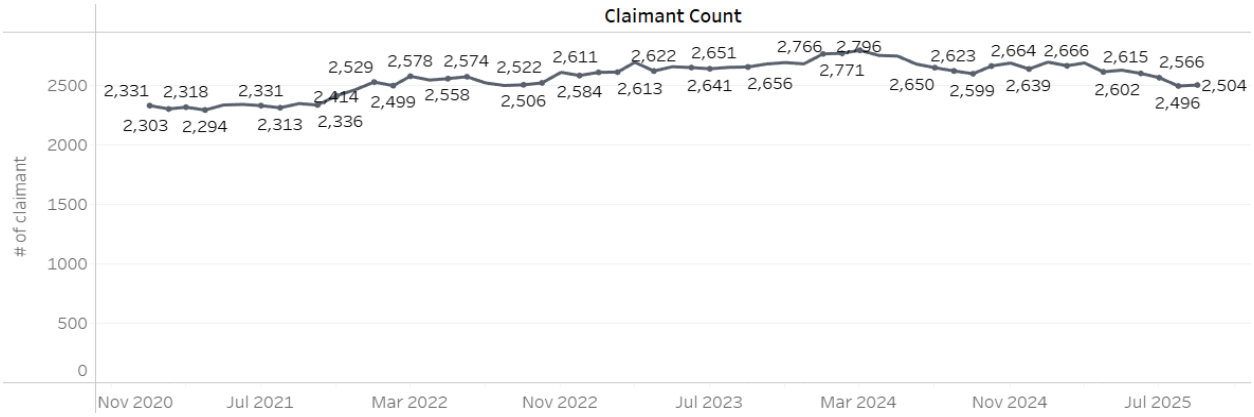
- Connecting with 103 First Nations communities and organizations to support the provision of supportive, dispensive, and/or prescribing services (such as OAT), with a focus on building capacity for Certified Practice for Opioid Use Disorder (CP-OUD) nurses in communities
- Approved a Harm Reduction Policy with five areas for action:
    - increase access to cultural activities
    - expanded 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:

- Two FNHA nurses (one per region) have been hired in CP-OUD Point of Care positions in the Northern and Interior regions.
- 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.
- The FNHA continues to support First Nations communities with their response to the **decriminalization of people who use substances**, collaborating with provincial partners to monitor and evaluate BC's approach to decriminalization
- 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

Access to OAT

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

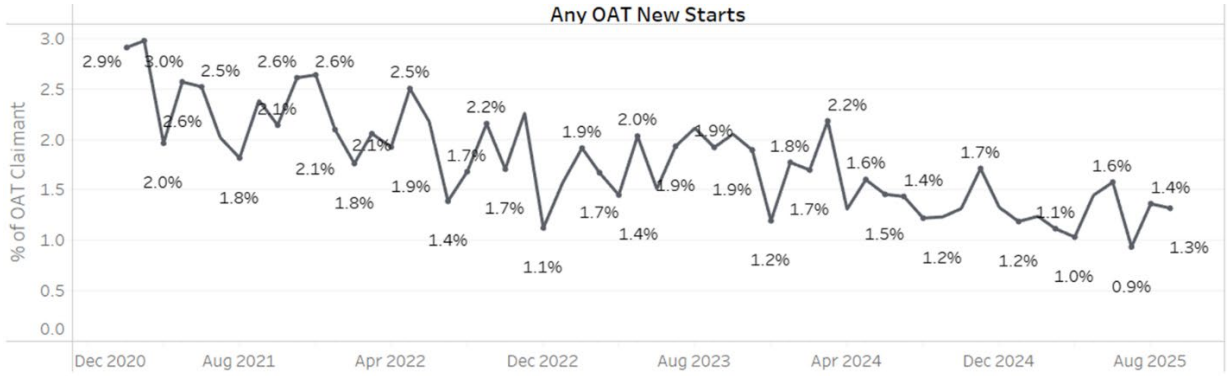


OAT is one of the recommended pharmacotherapy options to reduce opioid-use related harms and to support long-term recovery for persons with opioid use disorder. The medications include but are not limited to methadone, buprenorphine/naloxone (Suboxone), slow-release oral morphine (Kadian) and buprenorphine 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 2,504 persons in September 2025, compared to the previous month.

Methadone was the most commonly prescribed type of OAT among FNHA clients dispensed OAT in September 2025. 49.9% of FNHA clients dispensed any type of OAT under the FNHA health benefit plan in September 2025 were prescribed methadone, while 21.8% were prescribed buprenorphine/naloxone (Suboxone), the recommended first-line therapy. 23.5% 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 2,504 FNHA clients dispensed OAT in September 2025, 1.3% 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, 270 nasal naloxone kits were distributed to First Nations and community organizations in September 2025 (each kit contains two doses). FNHA Nasal Naloxone fact sheet
- Additionally, 860 injectable naloxone kits were ordered by 195 First Nations sites or Friendship Centres in September 2025. Injectable naloxone is available for free in the province to anyone at risk of a toxic drug poisoning (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:

- **Access to Supports**: 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
- **Find Out More:** personal stories about toxic drug poisonings 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

- Join us for a day-long Recovery Radiothon on Canada's First Nations Radio next Friday, Sept. 26, September 18th, 2025
- Recovery Wellness Champion Nicolette Moore shares her story of recovery, September 11th, 2025
- Women's Mobile Primary Care Program: Bringing Wholistic Health Care to the Downtown Eastside September 11th, 2025
- First Nations communities are leading innovative harm-reduction programs grounded in connection August 28, 2025
- With Open Arms: A Toolkit for Supportive Conversations about Substance Use August 15, 2025
- Roots Over Clouds: Escaping the Vape July 30, 2025
- Order a purple ribbon to wear on International Overdose Awareness Day July 24, 2025
- Reflecting on International Drug Users Remembrance Day July 16, 2025
- "With Open Arms" harm reduction toolkit supports First Nations youth July 7, 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 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.