FRASER HEALTH TOXIC DRUG RESPONSE PUBLIC REPORT

January – June 2026

http://www.fraserhealth.ca/overdose

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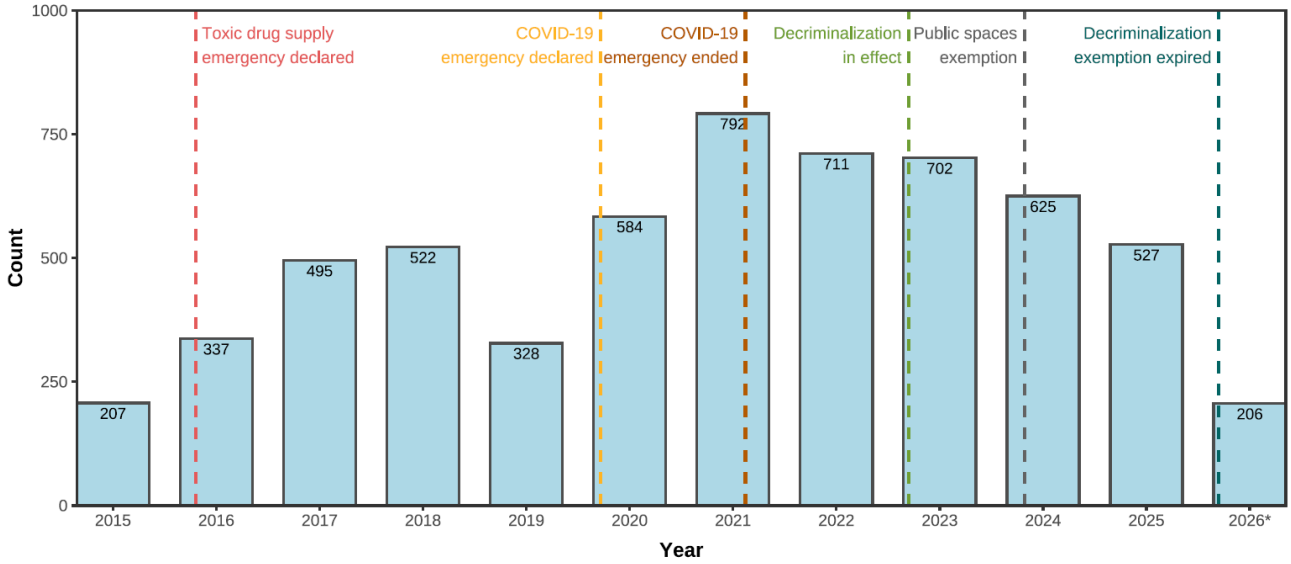
Surveillance Summary January – June 2026

UNREGULATED DRUG DEATHS

- There were 206 unregulated drug deaths in Fraser Health between January and June 2026.
- Surrey (61) had the highest number of unregulated drug deaths between January and June 2026.
- Mission (46 per 100,000), Hope (43 per 100,000), and Chilliwack (42 per 100,000) had the highest rate of unregulated drug deaths per 100,000 between January and June 2026.
- First Nations people account for 1.5% of all Fraser Salish population. Between January 1, 2024 and April 30, 2026, 7.9% of unregulated drug deaths were First Nations[1].

Figure 1: Unregulated drug deaths within Fraser Health, January 2015 to June 2026



Toxic drug supply emergency declared on April 14, 2016 (red line).
COVID-19 emergency declared on March 18, 2020 (yellow line) and ended on June 30, 2021 (brown line).
An exemption to the federal Controlled Drugs and Substances Act (i.e. decriminalization) was in effect on January 31, 2023 (green line).
Request to exempt public spaces from BC's decriminalization policy was approved on May 7, 2024 (grey line).
The decriminalization exemption expired on January 31, 2026 and will not be renewed (dark green line).
Data source: BC Coroners Service. Preliminary data, numbers subject to change. Numbers include both open and closed cases.
Unregulated drug deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased but obtained on the street, from unknown means, and where the origin of drug is unknown.
*To June 2026.

[1]First Nations Health Authority. Toxic Drug Crisis Events and Deaths and FNHA's Response, Community Situation Report (April 2026). Last updated June 23, 2026. https://www.fnha.ca/Documents/FNHA-Toxic-Drug-Poisonings-Community-Situation-Report-April-2026.pdf

Table 1: Unregulated drug deaths within Fraser Health, January 2025 to June 2026

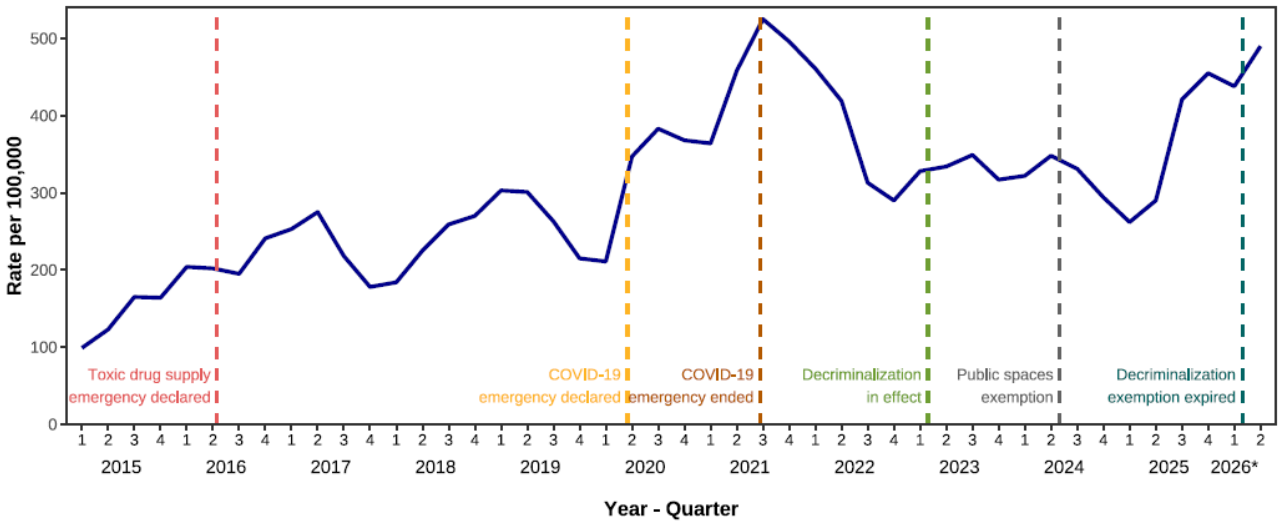
Local Health Area*	Jan-Jun 2026	Rate per 100,000 2026**	Jan-Dec 2025	Rate per 100,000 2025
Fraser East				
Hope^	2	43	4	42
Chilliwack	25	42	38	32
Abbotsford	32	37	78	44
Mission	12	46	10	19
Agassiz / Harrison^	0	0	3	26
Fraser North				
New Westminster	7	15	34	37
Burnaby	14	9	35	12
Maple Ridge / Pitt Meadows	17	27	41	32
Tri-Cities	9	7	30	11
Fraser South				
Langley	19	19	49	25
Delta	2	3	19	15
Surrey	61	21	175	29
South Surrey / White Rock	3	4	10	7
Fraser Health	**206**	**19**	**527**	**24**

Data source: BC Coroners Service. Preliminary data, numbers subject to change. Numbers include both open and closed cases. Unregulated drug deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased but obtained on the street, from unknown means, and where the origin of drug is unknown.
*Local Health Area (LHA) assigned based on location of injury and if unavailable, location is assigned in the following order: place of death if not a medical facility, place of residence if the same township as place of injury, township of injury, place of death if a medical facility, township of death. Unregulated drug deaths with unknown LHA are included in the Fraser Health overall count only.
**To June 2026; rate annualized based on available months for 2026.
^Rates may fluctuate due to small population size.

PARAMEDIC-ATTENDED TOXIC DRUG POISONING EVENTS

- There were 5,142 paramedic-attended toxic drug poisoning events in Fraser Health between January and June 2026.
- Surrey (1,755), Abbotsford (864), and Chilliwack (548) had the highest number of paramedic-attended toxic drug poisoning events between January and June 2026.
- Mission (1,086 per 100,000), Abbotsford (992 per 100,000), Hope (925 per 100,000), and Chilliwack (916 per 100,000) had the highest rate of paramedic-attended toxic drug poisoning events per 100,000 between January and June 2026.
- First Nations people account for 1.5% of all Fraser Salish population. Between January 1, 2024 and April 30, 2026, 11% of paramedic-attended toxic drug poisoning events were First Nations[1].

Figure 2: Quarterly rate of suspected paramedic-attended drug poisoning events within Fraser Health, January 2015 to June 2026



Toxic drug supply emergency declared on April 14, 2016 (red line).
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Request to exempt public spaces from BC's decriminalization policy was approved on May 7, 2024 (grey line).
The decriminalization exemption expired on January 31, 2026 and will not be renewed (dark green line).
Data source: Patient Care Record data from BC Emergency Health Services.
Preliminary data, numbers subject to change. Numbers for the most recent month are likely an underestimate and will increase as entry of BC Ambulance Patient Care Form is completed. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.
Suspected toxic drug poisoning events include those associated with opioids or other drugs.
*To June 2026; rate annualized based on available months for 2026.

[1]First Nations Health Authority. Toxic Drug Crisis Events and Deaths and FNHA's Response, Community Situation Report (April 2026). Last updated June 23, 2026. https://www.fnha.ca/Documents/FNHA-Toxic-Drug-Poisonings-Community-Situation-Report-April-2026.pdf

Table 2: Suspected paramedic-attended toxic drug poisoning events within Fraser Health, January 2025 to June 2026

Community*	Jan-Jun 2026	Rate per 100,000 2026**	Jan-Dec 2025	Rate per 100,000 2025
Fraser East				
Abbotsford	867	992	1,135	646
Agassiz / Harrison^	15	266	32	282
Chilliwack	548	916	959	800
Hope^	43	925	59	624
Mission	283	1,086	344	654
Fraser North				
Burnaby	294	197	513	171
Coquitlam	161	191	257	148
Maple Ridge	430	810	600	566
New Westminster	270	585	573	622
Pitt Meadows	13	126	23	109
Port Coquitlam	50	149	94	139
Port Moody / Anmore / Belcarra	11	54	22	53
Fraser South				
City of Langley	130	741	289	816
Delta	61	97	108	85
South Surrey / White Rock	97	145	181	135
Surrey	1,755	590	2,512	422
Township of Langley	114	139	251	153
Fraser Health	**5,142**	**464**	**7,952**	**357**

Data source: Patient Care Record data from BC Emergency Health Services.
Preliminary data, numbers subject to change. Numbers for the most recent month are likely an underestimate and will increase as entry of BC Ambulance Patient Care Form is completed. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.
Suspected toxic drug poisoning events include those associated with opioids or other drugs.
*Community assigned based on location where the paramedics attended the event.
**To June 2026; rate annualized based on available months for 2026.
^Rates may fluctuate due to small population size.

OVERDOSE PREVENTION & SUPERVISED CONSUMPTION SITES

Please see the Fraser Health website for a list of publicly accessible overdose prevention sites and supervised consumption sites.

Table 3: Visits and overdoses reversed at overdose prevention sites and supervised consumption sites in Fraser Health, January 2026 to June 2026

Site Type	Visits for consumption		Overdoses reversed^	
	Jan-Mar 2026	Apr-Jun 2026	Jan-Mar 2026	Apr-Jun 2026
Overdose prevention sites*	55,179	35,163**	73	92
Supervised consumption sites	1,227	1,236	35	32

Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.
*Include fixed sites and mobile sites.
**The number of consumption visits at overdose prevention sites decreased in April to June 2026 following the closure of overdose prevention sites effective April 2026.
^Among visits for consumption.

DRUG CHECKING

Please see the Fraser Health website for a list of publicly accessible fentanyl test strips sites and Fourier-transform infrared (FTIR) spectrometers sites.

Table 4: Drug checking volumes in Fraser Health, January 2026 to June 2026

Quarter	Tests performed*	Fentanyl positive (all substances)	Take home fentanyl test strips distributed
Jan-Mar 2026	1,890	1,126 (60%)	1,324
Apr-Jun 2026	1,487	854 (57%)	1,109

Data source: Agiloft, BC Centre for Substance Use, Public Health Units, Community and Mental Health Service Providers. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.
*Tests performed includes drug samples tested by on-site fentanyl test strips and/or FTIR spectrometers.

Table 5: FTIR drug checking by substance in Fraser Health, January 2026 to June 2026

	Tests performed		Fentanyl positive		Benzodiazepine positive^	
Buy-as	Jan-Mar 2026	Apr-Jun 2026	Jan-Mar 2026	Apr-Jun 2026	Jan-Mar 2026	Apr-Jun 2026
Opioid*	676	534	635 (94%)	502 (94%)	382 (57%)	266 (50%)
Stimulant	155	158	5 (3%)	4 (3%)	0 (0%)	0 (0%)
Psychedelic	57	73	0 (0%)	1 (1%)	0 (0%)	0 (0%)
Depressant	76	42	0 (0%)	0 (0%)	64 (84%)	31 (74%)
Other**	161	98	47 (29%)	28 (29%)	51 (32%)	11 (11%)
All substances	**1,125**	**905**	**687 (61%)**	**535 (59%)**	**497 (44%)**	**308 (34%)**

Data source: BC Centre for Substance Use. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.
One substance may be tested positive for both fentanyl and benzodiazepine.
*Opioid includes heroin, fentanyl, and prescription opioids.
**Other includes substances mixtures. For example, fentanyl and methamphetamine, and fentanyl and cocaine.
^Due to limitations with benzodiazepine test strips (BTS), BTS are only used in combination with FTIR spectroscopy at Fraser Health and are not provided for take home use.

Program Updates

Chief Medical Health Officer report: Ten years since the toxic drug public health emergency

Looking back at a decade of response and the continued need for coordinated action across sectors to support people and communities.

B.C. marked 10 years since toxic drug poisonings were declared a public health emergency in April of 2016. A new report from Fraser Health's Chief Medical Health Officer (CMHO) highlights both progress across the region and the ongoing urgency of preventing further harm.

The report, *Ten years since the declaration of the toxic drug public health emergency*, reflects on the lives impacted over the past decade, the evolution of the health system response since 2016 and the complex drivers of the continuing crisis.

"We are committed to acting on what we've learned from data, emerging evidence and from those with lived experience in our communities," says Dr. Ingrid Tyler, chief medical health officer, Fraser Health. "While we have made some important progress, we must continue to strengthen our response while being realistic about where gaps remain."

While Fraser Health continues to report the lowest toxic drug death rate among B.C. health authorities, over the past decade more than 5,600 people in the region have died from toxic drug poisonings. The impact of the crisis remains profound and ongoing.

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The unregulated drug supply remains the primary driver of overdose deaths, with increasingly toxic and unpredictable substances such as fentanyl, benzodiazepines and medetomidine – a veterinary sedative that does not respond to naloxone – contributing to higher risk and more complex toxic drug responses.

The report also highlights broader systemic factors that shape vulnerability, including racism, stigma, poverty, housing instability and the ongoing impacts of colonialism. Certain populations continue to be disproportionately affected, including men aged 30 to 59, Indigenous people, people of South Asian descent, people experiencing homelessness, youth and young adults and people working in the trades and transport industries. In 2025, nearly 30 per cent of deaths where occupation was known involved workers in those sectors.

People experiencing homelessness remain particularly at risk, with toxic drug poisoning continuing to be the leading cause of death in this population. The report emphasizes that stable housing, paired with wrap-around health and social supports, is a critical prevention measure and that cross-sector collaboration is key.

Our response has expanded significantly over the past decade, including increased harm reduction and treatment services such as Take Home Naloxone, drug checking, Supervised Consumption and Overdose Prevention Sites, and Opioid Agonist Treatment. These services have saved thousands of lives. Access to treatment and recovery supports has also expanded through Rapid Access to Addiction Care clinics, withdrawal management services and community-based programs.

“Preventing avoidable deaths requires coordinated action across many sectors including health, housing, income supports, child and family services, education, justice and municipalities,” says Dr. Tyler. “This is shared work, and progress depends on all of us.”

Read the full report: fraserhealth.ca/2026toxicdrugreport.

The empty chair: Recognizing International Overdose Awareness Day

International Overdose Awareness Day offers an opportunity for remembrance and action.

This August, Fraser Health is recognizing International Overdose Awareness Day (IOAD), honouring those lost to toxic drugs and encouraging actions that help prevent overdose deaths and reduce stigma. This year's observance is particularly significant in British Columbia, marking **10 years since the toxic drug public health emergency was declared**. While much has changed over the past decade, the impacts of the toxic drug crisis continue to be felt across our communities, workplaces and families.

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One of the most recognized symbols of International Overdose Awareness Day is the Empty Chair campaign. Representing friends, family, colleagues and community members lost to overdose, it makes visible those who should still be with us and reminds us of the importance of the continuing efforts to prevent overdose deaths, as well as supporting those affected by substance use.

The chair is often displayed in purple, the colour associated with International Overdose Awareness Day. It encourages conversations about prevention, compassion and hope.

Everyone can play a role in creating safer, more supportive communities. Carrying naloxone, refreshing your overdose response skills, learning more about the toxic drug crisis and challenging stigma are all actions that can make a difference.

What's your commitment?

International Overdose Awareness Day reminds us that we all have a role to play in responding to and preventing overdose-related harms.

Consider one of the following commitments or add your own below:

- I will learn more about the toxic drug crisis and its impacts.
- I will learn or refresh my overdose response skills.
- I will carry naloxone.
- I will challenge stigma through my words and actions.
- I will seek to create opportunities for open, non-judgmental conversations about substance use.
- I will become aware of the resources in my community.

Learn more and find resources, training and support on Pulse or visit Fraser Health's overdose prevention and response webpage: fraserhealth.ca/overdose.