Harm Reduction & Medically Supported Treatment Saves Lives

Drug poisoning death events prevented from 2019-2025

The toxic drug supply crisis was declared a public health emergency in 2016 and over 15,000 lives have been lost in BC. Health-care systems in BC have expanded services to address harms caused by the crisis. More people are accessing naloxone through the Take Home Naloxone (THN) program, visiting observed consumption sites where trained staff can respond if a drug poisoning (overdose) happens, and receiving opioid agonist treatment to manage withdrawals and cravings.

The BC Centre for Disease Control (BCCDC) used modelling to estimate the impact these 3 services had on drug poisoning deaths from January 2019 to April 2025.

~8 of 10 potentially fatal events were prevented

46,300 Death events were prevented with THN, observed consumption sites, or opioid agonist treatment.

59,000 Death events could have occurred with no interventions.

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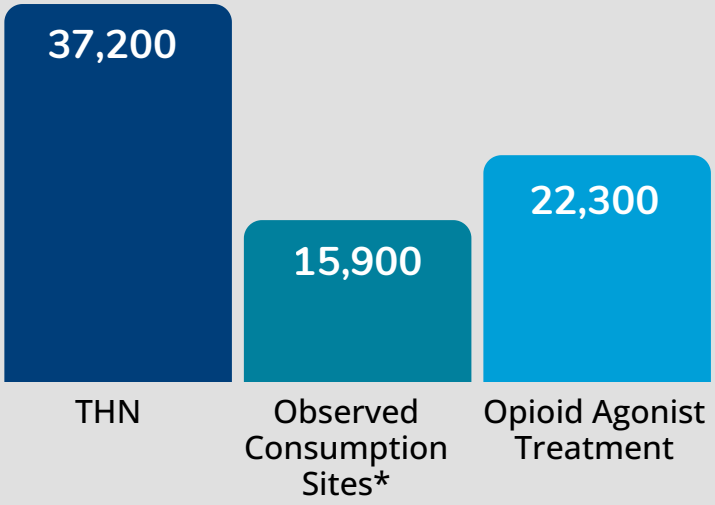
Death Events Prevented by Service



- **THN Programs**
- **Observed Consumption Sites**
- **Opioid Agonist Treatment**

Are all effective services for preventing drug poisoning deaths.

*Includes drug poisonings managed on site and THN kits distributed by sites.

Last update: September 2025

Frequently asked questions

BC Centre for Disease Control
Provincial Health Services Authority

Does 46,300 death events prevented mean that 46,300 lives were saved?

No. A prevented death could have occurred more than once for one person. For example, if a person had a drug poisoning (overdose) two times in 2023, but THN was used both times to prevent death, these two occurrences would count as two deaths prevented.

Previous work showed that ~45% of death events were prevented through these interventions, and now it's ~78%. Why has it changed so much?

The number of deaths prevented have increased because of the changes made to how data has been collected and because of the higher death rates per overdose calculated. Details of the changes made are described under "Why did BCCDC need to change the modelling methods?".

What factors might impact the role each service plays in preventing drug poisoning deaths?

The impact of a service can be limited if it is not easily accessible or available. Of the 3 services assessed, THN is easiest for people to access, especially in rural and remote areas. In comparison, observed consumption sites are not available in every community, may operate with limited hours, or only provide certain services. Additionally, people may not visit a site if they don't feel welcome or safe.

Why did BCCDC need to change the modelling methods?

We changed how we estimate the number of THN kits used because of changes made to data collection in 2023. Now, we estimate this by using the number of THN kits shipped to sites together with data they submit on the number of kits they distribute. Additionally, we now include THN kits distributed by observed consumption sites when we estimate the impact of these sites.

We have also updated the way we calculate death events prevented. We previously calculated the impact of each intervention by comparing each intervention against a scenario where all the other interventions were in place. We now compare the impact of each intervention against a situation where none of the other interventions exist. Together with the higher estimated rates of death per overdose event, this change shows a bigger impact of interventions on preventing toxic drug deaths.

Altogether, these changes give us a more accurate estimate for the number of death events prevented.

What sources of data are included in the model?

- Drug poisonings at selected health authority-funded observed consumption sites
- Monthly opioid agonist treatment clients from PharmaNet
- BC Coroners Service data on unregulated drug toxicity deaths
- BC Emergency Health Services data on paramedic-attended opioid drug poisonings

Can I compare the old results with the new results?

No, the old results cannot be compared with the new results because the new model uses more data.

Have these methods been peer reviewed?

Yes, these methods have been evaluated by independent experts in the field that review the work for quality and accuracy. The peer reviewed paper can be found here: Irvine, M.A. et al (2024). "Estimating the total utilization of take home naloxone during an unregulated drug toxicity crisis: A Bayesian modeling approach." International Journal of Drug Policy. 128 (2024): 104454.

Glossary

Death event: A technical term commonly used in public health to refer to the occurrence of a death.

Death event prevented: A situation where death could have occurred but it was stopped.

Observed consumption site: Places where people can use substances under supervision, with staff ready to respond in case of a drug poisoning. It includes overdose prevention sites and supervised consumption sites.

Opioid agonist treatment: Medications that prevent opioid withdrawal and reduce opioid cravings.