

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.

Non-Fatal Overdose Incidents in Federal Custody, Fiscal Year 2024 to 2025

The number of non-fatal overdose incidents have substantially decreased relative to Fiscal Year 2023 to 2024, which might be explained by changing trends in institutional substance use and/or increased interdiction activities.

Why we did this study

As part of ongoing monitoring efforts, the current study provides a summary of non-fatal overdose incidents that occurred within Canadian federal institutions in fiscal year (FY) 2024 to 2025.

What we did

File information from the CSC's administrative database (the Offender Management System; [OMS]) was examined to identify all reported non-fatal overdose incidents in FY 2024 to 2025 (April 1st, 2024, to March 31st, 2025). Overdose incidents were included when the consumption of substances led to medical intervention (e.g., administration of Naloxone, first aid, etc.) and/or resulted in a designation of serious bodily injury. Incident reports (and Warden's Situation Reports, when available) were then coded for information pertaining to involved substances and preceding events. Profile/demographic data were extracted from the OMS.

What we found

In FY 2024 to 2025, there were 105 non-fatal overdoses among 95 federally incarcerated individuals. These numbers represent a 25.0% decrease from the last FY (see Table 1). Compared to FY 2023 to 2024, the proportion of incidents increased in the Quebec, Prairie, and Pacific Regions and decreased in the Atlantic, and Ontario and Nunavut Regions.

Twenty-nine (27.6%) overdose incidents included no information regarding suspected and/or confirmed substances¹, and another 15 (14.3%) included vague substance information that made it challenging to meaningfully analyze substance categories (e.g., "white powdery substance"). Therefore, the findings regarding substance categories are based upon the 61 incidents (58.1%) where substance information was more detailed. The most common substance category² involved in the overdose incidents was opioids ($n = 26/61$; 42.6%). Like previous FYs, fentanyl was the most common opioid ($n = 13/26$; 50.0%), followed by Opioid agonist therapy (OAT) medications (e.g., methadone, suboxone, and/or sublocade; $n = 9/26$; 34.6%). The second most common substance category involved was prescription medications³ ($n = 19/61$; 31.1%), followed by stimulants ($n = 16/61$; 26.2%), and/or non-stimulant psychotropic medications ($n = 10/61$; 16.4%).

Many different stressors/events occurred before the overdose incidents⁴, including but not limited to (1) general mental health issues (e.g., other recent drug overdoses/suicide attempts, symptoms of anxiety/depression; $n = 41/105$; 39.0%), (2) interpersonal issues with family, romantic partners, and/or other incarcerated individuals ($n = 33/105$; 31.4%), and (3) issues relating to release to the community (e.g., recent revocation or denial of release, anxiety about upcoming release, etc.; $n = 21/105$; 20.0%).

¹ Findings are reported for both suspected and/or confirmed substances together and may differ from findings reported elsewhere from CSC sources.

² Note that several overdose incidents included multiple substances across different substance categories. As such, results regarding substance categories will not evenly add up to 61 incidents (i.e., 100%).

³ Prescription medications included any other prescribed substance that was not otherwise covered in the opioid, stimulant, and/or non-stimulant psychotropic medication categories. As examples, methadone and Xanax would not have been coded as prescription medications as they would have been captured in the opioid and psychotropic medication categories, respectively. Examples of 'Prescription medications' therefore include Gabapentin, Lyrica, and Clonidine, among others. The medication did *not* need to be prescribed to the individual who overdosed for it to be a contributing substance in the overdose incident.

Among the 95 individuals⁵ who experienced an overdose in FY 2024 to 2025, the demographic profile was similar to previous years. Specifically, individuals tended to be White ($n = 42/95$; 44.2%) or Indigenous ($n = 38/95$; 40.0%) males ($n = 86/95$; 90.5%) in their mid-to-late thirties ($M = 37.82$ years old). Over half ($n = 53/95$; 55.8%) were rated as medium-security, and the largest proportions had a homicide-related offence ($n = 24/95$; 25.3%) or a robbery offence ($n = 17/95$; 17.9%) as the most serious offence for which they were serving their current sentence.

Table 1. Number of Non-Fatal Overdose Incidents in Federal Custody, FY 2021 to 2023 and FY 2024 to 2025 by Region.

Region	Fiscal Year			
	FY 2021 to 2022 <i>n</i> (%)	FY 2022 to 2023 <i>n</i> (%)	FY 2023 to 2024 <i>n</i> (%)	FY 2024 to 2025 <i>n</i> (%)
Atlantic	6 (4.9)	10 (7.0)	19 (13.6)	12 (11.4)
Quebec	24 (19.7)	14 (9.8)	20 (14.3)	20 (19.0)
Ontario and Nunavut	37 (30.3)	50 (34.7)	45 (32.1)	22 (20.9)
Prairie	27 (22.1)	29 (20.3)	32 (22.9)	29 (27.6)
Pacific	28 (23.0)	40 (28.0)	24 (17.1)	22 (20.9)
Total	122	143	140	105

What it means

Non-fatal overdose incidents substantially decreased compared to the previous FY, even though the in-custody population increased between FY 2023 to 2024 and FY 2024 to 2025.⁶ This finding might be explained by changing trends in substance use, as recent research shows that methamphetamine use is more prevalent than opioid use among people who are incarcerated at CSC institutions.⁷ This finding might also be explained by increased interdiction activities at CSC institutions, including increased availability and use of drone detection technology.⁸ Nevertheless, opioids – particularly fentanyl – remain the most common driver of non-fatal overdose incidents, followed by prescription medications. Ongoing reporting of non-fatal overdose incidents remains crucial for minimizing substance-use-related harms, improving health of incarcerated individuals, as well as the overall institutional safety.

For more information

Please e-mail the Research Branch at research@csc-scc.gc.ca. You can also visit the [Research Publications](#) section for a full list of reports and one-page summaries.

Prepared by: Daniella Filoso and Myriam Girard

⁴ Note that several overdose incidents included multiple stressors/events listed prior to the overdose incident. As such, results will not evenly add up to 105 (i.e., 100%).

⁵ Among the individuals with multiple overdose incidents, demographic and sentence information is in relation to the most recent overdose incident.

⁶ Source: CSC's Corporate Reporting System—Modernized (CRS-M).

⁷ Filoso, D., Wanamaker, K. A., Gendron, M.-P., Johnson, S., Mahboob, W., Smith, J., Thompson, S. M., Martin, R., Leonard, L., & Sandstrom, P. (2025). Substance use frequency, device-sharing, and used substances in Canadian prisons: Results from Correctional Service Canada's National Health Survey. *International Journal of Prison Health*.

⁸ CSC (2024). *Taking action against illegal drone activity*. Retrieved from: <https://www.canada.ca/en/correctional-service/corporate/facilities-security/drone-activity.html>

