

CORRECTIONAL SERVICE CANADA

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Non-Fatal Overdose Incidents in Federal Custody, Fiscal Year 2023 to 2024

The number of non-fatal overdose incidents and the overall characteristics of those experiencing them are consistent with the previous fiscal year.

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) 2023 to 2024.

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 2023 to 2024 (April 1st, 2023, to March 31st, 2024). 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 2023 to 2024, there were 140 non-fatal overdoses among 127 federally incarcerated individuals. These numbers are consistent with the last FY (see Table 1). Compared to FY 2022 to 2023, the number of incidents increased in the Atlantic and in Quebec Region, remained relatively stable in Ontario and in the Prairie Region, and decreased in the Pacific Region.

Twenty-nine (20.7%) overdose incidents included no information regarding suspected and/or confirmed substances¹, and another 22 (15.7%) included vague substance information that made it challenging to analyze substance categories (e.g., "white powdery substance"). Therefore, the findings regarding substance categories are based upon the 89 incidents (63.6%) where substance information was more detailed. The most common substance category² involved in the overdose incidents was opioids ($n = 57/89$; 64.0%). Like previous FYs, fentanyl was the most common opioid ($n = 38/57$; 66.7%), followed by Opioid agonist therapy (OAT) medications (e.g., methadone, suboxone, and/or sublocade; $n = 12/57$; 21.1%). The second most common substance category involved was stimulants ($n = 23/89$; 25.8%), followed by psychotropic medications³ ($n = 19/89$; 21.3%). Prescription medications⁴ were identified in 13.5% ($n = 12/89$) of incidents.

Many different stressors/events occurred before the overdose incidents⁵, including but not limited to (1) general mental health issues (e.g., other recent drug overdoses/suicide attempts, symptoms of anxiety/depression; $n = 66/140$; 47.1%), (2) interpersonal issues with family, romantic partners, and/or other incarcerated individuals ($n = 53/140$; 37.9%), and (3) issues relating to release to the community (e.g., recent revocation or denial of release, anxiety about upcoming release, etc.; $n = 37/140$; 26.4%).

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 89 incidents, (i.e., 100%).

³ Psychotropic medications included anti-depressant, anti-anxiety, anti-psychotic, and mood stabilizer medications.

⁴ Prescription medications included any other prescribed substance that was not otherwise covered in the opioid, stimulant, and/or 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

Among the 127 individuals⁶ who experienced an overdose in FY 2023 to 2024, the demographic profile was similar to previous years. Specifically, individuals tended to be Indigenous ($n = 60/127$; 47.2%) or White ($n = 52/127$; 40.9%) males ($n = 118/127$; 92.9%) in their mid-to-late thirties ($M = 36.86$ years old). Over half ($n = 74/127$; 58.3%) were rated as medium-security, and the largest proportion were serving a sentence for a homicide-related offence ($n = 38/127$; 29.9%), assault ($n = 26/127$; 20.5%) or robbery ($n = 26/127$; 20.5%).

Table 1. Number of Non-Fatal Overdose Incidents in Federal Custody, FY 2020 to 2021 and FY 2023 to 2024 by Region.

Region	Fiscal Year			
	FY 2020 to 2021 <i>n</i> (%)	FY 2021 to 2022 <i>n</i> (%)	FY 2022 to 2023 <i>n</i> (%)	FY 2023 to 2024 <i>n</i> (%)
Atlantic	21 (16.03)	6 (4.92)	10 (6.99)	19 (13.6)
Quebec	23 (17.56)	24 (19.67)	14 (9.79)	20 (14.3)
Ontario	28 (21.37)	37 (30.33)	50 (34.67)	45 (32.1)
Prairie	34 (25.95)	27 (22.13)	29 (20.28)	32 (22.9)
Pacific	25 (19.08)	28 (22.95)	40 (27.97)	24 (17.1)
Total	131	122	143	140

What it means

Non-fatal overdose incidents remained stable compared to the previous FY (about 0.01 overdose incidents per incarcerated person in both FY 2022 to 2023 and 2023 to 2024). However, the in-custody population has increased from FY 2022 to 2023 to FY 2023 to 2024 by 6.14%.⁷ As such, the stability in the number of overdose incidents, as well as the number of individuals that overdosed, suggest that a specific group of individuals are more likely to experience a non-fatal overdose. Moreover, the substance trends remained stable: opioids – particularly fentanyl – remain the most common substance category involved, followed by stimulants and/or psychotropic medications. Ongoing reporting of non-fatal overdose incidents remains crucial for minimizing substance-use-related harms, improving health of incarcerated individuals, and overall institutional safety.

For more information

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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.

⁵ Note that several overdose incidents included multiple stressors/events listed prior to the overdose incident. As such, results will not evenly add up to 140 (i.e., 100%).

⁶ Among the individuals with multiple overdose incidents, demographic and sentence information is in relation to the most recent overdose incident.

⁷ Source: CSC's Corporate Reporting System—Modernized (CRS-M).

