

nova scotia health | Public Health

Public Health's support of harm reduction programs in Nova Scotia

2025-2026 Annual Report

Acknowledgements

Nova Scotia Health is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which the Mi'kmaq and Wolastoqyik people signed with the British Crown in 1725. The Treaties did not deal with the surrender of lands and resources. They recognized Mi'kmaq and Wolastoqyik title of land and established the rules for what was to be an ongoing relationship between Nations.

We also acknowledge that people of African descent have been in Nova Scotia for over 400 years, and we honor and offer gratitude to those ancestors of African descent who came before us to this land.

We recognize that people who use drugs are influenced by colonial, racist, and classist drug laws and policies. Harm reduction approaches must support individuals who use drugs, as well as address and change the unjust systems that continue to negatively and disproportionately affect Black, Indigenous, and People of Color.

Finally, we acknowledge that harm reduction approaches to substance use were created, developed, advocated for, and led by people who use drugs. As harm reduction practices grow and gain establishment in healthcare systems as evidence-based best practices, it is critical that those systems continue to seek and value the leadership and expertise of people who use drugs.

Executive Summary

Nova Scotia Health Public Health supports harm reduction services as part of a comprehensive public health approach to reducing the health, social, and community impacts associated with substance use. Public Health supports Needle Distribution and Disposal (NDD) programs, Supervised Consumption Sites (SCS), Drug Harms Alerts, capacity development, and substance use policy development and implementation.

During 2025–2026, more than 3,600 individuals accessed needle distribution and disposal services through over 83,000 service interactions across Nova Scotia. Community partners distributed more than 3.3 million sterile needles and safely collected and disposed of more than 3.1 million used needles, achieving a provincial return rate of 94%. Nearly 200,000 stem pipes and over 31,000 bowl pipes were also distributed to support safer smoking practices. In addition, 610 individuals accessed supervised consumption services, resulting in nearly 16,000 visits. Fifteen drug toxicities were successfully reversed on site, and no fatal drug toxicities have occurred at supervised consumption sites in Nova Scotia.

These services contribute to important public health outcomes by reducing the risk of transmission of blood-borne infections, supporting earlier intervention during drug toxicities, and facilitating connections to healthcare, housing, social supports, and treatment services. Harm reduction programs also provide a valuable point of engagement for populations that may experience barriers to accessing traditional health services.

Beyond individual health benefits, these programs support community wellbeing through the safe collection and disposal of used drug use equipment, reducing the presence of discarded supplies in public spaces and helping to minimize the risk of accidental community exposures. Community-based organizations contribute to broader community safety through outreach, education, peer support, and community clean-up activities.

From a health system perspective, harm reduction services strengthen the continuum of care by supporting prevention, reducing avoidable health complications, enhancing situational awareness of emerging drug-related harms, and enabling coordinated responses across healthcare, public health, and community sectors. In 2025–2026, Public Health issued 25 Drug Harms Alerts and provided harm reduction education to more than 450 Public Health staff, helping to strengthen organizational capacity and responsiveness to an evolving substance-use landscape.

As drug toxicity deaths and an increasingly unpredictable unregulated drug supply continue to affect Nova Scotia, harm reduction remains an important component of a comprehensive public health response that promotes health, supports community wellbeing, and strengthens health system resilience.

Purpose

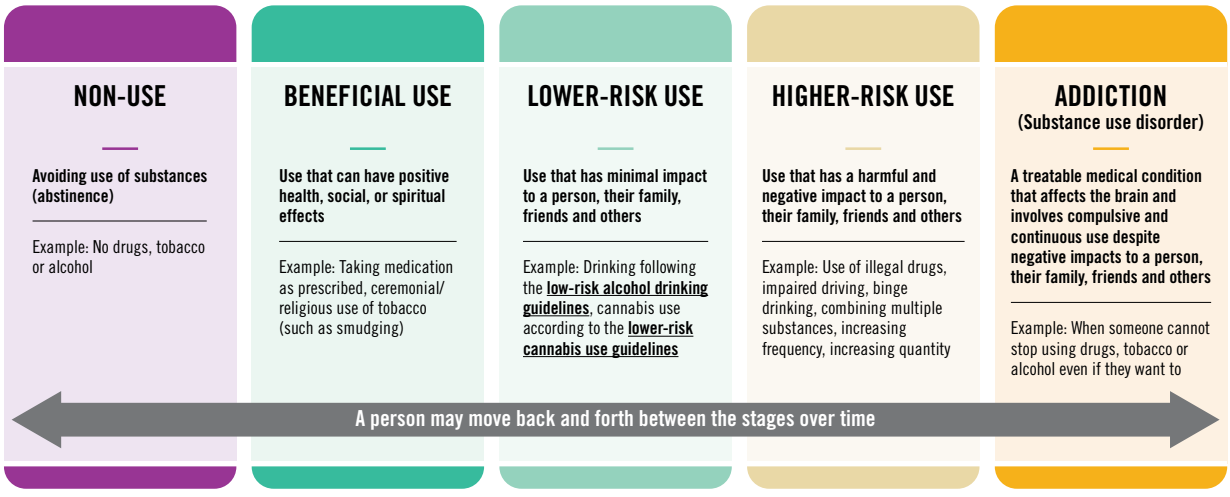
The purpose of this report is to summarize the harm reduction programs and services that are led and/or supported by Nova Scotia Health (NSH) Public Health. The information reported covers April 2025 to March 2026.

What is harm reduction?

Harm reduction is a practical, evidence-based approach to substance use. It is used in policies, programs, and practices to reduce the health, social, and legal harms associated with substance use without requiring people to reduce or stop their use. It focuses on supporting people to make positive change, without coercion, discrimination, or judgement.

Harm reduction recognizes that people use substances for a variety of reasons, and that substance use happens on a spectrum that includes abstinence and beneficial use through to substance use disorders; not all substance use is harmful and there are ways to reduce the risk of harm.

Figure 1: Spectrum of Substance Use. From Canadian Public Health Association, 2024. Framework for a Public Health Approach to Substance Use.



Why harm reduction?

Since 2016, mortality from drug toxicity has increased dramatically in Canada. From 2009-2015, there were an average of 68 accidental (e.g., non-suicide) deaths from drug toxicities annually in Nova Scotia; from 2016-2025, there was an average of 99. In 2025, there were 119 accidental deaths from drug toxicity. Nationally, there is a decreasing trend in mortality from opioid toxicity, but the national trend is not reflective of the situation in Nova Scotia – 2025 saw the highest annual number of toxicity deaths to date, which is a greater than 50% increase compared to 2010-2020. Most deaths are multi-drug and 67% of deaths involved a non-pharmaceutical drug, with an increase of stimulant-related deaths.[1,2]

Additionally, people who use drugs continue to bear a disproportionate burden of sexually transmitted and bloodborne infections (STBBI), including HIV and Hepatitis C. The harm reduction services supported by Public Health in Nova Scotia reduce the harms of substance use for individuals, families, and communities by decreasing infection rates, responding to drug toxicities, and facilitating connects to health, legal, and social services.

Harm reduction in Public Health

In 2018, Public Health established a permanent role to support contracted community-based organizations to provide core harm reduction services. In 2023, four new Program Specialists in Harm Reduction were added; one in each of the zones. In addition to supporting core services delivered in communities, Public Health supported several endeavors to increase internal Public Health capacity in harm reduction in 2025-2026.

Drug Harms Alerts

Nova Scotia Health, Public Health runs a Drug Harms Alert service for Nova Scotia. The purpose of this service is to receive and communicate community reports of drug toxicities, suspected drug contamination, novel drugs detected by the national Drug Analysis Service, and other unexpected or elevated drug use-related harms. This approach is designed to establish a flexible, low-barrier, community-driven process for communicating unexpected drug use-related harms observed in the community. Information is received via email and alerts are distributed via an email distribution list and Nova Scotia Health social media accounts.

1. Number and rates of substance-related fatalities in Nova Scotia. Department of Justice, Government of Nova Scotia. https://data.novascotia.ca/Health-and-Wellness/Numbers-and-rates-of-substance-related-fatalities-/iu6y-z4n3. Accessed June 2, 2026.

2. Decline in opioid-related deaths in Canada — Canada.ca

In 2025-2026, we distributed 25 alerts.

Table 1. Summary of Drug Harm Alerts distributed in 2025-2026

Date	Type	Alert	County
April 8, 2025	Community report	Unexpected reaction to opioids	Hants
April 11, 2025	Community report	Unexpected reaction to cocaine	Hants
May 8, 2025	Drug Analysis Service	Xylazine found in an unusual form	Halifax
June 4, 2025	Community report	Crack cocaine tested positive for fentanyl	Halifax
June 27, 2025	Community report	Cocaine tested positive for fentanyl	Cape Breton
August 5, 2025	Community report	Dilaudid tested positive for fentanyl	Cape Breton
August 22, 2025	Community report	Unexpected reaction to opioids	Cape Breton
September 3, 2025	Community report	Percocet tested positive for fentanyl	Hants
September 25, 2025	Community report	Unexpected reaction to opioids	Halifax
October 7, 2025	Community report	Dilaudid tested positive for fentanyl	Cape Breton
November 13, 2025	Fatality	Unexpected reaction to opioids	Hants
December 1, 2025	Community report	Multiple toxicities, crack cocaine	Lunenburg
December 5, 2025	Community report	Methamphetamine tested positive for fentanyl	Pictou
December 5, 2025	Community report	Crack cocaine tested positive for benzodiazepines	Hants
January 23, 2026	Community report	Crack cocaine tested positive for benzodiazepines	Hants
February 3, 2026	Community report	Methamphetamine tested positive for fentanyl and benzodiazepines	Hants
February 4, 2026	Community report	Unexpected reaction to crack cocaine	Halifax
February 6, 2026	Community report	Unexpected reaction to crack cocaine	Lunenburg
February 20, 2026	Community report	Multiple toxicities, unexpected reactions to fentanyl	Pictou
February 23, 2026	Community report	Crack cocaine tested positive for benzodiazepines	Hants
February 23, 2026	Community report	Methamphetamine tested positive for fentanyl and xylazine	Hants
February 26, 2026	Community report	Methamphetamine tested positive for fentanyl, xylazine, and benzodiazepines	Hants
February 27, 2026	Community report	Unexpected reaction to fentanyl	Halifax
March 17, 2026	Drug Analysis Service	Novel detection of ethylbromazolam (a benzodiazepine)	Halifax
March 18, 2026	Drug Analysis Service	Novel detection of methylfentanyl (a fentanyl analog)	Hants

To sign up to receive alerts or to submit an alert, please email NSDrugAlert@nshealth.ca

Nova Scotia Health Harm Reduction Policy

On April 15, 2025, Nova Scotia Health released the Harm Reduction Policy, co-sponsored by Public Health, highlighting harm reduction as an essential part of quality care. The policy outlines approved harm reduction approaches that can be used by Nova Scotia Health team members when they align with their role and responsibilities. These include:

- Education and counselling
- Access to sterile equipment
- Medications (OAT/iOAT, NRT, naltrexone, etc.)
- Naloxone distribution and administration
- Condom and other safer sex supplies (including PEP and PrEP)
- Housing first and homelessness initiatives

Capacity building for harm reduction

In May 2025, Public Health developed a plan to build capacity among its teams for harm reduction as it relates to the new Nova Scotia Health Harm Reduction Policy. The approach was designed to foster consistency and alignment across Public Health and planned a phased approach.

Harm Reduction 101 sessions have been offered to all Public Health team members. 468 team members have attended sessions to date. Available data indicate the Harm Reduction 101 presentations supported harm reduction knowledge and confidence using harm reduction knowledge in practice among those who responded. In addition, the Harm Reduction Specialists provided 12 tailored Harm Reduction 101 sessions with community groups.

Upcoming initiatives will support focus-area specific harm reduction knowledge and practice, prioritizing Public Health Early Years, Youth Health Centres, Health Protection, and Public Health Mobile Unit Teams.

Partners and service delivery

Public Health supports two core harm reduction service areas in partnership with community-based organizations (CBOs) who provide service delivery: Needle Distribution and Disposal (NDD) and Supervised Consumption Sites (SCS).

Needle distribution and disposal services are provided by the Ally Centre of Cape Breton (Eastern Zone), Mainline Needle Exchange (Central and Western Zones), and Northern Healthy Connections Society (Northern Zone). ReFix Supervised Consumption Site is operated by Direction180 in Halifax and PeerSix Supervised Consumption Site is operated by the Ally Centre of Cape Breton in Sydney. Contact information for each organization is included at the end of this report.

The four funded CBOs provide a wide range of supports to their clients and communities beyond needle distribution and disposal and supervised consumption services, including but not limited to access to Take Home Naloxone, community clean-up efforts, education and training, healthcare services, food support, housing support, income tax and government benefit support, STBBI testing, and peer support and outreach. Funded community-based organizations also partner with and refer to other governmental and community-based organizations to further support their clients and communities.

Funding

Core service funding

Public Health provides funding to community-based partner organizations, who deliver the core harm reduction services. Public Health also provides support and oversight.

Table 2. Funding amounts for core harm reduction service delivery by community-based organizations funded by NSH Public Health.

Community-based organization	Core service	Funding amount
Mainline Needle Exchange	Needle distribution and disposal	$910,000
Northern Healthy Connections Society	Needle distribution and disposal	$400,000
Ally Centre of Cape Breton	Needle distribution and disposal	$538,000
Ally Centre of Cape Breton	Supervised consumption services	$300,000
Direction180	Supervised consumption services	$300,000
	TOTAL	**$2,448,000**

Provinical projects funding

In 2025-2026 an additional $236,000 was provided to community-based organizations to supplement core operations and for innovative or pilot programs.

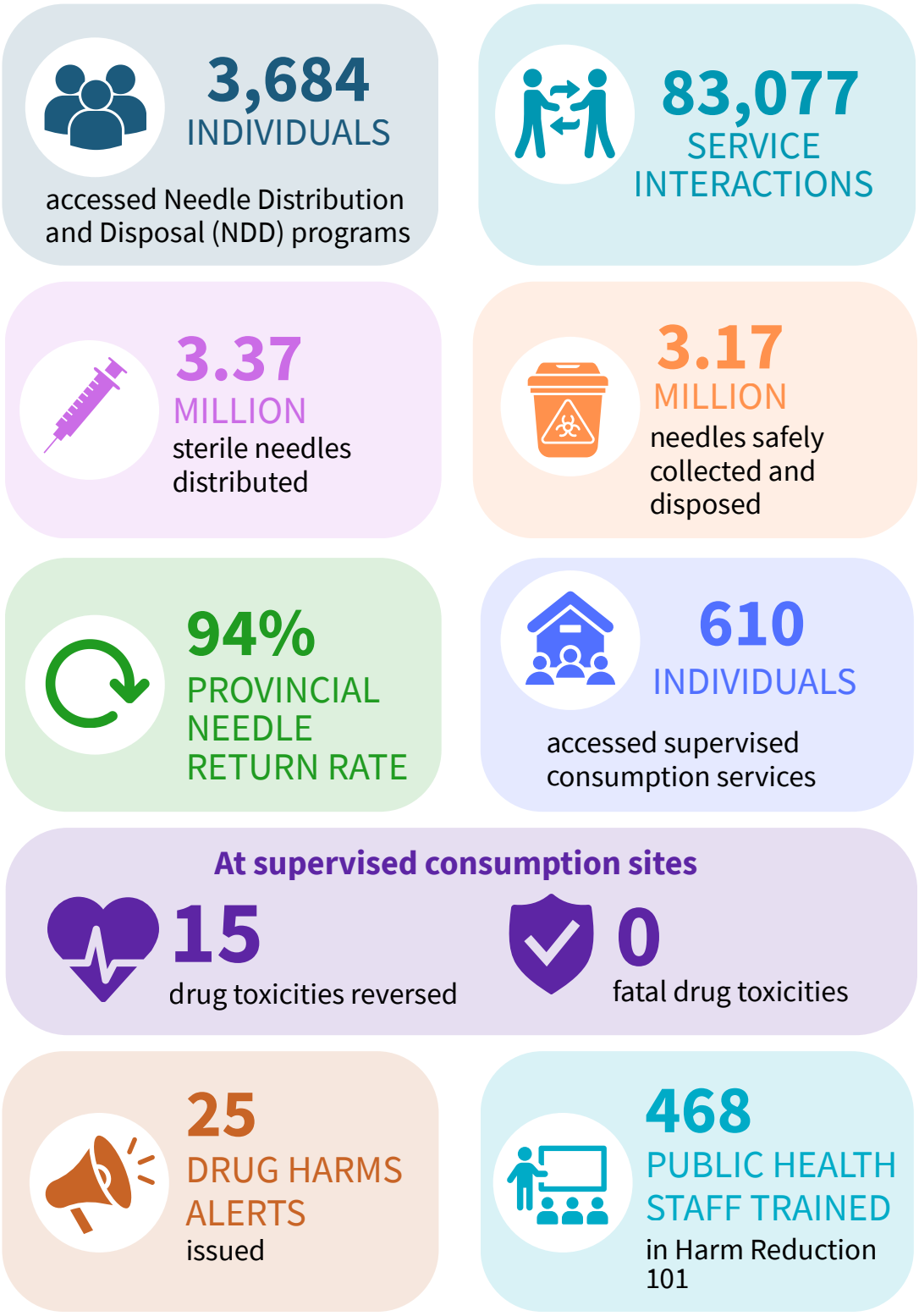
Table 3. Funding amounts for harm reduction provincial projects by community-based organizations funded by NSH Public Health in 2025-2026.

Community-based organization	Program description	Funding amount
Mainline Needle Exchange	Community peer-led needle search	$59,000
Direction180	Oxygen response program Staff professional development Enhanced client programming and resources	$59,000
Northern Healthy Connections Society	Supplemental sterile drug use supplies	$59,000
Ally Centre of Cape Breton	Supplemental sterile drug use supplies for pharmacy brown bag program	$59,000
	TOTAL	**$236,000**

Data sources

Program data presented in this report are generated from clients who voluntarily share their information with the community-based organizations who provide services and are not representative of all Nova Scotians who access harm reduction services. When clients access service at one of the funded community-based organizations, they have the option of accessing as a registered or anonymous client. Demographic data and information on unique clients are representative only of registered clients and are a known underrepresentation of folks who access services. Service use data is inclusive of both registered clients and clients who access anonymously and provide a comprehensive picture of service transactions carried out by the organizations.

Figure 2. Summary of demographic and service use data.



Needle distribution and disposal services

Needle distribution and disposal programs provide people who use drugs with sterile drug use supplies for injection and inhalation to reduce the transmission of blood borne infections. The provision of supplies at no cost helps improve equitable access to harm reduction services, while the collection and safe disposal of used equipment contribute to community safety and environmental cleanliness.

Supplies are distributed in three ways: directly from community-based organizations to clients, via distribution partners such as pharmacies or other outreach organizations, and through peer partners who are people with lived or living experience of substance use who distribute sterile supplies informally within their social networks. This last partnership is particularly important in small towns and rural areas where tight social networks may amplify stigma and prevent folks from receiving supplies via more public means.

Client demographics – Who uses the services?

Between April 1, 2025, and March 31, 2026, at least **3,684 unique clients** accessed needle distribution and disposal services.

Figure 3. Number of unique clients and interactions of people who accessed needle distribution and disposal services, by Zone, April 1, 2025 – March 31, 2026. Interactions include those completed by unique, identified clients and those completed anonymously.

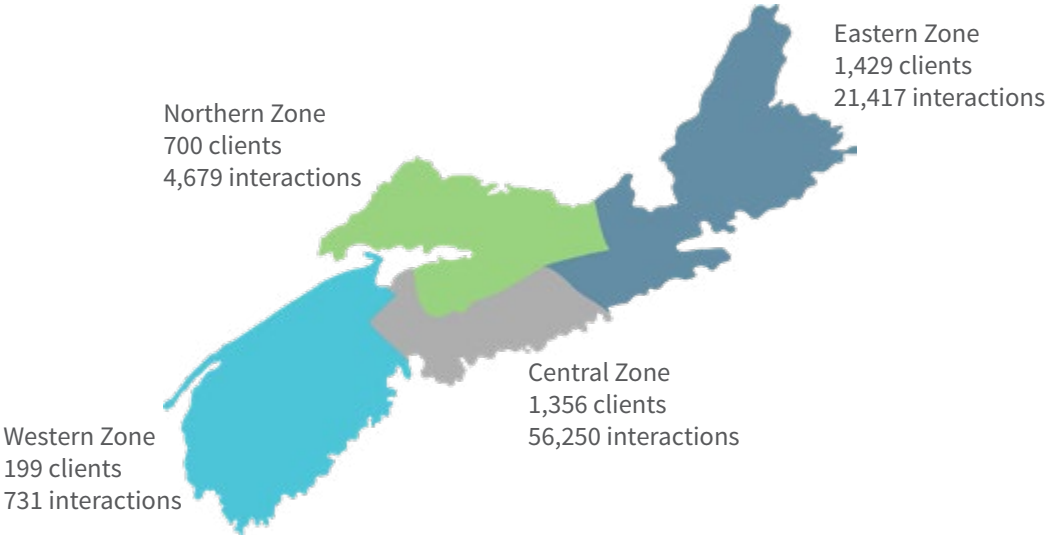


Figure 4. Demographics of people who accessed needle distribution and disposal services, April 1, 2025 – March 31, 2026. Demographics only include information on registered clients. Note that ethnicity data is missing for 30% of clients.

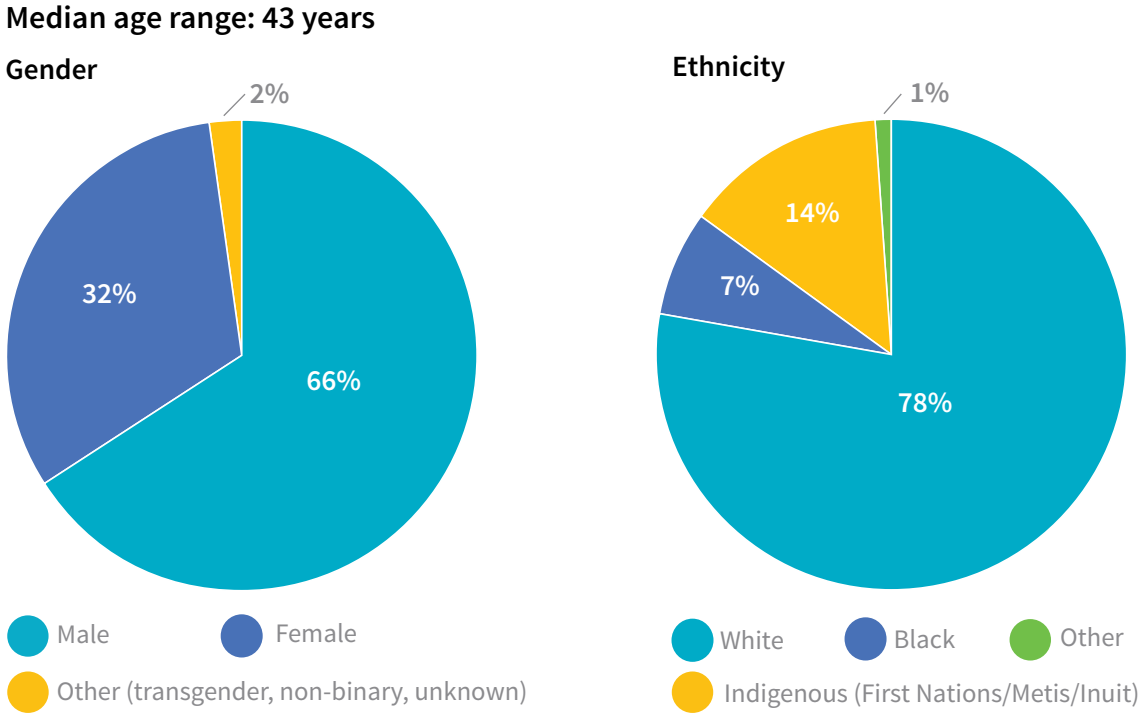


Figure 5. Substances used by clients who accessed **Mainline Needle Exchange**, April 1, 2025 – March 31, 2026.

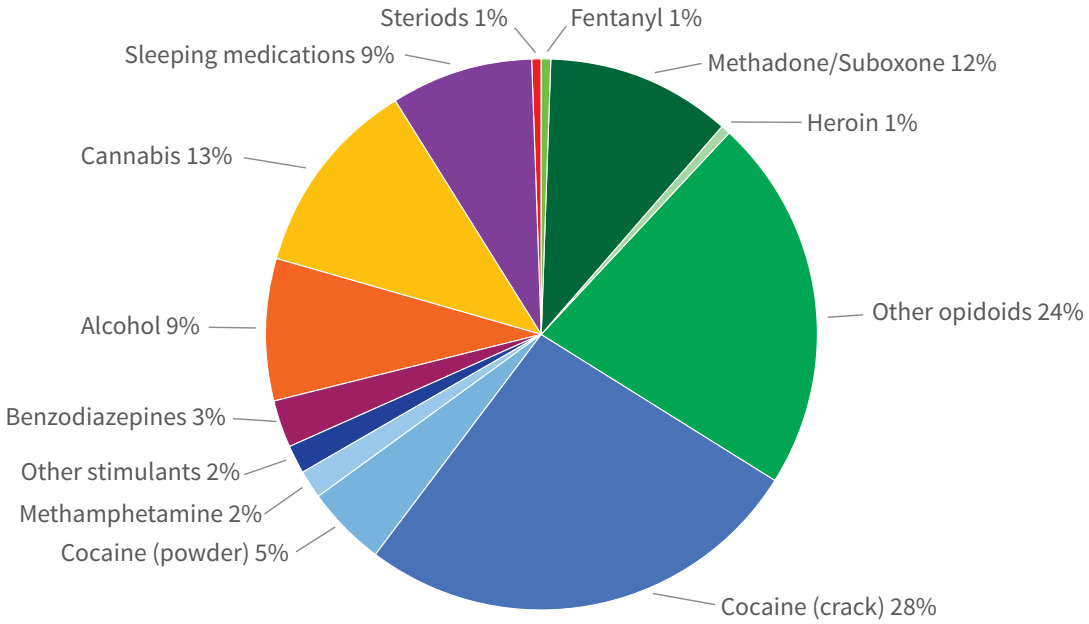


Figure 6. Substances used by clients who accessed **Ally Centre of Cape Breton**, April 1, 2025 – March 31, 2026.

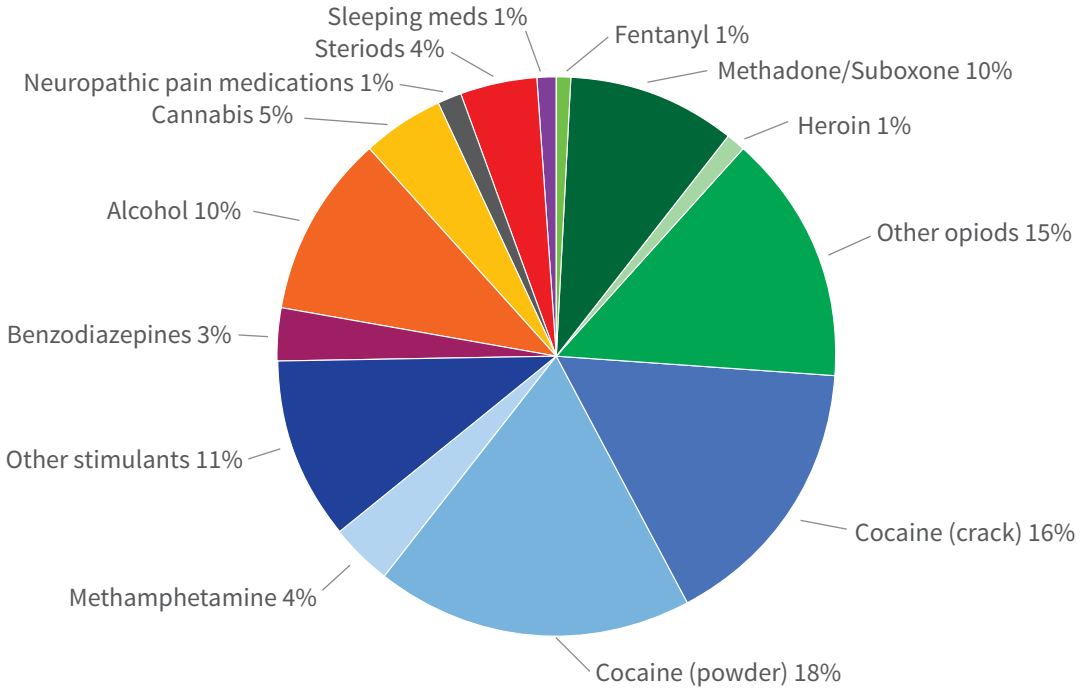
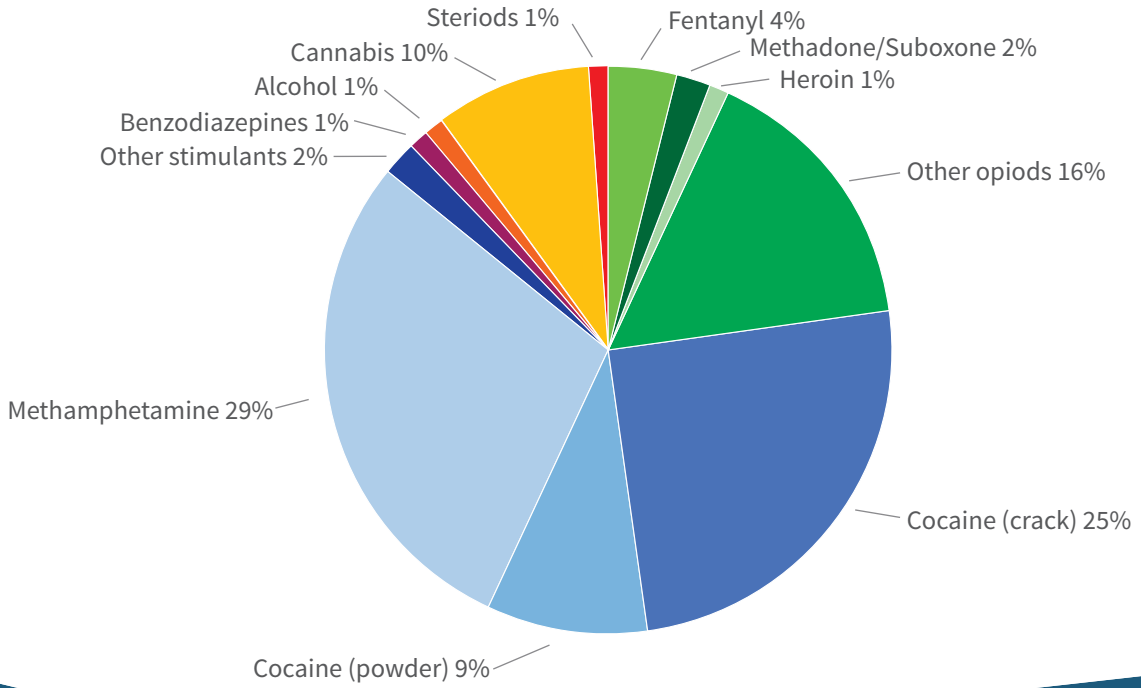


Figure 7. Substances used by clients who accessed **Northern Healthy Connections Society**, April 1, 2025 – March 31, 2026.

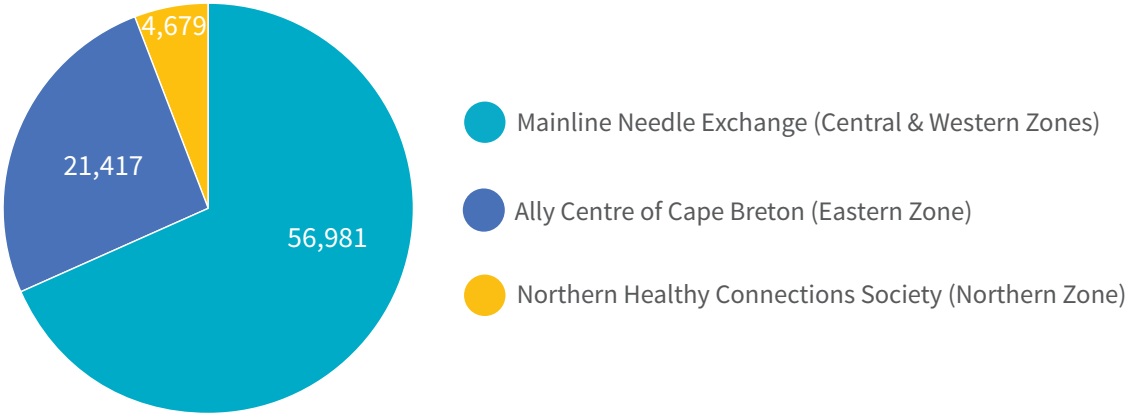


Service use data – How do clients use the services?

Service interactions

Between April 1, 2025, and March 31, 2026, there were 83,077 service interactions that took place with clients at needle distribution and disposal services.

Figure 8. **Number of service transactions** at needle distribution and disposal services, by organization, April 1, 2025 – March 31, 2026.



Sterile injection equipment distribution and disposal

Between April 1, 2025, and March 31, 2026, there were 3,372,313 needles distributed and 3,165,464 needles safely collected and disposed of by needle distribution and disposal services. The overall annual return rate was 94%.

Figure 9. Number of needles distributed by needle distribution and disposal services, by organization, April 1, 2025 – March 31, 2026.

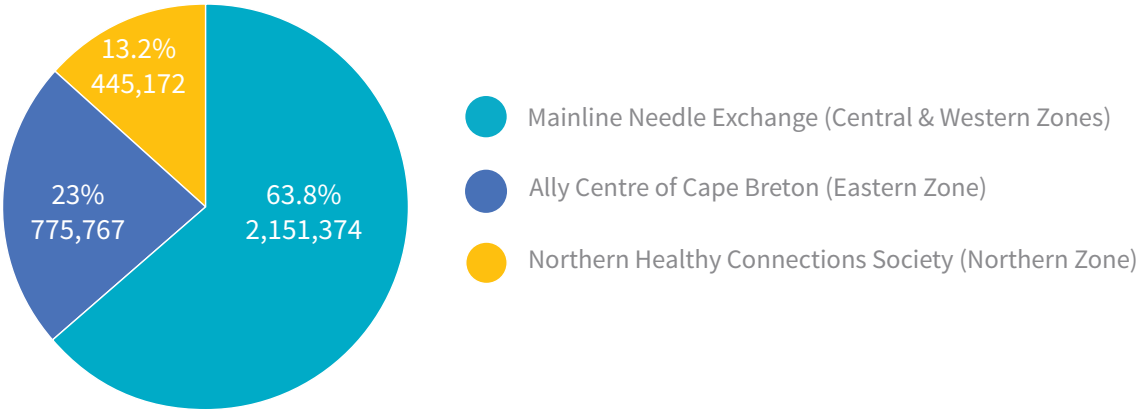


Figure 10. Number of needles safely disposed of by needle distribution and disposal services, by organization, April 1, 2025 – March 31, 2026.

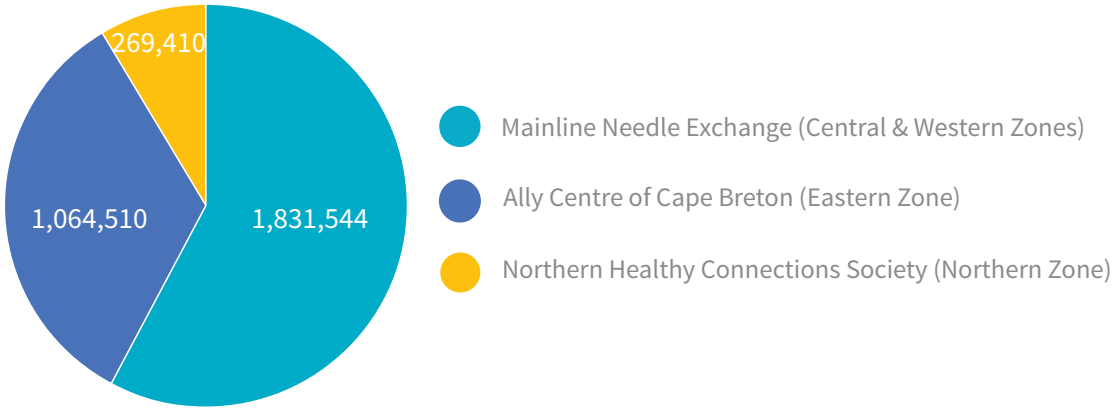
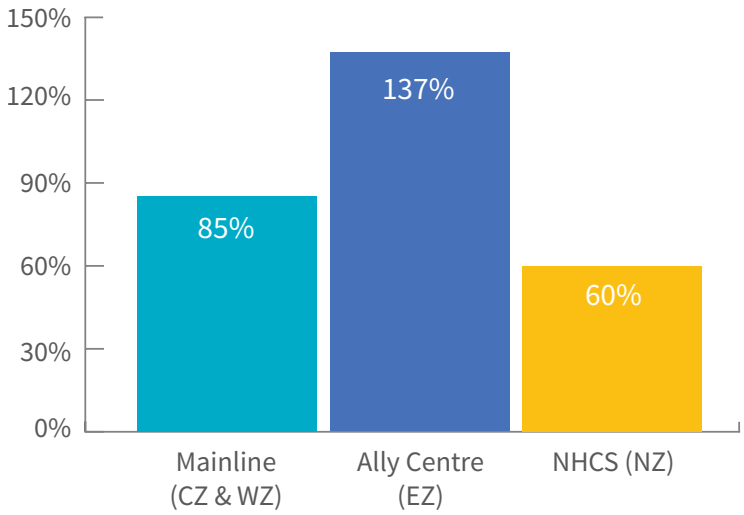


Figure 11. Needle return rate at needle distribution and disposal services, by organization, April 1, 2025 – March 31, 2026.



Needles may be distributed and collected by different organizations and they may be returned to organizations that are not represented here (e.g., municipal needle drop boxes).

Sterile smoking equipment distribution

Between April 1, 2025, and March 31, 2026, there were 199,834 stem pipes and 31,518 bowl pipes distributed by needle distribution and disposal services.

Figure 12. **Stem pipes distributed** by needle distribution and disposal services, by organization, April 1, 2025 – March 31, 2026.

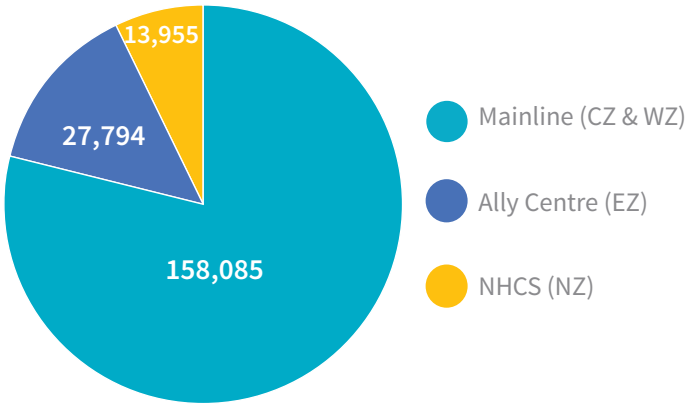
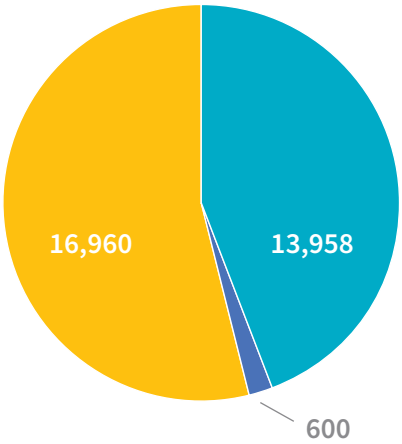


Figure 13. **Bowl pipes distributed** by needle distribution and disposal services, by organization, April 1, 2025 – March 31, 2026.



Supervised Consumption Sites

Supervised Consumption Sites are safe, clean spaces for people to bring their own drugs to use, in the presence of trained staff. Site clients are provided with sterile drug use supplies, drug checking options like fentanyl test strips, assistance, and drug toxicity reversal in the event of an adverse reaction.

Client demographics – Who uses the service?

Between April 1, 2025, and March 31, 2026, 610 unique clients accessed a supervised consumption site in Nova Scotia.

Table 4. **Service use** at supervised consumption sites in Nova Scotia, April 1, 2025 – March 31, 2026.

	Unique clients	Client vsits
PeerSix	320	7,235
ReFix	290	8,652
TOTAL	**610**	**15,887**

Table 5. **Gender identification** of clients who accessed supervised consumption sites, by organization, April 1, 2025 – March 31, 2026.

	Male	Female	Gender-diverse
PeerSix	196	123	1
ReFix	221	67	2

Table 6. **Ethnicities** of clients who accessed supervised consumption sites by organization, April 1, 2025 – March 31, 2026.

	White	Indigenous	African Nova Scotian/Black	Other
PeerSix	233	79	8	0
ReFix	206	36	23	25

Service use data – How do clients use the services?

Between April 1, 2025, and March 31, 2026, there were 15 drug toxicities reversed at supervised consumption sites; there has never been a fatal drug toxicity at any supervised consumption site in Nova Scotia.

Table 7. **Types of service use** at supervised consumption sites in Nova Scotia, April 1, 2025 – March 31, 2026.

	Injections (peer assisted)	Intranasal	Oral
PeerSix	5,765 (289 peer assisted)	387	109
ReFix	8,365 (480 peer-assisted)	314	0
TOTAL	**14,130 (769** peer-assisted)	**701**	**109**

Table 8. **Adverse events supported** at supervised consumption sites in Nova Scotia, April 1, 2025 – March 31, 2026.

	Reversed drug toxicity
PeerSix	6
ReFix	9
TOTAL	**15**

Contacts

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Community-based organizations

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