

# KNOW YOUR RIGHTS

INDIGENOUS  
COMMUNITIES  
AND HIV/HCV IN  
FEDERAL PRISONS



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## LAND ACKNOWLEDGEMENT:

The HIV Legal Network and CAAN Communities, Alliances & Networks are located across this land now called Canada on treaty lands, stolen lands, and unceded territories of many different Indigenous groups and communities who have respected and cared for this land since time immemorial. Together, we work to address the ongoing injustices and resulting health inequities faced by Indigenous Peoples, which contribute to the disproportionate impact of the HIV epidemic on Indigenous communities. We are committed to learning to work in solidarity and to dismantling and decolonizing practices and institutions to respect Indigenous Peoples and Indigenous ways of knowing and being.

**Ki'l na asutmn mu wen kinua'tuan ta'n telpukwin wjit HIV. Ki'lewey HIV telpukuwik na Mimkwatasik, ki'l kjijitu'n pasik. Kaqi'sk, ktu tlimj pilue'k wenik ala'tu'n HIV asma ki'l. Asma na ki'l mu ktu' kinua'tuawj wen mita mu kejitu'n ta'n tl-kinua'tuan skwijinu'k kiswa wjit aluamujik newte'jk teliksatiiket wen, aluamulk ta'n wenin, mo'qi aluwamujik wenik two-spirited-ewultijik skwijinu'k, aqq/kiswa aluwamut aqq mo'qi aluwamujik skwijinu'k HIV-ewultijik.**

Mu talnuta'nuk tliman kikmaq kiswa kitapk ketlewey ala'tu'n HIV, na'sik jiptuk kisa'tsitsk tla'teken tle'tmn apoqnmasuti wja'tun. Mu nuta'nuk tliman pilue'k skwijinu'k, nkutey asutk ki'k kiswa ta'n tetk weskewa'sin, aqq etek awisu kinua'tuan alsusit ta'n etl-lukwen. Mu elt nuta'nuk kinua'tuan malpale'witm, nuji menapito'teket, kiswa pilue'k nuji mpitaqatite'wk wjit nekmowey. Pasik etekl telitpiaql (e.g. Keskmna'q wipetiwoq wen ta'n kisi pesekuan), ki'l na ta'n telte'tmn ktu'kinua'tuan tel'pnen kiswa mu.

Mita HIV telpukwik na ki'lewey kinua'taqn, etekl rules-l ta'n ankweyask mimkwasin ki'l HIV-ewin ta'n health care settings, lukwaqniktuk, kiswa laplusunk eymk. Ala'tu'n elt na ki'l mu ewlo'tasin. Teluek ma pilueyulsinow (emeko'tasin) mita alatun HIV.

Nenmn ta'n kisitla'tekemk aqq tel nuta'q ta'n tujiw eknua'teken HIV-ewin, wli anko'tasin aqq mu kinua'tasin na mo'qi mlkiknewa'lsin wjit ki'l. Ula telwekl ika'tasikl Kinua'teken wjit kaqi'sk pipanikesimk net wjit HIV. Mu kinua'tasin, aqq mimkwatasin te'sk piluey koqoey teliaq, nkutey health care, lukwaqniktuk, aqq university-l aqq college-l-Etekl ta'n pukwelkik l'nu'k skwijinu'k ala'tu'tij HIV ta'n sespete'tmi'tis ta'n tli wimkwasiwow. Wjit kinua'taqn tel wimkwatasin eymik laplusnk, ankapte'n Know YourRights-Indigenous Communities and HIV/HCV net federal prisons. Net guide let Ekinua'tekek kisi e'wmnn ta'n tujiw o'pla'luk kiswa "o'pla'tasin." Ula kisi e'wten na Wije'wk Canadian legal system, pasik etekl kisi tela'tekemk nikana'tu'tij aqq elukwek L'nue'kati'l.



**Gidinenimigoo ji-aabajitooyan giimoojichigewin apii ezhi-ayaaman HIV ezhiwebiziyen. Eyaaman HIV giimoojichigaade, ezhi-gikenjigaazoyan debendaman. Gegaa apane, giishpin wiindamaageyan eyaaman HIV booshke giin igo. Gidaa-inaakonige ji-wiindamaagesiwan wenji-debwetanziwan waa-izhi-wiindamaageyan gemaa gaye wenji-zegiziyen izhi-mazhiwewin, zhiingenindiwin, aandaadiziwin, zhiingenimindwaa weniizho-jijaakowaad bemaadizijig, gemaa gaye agajiwin miinawaa ezhi-zhiingenimindwaa eyaamowaad HIV.**

Gaawiin gidizhi'igoosii ji-wiindamawadwaa gidinawemaaganag gemaa gaye giwijiwaaganag eyaaman HIV geget, giga-inaakonigemidog ji-wiindamawadwaa giishpin debwetaman ji-naadamawiwad. Gaawiin booch gidaa-wiindamawaasiig bekaanizijig, dibishkoo epakwe'amawid gemaa gaye iw waakaa'igan endaayan, miinawaa bangii naaningodinong gidaa-wiindamawaa gidoogimaam. Gaye gaawiin booch gidaa-wiindamawaasii gimashkikiwininiim, giwiibidaakewininiim, gemaa gaye bakaan awiya meno-ayaakejig ezhiwebiziyen, wiin dash giga-inaakonigemidog giishpin booch waa-ayaaman maamawi-nanaandawi'iwewin. Wiin dash naaningodinong ezhiwebiziyen (e.g. jibwaa-mazhiweyan waa-izhi-odaapinaman inapinewin), booshke giin enaakonigeyan giishpin waa-wiindamawad awiya ezhiwebiziyen.

Nindawaaj HIV ezhi-ayaaman gekenjigaazoyan debendaman, atewan inaakonigewinan ji-ganawenimigoyan eyaaman HIV imaa wenji-mino-ayaakeng, wenji-anokiing, wenji-gikinoo'amaagozing, gemaa gaye gibaakwa'odiwigamigong. Gaye eyaaman inaakonigewin ji-giskinigooyan zhiingenimigooyan. Mii maanda edaming gaawiin bakaan ge-izhi-doodaagooyan (maji-doodamowin) wenji-bimaadiziyen eyaaman HIV.

Gekendaman gidinenimigoowinan miinawaa ge-izhichigeyan apii HIV dazhindaman, giimoojichigeyan, miinawaa izhi-giimoojichigeyan gichi-apiitendaagwad ji-izhi-naadamaadizoyan. Maanda izhi-naadamaagewin ji-ateg nakwetamowinan gagwedweng ko onji HIV waa-dazhindaming, giimoojichigewin, miinawaa izhi-giimoojichigewin anooj ezhiwebakin, dibishkoo wenji-mino-ayaakeng, wenji-anokiing, miinawaa wenji-gikinoo'amaagozing – ningoji wenji-baata'iinowaad eyaangig HIV ogii-dazhindaanaawaan naanaagadawendamowaad ogiimoojichigewiniwaa. Giishpin waa-nandagikendaman giimoojichigewin gibaakwa'odiwigamigong, waabandan Gikendan Gidinenimigoowinan – Anishinaabe Oodenawan miinawaa HIV/HCV gichi-gibaakwa'odiwigamigong. Maanda izhi-naadamaagewin wenji-dibaadodaming waa-izhichigeng apii gigiimoojichigewin mawine'aming gemaa gaye "boonendaming." Onow waa-izhichigeng wenji-ategin Canadian ezhi-inaakonigeng, wiin dash gaye wenaabanjigaadegin ezhi-dazhiikaming miinawaa ezhi-dibendaming Anishinaabe oodenaang.



# BACKGROUND

## OVERVIEW OF FEDERAL PRISONS AND HEALTH CARE

This “Question and Answer” booklet is for people who identify as First Nations, Inuit, and Métis, and who are imprisoned in a federal prison or in a healing lodge run by either the Correctional Service of Canada (CSC) or by an Indigenous community. The CSC is responsible for people serving prison sentences of two years plus one day.<sup>1</sup>

The law that governs how these facilities are run is called the *Corrections and Conditional Release Act (CCRA)*. This law recognizes that people who are incarcerated have the same rights as other people except for those rights that are removed or restricted because they are in prison. This is a colonial law that may deny Indigenous law and legal traditions, and sometimes the law does not reflect what is actually happening in prison. But it may still be helpful to know what laws and policies in Canada say about the rights of people in prison.

This booklet aims to describe some existing programs and policies and the current situation in practice. It is important to keep in mind that sometimes the reality on the ground does not reflect what is stated in CSC policy or what treatment you are entitled to, and that many programs and policies are not informed by Indigenous practices and traditions.

The law requires CSC to provide people in prisons with health care that meets professionally accepted standards. Prison policies and programs must also respect and respond to the needs of Indigenous people in prison. For health care, this means that CSC should provide health care services in prison that are equal to those provided outside prison. If CSC cannot provide those services to a person who is incarcerated, they should refer them to a health care specialist outside prison to make sure they get the care and treatment they need. If CSC is aware of a health condition that requires additional support, they are also required to consider that condition in all decisions relating to placements, transfer, Structured Intervention Unit placements, and disciplinary matters, as well as in preparation for a person’s release and supervision. However, in practice, this does not always happen in a meaningful way.

### Indigenous People in Prison

The strength and resilience of Indigenous Peoples in Canada is rooted in a rich diversity of cultures, traditions, and values, that have long been nurtured by Indigenous health systems and healing practices. However, a history of cultural oppression, the damaging legacy of abuse in residential schools, and ongoing racism and colonialism have contributed to high rates of imprisonment for Indigenous people. First Nations, Inuit, and Métis people represent roughly 32% of people in federal prison, despite comprising approximately 5% of Canada’s population. In 2022, Indigenous women continued to be one of the fastest growing populations among people in federal custody, representing 50% of all federally sentenced women.<sup>2</sup> Rates of HIV and hepatitis C (HCV) are also much higher in prison than they are outside, especially among Indigenous people who are incarcerated.



# PRIVACY AND HIV OR HCV TESTING

## WHEN WILL I BE ABLE TO SEE A HEALTH CARE WORKER WHEN I FIRST ARRIVE AT FEDERAL PRISON?

**Health care concerns that need immediate medical attention, such as HIV treatment and opioid agonist therapy, should be addressed during an “intake assessment.”** This assessment is supposed to happen within the first 24 hours of arriving in prison and is carried out by a nurse. In some prisons, an Indigenous Elder or Indigenous Liaison Officer may be available to support you during the assessment. Less urgent conditions should also be addressed, and if the nurse determines that you need to see a doctor or other medical specialists, you will be referred to them. During the assessment, you should be asked about previous testing for infectious diseases. If you have been tested, you should be asked about the results. **You do not need to tell the nurse your HIV or HCV status if you don't want to.** You should also be offered testing for sexually transmitted and blood-borne infections, including HIV and HCV, which you can accept (Yes) or reject (No).

## CAN I GET TESTED FOR HIV AND HCV IN FEDERAL PRISON?

Yes. **HIV and HCV testing is offered to all people when they are admitted to federal prison.** You can also request testing any time during your sentence. If you serve your sentence at a healing lodge, you can request HIV or HCV testing there, too. If testing is not available at the healing lodge you are in, you may be escorted to a nearby health centre. This should be done discreetly.

You should be offered HIV counselling by a nurse before and after testing. This doesn't depend on the test result.

**You do not have to get tested for HIV or HCV. All testing is supposed to be done only with your voluntary, informed, and specific consent.** In other words, you have to freely give your permission to be tested and be told all the consequences, risks, and benefits of the procedure.

## IF I TEST POSITIVE FOR HIV OR HCV IN PRISON, WHO WILL KNOW?

When you take an HIV or HCV test, both the person who tested you and told you your results (in most cases, the prison nurse), and the laboratory that analyzed your blood will know your results. Since HIV and HCV are considered to be of public health importance, the results will also be reported to the provincial health authorities.

**Your health information is confidential, meaning that your HIV and HCV test results should not be shared with anyone involved in your care other than health care staff (such as other people in prison or correctional staff).**

Although test results are recorded in your medical file, health care staff have a professional duty to maintain the confidentiality of your medical records, unless there is some public interest or circumstance for which prison authorities consider there is a “need to know,” such as security reasons. The amount of detail shared, and the people with whom the information is shared, is decided on a case-by-case basis.

## CAN A HEALTH CARE WORKER SHARE MY HEALTH INFORMATION TO OTHERS WITHOUT MY PERMISSION?

Yes, in certain circumstances.<sup>3</sup>

**Generally, health care providers do not require your “express” consent** (meaning permission that you give verbally or in writing) **to share your health information with your other health care providers.** This practice is called sharing information within the “circle of care.” In many cases, your consent will be considered “implied,” meaning that you won't be asked to provide permission because it will be assumed that you are okay with this, even if you are not.

Information shared within the “circle of care” should be limited to what is considered *necessary for the particular purpose* of providing health care.

**The right to privacy and confidentiality is not absolute.**

There may be circumstances where the law requires your personal health information to be shared without your consent, such as to prevent harm, protect public health, or comply with a court order. In those cases, the fact that you might have said that you don't want your health status disclosed would not prevent this information being shared.

## DO I NEED TO TELL HEALTH CARE STAFF OR CORRECTIONAL STAFF IN PRISON THAT I HAVE HIV?

No. **The law does not require you to tell (or “disclose”) your HIV or HCV status to health care workers or other correctional staff in prison.** You are legally required to disclose your HIV status only before having sex that poses a **“realistic possibility” of HIV being transmitted.** But you may wish to disclose your HIV status to health care staff in order to obtain appropriate treatment, care, and support.

For more information on the criminal law on this matter, see the info sheet *HIV and the Criminal Law in Canada* (information below).

## IF I TELL CORRECTIONAL STAFF IN PRISON THAT I HAVE HIV OR HCV, ARE THEY REQUIRED TO KEEP IT CONFIDENTIAL?

Yes. **Correctional staff are required to keep your HIV or HCV status confidential.** Prison staff who do not keep your health information confidential are violating your right to privacy.

**However, the right to privacy and confidentiality is not absolute.** There may be circumstances where the law requires your personal health information to be shared without your consent.

## WHAT HAPPENS IF MY HIV OR HCV STATUS IS SHARED WITHOUT MY PERMISSION?

If your health information is shared without your permission, this should be recorded on your file and you should be notified. The only time you may *not* be notified is if doing so could jeopardize the safety of another person. There have been cases in prisons where confidential health information, including a person’s HIV and/or HCV status, has been accidentally disclosed. In those circumstances, you could do any or all of the following:

- File a written complaint or grievance with CSC, which has a legal responsibility to support the fair and quick resolution of complaints and grievances.<sup>4</sup>
- File a complaint with the Privacy Commissioner, an independent body that investigates complaints related to privacy, by calling toll-free 1-800-282-1376 or by writing to:

### **Office of the Privacy Commissioner of Canada**

30 Victoria Street  
Gatineau QC J8X 2A1

- Contact the Office of the Correctional Investigator (OCI),<sup>5</sup> which is responsible for independent oversight of CSC through investigating the concerns of individuals in federal custody, by calling toll-free 1-877-885-8848, approaching OCI staff during a scheduled prison visit, or writing to:

### **Office of the Correctional Investigator**

P.O. Box 3421, Station “D”  
Ottawa ON K1P 6L4

- Pursue civil action, meaning you could sue CSC for disclosing your health information without your permission. This requires the assistance of a lawyer. There are some links to legal help for people in prison at the end of this booklet.

## WHO IS RESPONSIBLE FOR MONITORING AND TREATING HIV AND HCV IN FEDERAL PRISON?

Nurses are primarily responsible for tracking, monitoring, and the day-to-day management of HIV and HCV. If more specialized treatment is required, you should be referred to a doctor or infectious disease specialist.

## CAN I ACCESS MY HEALTH RECORDS IN PRISON?

**Under the *Privacy Act*, you have the right to access your health care records in prison.** You should make the request in writing. You can use a form called the CSC Offender Privacy Act Request form. Or you can write to CSC's Access to Information and Privacy Division and say you are making a request under the *Privacy Act*. Be as specific as possible about what records you are looking for.

You should receive written confirmation of your request and a file number, but this does not always happen.

Under the *Privacy Act*, CSC should give you your records within 30 days. In some circumstances, CSC can extend this by an additional 30 days.

Most people experience very long delays in getting their personal information, including their personal medical records. Some people have waited several years for CSC to respond to their *Privacy Act* request.

If it has been more than 60 days and you have not received your records, you can file a complaint with the Privacy Commissioner.

CSC may refuse to disclose information if it determines that seeing this information would affect your physical and mental health and would not be in your best interests.<sup>6</sup> If access is refused, it may also be because the information does not exist. If the information does exist and access is refused, you should be told why access was refused.<sup>7</sup>

If you disagree with a decision to refuse access to your health records, you could file a complaint with the Privacy Commissioner by calling toll-free 1-800-282-1376 or by writing to:

**Office of the Privacy Commissioner of Canada**  
30 Victoria Street  
Gatineau QC J8X 2A1

# HEALTH CARE AND HARM REDUCTION SERVICES

## IF I TEST POSITIVE FOR HIV OR HCV IN PRISON, WILL I BE ABLE TO SEE A DOCTOR AND START TREATMENT?

Generally, yes. People who are incarcerated have the right to what is called “essential health care.” This means that people in prisons who are living with HIV or HCV have, at a minimum, occasional access to specialist care.

**HIV treatment is available in federal prison and can be started or continued in federal prison**, though people have described interruptions in their HIV treatment when they were transferred from one prison to another. If you are going to be transferred, make sure to request a meeting with health care to go over the process and to raise any questions or concerns you may have about continuing your treatment. If possible, get in touch with your contacts outside prison so that they know about your transfer and can support you in advocating to maintain access to your medication.

Often, you are given a two-week supply of medication that you should be allowed to keep in your cell. People living with HIV in prison should also be provided with adequate dietary supplements.

**HCV treatment is available in federal prison, regardless of disease stage.** However, access to HCV treatment can be inconsistent, and you may be put on a waiting list.

If you are not able to access HIV or HCV treatment, you can file a complaint or grievance with CSC, contact the OCI, or pursue civil action.

The Office of the Correctional Investigator (OCI),<sup>8</sup> can be contacted by calling toll-free 1-877-885-8848, approaching OCI staff during a scheduled prison visit, or writing to:

### Office of the Correctional Investigator

P.O. Box 3421, Station “D”  
Ottawa ON K1P 6L4

## DO I HAVE A RIGHT TO REFUSE TREATMENT?

Yes, in most cases, **you have the right to refuse medical treatment or withdraw from treatment** at any time.

## WILL MY TREATMENT FOR HIV OR HCV BE AFFECTED IF I AM IN A HEALING LODGE?

Before being transferred to a healing lodge, residents undergo an assessment to determine whether the healing lodge can accommodate their health situation. In most cases, healing lodges are able to provide the necessary care and treatment for people living with HIV and HCV, including through visits to specialist doctors outside the healing lodge.

## CAN I ACCESS TRADITIONAL MEDICINES FOR HCV AND HIV IN PRISON?

**Residents at healing lodges, and to a lesser extent, at CSC prisons, should have access to traditional medicine through institutional Elders.** Traditional treatments can also be organized by Elders and medicine carriers at a healing lodge.

Although cultural and religious food and medicine, including tobacco, sweet grass, sage, cedar, fungus, and other ceremonial items, such as pipes and drums, should be allowed to enter, move within, and exit from federal prison, these items are examined upon entry.<sup>9</sup>

This has led to these items being inconsistently available in federal prisons across the country, making it difficult to conduct many traditional ceremonies and accommodate spiritual healing practices in facilities other than a healing lodge.

## WHEN I AM RELEASED FROM PRISON, WILL I BE GIVEN A SUPPLY OF HIV OR HCV TREATMENT?

When you leave prison, or transfer from one prison to another, your treatment may be interrupted.

If there are no medications in stock at the new prison, you must wait, and potentially miss doses, while the prison pharmacy orders them in.

When you are released from prison, it is possible that you will not have a supply of medication. If you know you are leaving prison, contact the prison medical team ahead of time to minimize any disruption in your treatment. **You should make a doctor's appointment before the day of your release so you have a prescription or supply of medication with you when you are released.** You can ask the prison nurse or a social worker to help you arrange a follow-up visit with a doctor or an Indigenous health centre after your release, and help you get an adequate supply of medication until your next doctor's appointment.

If you are leaving the prison on conditional release, you may be given a few days' worth of medication to cover your needs until you can get to a pharmacy. Your Parole Officer should be able to help arrange for your prescription to be transferred to a nearby pharmacy for you to go pick up on your own.

Don't hesitate to reach out to an Elder, your Parole Officer, or to your community supports for help to navigate this transition period.

## WILL I BE TESTED FOR ILLEGAL DRUGS IN PRISON?

**Federal prisons carry out random urine testing for illegal drugs.** Urine samples of 10% of the prison population are tested each month. CSC also carries out urine tests if they believe an individual has used alcohol or drugs in prison, as a condition of participation in some programs, and often around releases and transfers, too.<sup>10</sup>

Drug testing also happens at healing lodges. The frequency of drug testing at healing lodges depends on the frequency of health care visits to the healing lodge.

OOKPIK



BRIAN KOWIKCHUK

## ARE THERE HARM REDUCTION SUPPLIES OFFERED IN PRISON?

### Some harm reduction supplies are offered in prison.

Bleach, condoms, lubricant, and dental dams are supposed to be provided by CSC in at least three locations in the prison and at all private family visiting units, without asking. But bleach is not completely effective in preventing the spread of HIV and HCV.

Opioid agonist therapy is also available in federal prisons, in the form of methadone, Suboxone, and Sublocade.

In addition, people in federal prisons are supposed to be able to access two types of medication used to prevent HIV transmission: PrEP and PEP.

**PrEP (pre-exposure prophylaxis)** is a medication used by people who may be exposed to HIV through sex or drug use. Taking PrEP can help prevent HIV from establishing an infection in your body.

**PEP (post-exposure prophylaxis)** is a medication used by people after they have been exposed to HIV.

To be effective, PEP must be taken as soon as possible — within three days of potential exposure — and continued for four weeks.

As of February 2023, CSC had implemented a Prison Needle Exchange Program (PNEP) to prevent the sharing of needles and reduce the spread of HIV and HCV in nine federal prisons:

- **Grand Valley Institution**  
Kitchener, Ontario
- **Atlantic Institution**  
Renous, New Brunswick
- **Fraser Valley Institution**  
Abbotsford, British Columbia
- **Edmonton Institution for Women**  
Edmonton, Alberta
- **Nova Institution**  
Truro, Nova Scotia
- **Joliette Institution**  
Joliette, Quebec
- **Joyceville Institution** — minimum security  
Kingston, Ontario
- **Mission Medium Institution** — medium security  
Mission, British Columbia
- **Dorchester Penitentiary**  
Dorchester, New Brunswick

As of February 2023, an Overdose Prevention Service had been implemented at Drumheller Institution (Drumheller, Alberta), allowing people to access sterile equipment (e.g. needles, syringes, tourniquets) and use drugs in a supervised setting to help prevent the risk of overdoses.

You should be provided with information on harm reduction throughout your sentence, and you should be able to access educational materials about different health subjects, including information specific to HIV and HCV. You can ask health services at your institution for this information at any time.

## HOW CAN I PARTICIPATE IN THE PRISON NEEDLE EXCHANGE PROGRAM (PNEP)?

Before participating in the PNEP, you must first meet with CSC Health Services, where a nurse will provide information and health advice on drug use. If you decide to apply to participate in the PNEP, the head or deputy head of the prison then reviews your application to determine whether you present any “security concerns.” This is done through a “Threat Risk Assessment,” like the ones conducted for EpiPens and insulin needles. A final decision must be made within 10 days of your initial request.

**Participants in the PNEP will have to sign a contract recognizing that they understand the program’s rules and that breaking those rules may lead to institutional charges and/or their termination from the program.**

Once approval has been obtained, participants will receive a kit containing:

- one syringe
- one cooker
- three water bottles
- one sachet of vitamin C
- filters

Kits and their contents must remain visible in participants’ cells when not in use. Participants can exchange kits at health services.

In practice, few people have accessed the PNEP for a variety of reasons including because they are not aware of the program and how it works, lack of confidentiality, stigma towards drug use, and the risk of punishment and increased surveillance from prison staff. Make sure you have as much information as possible about the PNEP before choosing whether to apply to participate.

## WHAT HAPPENS IN THE EVENT OF AN OPIOID OVERDOSE IN PRISON?

If a person in prison is having a suspected overdose, correctional staff should administer naloxone nasal spray and provide emergency medical services.

**Under CSC policy,<sup>11</sup> you should not be charged with a disciplinary offence if you ask for help if you or another person are having a suspected overdose,** even if you are found with drugs or drug equipment. But staff may not be aware of the policy. If you are still charged despite this policy, you may want to consider filing a grievance or making a complaint to the OCI.

## CAN I ACCESS NALOXONE KITS IN PRISON?

Currently, naloxone is only accessible to prison health care staff and correctional officers. People in prisons are not allowed to have naloxone kits in their cells. CSC policy also says people in units where there are no dedicated staff (e.g. private family visits structures, houses) should be able to access naloxone kits.<sup>12</sup>

People in federal custody who are being released to the community or who are transitioning to community supervision should be able to access naloxone upon discharge.

## CAN I BEGIN OR CONTINUE OPIOID AGONIST THERAPY (OAT) IN PRISON?

**OAT is available in all federal prisons.<sup>13</sup>**

**If you are already on OAT when you come into CSC custody, you should remain on it without interruption.** Your first nursing assessment happens within 24 hours of arriving in prison. During your assessment, the nurse will review the medication that you were previously on and what the prison doctor has prescribed for you. You can tell the nurse that you were on methadone, Suboxone, or Sublocade in the community, before you were in prison, after which they should authorize continuation of the treatment.

You should then be given a follow-up meeting with the doctor or nurse practitioner in the next week. Within 15 days of your initial nursing assessment, you should be offered holistic medical treatment, psychosocial support, OAT, and any other treatment if necessary.

If you would like to begin OAT in prison, speak to a nurse or put in a request to health care.

Certain people can start OAT right away (either the same day or within a few days). For instance, if you come into CSC custody in opioid withdrawal, you should be able to start OAT on the same day. Other people who can start OAT urgently are people who are pregnant, people currently using opioids or who were previously using opioids and are likely to use again, and people with a recent history of opioid overdose, or medical/psychiatric complications related to opioid use.

If you do not fall into any of these categories, you should still receive a nursing assessment within seven days of your request for OAT, and you should meet with a doctor or nurse practitioner seven days after that. To be eligible for OAT, you will need to be diagnosed with "opioid use disorder" during your assessment. However, some institutions have a waitlist for OAT even if you meet these requirements.

You may be given a urine drug test as part of your OAT induction. The test results are considered medical information and should not be used for other purposes, including disciplinary charges.

## CAN I BEGIN OR CONTINUE OAT IN A HEALING LODGE?

The availability of OAT in healing lodges varies. Typically, you will have to be considered "drug-free" in order to be placed in a healing lodge. Consult with an Indigenous Liaison Officer to see if programming is available before transferring to a healing lodge.

## WHAT HAPPENS IF MY OAT IS DISCONTINUED AGAINST MY WISHES?

A medical team will be monitoring you while you are on OAT in federal prison to ensure that you are taking your medication as prescribed. **If they find that you are using the OAT differently from what was intended (e.g. giving it to other people), then this may be considered "misuse."**

If this happens, they should try to discuss this with you to see if the treatment plan can be adjusted.

**If they find that you are continuing to use the OAT differently than intended, the medical team may consider it necessary to cut you off from OAT.** Before making this decision, they should meet with you first to give you the opportunity to explain and to raise any needs or concerns you may have. If they go forward with discontinuing OAT, it must be done gradually and in a humane way that includes providing you with harm reduction education, counselling, and interventions to limit the possibility of overdoses. You should also be given medication to address potential opioid withdrawal symptoms.

**If you are cut off from OAT voluntarily or against your wishes, the reasons must be clearly documented by the medical team.** You should also be supported and informed of the actions you will need to take to be considered again for OAT.

**The decision to discontinue OAT against your wishes will be reviewed by CSC's National OAT Medical Advisor in collaboration with your treatment plan.** You will be given a copy of that review if you ask for it.

Some people have also reported being cut off from OAT for poor behaviour. People should never be cut off from OAT as punishment for bad behaviour. If this happens, you can file a complaint or grievance with CSC and/or contact the Office of the Correctional Investigator by calling toll-free 1-877-885-8848, approaching OCI staff during a scheduled prison visit, or writing to:

### **Office of the Correctional Investigator**

P.O. Box 3421, Station "D"  
Ottawa ON K1P 6L4

## WILL I BE CUT OFF FROM OAT WHEN I AM RELEASED FROM PRISON?

**You should not be cut off from OAT when you are released from prison.** CSC should ensure that your OAT is not interrupted when you are released on parole, statutory release, or warrant expiry. CSC health care staff and your Parole Officer should help you find health care supports and a community OAT provider before you are released so that you can continue your treatment in the community right away. If you want to be released in an area where you cannot access OAT, you will be tapered off your medication before you are released.

## WILL I BE ABLE TO MEET WITH AN ELDER IN PRISON?

**You have the right to access traditional Indigenous healing practices,** which includes meeting with an Elder in prison. Indigenous Elders have the same status as other religious leaders.

However, in practice access to spiritual Elders and Indigenous-specific services and programs is often limited, as there are often not enough Elders and Indigenous staff to meet demand.

You may have valid grounds to make a human rights complaint if you are not given access to Indigenous forms of healing in prison. You can contact the Canadian Human Rights Commission for more information and/or to make a complaint by calling toll-free 1-888-214-1090 or by mailing a written complaint to:

**Canadian Human Rights Commission**  
344 Slater Street, 8th Floor  
Ottawa, Ontario K1A 1E1

## WHAT INDIGENOUS-SPECIFIC PROGRAMS ARE AVAILABLE IN CSC FACILITIES?

**Indigenous-specific correctional programs are offered in most CSC institutions designated for men and in all CSC institutions designated for women.** These programs include Elder involvement and are delivered by the CSC's Indigenous Correctional Program Officers or by Culturally Competent Correctional Program Officers. It is worth noting that some CSC staff members working in these positions are not Indigenous.

There are different programs designed for Indigenous men under the Indigenous Integrated Correctional Program Model, depending on the needs of participants, including in relation to substance use. CSC also offers special programming for Inuit men, under the Inuit Integrated Correctional Program, that are supposed to be tailored to their culturally specific needs. The exact nature of the Indigenous-specific programming will vary across institutions, mostly based on population.

Separate programming is offered under CSC's Indigenous Women Offender Correctional Programs, which are supposed to be adapted to the culturally specific needs of Indigenous women. These include the Indigenous Women Offender Self-Management Program, an introductory program for all Indigenous women in federal custody.

CSC does not presently offer any programs designed for Two-Spirit people or people who do not identify with the colonial gender binary.

**In practice, accessing these programs in many institutions can be challenging due to delays and lack of availability. The Indigenous programming offered may also not necessarily reflect your culture. You can get in touch with an Indigenous Liaison Officer, Institutional Parole Officer, and/or an Indigenous Correctional Program Officer to obtain more information on the programs that are available in your institution.**

## WHAT KINDS OF INDIGENOUS LIVING ENVIRONMENTS ARE AVAILABLE IN FEDERAL PRISONS?

### There are four different living environments offered to Indigenous people in federal prisons:

1. Pathways healing units
2. Pre-pathways day programs
3. Pathways transition units
4. CSC- or community-run healing lodges

Pathways units and programs are intended to provide a traditional environment for people who wish to follow an Indigenous healing path. Pathways initiatives are not available at all prisons and can be difficult to get in to due to long waitlists and strict entry requirements. For example, you cannot have any institutional incidents on your file while you wait to get in. Likewise, many of these programs are only open to people classified as minimum-security.



**Pathways Healing Units** are designated within certain medium- and multilevel-security prisons and offer a structured living environment and opportunities for Indigenous people to engage in Indigenous-specific programs, ceremonies, and activities in preparation for transition into a lower security institution or a Healing Lodge.

Transfer to a Pathways Unit is voluntary and subject to screening by the Elder(s) and a correctional case management team. Most Pathway Healing Units exist in men's institutions. In institutions designated for women, there are currently two Pathways Units: (1) Edmonton Institution for Women in Alberta and (2) Fraser Valley Institution in British Columbia.

**Pre-Pathways Day Program** is a program in some maximum-security prisons. It prepares individuals to move to a Pathways Unit once they are rated at medium security. The program focuses on cultural, traditional, and ceremonial practices and is guided by Elders.

**Pathways Transition Units** provide Indigenous-specific programs for individuals who have transitioned from a Pathways Unit to a minimum-security institution. Similar to the Pre-Pathways program, initiatives offered through the Pathways Transition Units focus on cultural, traditional, and ceremonial practices and are also guided by Elders. These units are typically an option for Indigenous people who are not living in a Healing Lodge.

**If you are interested in joining Pathways, you should talk to your Parole Officer, Indigenous Liaison Officer, or an Elder.**

**Healing Lodges** are open environments that are run similar to a minimum-security facility and offer services and programs that reflect Indigenous culture. They also incorporate Indigenous peoples' traditions and beliefs into the space. Residents live in houses, and Indigenous teachings and ceremonies are used to address the needs of residents. Residents have contact with Elders and access to other culturally relevant programs. For example, traditional activities and treatments are available to manage the symptoms of HIV and HCV. While non-Indigenous people can also live at a healing lodge, they must choose to follow Indigenous programs and spirituality.

## WHO PROVIDES INDIGENOUS-SPECIFIC HIV AND HCV PROGRAMS IN PRISON?

**HIV and HCV programs are supposed to be available to Indigenous people in federal prisons with the support of various staff, volunteers, and community workers.**

Some federal prisons have Peer Education and Counselling program (PEC) workers or Aboriginal PEC (APEC) workers. They are people who have received training on HIV and AIDS, HCV, and harm reduction to provide support and health information to other people in prison. Unlike the PEC program, the APEC program emphasizes Indigenous traditional healing practices and employs Elders as regular participants offering spiritual guidance. Circle of Knowledge Keepers, present in some institutions, are peer health educators and traditional storytellers who help organize workshops and activities to create awareness about HIV and HCV and harm reduction strategies. Some also play key roles in ensuring that safer sex supplies are consistently available to all Indigenous people in custody.

**A number of Indigenous organizations also offer Indigenous-specific HIV and HCV education and programs.** These organizations may coordinate traditional activities in prisons to help Indigenous people cope with illness. Common activities include talking and healing circles with Elders, smudging, and traditional Indigenous crafting workshops.

There are also chaplains, Elders, Indigenous Liaison Officers, program officers, volunteers, teachers, and employment counsellors who can offer support and help you better navigate existing programs and services. **Ask federal prison staff whether these programs and services are offered in your institution and how to connect with these support networks.**

## CAN I BE TRANSFERRED TO THE CARE AND CUSTODY OF AN INDIGENOUS COMMUNITY?

Yes. **Section 81 of the CCRA permits Indigenous people who are serving federal sentences and would otherwise be incarcerated in a CSC prison to be transferred to the care and custody of an Indigenous community.** The Indigenous community does not need to have a CSC-affiliated healing lodge, but it is very difficult to get a section 81 release to somewhere other than a healing lodge.

You will need the support of your Parole Officer, a minimum-security rating, a recent Elder review in your file, and be able to demonstrate that you are already on a traditional healing path to apply for transfer. It may also be helpful to form a relationship with the Indigenous community before initiating the application process, by reaching out to a liaison worker, reintegration worker, or an Elder affiliated with that community.

If you are interested in this option, the first step is for the Indigenous Liaison Officer in federal prison and the Indigenous community to prepare a plan for your supervision and integration into the community. Once the CSC and the Indigenous community have signed an agreement, you will be released to the community that has promised to provide long-term supervision (likely in a healing lodge).

**Section 84 of the CCRA permits Indigenous people in federal custody to be released into an Indigenous community on parole or statutory release,** although the release may not necessarily be to your home community. If you request this, CSC must give adequate notice to the community of your parole review or statutory release date, and an opportunity to propose a plan for your release and integration into the community. You will need to work with an Indigenous Liaison Officer and with the community to form the plan in advance. This option is still dependent on the Parole Board determining your risk level and deciding whether you will be released.

## WHAT IS THE DIFFERENCE BETWEEN A CSC-RUN AND A SECTION 81 HEALING LODGE?

Healing lodges vary in size, location, and design across Canada. They can be located remotely or in urban settings.

**CSC-run healing lodges** focus on Indigenous values, traditions, and beliefs to design services and programs for residents. They are considered CSC correctional facilities. **Section 81 healing lodges** are run by Indigenous communities in agreement with CSC to provide correctional services. Keep in mind that community-based healing lodges must still follow CSC policies and rules. That being said, Indigenous-led healing lodges will often have more culturally relevant programming.

### CSC-RUN

- 1. Okimaw Ohci Healing Lodge**  
Maple Creek, Saskatchewan\*
- 2. Pê Sâkâstêw Centre**  
Maskwacis, Alberta
- 3. Kwikwêxwelhp Healing Village**  
Harrison Mills, British Columbia
- 4. Willow Cree Healing Lodge**  
Duck Lake, Saskatchewan

### SECTION 81

- 1. Stan Daniels Healing Centre**  
Edmonton, Alberta
- 2. Buffalo Sage Wellness House**  
Edmonton, Alberta\*
- 3. Prince Albert Grand Council**  
Spiritual Healing Lodge  
Wahpeton First Nation, Saskatchewan
- 4. Ochi-chak-ko-sipi Healing Lodge**  
Crane River, Manitoba
- 5. Waseskun Healing Centre**  
St-Alphonse-Rodriguez, Quebec
- 6. Eagle Women's Lodge**  
Winnipeg, Manitoba\*

\* Designated for women only.

## WHAT HEALTH SERVICES ARE OFFERED AT HEALING LODGES?

**Each healing lodge provides health services, including HIV treatment and HCV treatment, in different ways.** A lot depends on the location of the healing lodge and the resident's circumstances. In general, access to health care in healing lodges should be comparable to prisons; nurses come in once a week and doctors are mostly available by appointment only.

# DISCRIMINATION

## WHAT IS HIV- OR HCV-RELATED DISCRIMINATION?

Under human rights law, **treating someone negatively or unfairly because of their health status (such as their HIV or HCV status) is discrimination.** You can also be discriminated against on many other grounds (e.g. because you are Indigenous, or because of your sexual orientation, gender identity, use of drugs, or because you sell or trade sex).

CSC is required to comply with the *Canadian Human Rights Act*, which prohibits discriminating against and harassing all people on grounds of race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, physical or mental disability, and conviction for which a pardon has been granted.

In some cases, a prison may be required to adjust its rules, policies, or practices to enable a person or group to equally participate. This is called the **duty to accommodate.** Sometimes respecting a person's human rights means treating them differently or making alternative arrangements to prevent or reduce discrimination.



## WHAT CAN I DO IF I AM HARASSED OR DISCRIMINATED AGAINST BY CSC STAFF BECAUSE OF MY HIV AND/OR HCV STATUS?

To prove that you have been discriminated against, you need to show a connection between the reason for discrimination and the negative treatment. For example, if a staff member uses insulting words about your HIV status, this would likely show a connection between the conduct and the ground of discrimination.

**If you believe you have experienced discrimination or that you were not properly accommodated, write down what happened to you, so you have a record of the situation.**

Try to be as detailed as possible: include names, titles, times, and dates of incidents. It is also worth keeping track of any instances where you faced retaliation because you complained about discrimination.

Sometimes talking to the person who is responsible, or their supervisor, regarding the discrimination may resolve the situation. It is ideal to try and resolve the matter at the initial level. If it is not resolved at the lowest level, you will be able to show that you tried to deal with the problem and that the prison was aware of your complaint.

If the discrimination was not addressed, you could file a written grievance. Grievances related to discrimination, harassment, or sexual harassment can be filed as an initial grievance — you do not need to make a complaint first.<sup>14</sup>

CSC should mark the grievance as sensitive and high priority. Be sure to keep a copy of your grievance and ask the staff person who receives it to sign and date your copy. If the initial-level grievance does not address the discrimination, a final grievance can be filed to CSC National. The CSC grievance process can take a very long time to get through. If you require more urgent assistance, contact a lawyer or legal services.

If you feel that CSC did not adequately resolve your human rights issue, you could make a complaint to the Canadian Human Rights Commission within one year from the date of the incident that you are complaining about. You can obtain a complaint form by calling the Commission toll-free at 1-888-214-1090 or by TTY at 1-888-643-3304, or by requesting a form in writing at:

### Canadian Human Rights Commission

344 Slater Street, 8th floor  
Ottawa, Ontario K1A 1E1

For more information about the human rights complaint process, see the resources from Prisoners' Legal Services: Human Rights for Federal Prisoners and Writing an effective grievance (information below).

## CAN GENDER-DIVERSE PEOPLE CHOOSE WHERE THEY ARE HOUSED IN CSC FACILITIES?

**A gender-diverse person in federal custody can be placed within a CSC institution that aligns with their gender identity if that is their wish.**<sup>15</sup> However, in some circumstances this request can be denied by CSC.

If you feel comfortable, you should inform correctional staff of your gender identity during the initial intake assessment process, as well as your desire to be placed in a corresponding institution designated for men or for women (if that is your preference). You can also ask to meet in private with a staff member that you trust to disclose this information.

Before this kind of request can be granted, you will go through an assessment process, and will be given the opportunity to speak with a CSC staff member from the potential receiving institution to ask questions. Once the assessment process is completed, you will be given a copy of the recommendation (Assessment for Decision), and the chance to provide input on the decision within two working days. A CSC decision-maker will consider this input before making a final decision.

A request for gender-related accommodation or to be transferred to an institution that aligns with your gender identity can also be made at any other time during a federal sentence, through a similar process.

There is no requirement for you to have gone through gender-affirming surgery or for the gender/sex marker on your ID to match your gender identity. Gender-affirming surgery and hormone therapy are also available in prison. Talk to health care staff if you would like more information on the process and the requirements.

Under CSC policy, gender-diverse individuals in prison should be able to receive clothes and personal items that align with their gender identity or expression. They should also be addressed by their chosen names and pronouns. Your preferences and accommodation requests will be recorded in a document called the "Individualized Protocol," which can be completed and updated at any time in your sentence.

However, there are some situations where CSC has kept individuals in prisons that align with the gender that they were assigned at birth, because of "overriding health or safety concerns" that CSC says cannot be resolved.

## CAN I BE SEGREGATED FROM OTHER PEOPLE IN PRISON JUST BECAUSE OF MY HIV AND/OR HCV STATUS?

Segregation is intended to keep certain people in prisons from associating with the general prison population to ensure everyone's safety and security. In federal prisons, "**Structured Intervention Units**" (SIUs)<sup>16</sup> are places where people are segregated from the general prison population.

**Transfers to SIUs are meant to be rare and to occur only if there is no reasonable alternative. By law, stays in an SIU should "end as soon as possible," but what this means in practice varies across regions and prisons.** In many cases, stays in the SIU can last for several weeks at a time. Segregation beyond 15 days may be considered torture, or cruel, inhuman, or degrading treatment, depending on the circumstances.<sup>17</sup>

**Individuals in SIUs should have access to the same types of programs, services, and activities as the rest of the prison population.** They should be allowed to interact with CSC staff, access health care, attend counselling sessions with Elders/Spiritual Advisors or a Chaplain, exercise, and access organizations, visitors, and lawyers. In total, **individuals must be given the opportunity to spend at least four hours a day outside of their cell, and at least two hours a day of "meaningful human contact."**

An individual in SIU should have their health assessed by medical professionals within 24 hours of being transferred to an SIU and receive daily health care visits and a mental health assessment within four weeks of the transfer.

Independent External Decision Makers who do not work for CSC can be asked to evaluate whether someone should be removed from a SIU, and can intervene in different situations, including when an individual has been confined in a SIU for 90 consecutive days or has not received the minimum hours outside their cell.

An individual should not be segregated or kept in an SIU because of their HIV and/or HCV status alone. However, correctional staff in Canada have segregated people living with HIV in the past, citing concerns for their safety.

# CONCLUSION

**You are important. You are heard. You are seen.** Your rights have value and deserve to be respected. Knowing what your rights are and how to advocate for them can make a difference.

Incarceration is an inherently challenging and traumatizing experience. But resources and assistance are available for those who are incarcerated, including specific services and programs for Indigenous people who needn't be cut off from community supports and disconnected from their cultures. You should not hesitate to reach out and make use of them. There are organizations and people willing to offer help.



# ADDITIONAL RESOURCES

- **CAAN Communities, Alliances, and Networks**  
*Residential Schools, Prisons, and HIV/AIDS among Aboriginal People in Canada: Exploring the Connections, 2009.*
- **CAAN, HALCO, and HIV Legal Network**  
*HIV and the Criminal Law in Canada, 2023*
- **Canadian Association of Elizabeth Fry Societies**  
*Human Rights in Action: In Prison, 2021.*
- **HIV Legal Network**  
*Know Your Rights. Indigenous Communities: HIV, privacy, and confidentiality, 2023.*
- **Manitoba Harm Reduction Network**  
*Harm Reduction, Routine Practices at Indigenous Healing Ceremonies, no date.*
- **Prisoners' Legal Services (PLS)**  
*Indigenous Prisoners' Legal Rights, December 2018.*
  - *Writing an effective grievance, December 2018.*
  - *Human Rights for Federal Prisoners, December 2018.*
  - *Indigenous Prisoners' Spiritual Accommodation, December 2018.*
- **Prisoners with HIV/AIDS Support Action Network (PASAN)**  
*Cell Count, periodic prison news magazine.*
  - Resource Mapping Guide.
- **PASAN and CATIE**  
*Staying Healthy Behind the Walls: Tattooing, Piercing and You, 2018.*
- **PASAN and CATIE**  
*Staying Healthy Behind the Walls: Hepatitis C and HIV in Prison, 2018.*

# LEGAL AND OTHER SUPPORTS

- **Prisoners' Legal Services** is a legal clinic for federal and provincial prisoners in B.C. Call 1-866-577-5245 (federal) or 604-636-0464 (provincial).
- **PASAN** (Prisoners with HIV/AIDS Support Action Network) provides HIV and HCV prevention, education, and support services to prisoners, ex-prisoners, and their families. PASAN accepts collect calls from prisons in Canada. Toll Free: 1-866-224-9978.
- **Queen's Prison Law Clinic** provides legal advice, assistance, and representation in all aspects of prison law to prisoners in Kingston-area penitentiaries. Call 613-546-1171 (free and available at every institution they serve).
- **Montreal Legal Aid Office** offers legal advice to people during incarceration. Call 514-864-2111 for more information.
- **Legal Aid Manitoba** assists people dealing with prison and parole issues at several correctional institutions in Manitoba. Call 1-866-800-8056 (toll-free) to apply for assistance.
- **University of Manitoba Community Law Centre** provides affordable legal services on a variety of legal issues, including prison law. Call 204-985-5206 for more information.
- **Elizabeth Fry Society of Saskatchewan** provides legal services to women and gender-diverse people in the province. Call 306-934-4606 for more information.
- **Pro Bono Law Saskatchewan** offers legal advice and information to people in prison facing institutional legal issues through its Inmates Legal Assistance Panel Program. Call 1-855-833-7257 (toll-free) for more information.
- **Nova Scotia Legal Aid** provides a range of legal information and advice for people serving sentences in Nova Scotia prisons. Call 1-866-999-7544 (Amherst office), 1-877-755-7020 (New Glasgow office), 1-866-742-3300 (Yarmouth office), or 1-877-777-5920 (Truro office).

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# REFERENCES

- <sup>1</sup> This resource has been developed for people who self-identity as First Nations, Inuit, or Métis and for those who work with these communities. The authors recognize that language is constantly shifting and the terms people use can change. This booklet uses the term Indigenous to include all Aboriginal peoples in Canada. Aboriginal is used only when it is part of an official title that is defined by CSC.
- <sup>2</sup> Office of the Correctional Investigator, *Annual Report of the Office of the Correctional Investigator 2021-2022*, June 30, 2022.
- <sup>3</sup> For more information, see CSC Commissioner's Directive 701, *Information Sharing*, June 2016.
- <sup>4</sup> For more information on filing a complaint or grievance, see Commissioner's Directive 081, *Offender Complaints and Grievances*, and Prisoners' Legal Services, *Writing an effective grievance*, December 2018. CSC has also set up a national toll-free phone number, 1-800-263-1019, for people in prisons to inquire about the complaint and grievance process or to ask specific questions about grievances they have filed.
- <sup>5</sup> For more information on making a complaint to the Office of the Correctional Investigator, see *Making a Complaint to the Office of the Correctional Investigator* on the Office of the Correctional Investigator website.
- <sup>6</sup> See ss. 24, 25 and 28 of the *Privacy Act, R.S.C., 1985, c. P-21*.
- <sup>7</sup> See s. 16(1) of the *Privacy Act*.
- <sup>8</sup> For more information on making a complaint to the Office of the Correctional Investigator, see *Making a Complaint to the Office of the Correctional Investigator* on the Office of the Correctional Investigator website.
- <sup>9</sup> Indigenous, religious, and spiritual practices involving smudging and tobacco should be accommodated and allowed in prison, subject to certain rules. For more information, see CSC, Commissioner's Directive 259, *Exposure to Second Hand Smoke*, April 2014.
- <sup>10</sup> CSC, Commissioner's Directive 566-10, *Urinalysis Testing*, June 2015.
- <sup>11</sup> CSC, Commissioner's Directive 580, *Discipline of Inmates*, June 2021.
- <sup>12</sup> CSC, Guidelines 800-4, *Response to Medical Emergencies*, January 2021.
- <sup>13</sup> CSC, *Guidance on Opioid Use Disorder (OAT) Program*, August 2021. These guidelines should be available in the library or by making a request to Health Services.
- <sup>14</sup> CSC, Commissioner's Directive 081, *Offender Complaints and Grievances*, June 2019.
- <sup>15</sup> CSC, Commissioner's Directive 100, *Gender Diverse Offenders*, May 2022.
- <sup>16</sup> CSC, Commissioner's Directive 711, *Structured Intervention Units*, November 2019.
- <sup>17</sup> See, for example, Rule 44 of the United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners (the "Nelson Mandela Rules"), A/RES/70/175, 17 December 2015, and UN Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/66/268, August 5, 2011, at para. 76.



For more information:

[hivlegalnetwork.ca/IndigenousCommunities](http://hivlegalnetwork.ca/IndigenousCommunities)

