

Legal approaches to supporting the health of people who use drugs

Recourir à des approches juridiques pour soutenir la santé des personnes qui utilisent des drogues

September 17, 2024 / 17 septembre 2024

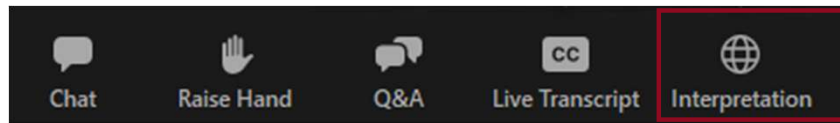
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Interpretation / Interprétation

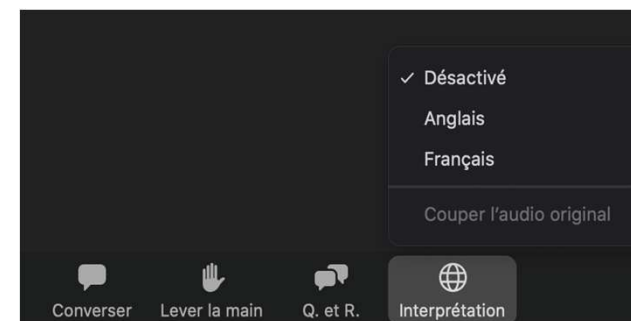
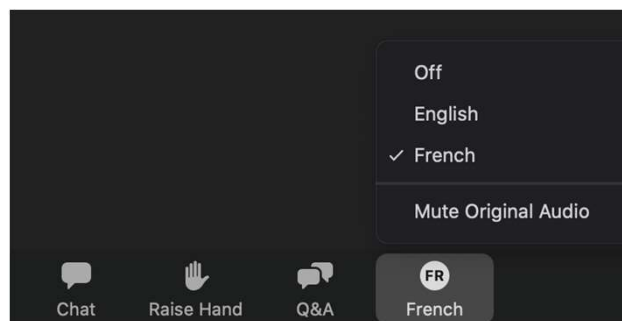
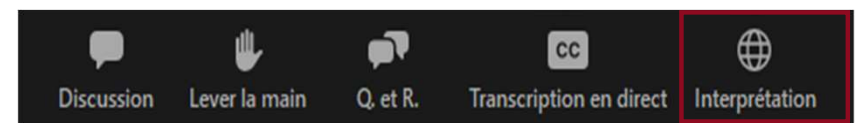
English-French simultaneous interpretation is available during the webinar.

Attendees should choose their preferred language from the **Interpretation** tab at the bottom of the screen.



Durant le webinaire, des services d'interprétation simultanée anglais-français sont disponibles.

Les participants au webinaire devront opter pour la langue de leur choix à partir de l'onglet **Interprétation** au bas de l'écran.



Agenda

- i. Welcome and introduction (5 min)
- ii. Context setting & overview (10 min)
- iii. Panelist presentations (30 min)
 - i. Prisoners' Legal Services
 - ii. Nanda & Company
 - iii. Waterloo Community Legal Services
 - iv. AIDS Committee of Cambridge, Kitchener, Waterloo & Area
- iv. Panel discussion (25 min)
- v. Q&A, closing (15 min)

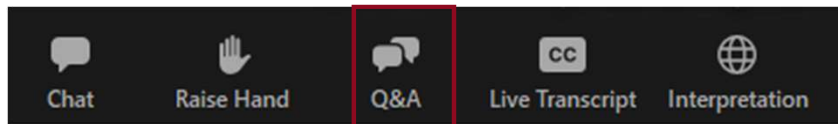
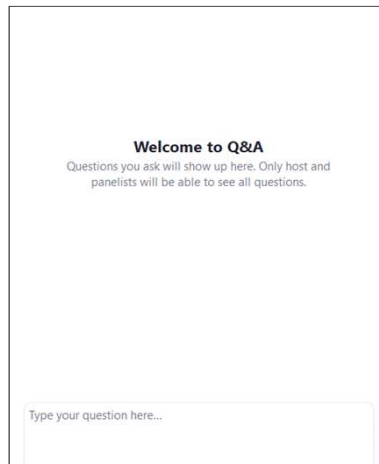
Ordre du jour

- i. Mot de bienvenue et présentations (5 minutes)
- ii. Présentation du contexte et vue d'ensemble (10 minutes)
- iii. Présentations par les panélistes (30 minutes)
 - i. Prisoners' Legal Services
 - ii. Nanda & Company
 - iii. Waterloo Community Legal Services
 - iv. AIDS Committee of Cambridge, Kitchener, Waterloo & Area
- iv. Table ronde (25 minutes)
- v. Séance de questions et réponses, et mot de la fin (15 minutes)

Panelists / Panélistes

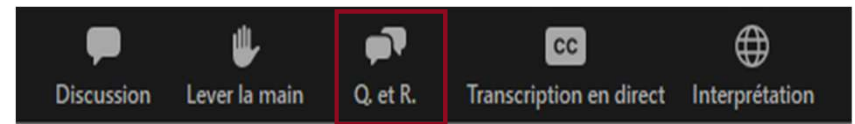
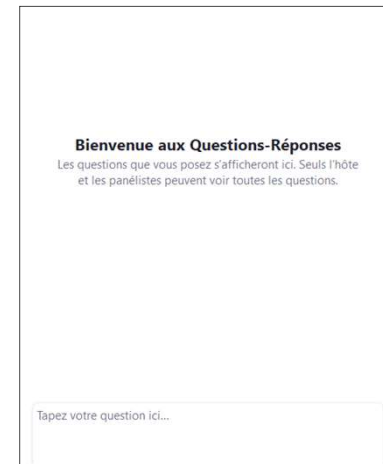
- **Sandra Ka Hon Chu**, HIV Legal Network
- **Nicole Kief**, Prisoners' Legal Services
- **Avnish Nanda**, Nanda & Company
- **Shannon Down**, Waterloo Region Community Legal Services
- **Ruth Cameron**, The AIDS Committee of Cambridge, Kitchener, Waterloo & Area

Q&A / Q. et R.



All attendees will be muted during the webinar.

Submit your questions in English or French through the **Q&A** tab at the bottom of the screen (not the Chat tab).



Tou·te·s les participant·e·s resteront en sourdine durant le webinaire.

Posez vos questions en français ou en anglais par l'intermédiaire de l'onglet **Q. et R.** au bas de l'écran (non celui de Converser).

ACCESS TO OAT FOR PEOPLE IN FEDERAL PRISONS

Nicole Kief
Policy Director
Prisoners' Legal Services

September 17, 2024

INCARCERATION & PEOPLE WHO USE SUBSTANCES

- 80 percent of incarcerated people have a serious substance use problem upon admission to custody, and one in 10 newly admitted prisoners report injection drug use in the months prior to admission.
- A significant number of people who die of overdoses in the community have been released from correctional facilities within the last year.
- Vulnerability to overdose upon release from custody.

OAT IN FEDERAL PRISONS

Spoke to almost 100 people incarcerated in federal prisons about barriers to OAT:

- Dangerously long wait lists
- Parole officer approval
- Accusations of diversion
- Involuntary discontinuations as a form of punishment
- Cold turkey terminations
- No treatment of withdrawal symptoms

“I was called down yesterday to talk with the head nurse. She said you have to have Hep C or cancer or overdosed within the last 30 days [to be a priority for OAT]. I’m trying to get on the program to help me from overdosing. There’s so much fentanyl and heroin here.”

“It feels like they [CSC] have your life in their hands. And they’re just like juggling around. Like your life is up in the air. You don’t know if you’ll get a yes or a no. The waiting process [for OAT] is nerve-wracking. Waiting every day, a week goes by, a month goes by....I’m not an impatient person. I don’t want everything right away, but I’d like to get some help.”

“[The CSC doctor] said he would put me on the waitlist, but he’s not doing anything until I get my PO’s support. My PO says I don’t follow the rules, but how am I supposed to follow the rules when I’m struggling with addiction?”

“[An involuntary taper] is the first thing they do. They don’t give you other options....I begged them to let me talk to the doctor to explain.”

“[The CSC doctor] said he wanted to make an example out of me.”

“The doctor just said, ‘I have to believe my staff over you because you’re just an inmate.’”

“The doctor said, ‘I want to put you back on, but what’s that going to show other people? It will show them that they can divert and it’s ok.’”

CANADIAN HUMAN RIGHTS ACT

- Protects people from discrimination when they are employed by or receive services from the federal government, First Nations governments or private companies regulated by the federal government.
- Drug dependence is a protected ground of discrimination in human rights law.
- PLS brought representative human rights complaint and assisted 15 individuals to bring their own human rights complaints to the Canadian Human Rights Commission.

COMPLAINT RESOLUTION (DEC 2021)

- Joint news release
- CSC committed to eliminating waitlists for OAT
- OAT data published on CSC website
- OAT guidance document
 - Sets timelines for starting OAT
 - Incorporates principles from UN Mandela Rules
- OAT should not be discontinued if benefitting person
- National Medical Advisor for OAT who reviews all involuntary discontinuations
- Discipline policy amended to incorporate Good Samaritan principles
- SMART recovery

SUCCESSSES & CHALLENGES

- OAT waitlists down
- PLS no longer receiving calls about OAT
- Guidelines & data publicly available
- Systemic resolution important to clients
- Sublocade/lack of choice
- A lot more needed to protect people from toxic drug supply
- Still many punitive approaches to drug use in prisons – strip searches, dry cells, disciplinary charges, etc.
- Access to OAT limited in many provincial jails outside BC

ACCKWA
Legal Supports for PWUD
September 2024



Agenda

- Waterloo Region context
- Impacts on services
- ED lens – risk perception versus reality
- WRCLS collaborative approach and impacts on health services

Waterloo Region Context

- 2-tier municipality, upper tier interest in demonstrated responsive leadership, innovation, reputation in province, both within administration and council.
- A Kitchener encampment clearance brought attention from local news
- Cambridge - known for hostility to PWUD and those experiencing homelessness

Health and Service Impacts

- Service hub – steep decline in interactions after each encampment clearance 60-90 interactions daily
- Accessibility / barriers primary care, NSP, RAAM, mental health, food security
- Street outreach – losing connections, impacts to trust, loss of networks that provide safety

Risk management ED Lens

- Initial assumption might be risk to org in participating in legal proceedings
 - Risk to funding, legal risk
- Primary care, NSP, RAAM, mental health, food security available at hub
- Street outreach – time investment to find participants, impacts to trust, loss of networks that provide safety

WRCLS collaborative approach

- Staff at WRCLS work at our hub and in other community service locations in the community
- Reach out via staff and peers to build trust with participants
- Reach out directly to spend time in community spaces to build trust directly with participants

Questions?

Please enter any questions for our panelists into the question box.

Des questions?

Si vous avez des questions pour nos panélistes, veuillez les saisir dans la boîte à cet effet.



Thank you!

Please complete the webinar evaluation that will be provided following this webinar.

Merci!

Veillez nous faire part de vos commentaires en répondant à l'évaluation qui vous sera envoyée après le webinaire.