

Deaths in Custody Review Committee

On August 25, 2026, the Deaths in Custody Review Committee provided the Minister of Justice with a review report. The report includes the following advice and recommendations:

RECOMMENDATIONS RELATED TO PREVENTING A SIMILAR DEATH IN THE FUTURE

Recommendation #1: We recommend the development and implementation of standardized guidelines for addiction care in correctional settings, with the aim of improving access, quality, and consistency of addiction care.

There is significant inconsistency among physicians in the management of drug addiction within correctional settings, leading to uneven care. Establishing clear, evidence-based guidelines for addiction treatment would help ensure that all individuals receive appropriate and consistent medical support.

Recommendation #2: We recommend that Corrections revisit its strategy to reduce the introduction of contraband into correctional facilities. This strategy should include the policy that all staff members, visitors, and contractors — including correctional officers, administrative personnel, management, and healthcare staff— be subject to mandatory screening at all entry points.

This review identified concerns regarding the movement of materials within the correctional environment and potential vulnerabilities in existing contraband-control measures.

The current policy framework states that staff entering a correctional facility will be searched when they have been randomly selected or there are reasonable grounds to believe they are carrying contraband. Applying the measure we suggest will strengthen security and reduce reliance on random searches, which may not effectively detect all contraband. This will also support corrections officers in refusing to engage in smuggling, since it will be certain that contraband will be detected.

Recommendation #3: We recommend that correctional facilities establish formal mechanisms to encourage open, ongoing dialogue between staff and management. Creating a safe and confidential environment for communication will allow staff to share concerns related to workplace pressures, safety risks, and ethical challenges without fear of immediate punitive action.

In addition to enhancing screening protocols, facilities should establish clear and supportive procedures for responding to staff found in possession of contraband. Rather than defaulting to immediate termination for a first offense, a more balanced approach is recommended. This should include structured, confidential discussions that allow staff to disclose underlying pressures and challenges contributing to the incident.

Such discussions are critical, as staff may face coercion, threats, or intimidation from persons in custody, including risks that extend beyond the facility to their personal lives through outside associates. Acknowledging these realities can help management better understand the environment in which staff operate. By fostering open dialogue, particularly at the first instance of misconduct, correctional leadership can identify systemic issues, provide appropriate support, and implement preventative strategies. This approach promotes both institutional safety and a more informed, responsive management framework.

Recommendation #4: We recommend that correctional officers receive comprehensive orientation and ongoing training in the interpretation of scans, with

an emphasis on the identification of foreign objects. This training should be delivered in collaboration with healthcare staff who are content experts in this activity.

The committee heard that corrections officers were not always comfortable with their own competence in interpreting the scans of person in custody. Responsibility for identifying and interpreting potential contraband should not rest solely on correctional officers. Staff should have access to support from trained health professionals when uncertainty arises, ensuring decisions are made safely and appropriately.

Correctional facilities should promote a supportive and holistic practice environment by providing officers with access to guidance, second opinions, and safe spaces to raise concerns without fear of judgment. This approach will improve accuracy in detection, reduce risk, and support staff confidence and well-being.

Recommendation #5: We recommend that government evaluate new evidence-based addiction treatment options for persons in custody, including medication-assisted treatment and other clinically supported interventions to prevent drug-related deaths.

Emerging evidence from Germany¹ highlights the potential of alternative models such as medication-assisted treatment (MAT) and cannabis-based therapies. Studies of incarcerated populations have shown that individuals receiving medication-assisted treatment report reduced use of illicit opioids and fewer instances of non-prescribed drug use after release, suggesting a decrease in reliance on illegal substances.

Additionally, broader research and patient data from Germany² indicate that access to regulated alternatives, including medical cannabis, may reduce dependence on other prescription drugs and illicit substances, supporting a shift away from underground drug markets. Given the high prevalence of substance use in correctional settings and the ongoing challenges associated with contraband drug trafficking, piloting such alternatives in a controlled, evidence-based manner could provide valuable insight into more effective and sustainable care models. Overall, investing in clinical trials and pilot programs will allow policymakers to evaluate innovative approaches, inform future correctional health policies, and potentially reduce both costs and illicit drug activity within facilities.

In this case, the individual used multiple methods and exploited system vulnerabilities to obtain drugs within the facility, including misrepresenting medical needs to access care or movement within and between facilities. Expanding access to appropriate, regulated treatment options may reduce the incentive to seek illicit substances and limit related trafficking and substance use in correctional settings.

¹ Stemmler, M., Geißelsöder, K., Weiss, M. et al. Long-term effects of medication-assisted treatment in opioid using offenders in German prisoners—treatment outcomes in prison and after release. *J Exp Criminol* (2024). <https://doi.org/10.1007/s11292-024-09653-6>

² [German Court Rules Inmates Can Legally Possess Cannabis In Their Cells](#)