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Re: CAEFS Advocacy Visit, January 2026

This letter details reports to the Canadian Association of Elizabeth Fry Societies' (CAEFS) Atlantic Regional Advocacy Team during our visits to Nova on January 7th, 20th and 21st, 2026. This letter also includes a summary of the discussion that took place during the meeting between members of the Atlantic Regional Advocacy Team and the Nova management team on January 22nd, 2026, relevant laws and policies, and CAEFS' recommendations. Thank you, and we look forward to your response.

Double Bunking

Description: CAEFS received reports from individuals facing prolonged periods of double bunking. Individuals told CAEFS they are experiencing significant challenges with their mental health, including triggering PTSD and daily mental breakdowns because of a lack of access to privacy and living in such close proximity to others. Individuals shared that they have had their belongings stolen, and that they are fearful of their safety, due to the increasing tension between themselves and their cell mates. Individuals shared that they have submitted numerous requests to the Correctional Manager (CM) requesting to be moved to a single cell, and that single cells have become available in their living unit since submitting these requests; however, they remain double bunked, with many stating these requests have not been responded to at all.

CAEFS heard from individuals who have received single cells, often as new admissions to Nova. Prioritizing people who have newly arrived to Nova for single cells is reportedly creating tensions amongst peers and is contributing to lateral violence.

Discussion: CAEFS raised the policy framework guiding double bunking, and Management shared that they have a double bunking assessment that is used, and those coming from other institutions may arrive with this assessment complete. Management explained that safety concerns are taken very seriously and encourages those who have concerns regarding their mental health to connect with the institution's mental health team, who can make recommendations to management.

Law and Policy:

CCRA s. 70: The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated persons] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.

CD 550 s. 7: Population management strategies must include single occupancy when feasible and ensure that double bunking remains a temporary accommodation measure.

CCRA s. 4 (g): Correctional policies, programs and practices respect gender, ethnic, cultural, religious and linguistic differences, sexual orientation and gender identity and expression, and are responsive to the special needs of women, Indigenous persons, visible minorities, persons requiring mental health care and other groups;

CAEFS' Recommendations: Double bunking has known and well documented adverse impacts and should be avoided in federal penitentiaries. CAEFS recommends that CSC prioritize reintegration efforts, and explore all possible alternatives to custody, lowering the amount of federally incarcerated women and gender-diverse people. We recommend that, when double bunking is necessary, CSC assesses individual compatibility, as well as physical and psychological health needs. This approach supports dignity, safety, and respectful living conditions.

Lockdown Conditions

Description: CAEFS received reports of a section 53 search and lockdown that lasted for 4 days. During this time, it was reported that incarcerated individuals were unable to access work, school, or programs and were required to be in their cells with the door closed every time rounds were completed (every 1.5 hours). Incarcerated individuals reported that, despite the lockdown, institutional medical services continued to effectively deliver prescribed medications to each living unit.

Discussion: Management acknowledged that section 53 searches have significant impacts on the mental health of those who are incarcerated, as well as their ability to access meaningful human contact. They shared that to mitigate this section 53 searches and lockdowns conditions are lifted as soon as possible.

Law and Policy:

CCRA s. 3 The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by
(b) assisting the rehabilitation of [incarcerated persons] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CCRA s. 4 (c): The Service uses the least restrictive measures consistent with the protection of society, staff members and [incarcerated persons];

CCRA s. 70: The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated people] are safe, healthful and free of practices that undermine a person's sense of personal dignity.



CAEFS' Recommendation: Lockdowns and restricted movement schedules produce significant trauma and result in long-term adverse impacts on individuals subjected to them. CAEFS encourages CSC to develop alternative measures to respond to issues of institutional safety that support both of their legislated purposes.

Access to Healthcare – Dental Care

Description: CAEFS continues to receive reports of individuals experiencing barriers to accessing adequate dental care. In some cases, it was reported that complications arising during routine dental treatment have led to the need for additional procedures. However, requests for authorization of follow-up care have been denied at the national level on the basis that such procedures fall outside the National Essential Services Framework. As a result, individuals continue to live with pain which impacts their day-to-day lives, including their ability to eat comfortably.

Discussion: Management advised that dental treatment options may include either treatment or removal of the affected tooth. In some circumstances, initial treatment may not resolve the issue, but in fact make it worse, and can lead to the need for further care. Management noted that eligibility for dental services is determined at the national level in accordance with the National Essential Services Framework (NESF) and services not included within this framework require special authorization, which may not be approved. Management offered that they could facilitate the service being provided at an individual's own expense.

Law and Policy:

CCRA s.4 (d): [Incarcerated persons] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted

CCRA s. 86 (1): The Service shall provide every [incarcerated person] with
 (a) essential health care; and
 (b) reasonable access to non-essential health care.

CCRA s. 86 (2): The provision of health care under subsection (1) shall conform to professionally accepted standards

Recommendation: CAEFS recommends that CSC reevaluate its framework for determining what constitutes essential health care with particular attention to access to timely and appropriate dental treatment. Given that individuals in CSC custody are unable to seek care independently in the community, limitations on non-essential classifications can result in prolonged pain, deterioration of health, preventable harm, and reduced health span and quality of life. CSC's responsibility for care should reflect this dependency and ensure that health services are not unduly restricted where community access would otherwise be available.

Access to Healthcare

Description: CAEFS received reports from several individuals concerned about switching to Sublocade, as the primary treatment option for Opiate Agonist Therapy (OAT). CAEFS heard several reports that people are not reacting well to the Sublocade injection. One individual noted that the injection in her abdomen has left a visible mass, which contributes to her experiences of body dysmorphia. It was also reported that individuals feel as though



they do not have medical autonomy and are frustrated by the change as some have been successful with their previous form of OAT for several years.

CAEFS also heard from individuals who were concerned about the lack of long-term studies completed on this drug, and the existing known side effects, particularly infertility. It was noted that individuals feel extreme stress and anxiety knowing that their ability to bear children could be affected by this decision made by CSC.

CAEFS spoke with several individuals who were fearful of adverse effects related to the drug, sharing that the implant in their abdomen would have to be physically cut out if complications were to arise. Advocates met with one individual who did in fact experience complications, and endured drug-poisoning symptoms which resulted in treatment at an outside hospital. She explained that prior to being prescribed Sublocade, she had requested to be weaned off her existing OAT medication, suboxone, however this request was denied. She explained further that she felt the dosage of Sublocade administered was too high, and that she had a negative reaction. Knowing that she experienced a negative reaction to the Sublocade, this individual removed themselves from OAT “cold turkey” over the next several weeks.

Discussion: Management thanked CAEFS for bringing these concerns forward. It was explained to CAEFS that prior to any medication changes, thorough consultation takes place with the incarcerated individual, including discussing all possible side effects, which management agrees can be anxiety inducing. Management shared further that this drug was studied at the national level, determining the safety and efficacy of Sublocade, specifically within the prison environment. It was noted that often individuals do experience adverse reactions within the first 1-3 months of using the drug, however, success is seen following this period. Management encourages anyone who experiences adverse reactions due to Sublocade to bring these reports forward to healthcare. Management shared that there are currently 2 individuals who are pursuing first level grievances related to the changes of OAT. Management concluded by sharing that though Sublocade is considered the first line of treatment for OAT, methadone is still available, however suboxone is not.

Law and Policy:

CCRA s. 4(d): [People who are incarcerated] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted.

CCRA s. 4(g): Correctional policies, programs and practices respect gender, ethnic, cultural, religious and linguistic differences, sexual orientation and gender identity and expression, and are responsive to the special needs of women, Indigenous persons, visible minorities, persons requiring mental health care and other groups.

CCRA, section 86.1: When health care is provided to [incarcerated people], the Service shall (a) support the professional autonomy and the clinical independence of registered health care professionals and their freedom to exercise, without undue influence, their professional judgment in the care and treatment of [incarcerated people]; (b) support those registered health care professionals in their promotion, in accordance with their respective professional code of ethics, of patient-centered care and patient advocacy.

CAEFS' Recommendations: Given CSC's responsibility to provide safe and humane care for individuals in federal penitentiaries—where they rely on staff and contractors for health services, CSC must adopt additional measures to protect the dignity and well-being of those in its care. Access to appropriate, trauma-informed health care is



essential, not only to meet community standards but also to support meaningful engagement in correctional plans and successful reintegration. CSC should avoid undermining physicians' and nurse practitioners' ability to prescribe the most effective treatment by prioritizing security concerns over clinical judgment in formulary decisions.

Follow Up: Access to Indigenous Culture

Description: Last month CAEFS advocated in support of an individual who had asked for further intervention following their repeated unsuccessful attempts to access cultural materials. She has requested her own smudge kit, and this request was denied. Instead, she was told that she could access a communal smudge kit.

During our January advocacy visit, CAEFS followed up with this individual. She shared that during a cell search earlier this month, cultural material, specifically ashes from smudging, were removed from her cell and thrown in the garbage, with a staff member noting a suspicious burnt substance with a "funky smell". Following the search, the staff member requested that the communal smudge kit only be used outside during rec time, and this decision was ultimately approved by the Correctional Manager (CM).

This individual felt frustrated and saddened by this direction, voicing her concerns about being unable to practice her culture freely. She shared that she benefits immensely from being able to smudge in times of pain and tension. As an individual imprisoned within the maximum-security unit, her access to outside time, and subsequently her culture, is extremely limited.

Discussion: Management committed to speaking with the CM and Indigenous team to establish a process for storing and handling used smudging materials moving forward. It was reiterated that this individual's access to an individual smudge kit remains restricted, because of her strained relationship with the Elder. CAEFS shared that this individual is open to mediation with the Elder and that she would appreciate CAEFS support in this conversation. Management offered to speak with the Indigenous Liaison Officer (ILO) and Elder about this and will reach out to the individual to follow up.

Near the end of CAEFS' meeting with management, the Acting Warden of Operations (AWO) shared that they have spoken with the CM of the maximum-security unit, who had already consulted with the ILO, and concluded that individuals will continue to be permitted to use the communal smudge kit in both their cell and the yard.

Law and Policy:

CCRA, section 4(d): [People who are incarcerated] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted.

CCRA, section 4(g): Correctional policies, programs and practices respect gender, ethnic, cultural, religious and linguistic differences, sexual orientation and gender identity and expression, and are responsive to the special needs of women, Indigenous persons, visible minorities, persons requiring mental health care and other groups.

CD 702 Annex E: [Incarcerated persons] may request the Institutional Head or delegate (in consultation with the Elder/Spiritual Advisor) to allow that spiritual, cultural or traditional items (e.g. medicines, medicine



bags/pouches, feathers) remain with their cell effects. Cultural items (e.g. medicines, medicine pouches, feathers) are considered to have no monetary value; however, they are deemed to have significant spiritual Value.

CAEFS' Recommendations: People in prison retain all rights as every person in Canada, except those necessarily limited. Restricting spiritual and cultural items to exclusive entry through an Elder creates barriers and limitations to people's fundamental constitutional rights. CAEFS continues to encourage the review current practices regarding how people incarcerated at Nova gain access to Indigenous spiritual and cultural items, including individual smudge kits. In addition to items arriving through an Elder, there should also be opportunities for such items to be sent in from community and to be held as cell effects (or personal property of the incarcerated person).

Conditions of Confinement – Heating

Description: CAEFS continues to receive reports that there are several living units within the medium-security compound that are inadequately heated, including living unit 1 and living unit 2, as well as a broken window in living unit 9. These conditions raise concerns regarding the comfort, wellbeing, and safety of incarcerated individuals, particularly during colder periods, and may have negative impact on their physical and mental health. CAEFS noted, however, that the temperature in the small programs room has improved significantly.

Discussion: Management shared they are aware of the issues and have assigned staff to address this.

Law and Policy:

CCRF s.12: Everyone has the right not to be subjected to any cruel and unusual treatment or punishment.

CCRA s.70: The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated persons] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.

CAEFS' Recommendations: CSC must provide a living environment that is safe, dignified, and humane. CAEFS strongly recommends ensuring all living units are adequately heated to prevent negative impacts on one's physical and/or psychological wellbeing.

Access to Legislation

Description: It was reported to CAEFS that individuals in the minimum, medium, and maximum-security units do not have access to law and policy, including the Corrections and Conditional Release Act (CCRA) and the most recent versions of the Commissioners Directives (CD's). This issue was raised by the Inmate Committee (IC) at their monthly meeting and Management informed them that it was being investigated.

Discussion: CAEFS asked if there is timeframe for the updates, and how often they will be reviewed moving forward. Management explained that they have reached out to Regional Headquarters (RHQ) to inquire as to how and when these updates will take place, as this component of operations is managed at the regional level. Management offered that anyone looking to obtain an updated copy of CD's or regulations can make a request through the IC chair or their house representative, and this information can be printed off by staff.



Law and Policy:

CCRA s.4 (d): [Incarcerated persons] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted

CCRA s. 91 Every [incarcerated person] shall have complete access to the [incarcerated person] grievance procedure without negative consequences.

CCRA s. 98 (2): The Commissioner's Directives shall be accessible to [incarcerated persons], staff members and the public.

CCRR s. 97 (3): The Service shall ensure that an [incarcerated person] has reasonable access to

- (a) legal counsel and legal reading materials;
- (b) non-legal materials, including
 - (i) Commissioner's Directives, and
 - (ii) regional instructions and institutional standing orders, except those relating to security matters;

CAEFS' Recommendations: CAEFS recommends that CSC ensures broad, accessible, timely, and consistent access to up-to-date legislation, including the CCRA and Commissioner's Directives, across all security levels. CAEFS further recommends that clear timelines be established and communicated regarding when updates will be completed and how frequently materials will be reviewed on an ongoing basis. Doing so will ensure that incarcerated individuals have unrestricted access to information regarding their rights and can utilize the grievance process effectively.

Population Update

At the time of the meeting, management reported that there were 112 people incarcerated at Nova with 1 person in the Structured Intervention Unit.

In closing and on behalf of CAEFS Atlantic Regional Advocacy team, I would like to thank the management team at NIFW for continuing to have open dialogue, investigating the reports we raise, and engaging in solutions orientated discussion wherever possible.

Respectfully,
Shelby Thompson



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