



Office of the  
Chief Coroner  
Bureau du  
coroner en chef

Verdict of Inquest Jury  
Verdict de l'enquête

The Coroners Act – Province of Ontario  
Loi sur les coroners – Province de l'Ontario

We the undersigned / Nous soussignés,

|       |         |       |
|-------|---------|-------|
| _____ | of / de | _____ |
| _____ | of / de | _____ |
| _____ | of / de | _____ |
| _____ | of / de | _____ |
| _____ | of / de | _____ |

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

|                          |                       |
|--------------------------|-----------------------|
| Surname / Nom de famille | Given Names / Prénoms |
| Davis                    | Murray James          |

aged 24 held at London, Ontario  
à l'âge de tenue à

from the 21<sup>st</sup> day of November to the 30<sup>th</sup> day of November 20 22  
du au

By Dr. / D<sup>r</sup> David Eden Presiding Officer for Ontario  
Par président pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:  
avons fait enquête dans l'affaire et avons conclu ce qui suit :

Name of Deceased / Nom du défunt  
Murray James Davis

Date and Time of Death / Date et heure du décès  
August 17, 2017 8:00 a.m.

Place of Death / Lieu du décès  
Elgin Middlesex Detention Centre, 711 Exeter Road, London, ON

Cause of Death / Cause du décès  
Acute combined fentanyl and hydromorphone toxicity

By what means / Circonstances du décès  
Accident

Original confirmed by: Foreperson / Original confirmé par: Président du jury

|       |
|-------|
| _____ |
| _____ |

Original confirmed by jurors / Original confirmé par les jurés

The verdict was received on the 30<sup>th</sup> day of November 20 22  
Ce verdict a été reçu le (Day / Jour) (Month / Mois)

|   |  |
|---|--|
| Presiding Officer's Name (Please print) / Nom du président (en lettres moulées)<br>Dr. David Eden | Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd)<br>2022/11/30 |
|---|--|

Presiding Officer's Signature / Signature du président

We, the jury, wish to make the following recommendations: (see page 2)  
Nous, membres du jury, formulons les recommandations suivantes : (voir page 2)



Office of the  
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## Verdict of Inquest Jury Verdict de l'enquête

The *Coroners Act* – Province of Ontario  
*Loi sur les coroners* – Province de l'Ontario

Inquest into the death of:  
L'enquête sur le décès de:

**Murray James DAVIS**

### JURY RECOMMENDATIONS RECOMMANDATIONS DU JURY

#### **Facility**

1. The Ministry of the Solicitor General ("Ministry") shall replace Elgin Middlesex Detention Centre ("EMDC") with a new, modern facility designed to adequately accommodate, with dignity, people in custody and to provide an environment with suitable space in which people in custody can achieve rehabilitation and reintegration through training, treatment and services designed to afford them opportunities for successful personal and social adjustment in the community.
2. The Ministry shall immediately assess the number of people in custody at EMDC, recognizing that the overcrowding of people in custody worsens their mental and physical health.

#### **Harm Reduction**

3. Implement more rigorous and thorough assessment of potential and current employees.
  - (a) Within hiring practices to ensure personality and culture fit, situational judgement, role-specific skills.
  - (b) Incorporate in regular performance evaluations to ensure that the individual's values remain consistent with expectations.
4. EMDC will ensure constant supervision when volunteers from the persons in custody population are used for the service of meals, or any other similar activities.
5. The Ministry should abandon its zero-tolerance policy with respect to both the use of street drugs and the diversion of prescribed drugs, recognizing that this policy stigmatizes and punishes people for behaviours that stem from underlying medical issues.
6. The Ministry should embrace an evidence-based approach to harm reduction in a manner that protects the mental and physical health of persons in custody.
7. The Ministry should adopt "Good Samaritan" principles in operational policies and practices to encourage persons in custody to call for help or try to help another person suspected of being in medical distress or come forward with information about drugs within the institution, without being

subjected to any institutional misconduct proceedings for possession or use of contraband.

8. The Ministry should provide educational opportunities to persons in custody and operational staff at correctional facilities about the “Good Samaritan” principles that it adopts in its operational policies and practices.
9. The Ministry should explore implementation of harm reduction strategies similar to those used at supervised consumption sites.
10. The Ministry should take steps to actively promote awareness of information, services and programs available to persons in custody regarding opioid/other substance use.
11. The Ministry should provide education opportunities to persons in custody on the following topics:
  - (a) Signs of drug overdose;
  - (b) Illicit opioid/other drugs available/in circulation;
  - (c) Mental and physical health risks of using illicit opioid/other drugs;
  - (d) Safe drug-use practices, including never to inject, smoke or ingest drugs alone; and,
  - (e) The risks of mixing illicit opioid/other drugs with prescription drugs.
12. The educational opportunities should be provided upon intake and at least once a month in a group setting, and the contact information for healthcare workers should be provided to persons in custody if they would like to get more information.
13. The Ministry should create and implement a policy that requires the use of specific language by correctional officers and healthcare workers at each correctional facility which prioritizes humanizing people in custody by addressing them as patients, persons in custody and/or persons who use drugs.
14. In conjunction with recommendation #12, the Ministry should abandon the use of the title, “Native Inmate Liaison Officer,” and move toward the exclusive use of the title, “Indigenous Liaison Officer.”
15. The Ministry should deliver alerts to persons in custody on an urgent basis regarding new and emerging threats from novel street drugs.
16. The Ministry should undertake a study to identify the effects of overcrowding, and other living conditions on inmate populations especially those with addictions and/or pre-existing mental

illness and to take any appropriate corrective measures.

17. The Ministry should collaborate with the London Middlesex Medical Officer of Health in developing its harm reduction strategies.

18. The Ministry should implement dedicated and centralized real time monitoring of cameras at EMDC to facilitate identifying problems as they arise and that sufficient staff be hired if necessary to maintain monitoring in real time.

### **Access to Naloxone for People in Custody**

19. The Ministry should provide direct access to Naloxone spray for people in custody, including within locked cells.

20. The Ministry should ensure that people in custody receive training concerning the use of Naloxone within a custodial setting, including the need to engage an emergency medical response following its use.

21. The Ministry should ensure that Naloxone spray devices deployed in areas accessible to people in custody are positioned in a manner that correctional staff on security rounds may determine that a device has been used or removed.

### **Responses to Medical Emergencies**

22. The Ministry should ensure that people in custody have access to a reliable means of initiating an emergency medical response.

23. The Ministry should retrofit all units within EMDC to facilitate the implementation of the Direct Observation model, as a means of ensuring that people in custody are able to initiate a prompt response to a medical emergency. Direct observation should include the ability to monitor sound on the unit.

24. The Ministry should position equipment necessary for an emergency medical response close to living units.

25. The Ministry should install monitoring equipment of good quality at EMDC to ensure that all areas of the living units may be viewed with an image clear and large enough to detect any unusual occurrences or problems.

## **Provision of Healthcare for Substance Use Disorder**

26. The Ministry should ensure that EMDC has sufficient space to permit private interactions between persons in custody and nurses, including addiction and mental health nurses, social workers and counsellors. This should include sufficient correctional staff to permit safe movement of people in custody who are accessing these services.
27. The Ministry should ensure that Opioid Agonist Treatment (OAT) is available to persons in custody within 48 hours of the person's initial assessment during the admission process. The Ministry should ensure that there are sufficient physician clinics and staffing of qualified addiction nurses to meet this standard.
28. Corporate Health Care with the Ministry should continuously monitor wait times for the availability of OAT initiation to ensure that the 48 hour standard for offering OAT is met.
29. Programs and other initiatives to address drug addiction and abuse should be encouraged, prioritized and promoted in prominent places throughout the facility where they are likely to come to the attention of persons in custody. Consideration of streaming short video clips or other helpful information via the television screens on each living unit should also be given.
30. That sufficient staff be hired and maintained to allow for constant visual monitoring of the living units and to adequately and immediately intervene in any circumstances of drugs or other contraband being found.

## **Culturally Appropriate Healthcare for Indigenous People**

31. The Ministry should conduct an Indigenous led study that consults with Indigenous community organizations and Indigenous healthcare providers to obtain information regarding Indigenous cultural and spiritual healing practices and use of Indigenous traditions known to assist in prevention of substance use, wellness and a means to address addictions in a culturally sound way.
32. The Ministry should use the Indigenous led study to create and implement a policy on using Indigenous cultural practices as solutions to combating the opioid crisis at EMDC.
33. The Ministry should ensure that any of the Indigenous Liaison Officers and Indigenous Elders are

engaged in the provision of health care information and treatment when requested by patients.

34. The Ministry should engage with Indigenous communities, organizations and health care providers in the development of corporate strategies, such as the Correctional Health Care Strategy and the Mental Health and Addictions Strategy for Corrections.

### **Necessary Rehabilitation Supports**

35. The Ministry should take immediate steps to improve opportunities for persons in custody to access recreation and exercise facilities and programs. This should include the provision of adequate space within EMDC, and correctional staff to permit safe movement of people in custody who are accessing these opportunities.

36. In order to ensure the EMDC is operated in a safe and respectful way, the Ministry should explore resurrecting the Community Advisory Board program to access, tour and inspect EMDC and to present reports of their findings to the Solicitor General at least annually. These reports should be posted publicly.

37. In order to ensure the EMDC is operated in a safe and respectful way, the Ministry should employ outside agencies and experts to access, tour and inspect EMDC and to present reports of their findings to the Solicitor General at least annually. These reports should be posted publicly.

### **Ontario Health Insurance Plan cards and Identification**

38. The Ministry should conduct a review of the barriers to accessing OHIP cards and identification to identify solutions to the lack of access by people in custody to necessary documentation.

39. EMDC should designate a staff person responsible for ensuring that persons admitted to EMDC have the necessary identification to facilitate discharge planning. The designated staff person should consult with health care units in other correctional facilities to identify best practices in obtaining this documentation, pending a Ministry-wide solution.

### **Correctional Health Care**

40. The Ministry should conduct a needs assessment to determine whether patients at EMDC receive health care services equivalent to the services received by people who are not in custody. Where gaps and disparities are identified, the Ministry should take immediate steps to ensure that the quality of healthcare delivered at EMDC is equivalent to that in the broader community.

41. The Ministry should conduct a comprehensive and ongoing process of engagement with patients in its custody in the development of healthcare strategy, policy and delivery.
42. The Ministry should consider changing the reporting structure for healthcare to ensure that the Healthcare Manager at the institutional level reports directly to Corporate Health Care.
43. The Ministry should prioritize the completion of its project to implement electronic health records for patients living in correctional facilities.
44. The Ministry should advocate for total compensation offered to nurses and healthcare staff be competitive with that in non-correctional settings.
45. The Ministry should consult with and receive expert advice on remedies to improve living conditions and healthcare delivery and implement any potential life saving strategies on an urgent basis.

#### **Supports for People in Custody Who Witness a Traumatic Event**

46. The Ministry should engage with people with lived experience to develop enhanced supports for people in custody who witness a traumatic event. These supports should account for the social barriers to accessing such supports within a custodial environment.

#### **Training**

47. The Ministry should ensure that healthcare and correctional staff at correctional facilities receive additional training about building rapport and resolving challenging encounters with persons in custody.
48. The Ministry should ensure that correctional management, including Regional Directors and other senior Ministry decision makers, staff and healthcare providers at correctional facilities receive awareness training regarding the causes and nature of substance use disorder to address stigma surrounding addiction.
49. The Ministry should ensure that correctional management, including Regional Directors and other senior Ministry decision makers, staff and healthcare providers at correctional facilities receive additional Indigenous cultural safety training. This training should be designed and delivered by Indigenous people. Refresher training should be delivered annually.

50. The Ministry should develop training for correctional officers on strategies to work constructively with Indigenous men in custody, similar to the “Biidaaban Kwewok and Biidaaban Niniwok Beginnings for Indigenous Women and Men” training.

### **Supports for Indigenous People**

51. The Ministry should ensure that each institution: develops Indigenous specific programming which reflect the local Indigenous communities and agencies surrounding the institution; provides Indigenous persons in custody with access to Indigenous healing practices including Knowledge Keepers and Elders.

52. The Ministry should ensure that Indigenous Liaison Officer (ILO) services are adequately resourced and funded to meet the needs of Indigenous people. Indigenous people should be able to access spiritual rights as well as programs with regularity and without unreasonable delay.

#### **Specifically:**

- a) The Ministry should ensure that all ILO positions are adequately funded and strive to achieve more equitable compensation so that they can recruit, retain and keep ILO staff in full time, permanent positions;
- b) The Ministry should create policy and direction that recognizes the role and function of ILO staff as central to the delivery of Indigenous spiritual, cultural access and for health and wellness;
- c) The Ministry should consider increasing ILO staff at each Institution to meet the needs and services of the Indigenous persons in custody population, so that programing for Indigenous persons is, at minimum representative of the needs or recognizes the number of Indigenous persons in each institute;
- d) Spiritual Elders, knowledge keepers and helpers should be provided honoraria or some form of financial compensation for the important work they are conducting as part facilitating their access to their spiritual rights or as part of culturally relevant programing, and that the Ministry should revise both health and ILO policy to recognize cultural and spiritual support as a fundamental healthcare right to all;
- e) The Ministry should engage in community consultation on the development of Indigenous core programing with Indigenous leadership including First Nation, Metis, Inuit communities and organizations, including health organizations that are both rural/remote and in urban centres.

53. The Ministry should analyze the data they collect to determine where there are gaps in service delivery of programs at particular institutions. Where gaps exist, the Ministry should explore and research means to increase actual programing at Detention and Correctional Centres:

- a) Analysis of data collection or research of Indigenous core or other programing should include identification of gaps, steps taken to resolve gaps, improvements and best practices;
- b) This analysis and research should be reported, maintained and disseminated to Ontario`s correctional Institutions, service providers and for use with consultation with First Nation, Metis



and Inuit community;

c) The Ministry should consider evaluating and modifying their policies on allowing volunteers into the facility that have a criminal record. Specifically, they should consider the length or passage of time since a volunteer had any criminal convictions and the nature of the criminal conviction to determine criteria that would increase Indigenous volunteers' participation in Indigenous programming and to provide peer resources in an effective way.

54. EMDC should report to the Ministry on any steps or progress being taken at EMDC in relation to traditional Indigenous medicine. The Ministry should research and report on, with a mind to exploring the development of programs and facilities with Indigenous community consultation, the health and wellness benefits of similar Indigenous practice and resources.

55. The Ministry should ensure cooperation between ILO and addiction and mental health nurses with respect to discharge and community reintegration. The ILO team should be seen as crucial members for integrated assessment, treatment, care and reintegration plans for any self-identifying Indigenous person.

56. EMDC should encourage staff participation in Indigenous ceremony and celebrations to promote better understanding of the strengths of Indigenous cultural practices.

57. The Ministry should seek funding to implement these recommendations.