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Chair

Mr. Kevin Sorenson

Standing Committee on Public Safety and National Security

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• (1100)

[English]

The Chair (Mr. Kevin Sorenson (Crowfoot, CPC)): Good morning, everyone. Welcome here.

This is meeting number 5 of the Standing Committee on Public Safety and National Security, on Tuesday, October 4, 2011.

Today we are going to continue our study on drugs and alcohol in prisons. More specifically, we are studying how drugs and alcohol enter prisons, the impact it has on offenders and on the rehabilitation of offenders, and also the impact it has on the safety of correctional officers and on crime within our institutions.

I remind each one that the topic of prisons is a vast topic. We're specifically speaking on drugs and alcohol in our prisons.

In our first hour this morning we have, from the John Howard Society of Canada, Ms. Catherine Latimer, executive director. Welcome. From the Canadian Association of Elizabeth Fry Societies, we have appearing before us Ms. Kim Pate, executive director. We welcome both of you.

On behalf of the committee, it's good to have you here, and we look forward to the information you can provide to us. You have approximately 10 minutes for opening statements, and then we'll move into the first and second rounds of questions.

Ms. Latimer, would you like to begin, please?

Ms. Catherine Latimer (Executive Director, John Howard Society of Canada): Thank you very much for the kind invitation to the John Howard Society to appear on this issue, which is very important to us.

The John Howard Society is a community-based charity whose mission is to support effective, just, and humane responses to the causes and the consequences of crime. We have about 65 front-line offices across the country that provide support in terms of reintegration support and also crime prevention activities. Many of those we serve are battling alcohol and drug addiction, so this is an important issue for us.

I'll focus my remarks on, as you suggest, drugs and alcohol in the prisons. We have a rights-based approach to dealing with all policy matters in prisons. That is, essentially those who are sentenced to custody retain rights, except for those implicated in the carrying out of the actual sentence. They retain rights to health care and a variety of other services that would otherwise be available to citizens. If there is any further hardship that's imposed on an inmate in the course of the carrying out of the sentence, then those are protected

by section 7 charter rights, and you have to proceed in accordance with fundamental principles of justice.

We agree that the situation of drugs in prison is serious. It creates violence, it spreads disease, and it can lead to further crime. We agree that efforts should be made to reduce the amount of illicit drugs in the institutions.

I would also point out that we fully endorse the paper that was done by Michael Jackson and Graham Stewart, called *A Flawed Compass*, which comments on the government's road map for corrections policy. Chapter 6 of that report deals specifically with drug issues. If you haven't had a chance to read it, I would commend it to the committee.

We believe you need to have a balanced approach in any sets of policies dealing with drug issues. Interdiction, which is on the supply reduction side, is of course important, but we would urge a broader approach to the issue of drugs in prison. We believe that to be humane and effective you really need to include treatment and harm reduction efforts in the strategy for dealing with drugs and alcohol in prisons. Such a strategy should be based on what works, the evidence of what works, and an assessment of some of the things that have already been tried. For example, I think we should look at the effectiveness of the existing interdiction measures. I think it's also important to look at the costs of the interdiction measures in terms of family visits and the importance of those family visits in terms of supporting reintegration in the long run.

I think it's important to look at the benefits of treatment for those with addictions and at the need for harm reduction measures within the prisons to ensure that the needs of inmates suffering from the disease of addiction are addressed and to curb the spread of disease.

Interdicting drugs into the prison is a very important aspiration, but it will be highly unlikely that you will be 100% successful in stopping the flow of drugs into prisons. What you will be doing is reducing the supply without necessarily reducing the demand, if you're only concentrating on the interdiction side, which will lead to perhaps greater inmate unrest and more violence in the prisons. So I think we need to be careful about how this is being approached.

Moreover, I think when you're looking at the interdiction side, it is very important to look at the inaccuracy of ion scanners and sniffer dogs. This needs to be recognized. The literature is pretty clear that ion scanners produce a significant number of false positives. Similarly, some studies show that 75% of the people identified by the dogs were later found not to be carrying drugs, so that also indicates a high number of false positives, and there is a huge variation in the ability of dogs to be successful at sniffing drugs. It's an important technique, but I think the accuracy of it really needs to be checked.

The other thing I would raise with you, and it has been raised to me by many family members of inmates, is that there is a huge price to be paid for visitors into the prisons because of the interdiction measures.

• (1105)

A small percentage of the inmates are actually involved in drugs, but the interdiction measures and the screening measures apply to all inmates and to all of their visitors. CSC did a study of seizures during 2001 and 2006 and found that only about 20% of the drug seizures took place in the visits area, so there are other ways in which the drugs are going through.

The visitors suffer a terrible stigma from false positives and the notion that they may be a possible drug user or drug carrier. This is very intimidating for them. Many of them have signalled that it would affect their willingness to continue to visit inmates in prisons.

Some visitors also are intimidated by the dogs or embarrassed by the intrusive nature of the dogs' behaviour. Inmates have filed a grievance about perceived inappropriate handling of dogs vis-à-vis female visitors. I think that needs to be looked at.

I would re-emphasize that maintaining contact with family and community members is extremely important for successful reintegration and for community safety in the long run. I think we need to take very seriously the issue of whether the interdiction measures are offset to some extent by the negative consequences for the visitors.

On treatment, the Supreme Court of Canada decision last week in *Canada v. PHS Community Services Society*, which dealt with Insite, recognized addiction as a disease that needed to be treated and where harm reduction needed to be applied. It found the minister's exercise of discretion in limiting access to medical assistance and harm reduction to have violated section 7 rights with respect to "fundamental principles of justice".

Given that the illness of addiction denies the addict the capacity to exercise free choice about drug use, treatment really is necessary to bring the offender to the position where they can exercise free choice about drug use. Therefore, treatment for addiction cannot reasonably be withheld on the basis that it is the addicted offender's choice to use the drugs.

We are enormously pleased with the government's national anti-drug strategy in that it takes a balanced approach to dealing with addiction and drug issues. It includes enforcement as well as treatment and prevention, all of which I think are very important in dealing effectively with drug issues.

In the last version, resources were allocated for the treatment of youth in custody, and we urge that the renewal of the national anti-drug strategy for 2012 include resources to test effective treatment for both youth and adult offenders, treatment that begins in custody and continues into the community as part of a reintegration strategy. Many John Howard Society affiliates might be able to assist with that type of programming.

I would also like to talk a bit about harm reduction. There is little doubt that addiction leads to significant harms within the custodial setting. Those suffering from the illness have no legitimate access to the substances to which they are addicted, nor do they have any safe means to administer drugs. The resulting injury to the addict and the spread of infectious diseases like hepatitis C and the presence of other drug- and alcohol-related illnesses may well constitute a public health issue and should be addressed.

With respect to crowding, there has been a recent increase in the number of inmates within the penitentiaries. Since March 2010, it's estimated that between 800 and 1,000 inmates have been added to the institutions of the Correctional Service of Canada, which is basically the equivalent of two full institutions.

The increasing crowding in the prison systems across the country will exacerbate harms resulting from drug and alcohol addiction, both directly and indirectly. In a direct sense, the increase in double-bunking and the dense population will facilitate the spread of disease. The American Public Health Association calls for 60 square feet per occupant in a single cell, which is single occupancy, essentially, of CSC space, and 75 square feet per occupant in a prison dormitory.

Indirectly, crowded prisons lead to more violence, more pressure on guards, more lockdowns and tighter security, and less access to rehabilitative programs, health care, etc. In such circumstances, the demand for drug and alcohol actually increases in the prisons.

• (1110)

We have a number of recommendations for the committee's consideration.

The Chair: Be very quick. We're over our time limit here already.

Ms. Catherine Latimer: Okay. I will get through these very quickly.

One, we think interdiction should be part of a broader strategy for dealing with drugs and alcohol in the prisons.

Two, the prevalence and policies associated with false positives in current interdiction techniques should be assessed.

Three, the impact of drug interdiction efforts on family visits should be recognized, and consultations with inmates and families could perhaps be held to see if there is some way to address the drug policy objectives without jeopardizing the family visits.

Four, treatment should be available for those under the care of CSC.

Five, the renewal of the national anti-drug strategy should include resources to test addiction treatment for offenders as part of the continuum of care that bridges the transition back into the community.

Six, harm reduction should be available.

Seven, an assessment should be done to determine if the spread of alcohol and drug-related disease is more prevalent in prison, and, if so, steps should be taken to address that.

Eight, given the increased density of the prison population, the Canadian public health authorities should be invited to comment on minimum space requirements and other health issues.

And nine, finally, in light of the recent Supreme Court of Canada decision, a review of the use of the discretion, by the minister and officials, that limits access of offenders suffering from the illness of addiction to treatment and harm reduction should be undertaken to ensure charter compliance.

Thank you very much.

The Chair: Thank you very much, Ms. Latimer.

We'll now proceed to Ms. Pate, please.

Ms. Kim Pate (Executive Director, Canadian Association of Elizabeth Fry Societies): Thank you very much.

Thank you very much for inviting the Canadian Association of Elizabeth Fry Societies.

I know the committee is working very quickly on things. I apologize that I did not have an opportunity to develop a written submission, as I was actually on the road, in an airport, when I received the call asking if we could attend. I'm very happy to be here, and very happy I could get back in time, but I send regrets from my board members who were not able to attend as a result.

We have 26 members across the country. They range from organizations that are the only community service, the only women's service, the only victims service in some areas, to those that are doing prison resettlement work. We work with marginalized, victimized, criminalized, and institutionalized women and girls, both those who are within the criminal justice system and those who are not.

In terms of drug use, I won't repeat things that my colleague Catherine has said. She very ably covered many of the issues. Rather than repeat those, I want to talk a bit about the differences we see, particularly for women, in this issue of drug use and alcohol interdiction methods within the prisons and the impact it has to pull the two together and not differentiate policies from time to time.

As many of you know, I've worked for almost 30 years now in this area, first with young people, then with men, and for the last 20 years focusing on women in particular. There's one thing that's vitally important to know about many of the women in prison. The estimates last done by Corrections during the task force, which was more than 20 years ago, showed that at that time, almost 91% of

indigenous women and about 80% of all women had histories of physical and/or sexual abuse.

You may wonder what that has to do with drug use.

Because of limits in health care, particularly in mental health care, an area where women have traditionally been overrepresented, in large part, because of those kinds of histories when they're marginalized, often women have first been medicated even before they are in an institution. As we have seen cuts to health care across the country, we've seen women start to self-medicate when they are no longer eligible for drug plans, whether it's through their employment or through social assistance or whatever. We also see in the prison system that one of the highest rates of medication use is with women prisoners. It's also with indigenous women and with women—and men, for that matter—who have mental health issues.

So we start with the point of discussing two areas of drug use. One is legal drug use in terms of the use of drugs that essentially act as medical constraints or restraints and that interfere with, or mask sometimes, the medication or the use of other drugs. It also often gets confused with other drugs. We have a number of women who've had to go through court cases that they can ill afford.

Those of you who are aware of this area will know how difficult it is if you're charged with an offence in custody—for instance, of drug use. If you have either a false positive or a positive that isn't determined yet to be false on a urinalysis test, it's very difficult often to challenge that when you don't have access to any kind of legal support or have access to in fact be able to put forth the research that would show that this particular legal medication might be mistaken for an illegal medication, or that the interaction of certain medications may create a false positive. So we end up with situations where we have medication being confused with illegal drug use.

We also see situations, as we've seen some challenges to that medication within the prisons, of women starting to self-medicate both in the community and in the prison system.

We also know what the research done by the Correctional Service of Canada more than 20 years ago, by Dr. Diane Riley, indicated, that the war on drugs mentality that was being brought into the prison system at that time, and that was being brought in generally, imported from the United States, was actually going to drive up serious drug use within the institutions. The reason is that we know that cannabis and other so-called softer drugs—drugs that tend to not create the same sort of potentially volatile situations or aggressive tendencies as other drugs—take much longer to pass through the system.

So Dr. Riley actually predicted that we would start to see increased drug use, and we've seen that in the men's and women's prisons. We haven't necessarily seen an increase in volatility within the women's prisons, but we certainly have heard of and seen increased use of more serious drugs.

Similarly, the ban on cigarettes has actually meant that there's a greater trade now in tobacco and greater interdiction efforts used to stop tobacco entry than there ever was for drug use.

• (1115)

This is not a moral commentary on whether it's healthy or not healthy to be using drugs. But I also want to point out that what that has led to in the women's prisons is a massive increase in strip searching.

Going back to the history of sexual abuse and physical abuse that many women have, many women find those kinds of invasive searches not just humiliating but also additionally punitive in terms of their histories of post-traumatic stress, their histories of abuse. One of the challenges we have had when we've asked Corrections for the data on this is that we've been advised several times over that there are so many strip searches of women—think of it—that they don't keep track of them.

We were trying to determine how much contraband was found. It has been acknowledged privately, although I'm not able to obtain written confirmation, that very little of that contraband is drugs. Sometimes it will be jewellery, sometimes it will be money, sometimes it will be cigarettes, but virtually no drugs and never weapons. So the very issues for which, lawfully, that kind of sexual assault by the state is permitted do not bear out in terms of theory.

I cannot provide you with numbers as to how many strip searches actually happen. The fact that we can't have those numbers means that it is probably far greater than it ever should be, and certainly not seen as necessary, even by those who do the strip searches.

I bring to your attention a policy intervention that was done by all the deputy wardens of the women's prisons, the federal penitentiaries for women, in 2005. The deputy wardens at that time—they are no longer called that now—were responsible for security in the institutions. The deputy wardens determined that strip searching was being used so much that it was actually interfering with things like private family visits. The intervention that is seen as most likely to create successful reintegration later is contact with family and communities of support. In fact, women were refusing to have their children brought in for fear they might be strip searched, even though the official policy is no strip searching. If you're asked to take clothes off and reveal the diaper, that is a strip search, and those sorts of things do happen in the prisons from time to time. The risk of strip search, the threat of strip search, meant that many women asked their families not to attend and some family members refused to attend.

Those who did would go through things like bleaching their children's hands. With social assistance at rates on which they could ill afford their groceries, they would put their clothes through dry cleaning to try to ensure that they wouldn't have false positives.

So the interference with reintegration, the interference with visits, the lack of security need for those kinds of strip searches meant that all the deputy wardens for the women's prisons at that time put forth

a suggestion to national headquarters of the Correctional Service of Canada that they cease all routine strip searches and do strip searching only for cause, when they actually have suspicion that someone might be carrying drugs or a weapon, or might be doing something. It makes sense that if you have concern, you have the authority to do it. That was rejected by national headquarters, even though there was no evidence that it would increase any risk to staff or to public safety by changing that policy.

Where are we now? We have a high number of false positives. We have increasing numbers of women in prison. We're now having private family visiting units also being used as living units. We have overcrowding that is limiting the access of women to their communities. And it's all in the name of trying to prevent drug interdiction, when Corrections themselves will acknowledge, probably not here, never publicly, and certainly all prisoners know, that the easiest way to get access to drugs is through staff. I wish that were otherwise; I wish I could tell you something else. But the reality is that when you have the kinds of severe security measures that are being taken now, so that even people like me are being told that I'm ringing off....

Of course, I know the policy, so I'll ask for the risk-threat assessment; I'll ask for all of the appropriate measures. Everybody will agree that they have no concern that after 30 years of coming in, I would actually ever introduce drugs to the institution. Yet I've rung off falsely positive, so much so that at one point we went through a whole little charade of what kind of medication I might have touched in the previous two weeks. In the end, it was assessed that a Dimetapp I had given my child two weeks earlier may have caused it. Now really, I suggest to you, that is stretching it. I know that the staff were trying to be very helpful, and I appreciated their help in ensuring that I could have access to the institution on that visit. But don't think anybody was fooled into thinking that it was in fact what caused me to ring off. It may have been the gas pump I touched earlier. It may have been the money I touched. It may have been anything, or it may have been nothing. We don't know.

• (1120)

I would encourage us to seriously look at this issue, and think, as we've heard and as the Insite decision has encouraged, about looking at harm reduction measures, to look at how in fact current drug policies have driven up the risk of drug use within the prisons, and to try to reverse some of those.

The Chair: Thank you very much.

We will move into the first round of questioning.

Ms. Hoepfner, go ahead for seven minutes, please.

Ms. Candice Hoepfner (Portage—Lisgar, CPC): Thank you very much, Mr. Chair.

I want to thank both of you for being here and for your presentation.

Mrs. Pate, I want to give you the chance to correct the record if you possibly misspoke when you said a few moments ago that the strip searches are sexual assaults. Are you saying that our correctional officers are sexually assaulting these women? I don't think that's what you meant to say, so I just want to give you a chance to correct that.

Ms. Kim Pate: Strip searching has been determined to be sexual assault by the state in a number of areas, including what Louise Arbour found when she examined the situation at the prison for women in Kingston.

Sexual assault by the state is permitted in circumstances where in fact there are grounds to be able to strip search. The removal of clothing against one's will and the removal of clothing before peace officers is a strip search.

Ms. Candice Hoepfner: Do you stand by that statement?

• (1125)

Ms. Kim Pate: Yes, I do.

Ms. Candice Hoepfner: All right.

I want to go on to a different area.

When Commissioner Head was here, we talked a little about when prisoners first enter a prison. Our government has implemented that there be, within 90 days, an assessment of those inmates to see if they have a history of drug use. I think the statistic is that about 80% of inmates have had drug or alcohol addictions that have been associated with their crimes. Obviously, that statistic is very high. We had previously implemented that assessment within the first 90 days. Is that something you think is a positive step in helping reduce drug and alcohol addictions in prison?

Ms. Kim Pate: There is often a delay, and we don't always see everybody assessed within the first 90 days. That's an issue. Increasing numbers will further limit that.

As we saw with Ashley Smith—and again, one of the challenges is sometimes getting the documentation—we are told on one hand it is policy, and then we are told on the other hand by prisoners that in fact they are not routinely having those assessments. We have 18 advocates who go into all of the federal penitentiaries. Even when prisoners are assessed as having drug and alcohol issues, they may not get access to programs right away, or in fact for some time.

So yes, the assessment is a good thing, and I think having access to programs is a good thing. If you are being told it is happening, then I would encourage you to question that.

Ms. Candice Hoepfner: All right. Thank you for that.

Moving on, if they are assessed as having an addiction and they are offered participation in a program, we heard that some inmates do not want to participate. Obviously, that's their choice. One of the guards—in fact, the head of the union—was here testifying before us last week, and he said it was very difficult, because the inmates who refuse treatments still get basically all of the same benefits, such as a television in their room. I'm not sure if you would consider that a right, but do you think there might be some benefit to having some consequences, or maybe fewer perks for inmates who refuse treatment?

Ms. Catherine Latimer: Because it is a right to accept or refuse treatment, you should not be penalized for exercising your rights one way or another.

Ms. Kim Pate: Both of us are lawyers, and I teach at the law school as well, and I would say that the first thing to remember is that the punishment is the term of imprisonment. Television was introduced as a calming method in the prison as well as to keep people occupied because there is so little else to do, especially as we see more overcrowding.

In fact, it is false to say there are no repercussions. If you need to know the number of people who are delayed in getting out, who are kept in until warrant expiry, because they don't participate in programs, I would suggest you request that list from Corrections Canada. In fact, if you do not participate in programs and address the issues that are identified in that initial assessment as being required for your correctional treatment plan, you will not be recommended for parole. Even if you do them, it is not guaranteed that you will be recommended for parole if you are still seen to pose a risk.

It's actually very misleading to say that people get perks. Basically, basic human rights and basic attempts at calming and resocialization are part of the responsibilities of Corrections Canada. If in fact we are talking about going to regimes that are seen as brutalizing, because they violate all human rights, then we are talking about a whole other matter. Then I would suggest that you would see even more drug use in the prisons.

Ms. Candice Hoepfner: So what you're saying—and I appreciate that—is that if someone isn't part of a drug program, they wouldn't necessarily get paroled early. But wouldn't you agree that's probably a good idea? If someone hasn't gotten treatment, they're still addicted—

Ms. Kim Pate: I would like to see—

Ms. Candice Hoepfner: —they may get back into crime solely because of their addiction.

Would you not agree that probably is a wise decision, even just in terms of protecting general society?

Ms. Kim Pate: I apologize for interrupting you; I get quite exercised about this.

I can tell you that one of the routine issues we're dealing with is prisoners requesting programs and not getting access to them. I would ask you to ensure that you have accurate information of how many prisoners are actually being offered treatment and refusing it. It's not a long list. There may be some. Certainly my experience is that those are often individuals who also have other issues—mental health issues—and they generally aren't coming in.

I've yet to meet someone who if offered a treatment program would say they don't want to do that treatment program, unless it's not actually a treatment program. Occasionally we'll have behaviour modification programs that haven't been seen as being as effective in dealing with drug treatment, and people may say, "I'd rather be able to go to this one". In a few cases we've managed to argue to have someone go to a proper drug treatment program, where they were being offered something else that really wasn't going to meet their needs.

Ms. Candice Hoeppner: Very quickly, both of you talked at length, and I think you made some valid points, about families who are not smuggling in drugs and how they feel uncomfortable. I think all of us feel that way any time we go to an airport. But we realize, for the protection of all of us, that there are certain things we have to go through.

I appreciate what you have to say regarding families who are not smuggling in drugs, but what about those who are? Should there be some sort of repercussion for individuals who are bringing drugs into prisons? Right now there's no punishment, from what we understand.

• (1130)

Ms. Kim Pate: I'm sorry, I'm not sure where you got that information. The police are called immediately. People are subject to charges. They're charged with trafficking. Every case I'm aware of where someone is known to have brought drugs in, there have been charges.

Again, if you have evidence that there are other situations, I would love to hear about them. We hear that kind of rhetorical commentary, but we don't see it actually happening. In fact, we've had situations where things have been leaked to the media that aren't even accurate.

The Chair: Thank you.

We'll now move to the opposition.

Mr. Sandhu, please.

Mr. Jasbir Sandhu (Surrey North, NDP): Thank you, Mr. Chair.

I want to thank the John Howard Society and Elizabeth Fry Society for being here today. Thank you.

I think any successful drug strategy program involves certain elements; it requires prevention, treatment, and enforcement. The ultimate goal, obviously, is to have the prisoners go into society and function at a level where they're not able to reoffend. Out of the three areas, which one would you say is the most successful way of integrating prisoners into society so they do not reoffend, so they become productive members of society?

Ms. Catherine Latimer: At this point probably prevention is gone because they're probably already involved with drugs. From our perspective, it would be treatment, bringing them to a place where they have a certain physiological capacity to overcome an addiction and then make free choices about what they want to do.

But it's not just the absence of an addiction; you also need to buttress that with other social supports if you're going to have a successful reintegration plan. It's pretty critical as part of relapse

programming to try to keep people out of circumstances where they could fall back into their addiction behaviour with alcohol or drugs.

Ms. Kim Pate: It's likely a bit beyond the purview, although it isn't if you're looking more broadly within this committee at sentencing options—certainly Catherine would be much more familiar, from her vast experience in youth issues as well—but one of the areas we know has worked very well is when you have someone with addiction issues and a sentencing opportunity that provides for them to go into secure treatment types of facilities, there is far greater success than sending them into a prison setting.

Some sort of conditional sentence, with the condition of treatment, which they're obviously agreeing to—they would have to agree to it to obtain that sentence—would be far more preferable. That's certainly our experience, with men, women, and young people. Then they're engaged in treatment. They're in a situation where they're having their needs met. They're likely to get more immediate treatment in a way that contributes to their successful integration, and, most importantly as well, to public safety overall.

Mr. Jasbir Sandhu: I've heard conflicting information on how many programs are available in the prisons. Could you enlighten this committee as to whether or not there are waiting times, and how often those programs are available? What impact do they have on the prisoners' chances of being rehabilitated?

Ms. Kim Pate: Certainly there are some very good programs. Canada, rightly and historically—I'm not sure how much longer it will last, given the numbers and the delays that are happening—has a very stellar and well-deserved reputation of having one of the best correctional services. One of the challenges is that those inside know that if they speak out about what is happening, they're likely to face some challenges, including potentially their jobs.

I'm not sure you'll get accurate information from witnesses. But I would ask you to seek information on the number of people in programs, how long the programs last, the need for those programs in their correctional treatment plans, how timely they are, and on what basis they have access to those treatment programs. I'm suggesting this because I certainly have lots of anecdotal evidence for you, but I'm having trouble getting this data as well.

Routinely, when I'm asked to testify at an inquest, I'm given a whole shopping list of programs. I have no doubt that every one of those programs may have been offered in that prison at some time. They might not have been offered for two or three years in some cases. They may have been offered to only one person in one case. So you really need to tie in how many programs, how often they're offered, how long they existed, and how many people benefited from them. You will find, sadly, that it's increasingly very difficult for people to get access to programs.

We routinely encourage prisoners to put in requests for programs every month if they need to. They're now being challenged to withdraw those requests so it doesn't look bad when they go to the National Parole Board and say, "I'm applying. I haven't completed all of the programs in my correctional treatment plan. Now prison is hindering my ability to reintegrate because I can't get access to the programs I need. Here is a sheet of 10, 20, 30, 40, 50 or more requests I've made for this program that everybody agrees, including me, that I need access to."

I wish I could give you exact numbers, but I cannot get that information.

● (1135)

Ms. Catherine Latimer: There's lots of room for additional types of programming as well. There are some good and effective programs, but a lot of the alcohol and drug treatment models are based on white, adult male addiction. They may not necessarily be culturally relevant or gender specific. They certainly don't do very well with youth. For example, the drug courts, which work fairly well when they work, are premised on the notion that a person has bottomed out. They're tired. They've had a long history of petty crimes involving drugs and they're looking for an opportunity to change.

Young people are not at that part of their lives. Some of them are looking for excitement. Some of them are trying to conform to peer behaviour. Some are really using drugs to work out a negative self-image or a negative set of circumstances. I think you need a lot more tailored programming for that, because it's often accompanied by mental health issues. There are other reasons why drugs become enticing. You need to substitute something that is exciting for them, like downhill skiing or gourmet cooking—something other than drug use. So there needs to be a more substitution-like strategy for the underlying motivation.

There are lots of opportunities to think about different types of programming. Correctional Service Canada has been very good at developing and testing programs. If more resources were given to Correctional Service through the national anti-drug strategy renewal, with the idea of looking at some of the innovative, more tailored programming, there might be more programs and more successful programs.

The Chair: Thank you both very much.

Mr. Aspin is next, please, for seven minutes.

Mr. Jay Aspin (Nipissing—Timiskaming, CPC): Thank you, Mr. Chair.

I'd like to thank both of you ladies for coming to testify with your vast amount of experience.

We heard last week from Commissioner Head and union president Pierre Mallette that drugs are often brought into prisons by criminal organizations and elements such as that. They often try to corner the prison black market by throwing drugs over prison walls so their cronies can sell them on the inside.

Do you support additional measures to hold offenders accountable when they are caught receiving illegal drugs, specifically focusing on inmates? There don't seem to be any repercussions for these individuals.

Ms. Catherine Latimer: My preference would be to actually focus on those who are exploiting the market of offenders' vulnerability to drugs, who are making a profit on getting those drugs to inmates, and try to focus the enforcement elements on that.

If you're looking at inmates in facilities, many of them are suffering from an illness of addiction. They don't really have capacity to resist that, and they are kind of less criminally responsible, I would say, than those who are feeding that vulnerability for their own profit. I think there is an area for targeting enforcement, but I would prefer to go there than to think that the individual inmates, who don't otherwise have access to something they need, should be penalized.

● (1140)

Ms. Kim Pate: I think that already does happen. Again, I'd question the validity of the information you're receiving. I just had a situation last week where I was called by one of our advocates for women who were presumed to be part of receiving drugs that never arrived, and one went from minimum security to maximum security. All of them have outside police investigations happening, and if evidence is found, they certainly will all receive outside criminal charges and longer sentences. Show me where that hasn't happened.

I can tell you, though, that we've gone to Corrections at times, or to the union, with information about individuals we know who are bringing things in. We're hearing about it—exchanging sex for drugs, whatever—and very rarely have we seen those followed up. On only a couple of occasions have we actually seen people significantly penalized. One was a hairdresser at the prison for women, whose contract was cut. Everybody knew what was happening there for many years, and women wouldn't report. When it was a psychologist, nobody would report. When it was a senior correctional officer, nobody would report because people were fearful of the repercussions.

I'm not suggesting it's all staff, but surely everybody in this room knows that when you have 20% coming in apparently through—Corrections is saying—visitors, and the minuscule amount coming over the wall, there's got to be some other avenue by which it's coming in. Almost everybody knows, and it's the unspoken truth that it comes in, in other ways as well. Certainly, I've been at the prison when all the staff have walked around the security barriers or have not had ion scans; all of us coming in as visitors do. Sometimes I'm encouraged not to go through the security testing, but on principle I require that I go through the security testing because I never want to be.... Certainly, there have been times when, if I could have been shut out of the institutions, I would have been—and I have been. I would never provide an opportunity for there to be any—any—doubt as to whether I was doing something that would be considered illegal.

So I would encourage you to check the information and the sources of those pieces of information.

Mr. Jay Aspin: Okay. As a follow up, do you both think that someone can be legitimately rehabilitated when they're engaged in this kind of activity?

Ms. Kim Pate: Do you mean someone who's trafficking in drugs?

Mr. Jay Aspin: The inmate who's targeted.

Ms. Kim Pate: If it's someone with addictions, absolutely. We see it many times over, and in many families—it would be the rare family in this country that doesn't have someone with addiction issues in its midst, whether or not the family acknowledges it. Certainly, whether it's NA, AA, or many of the other self-help programs, they're premised on the fact that people can and do change. We certainly do have lots of examples of those successes.

Trafficking is not necessarily people who do use drugs. Those who do use drugs are usually the ones caught, quite frankly, because they get caught up. The ones who don't use and traffic are often engaged in a business of sorts, and none of us wants to encourage that. Quite the opposite, whether it's for our own children, whether it's for prisoners, or for whomever. So we'd like to see that changed, obviously.

But when the stakes go up and the rewards become higher, in fact, some would say—and some research would show, as Dr. Diane Riley said 20 years ago to Corrections—you likely will drive up the business and create a greater problem for yourself.

Mr. Jay Aspin: I'm just wondering, from your vast experience, how you would both rank our prison system. I'm particularly interested from an international perspective. Could you do that for me?

Ms. Catherine Latimer: I think the prison system has been a model system. I think the Corrections and Conditional Release Act, which was brought in under the Mulroney government, has been viewed as a significant piece of corrections legislation throughout the world. I think it is something to be emulated.

I am a little worried with the direction things are going in now, and particularly the notion that the overcrowding is going to undo a lot of the excellent programming and supports that had been available through our corrections system. And some of the legislative amendments that are being proposed I don't think will,

shall we say, increase our international stature in the area of corrections.

Ms. Kim Pate: I would agree. I think we've seen a trajectory in that direction much faster for women, because women have been the fastest growing prison population, particularly indigenous women and women with mental health issues, for some time now. We've been seeing the massive overcrowding already happening in the women's prisons, and that's only likely to increase.

Corrections has told me that of two of the bills alone from last session, one has impacted 100 women. When we have a population of 500, at that time, that's significant. And now we've already seen a bump from Bill C-25, with another 50 to 60 women coming into the system. So we're likely to see quite a significant impact.

● (1145)

The Chair: Thank you.

We'll move now to Mr. Scarpaleggia, please.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Thank you.

In terms of the new prisons, are we building new prisons or are we simply building add-ons to existing prisons? There's a bit of confusion about this. Are we actually building new buildings on new land where there was nothing else before, or are we just incorporating new wings?

Ms. Catherine Latimer: I think there is some confusion about what is actually being done. Some of the information we have is that they're building secure cells in medium security facilities, which raises a whole lot of issues in terms of Corrections policies.

There will be a need for additional cell space to avoid overcrowding to such an extent that it violates section 12 charter rights related to cruel and unusual punishment. The California system has been asked by the Supreme Court of the United States to reduce its prison population base to below 137.5% of prison capacity, and many of the provincial facilities are already well in excess of that. Our understanding is that some areas within the federal prison system are in excess of that now.

Mr. Francis Scarpaleggia: You're aware of plans to add to prison capacity. Do you feel that those plans will increase prison capacity enough, or will we still be short of prison space going into the foreseeable future? That's one question.

Second, when there are plans for prison extensions or for adding capacity in any way, what checks and balances are there to ensure that the facilities we're adding meet certain minimum standards? For example, if you add capacity, it can't all be cell blocks. It has to include some common areas, I imagine, and areas where treatment programs can be offered.

Who's checking on this to make sure that the plans are good plans, if one can look at it that way? Are you consulted as prisoners' rights organizations? Is Mr. Sapers consulted? Is there any oversight on the plans for prison expansion?

Ms. Kim Pate: One of the significant recommendations made by Louise Arbour and by the Canadian Human Rights Commission in 2003 in a report they then released in 2004 was for external oversight. In particular, Louise Arbour talked of the need for judicial oversight of situations where correctional treatment interfered with the administration of a just and fair sentence, and to administer when the rule of—

[Translation]

Ms. Marie-Claude Morin (Saint-Hyacinthe—Bagot, NDP): I'm sorry to interrupt you, but I'd like to call a point of order. This has nothing to do with drugs right now. I don't see the link. I'm sorry.

Mr. Francis Scarpaleggia: I'm getting there.

[English]

The Chair: I want to thank my colleague from the New Democratic Party.

Can you make sure that our conversation remains on the...?

It's a point of order, and I think it's only fair. Other sides bring it up, so when the opposition does, I want to as well. Keep our comments not to the expansion of prisons, not to all the generic overriding issues you may think are important, but more specifically to the drugs in prisons.

Mr. Francis Scarpaleggia: In response to Madam Morin, I asked in one of my questions if there would be sufficient room for offering treatment programs. So it was related to drugs.

I will move on to narrow in a little more specifically.

The Chair: Maybe move on, yes.

Thank you.

Mr. Francis Scarpaleggia: I'm a little confused based on the testimony we heard last week. On the one hand, we had the Commissioner of the Correctional Service saying that drug use is down, as evidenced by urine tests, which show that 12% of inmates tested positive a few years ago, and now we're down to 7.5%. But you seem to be suggesting that the problem is getting worse. Even the head of the union, Mr. Mallette, shook his head when we talked about urine tests, wondering to himself if somehow they've discovered a way to foil urine tests.

I'd like to know your opinion on drug use. Is it going up or down or is it stable? What do you think?

• (1150)

Ms. Catherine Latimer: I actually have always been of the view that a very small percentage of offenders in the facilities are using drugs, and it's a good sign if the number has moved from 12% to 7%.

That's a very positive thing. My concern about things getting worse comes from the implication of the various serious interdiction measures being imposed in the custody facilities to screen visitors and a variety of other things. That is going to cause us problems in terms of rehabilitation.

To go back to your other point, the expected increase of offenders in the federal institutions relates to the mandatory minimums that are going to be imposed, a large chunk of them in relation to drug offending. So you may see moving into correctional facilities more offenders connected with drugs who might not otherwise have been there.

Mr. Francis Scarpaleggia: But there's something I don't understand in what you said. You seem to agree that drug use is down, but you're concerned that the screening of visitors, for example, is going to make the problem worse.

I'm sorry. I didn't follow the reasoning.

Ms. Kim Pate: Thank you for asking for clarification because I can see where the logic would be elusive. In terms of the drug interdiction methods, it has meant that, as Dr. Diane Riley predicted, more severe drugs—heroin, cocaine, PCP, and dangerous drugs as well—were being introduced in order to make it easier to conceal, both in terms of masking drugs and for getting drugs into the institution. This is versus marijuana and hashish, which are actually bigger and harder to get into the institution yet are seen as not having the same potential impact.

That was what I was referring to when I talked about making it worse, because I think it's far worse to have an addiction to a more dangerous drug. The numbers, I would agree with Catherine, have never been huge, but the interdiction methods have a huge potential impact on the entire population, their families, the community, and for all of us who go into the institutions.

Mr. Francis Scarpaleggia: It's resulting in harder drugs coming in. Is that what you're saying?

Ms. Kim Pate: Yes, and the overcrowding does increase that likelihood.

The Chair: Thank you very much. We'll now move to Mr. Chicoine.

[Translation]

You have the floor for five minutes.

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Thank you for being here. Earlier you said that the number of rehabilitation programs has increased in recent years.

In your opinion, is there a good number of them or should more be invested in rehabilitation programs? You seem to have a different perception from the witnesses who appeared before you.

Ms. Catherine Latimer: The translation isn't working. May I answer in English?

Mr. Sylvain Chicoine: Of course.

You said that rehabilitation programs probably aren't important enough, that there probably aren't enough of them, even though there have been more of them in the past few years.

Would it be better to have more programs available to inmates?

[English]

Ms. Catherine Latimer: I think the rehabilitation programs are extremely important and should be encouraged. There's an opportunity to look at expanding on successful programs. What is key in rehabilitation for drug issues is matching the right type of treatment to the particular reasons for the addiction of the offender. Not every treatment program works equally effectively on every offender. So I think there is a broad scope for actually improving or testing innovative approaches that take into account cultural relevance, gender issues, and a variety of other things.

[Translation]

Ms. Kim Pate: I apologize as well because I need to speak in English.

[English]

When we looked at what was planned for the women's prisons, particularly the programs—and I'll talk about drug treatment in particular, because obviously that's what you're concerned with—it was thought that we ought not to have a cookie-cutter approach, with one type of program such as now exists for women. It's a great program as programs go, but it's a multi-faceted program that tries to reach everybody and doesn't actually meet the needs of many. With respect to women's prisons, because the numbers were relatively low, and because women were seen as a relatively low risk to the community, there was an expectation that women would go into the community programs unless they couldn't because of their security rating, the risk to the community, or mental health issues. So it was anticipated that women would go out to those programs. In fact, that hasn't occurred, so you end up with needs not being met. In addition to more limited access to programs, there are needs not being met.

To go back to the overcrowding issue, there isn't necessarily room for programs in many of the women's prisons. We've had trailers put into public space. We've had changes to recreation. If you're going to change behaviour, you have to have something to substitute, whether it's recreation or other activities. There's not a lot else you could do in prison besides recreation, and yet all the women's prisons have limited the space that inmates can walk around in. There isn't even a track anymore. Before, most of them could run or play ball. These are seen as activities that diminish stress. These things often go along with self care when you're dealing with addiction.

• (1155)

The Chair: Thank you.

Mr. Rathgeber.

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): Thank you, Mr. Chair, and my thanks to the witnesses for your attendance today.

The government has an overarching policy to try to promote drug-free prisons. I'm curious: do your respective organizations support that policy and issue?

Ms. Catherine Latimer: It's a noble aspiration, but I think you're going to have to deal with the downside risk that it won't take place. There is considerable increased unrest and violence among inmates who are addicted and looking for drugs. Moreover, there's the damage done to facilitating family reunification, by impeding family visits.

Mr. Brent Rathgeber: Thank you.

Ms. Pate.

Ms. Kim Pate: Of course, we would love to see no drugs in the prisons, including many of the legal drugs that are pumped into prisoners. I think we should take a lesson from what some of the schools have done. They recognize that when you have drugs in a community, they're likely to be introduced. As a mother of two kids, I'd love to see no drugs in the schools. Instead we talk about universal education, harm reduction programs, other avenues, other things for kids to do, and other ways to engage individuals. It's not a great leap to realize that these individuals have already been marginalized, have already been drop-kicked out of those systems. We need to think strategically about how to engage them, if we want them to come back into the community, as eventually most of them will, in ways that are productive and pose no threat to the rest of us.

Mr. Brent Rathgeber: So we all philosophically agree that drug-free prisons would be a noble objective. There are some practical realities, and I understand that. The drugs are getting in somehow.

I'm confused and concerned, Ms. Pate, about your characterization of strip searches as a sexual assault committed by the state. You're a lawyer, as am I, so help me through this. The Criminal Code defines an assault as a non-consensual application of force and then goes on to define sexual assault as having a purpose test for some sort of sexual need or gratification.

Ms. Kim Pate: No, it doesn't. It doesn't say it has to be for sexual needs or gratification. It's something that can be seen as sexually demeaning and is not consensual.

Mr. Brent Rathgeber: Fair enough. Then you'll agree with me that if a person complies with the request, there is no force.

Ms. Kim Pate: You can be coerced into complying, which you definitely are if you're a prisoner.

Mr. Brent Rathgeber: Let's talk about visitors. If the person complies with the request, there is no force and therefore the test isn't made out.

Ms. Kim Pate: In the prison what is supposed to happen is that if someone is seen as a potential risk, they are asked.... In every case that I'm aware of, if somebody is believed to be carrying drugs, the police will be called immediately. The person will be detained and the police will then deal with it. If they're asked to be strip-searched, it generally means they don't have sufficient evidence. Maybe somebody's called in or informed on someone and then the person is supposed to be given the option of either proceeding with the strip search or leaving.

• (1200)

Mr. Brent Rathgeber: Right. But if the person consents, there's no force; therefore the test isn't made out.

You'll agree with that simple proposition?

Ms. Kim Pate: As long as it's not coerced, yes.

Mr. Brent Rathgeber: Sure.

With respect to prisoners, if the person doesn't consent, I will agree with you that there will be force if the person is forcibly searched—

Ms. Kim Pate: And there are options where that's legal.

Mr. Brent Rathgeber: Correct.

But what is the sexual purpose? The purpose of the force is to determine whether or not that prisoner is carrying contraband. I'm troubled by the suggestion that there might be a sexual motive behind that application of force.

The Chair: Unfortunately, here's one of the problems of one-hour meetings. Our time has come to an end, and we do have other witnesses waiting. I think we're going to have to leave it at that.

I would encourage both your organizations, if you want to answer that question or if you want to have a follow-up, you're more than welcome to submit that to the committee and we'll make certain we get it....

Thank you for coming.

I'm going to suspend for just one moment. We've gone a little past the hour, so we're going to suspend for just a couple of minutes, and we'll invite the next guests to please come to the table here.

• _____ (Pause) _____

•

The Chair: We'll call this meeting back to order.

In our second hour we'll continue our study of drugs and alcohol in prison.

Appearing as an individual we have Rob Sampson, former Solicitor General of Ontario, who has appeared before this committee in the past and perhaps before various committees on Parliament Hill. We also have, from Prison Fellowship Canada, Eleanor Clitheroe, chief executive officer, and Paul Abbass, director.

On behalf of our committee, we would like to welcome you and thank you for coming to help our committee make our way through this study on drugs and alcohol in prisons and the effects it has on the different groups, be it the inmates, the safety of the staff...and also the rehabilitation of those same offenders.

I'm not sure who wants to go in which order.

Ms. Clitheroe, you may begin, and then we'll move to Mr. Sampson, please.

Ms. Eleanor Clitheroe (Chief Executive Officer, Prison Fellowship Canada): Thank you very much.

Thank you for the invitation to appear before the committee to discuss this important issue of drugs and alcohol and the impact on rehabilitation of offenders.

Before addressing this issue, I would first like to give you a brief overview of the work of my office. And I'd like to introduce Paul Abbass, who is executive director of Talbot House, an addiction rehabilitation facility for men in Nova Scotia. He is also director and vice-chair of the board of directors and chair of governance of Prison Fellowship Canada. Also present in the public gallery is Michael Van Dusen, director and chair of public policy of Prison Fellowship Canada.

I am Eleanor Clitheroe, the executive director of Prison Fellowship Canada.

We are a national, non-denominational organization working with men, women, and youth of all faiths in every province across Canada. We work with caregivers, the children of offenders, and we work in about two-thirds of the federal and provincial correctional facilities through thousands of volunteers. Our in-prison volunteer hours alone, based on a normal valuation of hours, is close to \$1 million per year. We're funded from a broad base of community support across Canada of over 1,800 individuals, foundations, and grants.

We're also one of 130 national organizations around the world affiliated with Prison Fellowship International, with offices in Singapore, Geneva, and Washington. Prison Fellowship Canada has access to the resources of this network, in particular, the Centre for Justice and Reconciliation, headed by Dan Van Ness, who is well known in Canada in this area. We also partner with other Canadian institutions, including universities, in their areas of expertise and research.

We work with inmates, ex-offenders, and their families, offering directly and through partners a variety of programs and supports focused on the needs of the offender and the family.

We agree that substance abuse, addiction, and rehabilitation must be addressed while the offender is in prison and that the elimination of the supply of drugs and alcohol from the prisons is important in that goal. At the same time, this elimination leads to a healthier environment, ultimately, we would hope, in the prison for staff and offenders.

We believe that offenders must take responsibility for their decision to engage in crime; that the needs of victims, community, and offenders must be part of reducing the harm caused by criminal behaviour and in the rehabilitation of offenders; and that with assistance and support, offenders can address their addiction issues, increasing their chances of being viable members of their families and their communities.

Prison Fellowship's focus is to "serve life" of the offenders, their families, and the communities they live in. Our goal is rehabilitation and prevention, to assist the offender to successfully reintegrate into the community, and address intergenerational crime by working to prevent the children of offenders' engagement in criminal and addictive behaviour.

The impact of our work is to create safer families and communities. We measure our performance to determine the effectiveness of our activities on an ongoing basis.

Our approach to rehabilitation is holistic. We focus on the intellectual, spiritual, emotional, and physical needs of the offender as an individual, with multiple but integrated issues to address.

Drug and alcohol addiction is one of the primary symptoms of offender mental health and resultant criminal behaviour. We support the focus being put on eliminating drugs and alcohol from the prisons.

Corrections Canada has the mandate to address an offender's risk of reoffending and their successful reintegration. It is our understanding that the correctional programs are good value for money. Offenders who complete their programs benefit from them, including, in particular, in the area of substance abuse.

However, offenders do face long waiting lists for programs, which may be cancelled or not completed due to many issues, including transfers. While Corrections Canada has indicated that waiting time has been reduced, such delays reduce an offender's ability to complete their correctional plans. We understand that this is a concern. Many offenders are being released without treatment, which reduces their chances of successful reintegration.

• (1205)

Corrections Canada agrees that there is a high completion rate—I think Mr. Head said it's 83% to 85% of the people who have the opportunity to take the program—and that offenders who participate in the program are 45% less likely to return with a new offence and 63% less likely to return with a violent offence. Most inmates are released back into the community, so this is not only an individual issue but it's also a community safety issue. In addition, of course, substance abuse contributes to high levels of hepatitis C among inmates, now around 40%, and HIV/AIDS, now more than 10 times that among the general population.

We applaud Corrections Canada's focus on the offender as an individual with interrelated issues requiring holistic treatment. Offenders who need rehabilitative programs in federal prison will have earlier and more access to these programs while incarcerated than they currently do. This would include addressing drug and alcohol abuse concurrently with mental health issues.

However, most recent initiatives and funding are focused on interdiction: drug-detector dogs, security intelligence capacity, scanners, and X-ray machines. It appears that there is a comprehensive plan to address the prisons from being infiltrated by alcohol and drugs. However, drug interdiction does not address the addiction issues and related infectious diseases, neither does it address the associated mental health issues. We remain concerned for those who live with addiction, and their families and communities.

Between 50% to 80% of crime is alcohol and drug related. Up to 80% of inmates arrive at correctional institutions with a serious substance abuse problem. Anywhere between 10% and 40% of inmates arrive at correctional institutions with diagnosed mental health issues. Significant numbers of inmates suffer from both mental health challenges and drug addictions, and these percentages are significantly higher than the statistics for the general population.

More and more of those engaged in addictions programming are concluding that mental health issues and addiction issues need to be treated concurrently and that there is little success in simply attempting to address the issue of substance abuse in isolation. Many in the field see recovery from addiction as requiring a holistic approach to treatment—psychological, emotional, physical, and spiritual. In fact the 12-step movement has always flowed from the need for a type of spirituality of recovery.

The elimination of substance abuse during the period of incarceration, then, may not address the offender's long-term addiction to these substances, although it may make the prison itself a safer place during incarceration. But there is a larger issue. While we encourage the elimination of substance abuse in prisons, abstinence from these drugs during incarceration is not necessarily restorative, bringing healing, recovery, or hope into the process. The offender with multiple issues feels inadequate to address being mentally ill, drug addicted, and criminally responsible. Bringing these issues together so that the offender is able to address the interrelated nature of them gives offenders a more realistic hope of re-establishing themselves in their family and in their community.

We believe it is difficult to address the question of the presence of drugs and alcohol in prison and the rehabilitation of offenders without addressing the root causes of addiction to these substances. Addressing addictions is critical to the rehabilitation of the offender. As mental health issues and substance use are linked, the relationship between substance abuse and mental health, then, must also be addressed at the same time. The supply of drugs in prison cannot be examined and addressed successfully without also addressing the issues of demand for these substances in the prisons.

The large number of inmates diagnosed with mental health problems places a huge challenge on correctional authorities. Correctional Services is aware of these challenges and has strategies to deal with this area, including investments in intake assessment, support for regional treatment centres, intermediate health care units within institutions, and community health for ex-offenders.

I understand, though, that the main issues Correctional Services faces to address mental health issues and addiction in prisons are capacity and recruitment of trained medical health professionals. Most of those with mental health issues do not meet the criteria to receive treatment from the regional treatment centres and may be classified as having behavioural problems rather than mental health and addiction issues.

•(1210)

Segregation and institutional charges for those with ADHD or FAS, or other learning disabilities, delusional thinking, paranoia, or severe mood swings can lead to a vicious circle within the correctional institution.

I'll give you an example. Let me call him Matt. As I understand his situation—

The Chair: Approximately how much time do you have left there? We're over our time already.

Very quickly, please.

Ms. Eleanor Clitheroe: Three minutes.

Matt's family couldn't cope with his behaviour. Ultimately, Matt left his family home and went to Vancouver. Under the influence of drugs he committed a crime. He was found fit to stand trial, was not found "not criminally responsible"—which would have directed him to a mental health facility—and was incarcerated. Matt was a difficult prisoner, often violent, and did significant time in isolation. He did not receive mental health or addiction support. On release, Matt returned to his family, who committed him to hospital as a danger to himself and others. The hospital could not cope. Matt was delusional and required medication, and he was ultimately placed in a regional facility. However, in that 10-year period, none of his addiction or mental health issues were addressed.

While the current focus on elimination of drugs from the prisons is important and appropriate, we also need to ensure that mental health and substance abuse issues underlying the criminal behaviour of those like Matt is also addressed. Integrated programming and behavioural changes are needed to address the integrated needs of prisoners. The federal government has had an integrated five-year project at Grande Cache—there was a public report on this, although it didn't address substance abuse specifically. I understand there are federal pilots running in British Columbia and the Atlantic that move

from a mini-course approach to an integrated approach, and we encourage that.

I will conclude with the recommendations we have: concurrent focus on mental health challenges of offenders with alcohol abuse and interdiction; delivery of integrated programs to address these issues; continuation of direction on sentences for substance abuse and mental health; allocation of resources to existing prisons for holistic programming; an extension of the Grande Cache or other similar facility for integrated needs of offenders; and reduction of the cost of incarceration by addressing substance abuse, mental health, and rehabilitation with alternative incarceration through communities of restoration.

•(1215)

The Chair: Thank you very much.

We'll now move to Mr. Sampson.

Mr. Rob Sampson (As an Individual): Thank you very much, Mr. Chair and members of the committee, for inviting me here. There's a bit of a correction. I'm here as a private citizen, but I'm also speaking as the past chair of the panel that reviewed Corrections Canada and submitted a report.

The Chair: *A Roadmap to Strengthening Public Safety.*

Mr. Rob Sampson: Yes, *A Roadmap to Strengthening Public Safety*, in 2007.

I would ask that the committee and the researchers take a look at that because there are some recommendations specifically around drugs, drug addiction, and drug issues.

The Chair: Actually, we have decided to pass that report around to each member of the committee.

Mr. Rob Sampson: That's great. Thank you. I'm not going to autograph it for you. They're already autographed.

I was a member of Correctional Services in the province of Ontario. There was a solicitor general by the name of Dave Tsubouchi. I wouldn't want to step on his toes and pretend that I was him. I could never be Dave.

Surprisingly, I actually agree with a lot of what I heard a few seconds ago. You'll see bits and pieces of that sprinkled through the report that we issued to the government in 2007. In fact, we identified in that report five sections of recommendations. There were 109 recommendations in total, but if you were to group them into groups, there were five main groups. In one of the recommendations we were requesting and recommending to Corrections a number of recommendations to deal with drugs in institutions. We're not talking about a schoolyard here. We're not talking about a grocery store. We're talking about a federal correctional institution. One would expect higher levels of security, and one would not suspect almost identical levels of drug trafficking as you would see on Yonge Street. This is a federal correctional institution where people are sent because they've demonstrated clearly that they have a problem with justice; they have a problem with obeying our laws.

Two things need to happen, and those two things, amongst other things, are actually mentioned in the current Correctional Services Act. One is imprisonment for the sake of punishment. That's actually part of our Criminal Code. If you read the Criminal Code, that's one of its objectives. But because none of the sentences, with the exception of a few, are indefinite and because these people need and will at one time return to society, there needs to be some serious effort at rehabilitation so that when they leave they can return to society and preferably, for our own safety, not return again. Every time they return, there's been yet another violation of what we call laws in this country.

The correctional services system has two fundamental mandates, and we spoke about that in our report.

I'm going to make my comments short, even though historically I've maybe not done so, in order to get questions.

There's been a lot of talk about programs, and I think if you read the report carefully, you'll see an adjective used—"effective" programs. We have a lot of inmates going through programs and ticking the box that they've completed. In fact, I think Don Head will have said that 80% complete their programs. How many successfully complete their programs? We should be measuring program delivery by success, not by how many bums were in the chairs and how long they sat there.

Interestingly enough, two presentations prior to us you were asked to request of Corrections how many programs there are, how long they are, whether they meet the demand versus the supply of those programs in the institution, and whether they're delivered in a timely manner. You weren't asked whether they are effective. Yet that should have been the very first question that's asked, not of all drug programs but of all the programs in Corrections. Part of what we try to speak to in the report that the panel provided to the minister is, can we not start to look at whether or not these programs are effective? Are we actually rehabilitating people?

After being appointed Minister of Corrections in the province of Ontario, the protocol for those of you who haven't been through this is that the very next meeting is with your staff, who present you with binders about this high. And you start the process of briefing the minister. The very first question I asked about two minutes into the briefing was—I said my title was Minister of Corrections—how

much correcting do we do. I got blank stares. They wanted to proceed with the briefing to tell me how many prisoners we had, how many were there, how many people attended programs. I said I wanted to know how much correcting we were doing, because the reality is that with the exception of a few handfuls of people within our federal correctional system, they will all be out one day and will be walking down Yonge, Bay, or Queen Street with you and be expected to behave as law-abiding citizens.

● (1220)

Remember, they came into the system federally with barely a grade eight education, a family history that could hardly be called that, and a severe addiction to drugs. I think about 80% of those who came in were at one time addicted to drugs, and 20% were found to be involved in drugs at the time of their crimes—and effectively unemployable.

The correction system needs to return those people back to society as employable, educated people who can live in society without relying upon the crutch of drugs to forget their family lives. And this has to happen in less than two years. I think the average hold in the federal correction system is now three and a half years. In three and a half years you're going to turn somebody with that history into a law-abiding citizen? That's a huge order.

On the criticism about long sentences, especially for drug sentences, the correctional system should have sufficient time to help these people get over their deficiencies so when they get back to society they can live as law-abiding citizens. There shouldn't be a time expiring on the clock—boom, you're out. Think of what you've got: grade eight education, no employable skills, a severe addiction to drugs, and a family they can't rely on. We need to help these people. Corrections should be there to do that. Yes, they should be there for punishment. I think society expects that. But society is also expecting the correction system do some correcting.

With that, I'll finish my remarks.

Thank you.

The Chair: Thank you very much, Mr. Sampson.

To both witnesses, you've given us much to contemplate.

Ms. Hoepfner.

Ms. Candice Hoepfner: Thank you very much for your appearance here.

I want to start with Ms. Clitheroe. When I was in high school and in my young adult years, I was a volunteer with my family—my mom, dad, and sisters—at Stony Mountain Penitentiary. A couple of things struck me. First was the impact my dad had on the men who were in prison. So many of them did not have strong male figures in their lives. My dad passed away 14 years ago, and he was a great man.

I think you spoke to the impact of mental health issues. There are the issues we heard from the other witnesses surrounding their family backgrounds, probably lack of parenting, and all of those things that surround inmates. There are certainly reasons why they're in prison. There are reasons why they're addicted to drugs.

I just wanted to say that, because I respect so much the work you do. People would say to me, "What, you're going into prison to volunteer?" But it was something that impacted my life. I was probably treated with more respect by those inmates than I've ever been treated by men. I think that's saying a lot.

We heard from the previous witnesses that they believe in a rights-based approach. I tend to think we should approach life generally, not just with rights but with responsibilities. I wonder if you can speak to the whole issue of individual accountability and how that can benefit inmates, not just if they're dealing in drugs in the prison and the legal ramifications, but even right to their treatment and individual responsibility: "I'm responsible for what I do, and the positive side is that means I can make changes to my life. Even though a lot of bad things might have happened to me as an individual, I can make choices to get out of those situations and make myself a better person."

Can you speak to your experience? I'll start with you, Ms. Clitheroe, and then go to the other witnesses. Give me your experience and how accountability for these inmates actually helps them, as opposed to blaming others for.... The blame may be rightly placed, but can you speak to the accountability factor for inmates?

• (1225)

Ms. Eleanor Clitheroe: You're right in saying that when someone has the kind of background that Mr. Sampson described, "choice" is a very difficult word to use. I really applaud you for the work you did as a volunteer. Volunteers are incredibly effective with people in the system.

As a volunteer organization, we're there to walk alongside, to deliver some programs as the institution might wish to have supplemented, both in the community and in the prison. I would describe accountability as taking responsibility and acknowledging that what the offender has done has impacted other people. Getting them to the point where they realize the damage they have done is not only damage to themselves but also damage to someone else. That can be a fairly big hurdle, surprisingly. People of this description feel powerless, even if they have caused damage to others. So recognition and accountability that there has been damage, and then wanting to do something about it for their lives and for the lives of the community or for others, is key to their making progress.

Paul Abbass runs an addictions facility, a rehab facility. I think one of the things you would say, Paul, is that you need people to

confront and be willing to address their issues before you're going to make any substantive progress with them.

Mr. Paul Abbass (Director, Prison Fellowship Canada): That's a big part of this discussion, isn't it? In order for us to effectively do work with the inmates, we need to, in a sense, invite them to be disposed or to be ready for this kind of treatment. That's always the big issue when you're imprisoned: "Am I taking the program because this is going to speed up my getting out, or am I taking this program because I have finally hit bottom and I can't believe I've actually ended up in prison at this point in my life, so I'm looking for help?" Or there could be many other reasons for this to happen.

We want to be able to work. That's why a volunteer, your father, for instance, would be a huge influence. He's outside of the institution, and his values and what he stands for in his witness would perhaps have a greater influence than anything else to mitigate those other "just get me out of here" reasons, because "get me out of here" reasons, Mr. Sampson, you're right.... Even if you keep him in for five years, it's not going to help him.

• (1230)

Ms. Candice Hoeppner: I guess that would speak to what you talked about, Mr. Sampson, the whole issue of programs that actually have results.

Mr. Rob Sampson: Yes. The first block of our recommendations deals with offender accountability. I think you've hit the nail on the head. There's a reason that's number one and not number five in our report.

Part of the reason male or female inmates are where they are, whether it's the federal corrections system or the provincial system—people sentenced under two years—or the young offenders system, is that they've got a problem with either respect or responsibility or both. And in many cases, they weren't given the opportunity to learn that.

I have all sorts of stories of how I learned that within our family, and some of them aren't very nice, as far as I was concerned. But it happened, and I am where I am. Some would say I don't have much respect or responsibility anymore, or never did, but I hope I've proved the majority of people wrong about that.

Look, there is a respect and responsibility challenge, and these people need to learn that. No question, there are some who won't get that after five years. I would put it that maybe, then, we should keep them until they finally get it. And some will never get it. The question is, if that's the case, then what are we doing letting them back out again? If they don't have respect and responsibility for their neighbours, their families, or their friends when they leave, how are they going to have it for you when they see you leaving your car in some parking lot in the middle of the night?

But recommendation number one is focused on respect and responsibility.

The Chair: Thank you very much, Mr. Sampson.

We'll now move to Mr. Garrison.

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Thank you, Mr. Chair. And thank you very much to both witnesses for appearing today.

I want to start with a brief question to Prison Fellowship. But I'll start by saying that as a criminal justice instructor, we worked with an institution in my riding, William Head, organizing student volunteers to accompany people on their transitions back into the community. It's volunteer organizations like yours that do a lot of the heavy lifting on that reintegration. So I thank you for the work that you do on behalf of all Canadians.

Our previous witness talked about observing impacts on the integration of the other prison population, the 85% to 90% who are not drug-involved, as a result of the strong interdiction measures. Has your organization observed that same phenomenon, that strict interdiction sometimes interferes with family visits and other reintegration measures?

Ms. Eleanor Clitheroe: We know that approximately 80% of the people who arrive at a federal or provincial prison have some addiction issues, so interdiction inside or abstinence inside doesn't necessarily lead to any behavioural change. One of the things we advocate is that environmental change is key; that's why volunteers are so important. But a larger environmental change would be more effective in leading to that change.

Visitors to the women's prisons are not as common as they are to the men's prisons, as you probably know. With the men's prisons the intimidation factor of having to move through a prison system in itself is going to be a bit debilitating. It's a frightening place with lots of people and strange gates and various things. So adding other interdiction requirements could be a negative factor for visitors. I think there are some—the X-ray machines and various things that we're all used to. As one of the other speakers said, we expect them in the airport or whatever. But anything that is more intrusive, especially for children or young women, could be a bit of a deterrent.

We strongly believe that family engagement, where at all possible, is really important. A father figure or children reuniting is really key in the rehabilitation of an individual, and we do run some father-son programs and some mother-daughter programs to facilitate that. A young man who has a son, who is willing to say this stops with him, it doesn't go to his child, is a very powerful influence in behaviour modification for him and for that family. So we really encourage the family visits and we really encourage trying to link those families or role model families as best as possible. Anything that would deter visits we would find problematic. I think it would be a very good area of study to survey and poll to see how people are reacting to those activities at the prison gate.

•(1235)

Mr. Randall Garrison: Thank you very much.

I want to turn to Mr. Sampson. I know the chair will be circulating your report. Our previous witness from the John Howard Society mentioned a report called *A Flawed Compass* by Michael Jackson and Graham Stewart, which is in some respects a response to that report. I would ask the chair to circulate that report at the same time.

Since your report was done the government has invested, I think, \$122 million in interdiction measures. Have you followed the success of those measures, which I think largely flowed from your report?

Mr. Rob Sampson: No, other than to know there has been some drop in the level of detection within institutions, it would seem to indicate that apart from issues around masking of drugs and the other things that are happening with the institutions, that tightening up the walls, doors, and gates is having some impact. I would argue that we shouldn't all be jumping up and down and celebrating the fact that 7% of those who are tested with a urine test are testing positive. I would have argued that the goal should be 0%. Again, given that this is not general society that we're looking at, this is a correctional institution where you have a high concentration of people who have huge problems and it needs to be secure....

Mr. Randall Garrison: Would you say there might be a point of diminishing returns, that we could continue to apply resources to interdiction and we might still find ourselves at some, what I would call, small percentage of the 5% to 7% rate—

Mr. Rob Sampson: Right.

Mr. Randall Garrison: —and that further expenditures in that area might not produce any further benefits in terms of interdiction?

Mr. Rob Sampson: Sure, but that's why we have 109 recommendations in our report dealing with the whole basket of challenges facing Corrections, one of which is drugs. I think I was quite clear when we issued the report, and the panel encouraged me to say this as the chair, that it's a fulsome 109. We didn't offer Corrections or the government a buffet to select from one item to the other, but we believe that all 109 need to be delivered on at some point, and dollars would be attached to a large chunk of those to get the kind of vision of public safety we saw when we presented that report.

Mr. Randall Garrison: Would it be safe to say that you agree with all our witnesses who have appeared so far that it's a balanced approach between interdiction and reduction of demand that would solve our problem here?

Mr. Rob Sampson: Interdiction is critical because without interdiction you're not going to have effective programming in institutions. Right now, you have people attending—I'll say that word again, "attending"—drug addiction programs and then going back and shooting up in their cells. Why? Because they were able to get access to it. Drugs in the institution are also now, given the increasing profile of gangs in institutions, causing problems in maintaining security in institutions because the gangs are using drugs to basically recruit and hold onto gang members within the institution itself and outside.

I think all need to be done together. Balance, I think, is probably a fair word, but you should never take your eye off the ball—7%, 6%, 5%, 4% is still, in my view, a failure.

The Chair: Thank you very much, Mr. Sampson and Mr. Garrison.

I will now move to Mr. Norlock for seven minutes.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Mr. Chair, and through you to the witnesses, thank you very much for attending today.

I'm going to ask for some reasonably short responses. I know how difficult that may be. After listening to both groups of witnesses speak, I think what we really desire here, in the simplest form, are behavioural changes. I think when we're talking about interaction with society and dealing with yourself—because drugs are an offence against yourself before anybody else—it's a degree of self-control. I think Mr. Sampson to a certain degree talked about self-control and the ability to control yourself in many ways. That's what a civil society does; we control ourselves.

What we want is positive self-reliance. Therefore, my question is how the state or you as volunteering individuals, and preferably collectively, inculcate or even encourage that kind of self-reliance and responsibility under the current system we have. Let's prioritize. What are the two or three things that you would like to see increased or enhanced, or not done, in our current prison systems?

• (1240)

Ms. Eleanor Clitheroe: I think primary would be to address the programming that is currently excellent, as I understand it, in an integrated way for the individual. A person is not a family dysfunctional person for six months and then another six months later a drug-addicted person and then six months later.... People have a multiplicity of issues, and they need to be addressed as an individual with those issues integrated.

The difficulty in examining programs is that they really can only be effectively examined in their success rate by how much behavioural change has actually occurred. If we are designing programs that can only address one small aspect of several aspects, we need to redesign our programming and perhaps our prison geography to allow for integrated programming, an environment in which people are not afraid to take programming that will lead to behavioural change.

Second, environmentally, we've advocated for attempting to look at the Grande Cache pilot or other similar facilities where the environment could be altered. If you are two hours in a program, once a week, every week, and you then go back to the general

population where you must protect yourself, where you can't deal with the things that have been opened up in that two-hour programming, you will continue to build the barriers 24/7, except for that two hours. It is not a safe place in a prison to exhibit behavioural change and/or, as someone might perceive it, weakness. We think that the environment for those who indicate can be reviewed, perhaps in the way that Paul Abbass does for his own programming; that people can be selected to enter alternative environments within a prison system perhaps, a wing of a prison, and that actual change can occur, so that the person with those multiple issues is coming back into society with a chance of actually integrating into society.

Third, there needs to be a continuum. You don't put a person who has experienced behavioural change inside a prison into a community without any supports. So rather than identifying a person's housing and social welfare cheque, which of course is necessary, you identify what that person needs to succeed. You put that in place and then you put the other supports around that in a community.

Mr. Rick Norlock: Thank you very much.

Mr. Sampson.

Mr. Rob Sampson: I'm not going to give you one recommendation; I'm going to give you 109. But I'm going to try to boil it down. I think your question is what the state's role is. I think the state's role is to provide the opportunity.

I've probably been in more correctional institutions than anyone in this room, maybe all of you together—all voluntarily, I must admit. That includes in Canada, provincial, federal, in the U.S., in Europe. I came across a superintendent of a youth facility in the U.S. and I asked him what his role was as superintendent of this particular institution. He said, "My job is to give that second chance to the guy who never had it the first time. When they come looking for the third and fourth chance, they can wait in line behind the guy who still hasn't had a second chance. My job is to give him a second chance."

I think, to boil the state's responsibility down into a very simple phrase—it's far more complex than that—it's to provide the opportunity for the inmate or the individual to change their life. That means, taking a look at this report, the physical environment to do that. Most of your institutions were built before we were born, when there was a single population with not a lot of problems. Gangs were the guys outside, not the guys inside. There weren't these huge complex issues facing individuals. The institutions are simply not designed to do what Ms. Clitheroe spoke to, to give a guy time to go back to his cell as a safe environment and live what he learned in the two hours in class. They're just not built that way anymore.

I can go on—I'll ask you to take a look at the 109 recommendations—but government's job is to provide that opportunity.

•(1245)

Mr. Rick Norlock: Very good.

I'll ask this to Mr. Sampson, but it's based on what Ms. Clitheroe said, and based on the facts. If 70% of the inmates within the federal institutions have a drug problem, given that some of the 70% probably have less of a drug problem or are easier to rehabilitate.... Let's take the bottom of the 70%, the worst 40%. Mr. Sampson probably knows the numbers. I forget the number of people in our federal institutions. But I suspect that 40% of those people.... And then you want to give them a safe place in which to live and get healthy. I guess I would have to ask if there is a reasonable ability for the state to provide that, given that the state has limited funds with which to do so.

You know, we all want, those of us who are believers, to get to heaven, but sometimes getting to heaven, given the world we live in, is a more difficult thing than some of us are able to do.

Mr. Sampson, if nirvana is being able to provide the 40% with the kind of treatment they need, is that at all possible, given the resources the state has? What are your thoughts on that?

The Chair: Unfortunately, Mr. Sampson, we're going to have to wait for your thoughts on that, because Mr. Norlock took up the extra time.

We're going to go back to Mr. Hsu, please, for seven minutes.

Mr. Ted Hsu (Kingston and the Islands, Lib.): Thank you, Mr. Chair.

I'd like to start out with a question to Ms. Clitheroe. I'd like to understand the economics of how drugs get into prisons. We've talked about the demand side and about interdiction, which is like a tax on the transaction. What about the supply? What is to be gained by somebody going to the trouble of bringing drugs into a prison? What is the currency that is used in the transaction? I want to understand the supply side of how drugs get into prison, the economics of how drugs get into prisons.

Can you help me with that?

Ms. Eleanor Clitheroe: Is your question why someone would bring drugs into prison, what the economics are of bringing drugs into prison for those who are throwing it over the wall, the family member or whoever is bringing it in?

Mr. Ted Hsu: What do they have to gain?

Ms. Eleanor Clitheroe: I think it varies from individual to individual. Certainly on an anecdotal basis there's great profitability in taking what would be an average street supply and putting it into a very limited demand-supply situation.

Mr. Ted Hsu: But prisoners don't have any currency to pay for it. How does that work?

Ms. Eleanor Clitheroe: Do you want to speak to that?

Mr. Paul Abbass: Well, there really is lots of currency that a person has. They're trading all kinds of different contraband. It's not only alcohol and drugs or pills or whatever that is coming into the system illegally. There is all kinds of contraband available, and it's traded fairly freely in the system.

Mr. Ted Hsu: That's in the system. But what I'm trying to understand is what the person who brings the drugs into the system comes away with. In what does the supplier of the drugs from the outside get paid? What is the benefit?

Do you see what I mean?

Ms. Eleanor Clitheroe: It can be paid in cash; it can be paid by some arrangement of group or gang activity; it—

Mr. Ted Hsu: You are saying that somebody in a gang outside of the prison will pay somebody to bring drugs in for their....

Ms. Eleanor Clitheroe: That person will be released one day; there will be debts owing.... It can be any number of economic advantages. It doesn't have to be cash. It could be protection; it could be debts owed.

The Chair: Thank you.

Mr. Sampson?

Mr. Rob Sampson: It all boils down to money eventually, but even within the institution, it may not have the obvious appearance of dollars.

For instance, I went into one institution and a fellow half my size—probably 90 pounds—was able to walk between a crowd of guys twice my size. They parted ways the way Moses parted the waters. He was the drug guy; he controlled influence in the institution. He had people outside who, when they got out, would provide favours—i.e. cash, retribution, or whatever.

Drugs are the currency. The service provided for the currency can be a number of things, such as respect or whatever. It's amazing how valuable those materials are inside the wall, probably more than outside, because of their limited supply.

•(1250)

Mr. Ted Hsu: Okay.

I have a question for Mr. Sampson. I want to understand a little better what you were saying in your opening remarks. Let me try to summarize it, and you can tell me whether I have it right or wrong.

The first thing you said, or at least implied, is that there isn't as much correcting happening inside our institutions as we think. Is that a fair thing to say?

Mr. Rob Sampson: What I'm saying is that I'm not sure we measure it as well as we should; therefore, maybe we are not quite educated in determining how successful we are in doing it.

The job is to correct people; 100% of the people who leave should be corrected. That is nirvana; we should struggle and strive to get there. We shouldn't stop until we get as close as we can to that. But you had better know how to measure before you start setting your objectives.

Mr. Ted Hsu: You believe that we need longer sentences because in your opinion—or maybe you have some data—the rehabilitation programs that we have need more time to work because people have complicated problems.

Mr. Rob Sampson: We have people with hugely more complicated problems than we had 30 years ago, and our average sentence time is going down. We have less time to help these people than we had in the past. How is it humanly possible to get somebody who I just described—with a grade eight education, unemployable, addicted to drugs, with severe family problems—resolved after three years? It's just not possible.

Mr. Ted Hsu: How do you make the argument, then—or maybe there is data—to show that it is not the quality of the rehabilitation programs but the length of the rehabilitation programs that is the resource we need to increase?

Mr. Rob Sampson: It could well be both, but what you should be looking for is the success of the rehabilitation programs. If you can rehabilitate the guy in three years, go for it. Get him out in society as soon as we can to prove that in fact you have been able to do that.

Mr. Ted Hsu: My question is that you seem to be implying that the sentences need to be longer for the rehabilitation programs to work, but how do you know it's the length and not the quality?

Mr. Rob Sampson: It could potentially be both. I'm saying it's success.

Right now we are not getting.... It is just not humanly possible to do what you have to do to some of these people in the average sentence time, especially when that sentence time is compressed because of things such as statutory release and parole provisions that sometimes don't have a lot to do with whether the person is ready to get out but with how much time is left on the warrant clock.

Mr. Ted Hsu: Do we have data from other jurisdictions where sentences have been lengthened, to show in a systematic way that by some measure the rehabilitation programs work better?

Mr. Rob Sampson: Not many years ago, the Brits started a program for measuring the success of their jails and prisons by the rehabilitation rate—the reoffending rate—of those who had gone through it. That has proven hugely successful in challenging the institutions to make sure the right programs are delivered to the right people.

To quickly answer your question, targeting programs is exactly what you have to do with scarce resources, so that the right programs are given to the right people. Not all people can benefit from one particular program; they need to be challenged and focused. The Brits started a program doing that, and their reoffending rates are down.

The Chair: Thank you very much, Mr. Sampson.

Thank you, Mr. Hsu.

[Translation]

Ms. Morin, you have five minutes.

Ms. Marie-Claude Morin: Thank you, Mr. Chair.

First I want to thank you for being here today.

My first question is mainly about drugs, but also about tobacco. Tobacco has been banned in prisons for several years now, and has meant that cigarettes have become currency. This has increased contraband tobacco and other drugs, mainly anything that can be brought into a prison.

My question may seem far-fetched. From the perspective of reducing misdemeanours, if we consider that heroin, crack and PCP are much more harmful drugs in the short and long term than tobacco, could reintroducing tobacco outside—and not inside the prison, to protect the health of non-smoking inmates—be a solution to reducing trafficking in other drugs?

•(1255)

[English]

Ms. Eleanor Clitheroe: I apologize for rephrasing it, but is your question, if tobacco were a permitted substance in the prisons, would that lessen the currency of other drugs within the prisons or the damage that other drugs would do in the prisons? Is that the nature of your question?

[Translation]

Ms. Marie-Claude Morin: That's not it. I was told that, since tobacco was banned in prisons, it has been used as currency. But, if tobacco was permitted in the prisons, there would be fewer possibilities for currency against other drugs that may be more harmful.

[English]

Ms. Eleanor Clitheroe: Yes, I think that's probably true. Anything that becomes a currency and a scarce commodity will become tradeable in a limited supply-demand situation. So whether or not tobacco is harmful and is a drug and should be limited in the prison or not, I don't comment on that, but I think if it became easily available, it would cease to be a currency against other drugs.

[Translation]

Ms. Marie-Claude Morin: A little earlier, other witnesses made comments that I found particularly troubling. You will probably be able to respond. They were talking about strip searches and said that there are often false positive results for visitors entering the prisons. We were told that this may discourage visitors from visiting a family member who is in prison.

We know that contact with family and visitors may foster the individual's rehabilitation. Are there potential solutions to the problem presented by false positives that discourage family and visitors, and jeopardize the social rehabilitation of some incarcerated individuals? They would be more likely to reoffend.

[English]

Ms. Eleanor Clitheroe: Well, certainly false positives do occur. I think one of the previous witnesses mentioned that. You touch a petrol station, whatever can come onto your hand, so certainly that is the case. My own experience is that I'm treated well when I come into a prison, so the suspicion is low that I'm carrying drugs or some contraband. So if there was any issue, I'd be treated with courtesy and I would be treated with the benefit of the doubt, and maybe my purse would be examined, or something like that, but with a great deal of dignity.

I think the issue arises, and perhaps that can become prison to prison, because people are simply people, and guards are simply guards, and visitors also are simply visitors and can be riled or otherwise. The dignity with which these things are handled, I think, is the key. For me that is the key. Certainly testing has to occur in some way. There are going to be errors, but I think it's the dignity with which these things are handled and the training that are key.

The Chair: Thank you very much.

Very quickly on the last question, then, we're back to Mr. Leef.

Mr. Ryan Leef (Yukon, CPC): Thank you.

Thank you to the witnesses for coming today.

I need a clarification.

This question will be for you, Mr. Sampson, given your experience in national and international correctional centres. From my experience, there have always been and always will be haves and have-nots within the correctional environment. In your experience, has tobacco, even when it was legal, been a form of currency?

Mr. Rob Sampson: Yes. It was a form of currency of some sort. Potato chips are a form of currency in prisons.

• (1300)

Mr. Ryan Leef: From your experience, would reintroducing tobacco into the correctional centres, whether it's in the outside yards or wherever, do anything to minimize the access to or trade in that level of currency for harder drugs?

Mr. Rob Sampson: I'm not sure. I'd be interested to hear Don Head's point of view on whether or not he has seen an impact from the ban or a change in the presence of drugs in institutions after the tobacco ban. I would suggest that it has probably not changed all that much. As I said, a chocolate bar or a bag of potato chips is currency within the prison system. So are knives, by the way.

Mr. Ryan Leef: Yes. Thank you.

I'll quickly go back to something that Ms. Hoeppner asked about in terms of the rights-based approach to corrections. When we look at a lot of young offender facilities, we see that they operate on a levels system. We move away from that as we get into the adult institutions. That levels system is really based on privileges, on what you earn as you progress, either through programming or through behavioural modification.

From your perspective, why have we moved away from that in the adult institutions? Can that be reintegrated?

Mr. Rob Sampson: I'm not sure, and yes.

Voices: Oh, oh!

Mr. Ryan Leef: See? I'm keeping it short and sweet for everybody here.

I don't have any further questions.

The Chair: Thank you.

Our time has come to an end. We thank each of you for being here.

Mr. Sampson, we thank you for your work on this in the past and for your appearance here today. We certainly look forward to having that report passed around.

To our Prison Fellowship organization, we thank you. We encourage you to keep up the good work you do there. The importance of an overall approach to things I think is one that I'd like to have another chat with you about on other occasions, just to chat about a few other issues that you deal with there.

Thank you so much.

We will be back here on Thursday. We are now adjourned.

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