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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. This is meeting number 17 of the Standing Committee on Public Safety and National Security, Tuesday, December 6, 2011.

This morning we'll continue our study of drugs and alcohol in our prisons. We will begin by hearing first from the Correctional Service of Canada. You'll note by the different positions of our guests this morning that this is a response to some of the questions that came out of our last meeting, follow-up questions as to the transformation.

From the Correctional Service of Canada we have Mr. Ross Toller, the deputy commissioner of the transformation and renewal team, and Brian Wheeler, area director of the London area parole office.

We welcome each one of you this morning. We thank you for taking time out of your schedule to appear before our committee. We understand that you have a number of opening comments you would like to make, and then take some questions from our committee.

Mr. Toller, welcome. It's good to see you again. We look forward to what you have to say.

Mr. Ross Toller (Deputy Commissioner, Transformation and Renewal Team, Correctional Service of Canada): Great.

Good morning, Mr. Chair and members of the committee. My opening comments will be only five minutes and I will be making opening comments on behalf of Mr. Wheeler and myself.

Thank you for inviting us to appear before you today to discuss how the Correctional Service of Canada manages the issue of drugs within our penitentiaries, with a more focused attention on our part on the programming treatment piece. I am joined today by Brian Wheeler, area director of the London area parole office. I would acknowledge that Mr. Wheeler in the past has been a parole officer, as have I, although admittedly I'm much more dated than Mr. Wheeler in that particular area.

As you have heard from the commissioner and other officials, CSC takes a three-pronged approach to managing offenders with a substance abuse addiction; that is, prevention, treatment, and interdiction. Today I'd like to focus my opening remarks on the area of treatment and discuss some of the substance abuse programs offered at our federal institutions and in the community.

Mr. Chair, CSC offers integrated substance abuse programming for offenders that allows them the opportunity to live a productive, lawful life, free of addiction. As the commissioner mentioned to you at his appearance last week, we have recently invested over $30 million to enhance our capacity to deliver programs to offenders in a timely and effective manner.

CSC's national substance abuse programs are developed based on empirical evidence and most recent scientific findings. We regularly evaluate these programs for their effectiveness in contributing to crime prevention, and we make adjustments as necessary to ensure our programs are delivering positive public safety results for Canadians.

By way of background, as soon as an offender arrives at intake, he or she is assessed and matched to the appropriate intensity of intervention. The more significant the offender's needs, the higher the intensity. Our programs are primarily delivered to groups, but we include individual sessions to address the very unique needs of a diverse population. In CSC programs, offenders explore their previous substance abuse, take accountability, and learn a variety of methods to prevent future addictive behaviour and criminality.

We have also developed and implemented specialized programming for aboriginal and women offenders, who have unique patterns of substance abuse, and for whom cultural and gender-specific programming is more appropriate. Mr. Chair, CSC's substance abuse programs are held up internationally as a standard of excellence. I am proud that other countries, such as Sweden, Norway, and Great Britain, have adopted CSC's programs for use in their institutions.

Quite simply put, this is because our programs work. Research shows that offenders who participate in substance abuse programs are 4.5 times more likely to earn discretionary release, 45% less likely to be re-incarcerated because of a new offence, and 63% less likely to return with a new violent offence.

Beyond CSC's national substance abuse programs, we offer opioid substitution therapy to offenders as a harm reduction measure. While our goal is certainly for offenders to stop using intravenous drugs entirely, we must also take steps to minimize adverse effects related to the use of opioids. This includes the spread of HIV or hepatitis C within our institutions, as well as in the community. This type of therapy is also useful in combination with our programming to help offenders gradually disengage from illicit drug use.

If an offender meets the criteria for admission to the program, a nurse would administer a drug such as methadone to the offender in the institutional health services area under direct observation. Mr. Chair, this is a medical program administered by medical professionals to improve the health of offenders and the safety of our staff.

Research has shown that the methadone maintenance program is an effective form of therapy for offenders with an intravenous drug addiction. We have seen reductions in opioid use, criminal activity, and re-incarceration throughout offenders who have participated in the program. We also find they are more likely to continue treatment in the community. Furthermore, offenders who have taken methadone maintenance have fewer drug-related institutional charges.

Every day, CSC employees across the country are working to promote offender rehabilitation and create safer communities for Canadians. This includes delivering CSC's suite of internationally renowned programs to help offenders break the cycle of addiction and return to communities as productive, law-abiding citizens.

Thank you for the opportunity to provide you with more information on this subject, and I would certainly, along with Mr. Wheeler, welcome any questions you may have of us.

● (1105)

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

We'll move into the first round of questioning with Ms. Hoeppner, for seven minutes.

Ms. Candice Hoeppner (Portage—Lisgar, CPC): Thank you very much.

Thank you, gentlemen, for being here. I have several questions I want to ask you or areas I want you to expand on.

Mr. Toller, you talked about the opioid substitution therapy and then in connection with methadone maintenance treatment. Could you expand a little on the opioid substitution therapy?

Mr. Ross Toller: Sure. We have an assessment of inmates who come with addictive properties or who have been known to have been addicted. We run it through a medical check. Basically the program is worked through medical channels. If an offender is deemed to require a substance such as methadone therapy as an alternative to seeking other types of drugs, it will be administered in a very controlled setting.

What happens, essentially, is with methadone the offender attends the nursing area, where he is administered the methadone in a liquid form. He is required to talk immediately after that to ensure that he hasn't hidden the methadone, and he is required then to drink water to ensure that the methadone is taken. Then he is required to sit in the room for 20 minutes under the nurse's supervision, because there have been cases in the past where offenders have actually regurgitated the methadone shortly afterwards.

It's very controlled. Monitoring takes place. Generally speaking, the methadone program is a long-term program, anywhere from one to two years and in some cases even longer than that. Once it's deemed that the addiction properties have been dissatisfied through medical channels, it will be determined to take that off.

Ms. Candice Hoeppner: So then that would be administered to an inmate, obviously, who has been deemed to have that level of addiction, but also who is serving a longer sentence. Is that true?

Mr. Ross Toller: No, it could be a short-term sentence, because if you have a short-term sentence the actual continuation of the methadone program could continue in the community, along with the interchange of medical community people in the community.

Ms. Candice Hoeppner: There's a link; there's communication between the community—Mr. Wheeler, if you want to jump in, I'm not sure if this would be your area—for the continuance of treatment between inside the facility and then once the inmate is released. Is that correct?

Mr. Ross Toller: Yes.

Ms. Candice Hoeppner: In the same vein, we've heard a little bit of testimony that in terms of harm reduction, supplying and providing needles to inmates was a suggestion. But then we heard a lot of contradictory testimony where we were told that needles were not welcome. We even have some experience where some of our members visited a penitentiary recently and they were told by inmates that they don't want needles in the prisons. I wonder if you could comment on that, on what your thoughts are in regard to needles in prisons as a form of harm reduction.

Mr. Ross Toller: Yes. As a service we've adopted the position not to support needle exchange. Rather, we take the approach of using harm reduction capability.

I think you have heard some testimony about how drugs or drug paraphernalia get inside the institutions. I think you've heard testimony about throw-overs. Sometimes the way things are hidden includes needles. So we do offer a bleach program for inmates who might have the capability of having access to a needle. This is to aid in the prevention of HIV or hepatitis C.

In the past, I know there have been some concerns about the potentiality of needles being used for weaponry. Hence the reasons why we've taken more harm reduction capability. Aside from that, there's much harm treatment prevention information that's given to inmates, including pamphlets and working with families to look at harm reduction in that capacity.

Ms. Candice Hoeppner: Our government has taken on a zero tolerance policy in regard to drugs in penitentiaries. Could you comment on what effect the drugs still being available in prisons has on inmates who are trying to participate in these programs, trying to rehabilitate themselves and become more productive citizens when they leave? What is the effect on these inmates of having the drugs available?

Mr. Ross Toller: There's a strong correlation between drugs and violence inside the institution. I believe you may have heard some past testimony related to the extortion capabilities and the violence that is inflicted with drugs, with people under the control of drugs. Drug interdiction strategies are very prolific for us to create an environment for inmates who want to change their behaviour, who are interested in participating in programs, who have a desire to turn their lives around. It instills an environment that has fewer lockdowns and more capabilities to stop that stuff from going on. That's why we have a three-pronged approach to deal with the issue. Zero tolerance, of course, is exactly where we are at. Unfortunately, as you've heard, there are still methods and ways that people get it in; hence our three-pronged approach.

● (1110)

Ms. Candice Hoeppner: We've also heard testimony that sometimes there have been problems in that people will bring drugs in for their own use, but obviously it's to traffic, yet there hasn't been enough legislation in place to prosecute them. Is this something that would help you doing your job? People, including inmates or whoever it is, are bringing in drugs now in amounts at not enough of a level where they could be prosecuted if the amounts are too small.

Mr. Ross Toller: Yes, very much. I think it is a concern for us in many ways to understand the context of the clientele we have and the context that what may be seen in the general community as a small amount of drugs is actually quite prolific in our particular institutions and the environment we have. So generally speaking, we've seen that drugs are three to four times the street value. Supply and demand issues would take place there as well.

I think any sort of work we can do with the crown attorneys to understand the context, or even legislative requirements that may support crown interest to pursue these types of activities in a more aggressive stance, would aid us immensely.

Ms. Candice Hoeppner: It seems we almost need to have one set of rules regarding drugs for the outside and another set of laws regarding the possession of drugs within penitentiaries.

Mr. Ross Toller: I think it's very important for crown attorneys that at various points we need them to understand the context. Crowns have limitations as well, of course, but at the same time understanding that in the correctional environment it is so much more compounded because of the environment we work in.

The reality is that drugs that come inside come into our community first. I think understanding our context is very, very important. A small amount is a big amount to us.

Ms. Candice Hoeppner: Thank you very much.

[*Translation*]

Le président: Mr. Chicoine, you have seven minutes.

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Thank you, Chair.

I would like to thank both our witnesses for coming here today to share their experiences with us.

This committee has heard a lot about the accessibility of programs inside the penitentiaries. I'd like you tell me briefly about the programs inmates have access to once they are released on parole, in terms of both accessibility and effectiveness.

[*English*]

Mr. Ross Toller: Sure. Would it be worthwhile to give you a little bit of the context of the programs? Because many continue on the inside through to the outside.

[*Translation*]

Mr. Sylvain Chicoine: Absolutely.

[*English*]

Mr. Ross Toller: Okay.

Probably one of our most comprehensive programs is our substance abuse program that starts inside. Essentially, what we do is measure this at intake. We look for the levels of addictive properties that they've used. We look at their crime. We look at violence associated with drugs. We basically establish intensity levels. We have a high-intensity program for those requiring much more therapeutic interventions, much more time. We have a moderate-intensity program and a low intensity.

When I'm finished here, I'll turn it over to Mr. Wheeler, who can talk to you about the continuation of that into the community as well, in terms of substance abuse programming and what we do with offenders on parole.

Going back to some of the environmental questions that were asked before, it's why for the inmates who are motivated, who want to participate in the programs, we create an environment and give them that opportunity to move. As they progress through their different levels of substance abuse, of course you will find program reports are completed, progress is assessed relative to gains they have made or lack of gains they have made. So substance abuse is one of our more prolific programs.

Tied into that, of course, is the violence prevention. Violence properties are often associated with drug use, and I think you may have seen some testimony on that. Again, we have intensity levels based on the magnitude of the crime, the impacts. They're assessed at impact—high intensity, low intensity—and similarly, maintenance programs will take place in the community.

Most recently we're looking at a bit of a blend of those two programs in a pilot we're running on the inside that will basically create some levels of efficiencies and improve enrolments for us.

There's sex offender programming, and there are other programs, but maybe I'll let Brian speak quickly to the transmission of offenders as they leave the sites and what happens when they go into the community after they've taken some of these types of programs.

● (1115)

Mr. Brian Wheeler (Area Director, London Area Parole Office, Correctional Service of Canada): Good morning.

The individuals who come to the community largely have taken a substance abuse program in the institution that reflects the risk and the need that they represent. Correctional Service of Canada has developed what we call a community maintenance program. It's a generic maintenance program that addresses all of the issues that may have been dealt with inside the prison, so violence or family violence, and substance abuse, for certain.

It's a fairly lengthy program in the community. Essentially, it brings continuity to the issue for us to deal with the offender. He or she would participate in the program for approximately three to four months. It would be a daily program of perhaps two hours a day with a trained program officer in a group setting with about ten other offenders and they would be targeting the same sorts of issues.

While they're in the institution they're working on a self-management plan or a relapse prevention plan, a plan that identifies what the triggers might be, the attitudes, the beliefs that support the use of substances and consequently criminal behaviour, and targeting them thematically. Over that protracted period of time, in addition to the program itself, the individual is working with a whole case management team, a parole officer, and some community agencies.

In addition to that particular program, which we believe is very successful, we also use community contracting for substance abuse programming and others and we find they're quite helpful as well. Again, depending on the risk and needs of the individual, we will put them in an appropriate intervention.

[*Translation*]

Mr. Sylvain Chicoine: Thank you.

We've also met with a few inmates who told us they would not re-offend and would not go back to prison if they had the opportunity to access a decent job to support themselves and their families. Do you help inmates on parole find employment? Do you provide follow-up in this regard?

[*English*]

Mr. Brian Wheeler: We certainly do. Each of our operational units has what we call a CORCAN employment coordinator. CORCAN is part of the Correctional Service of Canada. It's a special operating agency that does business, trains inmates inside the institution and also in the community for work opportunities. There's training and also job development and we also work with our partners.

Principally, the employment coordinator would be responsible for working on a résumé long in advance of the individual coming to the community. This isn't something that happens the day they arrive. We've done a lot of planning before the individual arrives in the community. So they will help them with a résumé, help them with their job search, and most likely help them find a job.

They don't do it alone, necessarily; they work with other agencies. For example, the John Howard Society, which is an organization here in Ottawa, probably has about ten staff who work on this portfolio solely to deal with people in trouble with the law, trying to support offenders in finding appropriate employment and training opportunities to engage in better employment.

Mr. Ross Toller: I'll just add a comment to that question if I may.

The employment area is one of our highly focused areas in terms of assessment when inmates first come in, looking at what are their employment skills capability and what is their past employment record. A lot of research shows, exactly as you heard from inmates, that lack of employment does contribute to their crime cycle.

We look at building skills, as Mr. Wheeler has mentioned. More recently, we've been looking at a focus through our transformation agenda to give employability skills that are more job-market-oriented, based on some of the material that we see through job availability markets. If I can just give you a couple of examples, knowing that some of the vocational trade area is going to have a need in future years for Canada as a whole, we partnered with a number of groups and community colleges to give the requisite training that provides the skill sets to inmates. They learn, by way of this example, carpentry skills that are certifiable skills that will apply towards their ability. In some cases we've had success where we've been building a framework for areas of housing and employers that we partner with on the inside hire our offenders on the outside.

More recently, in a couple of examples, we've partnered with some aboriginal communities where we provide the skills from our end and then build housing in aboriginal communities, where inmates are giving back to the community. That's just one example where we focus on the employability for exactly the point that you've raised. And I believe you heard from inmates that this carries itself into the community as well.

● (1120)

The Chair: Thank you very much.

We'll move back to Mr. Norlock, please, for seven minutes.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Chair.

Witnesses, thank you for coming.

Before I go into my last visit, Mr. Toller, on page 4 you talked about participation in substance abuse programs. You indicated that the inmate is 4.5 times more likely to earn discretionary release, 45% less likely to be reincarcerated because of the new offence, and 63% less likely to return with a new violent offence.

So I guess the programs you're referring to are programs of abstinence from drug use. In other words, they just don't use drugs at all.

Mr. Ross Toller: Yes, that's a large part of it—a lot of it.

Mr. Rick Norlock: The reason I'm leading down this path is if we use state-sanctioned drug use programs, euphemistically referred to as harm reduction programs, we would in fact then be negatively impacting on those very successful outcomes for the programming, which, as you mention, is world class, world leading. I'll ask you to confirm this, based on your 33 years of experience with Corrections Canada.

I'd like you to comment on how you perceive a policy of state-sanctioned injection sites with regard to the success of the current programs. This committee has heard in the past that while it prevents disease, specifically AIDS and other associated diseases, part of that could also be.... So if you would comment on what I call preferable harm reduction, such as the use of prophylactics and the availability of them with regard to incarcerated personnel, I'd appreciate it.

Mr. Ross Toller: Thank you. That's a very complex and wide question.

I would make just a couple of quick comments. As you've heard from testimony before, a large percentage of our inmates come with substance abuse, difficulties close to 80%, and I think you've seen testimony where in some cases 50% are directly related to the crime at hand. The difficulty with our offenders is that many of those addiction properties don't stop at the time of sentence. They've often in their past exhibited a drug-seeking type of behaviour. Their desire continues.

It's a rationalization as to why we adopted the three-prong approach to get to the ability to manage and control this type of substance-abusing behaviour. Our programs do work. I'm very proud of the programs that we have. Again, we have lots of research that shows the effectiveness. You've heard my comments. You've reiterated some of the comments I brought forward about the success of the programs.

In some ways, inmates still have the desire. You're right, it is an expectation that you will not be engaged in drug activity, and the reinforcing behaviour or the behaviour modification that goes on is continuously emphasized from all the different levels of intensity through to the community. We prefer the approach that looks at harm reduction from the elements that, from our perspective, are shown to work as well. We have a higher rate of HIV prevalence, seven to ten times higher inside our institutions than what we have in the community. Similarly, with hepatitis C, it's 30 times higher inside our institutions. So the utilization of prophylactics was mentioned, dental dams for women offenders, the utilization of education programs, the utilization of bleach in the event that somebody does get the utilitization of a needle....

It's important to remember as well that while some offenders are participating in substance abuse, not all are. So all the efforts that we take are a cumulative approach to manage substance abuse activity.

● (1125)

Mr. Rick Norlock: Thank you very much for that.

If I could refer to our last meeting at the Frontenac Institution, you referred to some of the programs to teach our inmates, to give them a trade and work experience that leads them to a better life through a job. Actually in some circumstances, such as Warkworth Institution, there is sand-blasting. I always called it getting your sand-blasting papers. I can recall when I spoke to some of the educators there that they told me they had to remind the inmates it was coffee time and often they would work through lunch. That's something you don't usually experience, especially, shall we say, in the real work world, where people are quite attentive to the time of day and when they get their breaks. So congratulations on that.

I wonder if you could advise us as to the progress in particular of the teaching of those who are in the laundry facility. You expanded that and showed people how to administer and run a laundry in an institution outside of prison, such as a hotel or hospital, etc. And how are those portable offices coming along? I've been talking to folks about them. They are anxious to know when that program might be available in the wider community.

Mr. Ross Toller: Yes, thank you. One of the other changes in employment skills development that we instituted at the Frontenac Institution was the development of a laundry service.

There actually is a linen certification program that is associated with this particular program that is offered for people who work in laundry areas. Every hotel has laundry services. Many large organizations have laundry services.

We were very, very fortunate at the Frontenac Institution, which is located in Kingston, Ontario, to be able to partner with the Department of National Defence for the military base in Kingston. We now provide all of the laundry services for the military base. They have been so pleased with the outcome of this to date that we have already expanded utilization to the military base in Trenton as well.

We have already been receiving knocks on the door to ask us about the capability for developing a dry-cleaning type of a program there. That will be a while away, but the laundry program is working. It's providing not only skills in terms of laundry service, for which there are markets, but also stock-keeping, record-keeping, control of inventory—skills that are generic in many ways.

I'm also pleased to report that the portable office program is up and running. In fact, one of the units has been completely built. It has already been transported to the Ottawa area for the Canadian Border Services Agency. It is being used as an office building on their shooting range, which the staff use for doing their work before they actually go on the range. Other houses are just about built that are going to be used for Grand Valley. I happened to be in Frontenac about three weeks ago, and it is expected to be completed this December.

Again, inmates in that capacity are learning trade skills, certifiable skills for carpentry, working in concert with a local community college. As Mr. Wheeler mentioned earlier, they will walk out of the door with a much more certifiable skill set to be able to obtain employment.

The Chair: Thank you, Mr. Toller.

We will not move to Mr. Scarpaleggia, please.

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

In terms of the substitute therapy, is it basically a methadone treatment? Is that—

Mr. Ross Toller: There is another type of a drug, and the name escapes me. It starts with an *s*, and it is another opiate. It's taken through a pill form. If you give me a minute, I can—

● (1130)

Mr. Francis Scarpaleggia: No, that's fine. They're both intended to treat people with a heroin problem?

Mr. Ross Toller: Yes.

Mr. Francis Scarpaleggia: Of those who come in with a heroin addiction, what percentage, more or less, would enrol in a methadone treatment program?

Mr. Ross Toller: I have the numbers who are participating. I believe it's about 750 inmates. I can confirm that in a couple of minutes.

Mr. Francis Scarpaleggia: But as a percentage of those who.... That would give you an indication of the demand for heroin in the institution.

Mr. Ross Toller: It's a small percentage in the overall numbers of the population.

Mr. Francis Scarpaleggia: What could we do to get the percentage up of those who enrol? You say that of the total population of those with heroin addiction, it's a small percentage who enrol in the methadone treatment program.

Mr. Ross Toller: Yes, I think part of this question relates to how many are out there who are addicted and who could be participating.

Mr. Francis Scarpaleggia: Yes, that's right.

Mr. Ross Toller: I don't know the exact number, but I can tell you all the things that go on to encourage and motivate. The fact that we have participation is really good, from my perspective, from a correctional perspective. Sometimes inmates don't like to acknowledge that there is an addictive property, but they're taking those steps.

Much goes on, as I mentioned, with our health care department, from the nurses continuing to promote health care from that perspective.

We also have peer support groups in a number of institutions. We have inmates who will speak with inmates who use, and who basically look at it from their perspective and encourage in that way.

On your question about doing more, I think we just continue what we're doing to motivate, encourage, and persuade inmates who have these properties. Again, if we become aware through urinalysis testing or through other activities that inmates are participating and are not part of that program, referrals of those inmates will be made through the case management process. So, much is done to ensure that participation.

Mr. Francis Scarpaleggia: Are there wait times for these programs? Can somebody get into a program pretty quickly?

Mr. Ross Toller: For the methadone program, there are no wait lists associated with it. For some of the programs we mentioned before, there are wait lists. We don't use that terminology in its purest form; basically we look at this for planning for the best intervention levels we could have. There are inmates for whom the timing of their program is important. We would look to prioritize those who were closer to release more than we would those who might have longer-term sentences.

Mr. Francis Scarpaleggia: Would having more resources speed up inmates' becoming full participants in a program more quickly? And would “resources” meant money? Is it human resources? You could have all the money in the world, but if you can't find people to fill positions because the institution is far away from an urban centre, that could be a resource constraint as well.

Are there resource constraints? I'm trying to get a sense of whether everything is well or whether there could be improvements. To suggest improvements is what we are here for.

Mr. Ross Toller: Without doubt an influx of resources that continues in the program area would be beneficial. We have invested close to $47 million in programming in the last couple of years through some program strategic reinvestment opportunities we have undertaken.

I mentioned earlier to one of your colleagues an integrated program model through which we're looking to create some levels of efficiencies that can move us toward that goal.

Mr. Francis Scarpaleggia: You could use more money.

● (1135)

Mr. Ross Toller: In the program area, sure we could.

Mr. Francis Scarpaleggia: My other question relates to the fact that our Canadian programs are well regarded outside the country and are adopted by other countries. First of all, that is wonderful news. But I'm wondering how we became leaders in this area. Historically, how did this evolve to the point that we're internationally recognized for our drug treatment program?

Mr. Ross Toller: In the correctional environment, there is no question about looking at what contributes to public safety results, which is the second part of our mandate, of course: the rehabilitative aspects of inmates. Through the program development process, what occurred was a strong emphasis on research-based empirical evidence, material that can demonstrate a capability to show results, as was mentioned before. When you can demonstrate success through a results orientation with empirical evidence behind you, other correctional jurisdictions stand up and look at that.

Mr. Francis Scarpaleggia: We put an emphasis on evidence-based policies going back—what—15 or 20 years?

Mr. Ross Toller: Yes, there's a little bit of that, yes.

Mr. Francis Scarpaleggia: Okay, I think I have made my point.

The Chair: You made your point, Mr. Scarpaleggia. You have another 30 seconds if you want it.

Mr. Francis Scarpaleggia: I'll donate it to the members.

The Chair: I'll maybe just jump in here.

I want to go back to what Mr. Scarpaleggia asked originally about methadone. This is just so we all get a little better understanding. We know that if someone comes in with a heroin addiction, methadone can help with some of the side effects of withdrawal and other things. You said that when people come in, they're given a medical. Is there a urinalysis? Is there a blood test? Why don't we know how many are addicted or how many have heroin in their bodies?

Mr. Ross Toller: There's a comprehensive medical assessment done. There isn't an automatic blood test to test for opiate use at intake. There is a urinalysis program that is random. Basically, if your name comes up, you will be tested randomly. We also have—

The Chair: Is it upon entry? Is it random upon entry, or is it compulsory?

Mr. Ross Toller: No, there's a random urinalysis test if your name comes up. It's random. It's not compulsory to have urinalysis testing upon admission.

The Chair: Then you don't know for certain. If people come and say that they have a heroin addiction, do you immediately put them on methadone if they want it? Or do you have to have proof that they have a heroin addiction?

Mr. Ross Toller: There would be proof. As I mentioned before, that would go into the medical community. They would do all the requisite tests to determine the need, the dosage, and all those particular elements.

The Chair: Is there a buzz? Methadone deals with the side effects of withdrawal, but is it like giving them a little bit of something that gives them a little bit of a buzz?

Mr. Ross Toller: I'm not sure. I've never, of course, taken it, but I would say that it lessens the addictive capability. I guess probably the example I could give is that if you take a nicotine patch, it at least reduces some of the elements of the addictive properties. You don't have inmates wandering around that would give the appearance of being high or being under the influence of drugs at all. It looks to control that type of behaviour.

The Chair: If someone doesn't have any addiction, there is really no benefit at all.

Mr. Ross Toller: No, not at all.

Mr. Brian Wheeler: Can I just add that with methadone, there will be side effects. If the individuals use other drugs, other opiates or heroin, they will be sick. They're well aware of the consequences of using methadone.

I'd also add that the parole officer plays a critical role inside the institution and in the community in terms of the assessment of the person's appropriateness for methadone. Although it's a medical issue, the parole officer has to do a bit of research in terms of identifying the history of the problem.

In terms of using urinalysis for heroin, heroin stays in your system for a very short period of time. It's probably the shortest period of time of any of the drugs we deal with. It would be less than a day. It would probably be less than alcohol. It's probably less than 12 hours. The consequence is that it would be very difficult to detect through urinalysis.

The Chair: All right, thank you.

[*Translation*]

Ms. Morin, you have five minutes.

Ms. Marie-Claude Morin (Saint-Hyacinthe—Bagot, NDP): Thank you.

First I'd like to thank the witnesses for being here today. Your presence is appreciated.

My first question is for Mr. Toller.

Can you guarantee me that inmates who have a substance-abuse problem and want to take a treatment program can access one within a reasonable time frame?

[*English*]

Mr. Ross Toller: Again, as I mentioned before, there are prioritizations we make. I can't guarantee that they will get it in a shortened period of time. As I mentioned, some of the programs we're looking at, especially for substance abuse, are for efficiencies to get them closer to getting treatment on time. The pilot I mentioned that has blended the substance abuse program is showing a greater timeframe for getting them to the first program on time as well as higher enrolment rates.

● (1140)

[*Translation*]

Ms. Marie-Claude Morin: Thank you.

In your testimony, you said that the treatments really work. That surprised me, because according to a CSC performance report dated 2009-2010, there was an increase in the offender readmission rate. Could you explain why there was an increase in the readmission rate if the treatments work?

[*English*]

Mr. Ross Toller: I don't believe that document would actually refer to those who had taken programs of substance abuse, exactly. If you're talking about general admission rates, there have been some increases and some warrant of a committal. Again, it needs to be contextualized relative to the actual numbers there.

What I can show you is that for those who have taken substance abuse programs, there is a strong correlation relative to not returning, not recidivating as much as those who have not taken the programs from the control groups on all levels of parole.

[*Translation*]

Ms. Marie-Claude Morin: In your testimony a little earlier, you mentioned harm reduction. Harm reduction and prevention are two entirely different things. When we talk about prevention, we're talking about, for example, preventing drugs from entering the correctional environment. When we talk about harm reduction, we mean, for example, reducing the harmful effects of drugs, like preventing people from contracting HIV, hepatitis, etc.

I'd like you to expand a little on harm reduction. You said that it is applied in prison. Could you describe what is actually done in the prisons with regard to harm reduction?

[*English*]

Mr. Ross Toller: Yes, there are a couple of things.

In the earlier starts at intake, assessments are made relative to the properties that may be associated with drug use or drug activity. In our case-management processes we look at utilization of substance abuse, associates...that ties into the case-management process. What needs to be addressed is identified through to the programs. In heath care centres, nurses have pamphlets about harmful utilization of drugs, everything from what it does to your body to understanding the effects it can have on your family as well.

I mentioned the methadone program. That is one harm reduction element that is used. We also have bleach available for inmates in the event that they do become able to access some injection types of areas. Condoms have been issued, are available in private family visits. In some cases, parole officers moving out into the community meet with families for those who have high rates of HIV or have hepatitis C.

Again, the programming piece in its purest form is a bit of a harm prevention type of activity, to reduce the demand from that perspective. If you get people off of that particular drug, the demand diminishes.

The Chair: Thank you very much.

We'll move to Mr. Leef, please, for five minutes.

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

Thank you, Mr. Toller and Mr. Wheeler, for coming today.

Congratulations on the investment in the programming aspect of corrections. As Mr. Norlock said, I think some of the information you've provided here demonstrates quite a success story.

We did hear a bit of evidence in the past about it being tough to measure fully active participation rates, meaning some inmates may take programs sort of to check the box off, and measuring their willingness or their active participation in a program may be a little bit challenging. Would that be an accurate statement, that it's a challenge to fully get...? I recognize it may not be a significant number, but are there some in a program who are doing it to check off the box?

● (1145)

Mr. Ross Toller: I think you're always going to have some elements of that. Some people will take it.

Our staff, our parole officer group, are highly trained at assessing levels of motivation, and have continued dialogue with inmates throughout their whole tenure of their process.

To go back to the question mentioned by the honourable member about the human resource component of our correctional program people, our program delivery officers are highly trained. They go through an accreditation process. They're trained to look for that. They look to measure results along the way.

Aside from that, cutting through those who are maybe doing it to play the game, again, on any daily basis, inmates that leave that program and staff speak to each other. So the program officer who might see things looking very well in this particular session, once they leave that particular program correctional officers will report on behaviour that they will see. Other staff in the work areas will report on behaviours they see that are inconsistent with what's being demonstrated. Those get thrown back to the program delivery officer in terms of communications, and multi-disciplinary groups will sit down and discuss those particular levels of activity.

There are many check valves put in place for those who maybe get in initially to do the check box. I would even add that in some cases we've seen that inmates have acknowledged that. They joined up originally just to look for the check box, but sometimes through some of the peer support things I've mentioned they basically started to delve into this more, to look to change their behaviour for realistic purposes.

Mr. Ryan Leef: Right. So your front-line officers, from what you said, play a fairly significant role in the continuance of those programs.

Mr. Ross Toller: Absolutely.

Mr. Ryan Leef: Okay, great.

You mentioned on page 3 in your report about developing and implementing specialized programs for aboriginal people and women and female offenders because they have unique patterns of substance abuse, and cultural and gender-specific programming is more appropriate for them.

Could you quickly give us a high-level overview of some of the types of programs that are offered for female offenders, both incarceration, post-release...? Could you maybe give a quick bit of information on the success rates you see come out of those specific programs for those groups? And are there any different vulnerabilities that the aboriginal population or the female population face compared to your white male offender population?

Mr. Ross Toller: I'll give maybe a quick overview, as you mention.

With the aboriginal population, we do find cultural and background areas that need to be contextualized and considered. For example, inmates who may have been reared in a traditional hunting and fishing type of a village, or inmates who have had a history of residential school activities with their families, or inmates who have lived on a reserve who haven't been exposed to the traditional white person's schooling, etc., need to be contextualized in their capability to respond to a type of a program and in their ability to comprehend, or there are cultural differences that we need to consider. We have an aboriginal directorate that's basically dedicated specifically to aboriginal areas.

In our program development phase we will look at using such a cultural background with the utilization of elders who will come in and provide us with the understanding or gaps that may be missed as a result of cathartic change for aboriginal women.

We also have in our litany of institutions a devoted institution in Saskatchewan, the Okimaw Ohci, as it's called, specifically for aboriginal women. Again, it's a cultural healing lodge centre that is very rich in the spiritual and cultural understanding of aboriginal ways and aboriginal teachings that we will use for our aboriginal women.

In terms of some of the programs that have been developed that we've used, we've drawn upon some of the experts in the aboriginal area. In some of the contracts that we will use, as Mr. Wheeler mentioned, in the community we will go to aboriginal agencies to look at what works from their perspective, what is it that we're just not applying in the conventional methodology towards these activities. In some cases, with some of our contracts, our programs are developed by Stan Daniels Healing Centre...developed by aboriginal people for aboriginal people, with similar results.

In terms of results, success rates for women, I don't have the exact figures. If you gave me a minute, I could probably go through them or get them in later on. They tend to be more successful on releases in terms of their day parole. They tend to maintain themselves in the community much longer than some of our male populations. Again, you have to remember the numbers are smaller in comparative terms, so there may be some skewing there.

● (1150)

The Chair: Thank you, Mr. Toller. Sorry we went a little over there.

Mr. Sandhu.

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

Mr. Toller and Mr. Wheeler, thank you for being here today.

I have very short questions and they are pretty direct. I heard "bleach". What is bleach used for?

Mr. Ross Toller: Bleach is used in this example. If an inmate had come in contact with a needle and wanted to use a needle for injection purposes that we would not know about, he would use bleach to clean the needle.

Mr. Jasbir Sandhu: In other words, bleach is provided by CSC as a harm reduction material.

Mr. Ross Toller: Yes.

Mr. Jasbir Sandhu: Okay.

You mentioned there is a very high rate of HIV and AIDS in the prisons and a low rate outside of the prisons, compared with different populations. Why is that so?

Mr. Ross Toller: I think most of the offenders who come to us have lived high-risk types of lifestyles in the past, and I think we just get a higher rate of those particular individuals coming into our environment at intake.

Mr. Jasbir Sandhu: We've already established that in order to reduce harm, we provide bleach to clean non-existent needles that may be out in prisons. You mentioned also that you haven't taken the approach where you can provide clean needles to the prisons. How was that decision made?

Mr. Ross Toller: A number of years back there had been deliberations made on looking at this from a program perspective. Consultations had taken place with public health agencies. Consultations had taken place with our labour groups. Consultations had taken place with medical communities. At that time, weighing all the advantages and disadvantages, it was determined that in our environment it would not be suitable to proceed with that.

Mr. Jasbir Sandhu: Would you agree in general that outside of prisons, clean needles are used by people to reduce the chances of HIV being transmitted from one person to another?

Mr. Ross Toller: I'm aware of some outside clinics where needles are used for that purpose, yes.

Mr. Jasbir Sandhu: I want to go back to where you mentioned laundry services, certification. Are certifications done through CSC or outside agencies?

Mr. Ross Toller: It's through outside agencies. I apologize, I don't know the exact name, but it's a linen certification group. I believe it's through a community college.

Mr. Jasbir Sandhu: What obstacles do prisoners have to face once they go outside to get jobs in hotels or to work in different organizations? Almost everyone checks the criminal record, so is that a huge obstacle if the person doesn't have a pardon?

Mr. Ross Toller: It is an obstacle. Often your résumé carries with it what you were doing for the last two or three or four years. But as Mr. Wheeler and others mentioned, with some of the activities we've undertaken with community employment counsellors and some of the partnerships we've formed, people are aware of records and do take the opportunity to work with our inmates. Our main objective is to return these offenders as Canadian taxpayers, and I think many see it in that particular fashion.

Mr. Jasbir Sandhu: Would you agree that having a record is a huge obstacle for prisoners to find employment once they get out of the prison? If they're not going through your sources, if they're trying to find jobs in other places, would that be a huge obstacle for them?

Mr. Ross Toller: It is an obstacle in some circumstances, yes. I mentioned that some do hire with an awareness of the record. In many cases, I think people will look at the inmates' past as a concern. Our hope and our experience with some of the programs is that we see that many inmates do change their behaviour around and do become productive citizens.

Mr. Jasbir Sandhu: If their pardon period is longer, then that obstacle will make it longer for those inmates trying to find jobs in the community, trying to become productive citizens of the community. Would you agree with that?

● (1155)

Mr. Ross Toller: I don't have an associated number with the numbers that actually apply for pardon. In fact, for the vast majority of our inmates we want employment immediately upon release. Whatever the pardon period, if it's not one day, it will affect that.

Mr. Jasbir Sandhu: My question was about obstacles. So if you have a one-year period before you can get a pardon, it's one year. Now it's two years, so would you say that obstacle is longer for that person to get a job?

Mr. Ross Toller: If the person is applying for a pardon—and it's going to take two years, of course—yes, it would be longer than one year.

Mr. Jasbir Sandhu: That's all I wanted to know.

How much time do I have left?

The Chair: You still have another four seconds.

Mr. Jasbir Sandhu: I'll pass that over to you, Mr. Chair.

The Chair: We're going to go quickly.

Mr. Harris, I know you had a question. You can have the last five minutes.

Mr. Richard Harris (Cariboo—Prince George, CPC): Thank you, Mr. Chair, Mr. Wheeler, and Mr. Toller.

Is there a measure in any given penitentiary of the percentage of prisoners who are in there because they have an addiction, because they've been mixed up in drugs, whose crimes were drug-related or drug-caused in any way?

Mr. Ross Toller: Yes. Our general measure that we assess through intake is that close to 80% of our offenders report an association with substance abuse, and in close to 50% we can draw a parallel between substance abuse and their actual criminal activity that got them in there.

Mr. Richard Harris: Right.

Mr. Sorenson was asking a question earlier about the testing when they come in. At the intake level, there is not 100% compulsory testing; it's random tests. I'm curious to know why people aren't automatically tested to see whether they have drugs in their system when they come in, as a matter of procedure at the intake stage.

Mr. Ross Toller: It has to be through voluntary consent. That would require legislative changes for us to require, on demand, a blood sample.

Just to make sure I haven't confused anyone, the random piece I was mentioning would be for those whose name just happens to show up on the list for random testing.

Mr. Richard Harris: Okay.

Someone who commits a crime, is convicted of that crime, who comes to a prison and there's a relatively good amount of evidence that shows that it was because of drugs that the crime or crimes happened in the first place, when they come into the prison, is it because of a rights protection that you cannot have a mandatory drug test?

Mr. Ross Toller: Yes. There's no legislation in place that allows us to do that mandatorily.

Mr. Richard Harris: I see. Okay.

Of an average population of a prison, you have an idea of how many are there because of drugs, and you know what percentage are on a treatment.

The Chair: Quickly, Mr. Harris.

Mr. Richard Harris: I want to talk about the others who don't have to go into treatment if they don't want to. There's an understanding that there are drugs within that population. I'm just wondering about the zero-tolerance program. If they need drugs, they're going to get drugs somehow. What's the answer to increase the effectiveness of the zero-tolerance drug program? That's what I'm looking for, I guess.

Mr. Ross Toller: I wish we had more time.

The Chair: You have 30 seconds.

Mr. Ross Toller: Okay.

I'd just say that it's a phenomenon that mirrors itself in the community at large. Again, the only thing I could say to that is our approach looks to stop it from getting in, and to look at dealing with those who are motivated and have an interest to change their behaviour, educating them on the harm reduction properties and capability, and continuing with the programming that has been mentioned, to get them away from that.

Mr. Richard Harris: All right. Thank you.

The Chair: Thank you.

I'd also remind individuals that part of this thing is the fact that when someone is arrested and charged, that is where it very clearly may show up in a urinalysis or in testing. But by the time you've gone through court and you're actually incarcerated, there is such a timeline there that maybe the effectiveness of what happened the night of arrest is a little different from what it is when he's ready to enter. Anyway, we've heard that testimony before as well.

We want to thank both of you for coming here today. I know some of the questions we asked, which we were concerned about last week, you have answered, so thank you very much for doing that.

We're going to suspend for just a few moments and we're going to wait with great expectation the arrival of Mr. Sapers, again. So we'll just suspend for a few moments.

● (1155)

(Pause)

● (1200)

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

To our guests, we would ask for your patience with us. One of the difficulties we sometimes have in this committee is when members are part of other committees and they run from one committee right to this one and it's over the lunch hour. I know it's sometimes difficult to speak when everyone else is partaking of their lunch. Not everyone is. Some are, but our guests aren't, and if that causes any grief or difficulty, we apologize for that.

In our second hour we have the Office of the Correctional Investigator, Mr. Howard Sapers, correctional investigator, and Ivan Zinger, executive director and general counsel. Both these individuals have appeared before our committee before and we thank you for coming back.

I know you were here for the last hour, sitting in. There were questions that came out of different committee meetings that we had last week, and some thought maybe the parole board or others thought perhaps you folks would be able to help us answer some of those questions.

Mr. Sapers, if you have an opening statement we would love to hear it, and then we'll move into the first round of questioning.

Mr. Howard Sapers (Correctional Investigator, Office of the Correctional Investigator): Thank you very much, Mr. Chairman. It's a pleasure to be back before you and members of your committee.

I certainly appreciate the committee's ongoing interest in this topic. Drugs, addiction, and contraband are certainly issues we deal with every day in our office.

In my last appearance before this committee I indicated that the problem of intoxicants in prisons is difficult to measure and monitor. Simply put, we know that there are drugs in prison; we simply don't know the full extent of illicit use. One measure of that is the rate of positive urinalysis through random screenings. This is a good gauge of whether prison drug use is up, down, or maintaining some stability. The rate of positive urinalysis has in fact remained relatively constant from year to year. There has been a published 5% decrease in the positive urinalysis rate. This is primarily due to the elimination of certain prescription drugs through the screening and reporting protocol. A steady rate of positive urinalysis would suggest that interdiction efforts have perhaps reached a bit of a plateau. In fact, we may even be looking at diminishing returns in terms of continued investment in just interdiction.

Other methods of detection have also been proven a little bit problematic. For example, the Correctional Service of Canada relies on what are commonly referred to as ion scanners, which have indicated some limitations regarding many substances. For example, they're not very good at detecting marijuana but they are very good at detecting cocaine, so there are some gaps in the use of ion scanners. Plus, we've seen some recent questions around the increased reliance on drug detector dogs. While the presence of dogs may have some benefit, there's really been very little published research on the utility of drug detector dogs. In the one study that was done very recently in New South Wales, Australia, I think about 75% of indications by drug detector dogs resulted in no drug seizure. Another way of saying that is about one-quarter of detections actually resulted in the presence of a drug.

I know that tobacco remains the number one illegal contraband commodity inside a federal penitentiary. To give committee members some sense of what a problem illegal contraband tobacco can be, a small pouch of loose tobacco, about 50 grams, which sells on the street for $18 or $20, will sell for anywhere between $300 and $500 inside a penitentiary. There is an incentive to those who want to make money on a prison underground drug economy to have people bring in contraband tobacco.

We do know, and we've heard in testimony as recently as this morning, that just over half of federal offenders report having been under the influence of one kind of intoxicant or another when they committed the offence that led to their incarceration. Four out of five offenders have a past history of substance abuse, and a very high percentage of the offender population that abuses drugs is concurrently struggling with one form of mental illness or another. In fact, up to 30% of offenders are now identified as requiring some kind of mental health follow-up. We have a tremendous relationship, a co-morbidity, between those with a history of mental health issues and those with a history of substance abuse issues. This history makes it difficult and challenging to both the programs for this population and the elimination of their craving for illegal intoxicants.

In the fiscal year ending March 31, 2010, there were nine suicides in CSC facilities. Seven of the nine victims had ongoing substance abuse problems, five had committed drug-related crimes, seven had an identified mental disorder, and two others were considered to have mental health problems but did not have a formal diagnosis. All nine were prescribed anti-depressants.

● (1205)

This suggests that more could and should be done to deliver substance abuse programs inside federal penitentiaries. Unfortunately, we've seen, for example, a $2 million decrease in money spent on substance abuse programs between 2008 and 2011.

I noted at my last appearance that CSC's own research has indicated the need for additional evaluation to support the effectiveness of its anti-drug measures, including the use of drug dogs and ion scanners, as I mentioned. The importance of empirically based evidence supporting research cannot be underestimated.

A comprehensive drug strategy includes a balance of measures: prevention, treatment, harm reduction, and interdiction. In addition, I think we require additional emphasis on programming. We know that well-designed programs delivered by competent staff to motivated inmates can and will reduce recidivism.

We are keeping our eyes on the pilot project, the integrated correctional program or plan model, or ICPM, which was briefly described to you this morning and in other appearances. I should note that this is still a pilot. It has not been evaluated, and the program delivery, style, and content has not been validated. The outcomes you heard about this morning refer to the delivery of core correctional programs as they are currently formulated, not the piloted ICPM programs.

With that, I'll anticipate your questions. Thank you again for the invitation to join you once more.

● (1210)

The Chair: Thank you, Mr. Sapers.

We'll move to the first round of questioning. Mr. Rathgeber.

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): Thank you, Mr. Chair.

Mr. Sapers and Mr. Zinger, you mentioned in your opening comments that your office deals with this subject matter on a daily or near daily basis. Just so I understand, the mandate of your office is to investigate complaints or issues brought forward by inmates. Is that against the service or against other inmates, or both?

Mr. Howard Sapers: The mandate is to investigate and bring to resolution, through recommendations, any concerns of federal offenders. I don't have the schedule that would indicate the numbers, but we have received complaints about incompatibilities within the inmate population.

Mr. Brent Rathgeber: Specifically with regard to what we're studying here today, the issue of contraband—drugs, alcohol—inside federal institutions, what types of issues would you be called upon to investigate where the request was brought forward by a federal inmate?

Mr. Howard Sapers: We receive a variety of complaints and concerns, everything from access to programs, access to medical treatment and intervention, access to harm reduction programs, such as the methadone maintenance program or the opioid substitution program.

We have complaints around muscling or bullying or intimidation. That is part and parcel of the underground drug economy inside penitentiaries.

We also receive some concerns around decision-making by CSC with regard to institutional charges—incomplete, inaccurate, or unsubstantiated file information around offenders' progress that leads to changes in their security status or their applications for transfer.

Mr. Brent Rathgeber: Not to draw too fine a line of distinction here, I fully appreciate that there is great overlap between contraband and substances in prison and the whole issue of rehabilitation. But you'll know, no doubt, that in the last Parliament this committee did a comprehensive report on rehabilitative programs for drugs and alcohol in prison. That's a slightly different issue from what we're studying, but I fully appreciate that there's a great overlap.

With regard to muscling, I don't know what that means.

Mr. Howard Sapers: It's a term that relates to inmate behaviour: bullying behaviour, intimidating behaviour, behaviour that is sometimes related to gang activity. Examples would be an inmate being intimidated into diverting prescription medication, or being intimidated into trying to encourage somebody from outside the penitentiary to be involved in an illegal or illicit activity. It could be muscling or bullying in terms of improperly transferring personal property—canteen goods, etc.

● (1215)

Mr. Brent Rathgeber: Were you ever called upon to investigate an issue where an inmate's friends or relatives were denied access to an institution—

Mr. Howard Sapers: Yes.

Mr. Brent Rathgeber: —allegedly because they were carrying contraband?

Mr. Howard Sapers: Yes. We get called about family visits. We get called about concerns regarding search procedures, arranging for personal family visits.

To try to link some of these things together, if there is security or intelligence information on an inmate's file that the inmate is somehow involved in the institutional drug trade, that information may result in an involuntary transfer or reclassification in terms of security level. When that happens, we will often get complaints that unsubstantiated allegations are made in the file, resulting in a transfer or a security change, and that has led to a cancellation of a family visit or a denial of other visitors who come into the institution. Long after the fact, after we investigate we'll find that the file information was wrong. It will be corrected, but of course it's too late to do anything about the involuntary transfer or the cancellation of the visit, etc.

Mr. Brent Rathgeber: You talk to prisoners on a daily or certainly near-daily basis, as does your staff. In your view, Mr. Sapers, is there a demand or a request among the prison population for a needle exchange program?

Mr. Howard Sapers: To the best of my knowledge, we have never received a complaint specific to the absence of a prison-based needle exchange. We have received complaints around things like safer tattooing, increased availability of bleach, condoms, or other harm-reduction measures.

The questions around prison-based needle exchange come more from those who have expertise in public health and prevention.

Mr. Brent Rathgeber: I agree with that. I met with the prisoner representation at Collins Bay and Joyceville. I wasn't able to go with the group, but I went two weeks later. I met with the representatives. They confirmed what you're saying. They have concern about tattoos and the safety of tattoos, but there appears to be no popular demand or wish for a needle exchange program. In fact, they think that it would be a threat to their safety.

Thank you, Mr. Chair. Those are my questions and comments.

The Chair: All right. Thank you, Mr. Rathgeber. You left us 30 seconds short. I appreciate that.

Mr. Sandhu, please.

Mr. Jasbir Sandhu: Thank you, Mr. Sapers and Mr. Zinger.

I'll just follow up on what Mr. Rathgeber was saying. We heard this morning that bleach is provided as a harm reduction material for the inmates. We know from medical research, medical expertise, that needle exchange programs, or having clean needles, reduces the high rate of transmittal of HIV and other diseases.

Given the very high rate of HIV and other diseases in the inmate population, would it be beneficial to have needles available to them? In the interest of health, would it be in their best interest?

Mr. Howard Sapers: This is an extremely challenging area of correctional practice. There is some international evidence that prison-based needle exchanges can work, and by work I mean they provide better health outcomes. At the same time, they don't contribute to increased drug use or increased violence inside institutions.

Back in 2005 the Correctional Service of Canada contracted with the Public Health Agency of Canada to do an extensive review that included visits to European sites of jurisdictions where needle exchange is used. That report was published by the Public Health Agency of Canada in 2006. It concluded that there was only positive evidence in terms of prison-based needle exchange.

The Correctional Service of Canada has a health care advisory committee made up of experts in various areas of health practice. This health care advisory committee in 2002 or 2003, I believe, recommended that the Correctional Service of Canada institute a prison-based needle exchange. The Senate standing committee that issued the report *Out of the Shadows at Last* on mental health and addiction also recommended that the range of harm reduction initiatives offered by the Correctional Service of Canada be expanded.

My office has exchanged correspondence with ministers of public safety and ministers of health around the issue of needle exchange. I think it's safe to say there's consensus that a needle exchange has positive health outcomes. Where there is difficulty is how to integrate a needle exchange into a correctional environment that is trying to achieve zero tolerance for contraband drug use.

● (1220)

Mr. Jasbir Sandhu: Thank you.

I'll switch gears here.

In your annual report, which I read on the way back to Vancouver, you highlighted the fact that double-bunking is a problem. Not only is it a problem right now, but it's expected to increase by 30% over the next three years.

The Chair: Mr. Sandhu, I'm not going to wait for a point of order here.

We've started this thing saying that we wanted to be very specific on the drug and contraband, not on—

Mr. Jasbir Sandhu: I'm getting to it.

The Chair: You're working your way towards that?

Mr. Jasbir Sandhu: Absolutely.

The Chair: All right. Then I look forward to how you're going to reach that goal.

Mr. Jasbir Sandhu: Overcrowding is a problem. What impact does overcrowding have on prison access to rehabilitation programs in the prisons?

The Chair: Okay.

Voices: Oh, oh!

Mr. Howard Sapers: Thank you for that question.

There's a tremendous impact from prison crowding. Prisons have design capacities, and those design capacities suggest staffing ratios. They also suggest space allocation for programs, etc. When you have a prison that's crowded or overcrowded, you're testing the limits of those decisions. You simply don't have the physical capacity or the human resource capacity to deliver programs to everybody at the time that they could best benefit from those programs.

Let me give you two really quick examples. You visited Collins Bay and Joyceville Institutions. Collins Bay Institution today has a count of 460 inmates. For the fiscal year that ended March 31, 2011, there were 208 enrollments into all core correctional programs—460 inmates, 208 enrollments. That doesn't mean there were 200 separate offenders; one offender could be enrolled in more than one program. Of those 208 enrollments, there were only 154 completions—so in an offender population of 460 there are 154 program completions. A lot of that has to do with the physical capacity of the Correctional Service to deliver the program. If you turn your attention to Joyceville Institution, which the committee also visited, today's count is 420. In the substance abuse core program, there were 21 enrollments last fiscal year.

We know that 80% of offenders have a substance abuse history, that 50% of them were intoxicated when they committed their crime. We know there's a tremendous co-morbidity with mental health. Yet out of a count of 420, we saw fewer than two dozen inmates enrolled last year in a core substance abuse program. That has to do with physical capacity to deliver programs.

Mr. Jasbir Sandhu: Can we expect access to treatment to go down as the prison population increases?

Mr. Howard Sapers: There are two ways access will not go down. One would be if they expand models like the ICPM, which does get more offenders into programs more quickly, but we have no idea what the outcomes are because the outcomes have never been evaluated. The other is to ensure that physical capacity and human resource capacity increase apace, to make sure that the capacity expands at the same rate—and I would suggest at an accelerated rate, because the status quo was inadequate—as we see the inmate population grow.

● (1225)

Mr. Jasbir Sandhu: In your report you also talked about the importance of effective programming—how it reduces the chance of reoffending, saves money in the long run, and enhances public safety.

Right now, the programming component of the CSC budget is about 1.8%. Would you agree with that?

Mr. Howard Sapers: Yes. It's under 2% of their operating budget.

The Chair: Thank you. We're already over on your time.

Now we're going to go back to the government side. Mr. Aspin, please.

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

I'll be sharing my time with Ms. Hoeppner.

Thank you, gentlemen, Mr. Sapers and Mr. Zinger, for appearing before us this morning.

My curiosity relates to these various programs you have available. Are they designed per institution or per region or overall? Is there a common thread here?

Mr. Howard Sapers: The core correctional programs I've been referring to have been designed on a set of principles specifically to be delivered to correctional clients in correctional settings. It's based generally on a program model, a cognitive behavioural program model, and the principles often involve what's called RNR, or risk, need, and responsivity.

Some of the best work in the world on RNR and cognitive behavioural programming has been done in Canada by Canadians, and we're very proud of that.

Mr. Jay Aspin: So you have a set of core programs and refine them or extend them to various institutions based on assessment of what the need is for the various institutions?

Mr. Howard Sapers: Correctional Service Canada has these core programs that have been tested, validated, evaluated, and that have demonstrated they have the desired impact. They change behaviour, and the measure is often one of recidivism.

These programs are rolled out in various sites at various times. Not every institution offers all the programs all the time, and even those institutions that list a catalogue of programs may not have, for a variety of reasons, all the programs in their catalogue available on any given day.

We will typically see 25% of offenders engaged in a core correctional program at any given time. That has less to do with the motivation of the offender and more to do with the ability of the service to put the program in place and deliver it.

Mr. Jay Aspin: I have one more question, if I may, Mr. Chair, before I yield my time.

Mr. Sapers, obviously this is not the case, but if you were given an unlimited amount of funds, to what two priority areas would you direct funding for programming for help?

Mr. Howard Sapers: I would certainly put more money into mental health assessment and treatment, and I would put more money into core correctional programs.

Correctional Service Canada does a good job of assessing need. Unfortunately, it doesn't always follow through on that careful assessment with the timely delivery of programs. We know this because increasingly we're seeing offenders requesting transfer from one institution or another just to access programs. We see offenders being asked to waive or postpone parole board hearings because they had not been able to get into programs. We see the parole board denying conditional release because offenders have not made sufficient progress on the correctional plan because there wasn't the capacity to deliver programs.

Having developed good programs and having developed good assessment skills, my emphasis would then be on actually building the capacity to deliver the programs.

The Chair: Thank you, Mr. Sapers.

You have three minutes.

Ms. Candice Hoeppner: Thank you.

Mr. Sapers, I would say from the testimony we've heard on providing needles for inmates that there is not at all a consensus that it would be a positive move. In fact, of all the testimony that we've heard.... We've heard a couple of times from Commissioner Head, and we've heard from front-line correctional officers dealing on a daily basis with drugs and drug activity in prisons, and we've heard from counsellors. We've heard from parents, and a man whose son committed suicide.

There was only one group, the HIV/AIDS Legal Network, that may be an expert in certain areas. I'm not sure if they would be in regard to criminal activity using needles in prisons. They were the only group that suggested that; inmates didn't want them.

So there certainly was not a consensus at all.

Mr. Sapers, do you believe that correctional facilities are inherently dangerous places or safe places?

● (1230)

Mr. Howard Sapers: I'm not sure I actually know how to answer that question.

Ms. Candice Hoeppner: Okay, fair enough. If you don't know how to answer, that's fine.

Mr. Howard Sapers: I think that correctional facilities are neither safe nor dangerous; it's how you operate them.

Ms. Candice Hoeppner: So you think they are benign situations. They are not safe....

For example, I think that in this room we all feel very safe. I think it's very easy to determine that we feel safe in this room. In a prison, would we feel safe, or would we feel under some sort of a threat?

Mr. Howard Sapers: I'm....

An hon. member: Mr. Chair—

Ms. Candice Hoeppner: No, I'm sorry, I'm going to—

The Chair: I'm giving a little latitude here—

Ms. Candice Hoeppner: That's fine. You don't need to continue. I understand.

Do you believe, then, that the requests—or some might say the rights—of prisoners...? Some might say that having a needle is a right of a prisoner. Some might say it's not a right. Do you think that request trumps the safety of officers and other inmates who are in the situation? Even right now you are having difficulty describing if it is a safe situation or a dangerous situation. Do you think security trumps requests or demands of inmates within these—

Mr. Howard Sapers: I don't think they're mutually exclusive. I think it's a bit of a false dichotomy. I think an institution.... One measure of institutional safety is also institutional health. If I'm at a high risk of contracting a blood-borne disease because of the extremely high rates of hepatitis C or HIV, then I'm at risk, and I may also be at risk of being stabbed with a needle or punctured.

I don't think they're mutually exclusive. In fact, from a public health standpoint, I don't think there is any question about the benefit of needle exchange. Syringe exchange has been around since the 1980s, and in Canada I think since 1985 or 1988. I think there's a pretty good understanding that syringe exchange programs are good public health policy. The difficulty is translating that policy into an institution.

The Chair: Thank you.

Ms. Candice Hoeppner: Into an institution—exactly.

The Chair: Thank you.

Ms. Candice Hoeppner: Sorry, can I just—

The Chair: We're a little over. I'm sorry.

Ms. Candice Hoeppner: All right.

The Chair: Mr. Scarpaleggia.

Mr. Francis Scarpaleggia: ICPM: could you just remind me of what that stands for?

Mr. Howard Sapers: ICPM is an acronym for “integrated correctional program model”. It is an initiative of the Correctional Service of Canada that's being piloted in two regions of the country, but initially in the Pacific region, and it combines core correctional programs.

The way it works is that it takes the common elements of all correctional programs—some of the orientation parts of those programs—and combines them into a six-week course. Then you get more specialized programming, depending on whether your needs are to deal with violence or to deal with substance abuse, etc.

Mr. Francis Scarpaleggia: Where is the value added? Is it in fact that you get the specialized focus that didn't exist in core programs or...?

Mr. Howard Sapers: No. The value added.... If I may, I'll just back up for a second. One of the complaints that we've constantly brought to the Correctional Service's attention is that there is too long a delay to get offenders into programs, so in part to deal with that they have developed this new model, which actually works very well at getting offenders more quickly into programs. The challenge, though, is to try to get the same content delivered and to deliver it in a way that has just as much positive impact.

So the value added is to move more offenders more quickly into the program and then have more offenders successfully complete the program. If we were to end the discussion there, then the pilot project is demonstrating some positive results: more offenders completing, more offenders more quickly entering. What we don't know is anything about the outcomes.

Mr. Francis Scarpaleggia: Is that because there is a conscious decision not to measure the outcomes, or...?

Mr. Howard Sapers: No, there will be an evaluation.

Mr. Francis Scarpaleggia: There will be an evaluation. Okay. I'm still not clear on how it works.

Maybe we should hear more about this from a witness, to be honest, Chair, because—

● (1235)

Mr. Howard Sapers: Dr. Zinger may be able to—

Mr. Francis Scarpaleggia: Well, perhaps, because it's very technical, as I'm sure you can understand. What I'm hearing here is that we have great core programs and that there aren't enough resources to get inmates into these core programs, and then suddenly we create an integrated program, we can get the inmates in, and the results are good. I just don't see how we get from A to B.

I don't know if you understand my question.

The Chair: Mr. Zinger.

Dr. Ivan Zinger (Executive Director and General Counsel, Office of the Correctional Investigator): It's clear to me that there's a bit of confusion. There is existing core programming being delivered across Canada, and the Correctional Service of Canada is attempting to make some changes. It has introduced a pilot project in two distinct regions of Canada. So I think this is where the confusion comes.

The existing core programming was developed over 20 years ago. It was based on some very good social science, and was reviewed and accredited by panels of international experts. It was evaluated, and the result of that programming was top-notch.

We fully agree with the existing core programming. There are four given areas where you can get programming: family violence, anger management, substance abuse, and sex offender treatment. The duration of each program is about six months. So if an offender in the system has more than one area, they have to complete several programs and it takes quite a while.

The service has looked at ways to try to make the delivery of programming more efficient, so substance abuse, family violence, and anger management are now collapsed together, and the duration of the program is now six months. So if you had a problem in all three areas, it would have normally taken you a year and a half to get your correctional plan done. Now it's six months.

As Mr. Sapers has indicated, it is certainly meeting its goal of being more efficient. That means there's more access, and people are going through those programs and completing their correctional plans more quickly. However, because those programs have yet to be evaluated we don't know if they will yield the same positive results as the other one in terms of reduction in recidivism and enhancing public safety.

Mr. Francis Scarpaleggia: That's an excellent explanation.

Do I have time for one more question?

The Chair: Yes, you have a minute and a half.

Mr. Francis Scarpaleggia: There's been a suggestion that it's important to keep inmates in prison longer so they can finish their treatment. In other words, it could be seen as a way of justifying longer sentences. How do you respond to that?

Mr. Howard Sapers: We've seen the typical sentence length decease and the amount of time served shorten over the last decade or two. That's one of the reasons why the Correctional Service was motivated to develop this new program strategy. If sentence length is shorter and you want people to gain some benefit, you need to move them into programs more quickly.

It always troubles me when I hear that somebody is going to be given a federal penitentiary sentence for the sole purpose of receiving a program, treatment, or health care. It seems to be a very expensive way of providing that kind of treatment or intervention. It could even be very counterproductive, because so many things happen in the correctional environment that could get in the way of delivering the program.

I would not support the conclusion that lengthening a sentence automatically means better access and a better chance of completing a program.

● (1240)

The Chair: Thank you, Mr. Sapers.

We'll now move to five-minute rounds of questioning.

Mr. Garrison, please.

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Thank you for being here again.

I want to start with one very specific question that has been raised with me by representatives of first nations. They have said that the increased emphasis on interdiction has interfered with access to prison facilities by elders. We know the very positive contribution elders have made in rehabilitation.

Have you received complaints? Do you have some general comments on the increased difficulty of elders to access prisons because of the emphasis on interdiction of drugs?

Mr. Howard Sapers: We have received complaints around tobacco and aboriginal spirituality. One of the issues we dealt with, for example, was a decision to allow a tobacco pouch as a gift to an elder. Then, no matches were allowed to complete a smudge. We do continue to receive complaints. Again, we are trying to find a balance between enforcing the Correctional Service of Canada's tobacco-free policy, but also enforcing their policy around access to aboriginal spirituality.

Mr. Randall Garrison: Thank you.

If elders have complaints about that, can they make complaints through your office, or is it only prisoners who can make complaints? If they can't, where should they go with these concerns?

Mr. Howard Sapers: They can and do go to a number of places. There is an aboriginal advisory committee that the Correctional Service of Canada must convene. That is required by law. They can and do bring complaints to our office, often in combination with concerns being raised by offenders or their families. Also, elders have access to institutional, regional, and national management structures, who I believe are fairly responsive to these concerns when they are raised.

Mr. Randall Garrison: Thank you very much.

I want to turn to a broader question. We talk about Canada's international reputation on corrections with regard to drug rehabilitation. Of course we're committed to the minimum rules and the basic principles for the treatment of prisoners. In those two, there are some obligations. One of those we touched on was regarding reintegration into the workforce. Would you say that if we fail to do drug treatment, we're falling down on some of the obligations we've taken for the rehabilitation parts of those international conventions?

Mr. Howard Sapers: Our correctional system is based on a very logical model, which is intake at sentencing with assessment to determine both risk and criminogenic need, then prescription of a correctional program to address the risk and need. The security classification is included in the placement.

Of course the reason why we invest so much time and money into corrections is to have a positive outcome for the offender and for the offender's community, contributing to public safety. If you only do the assessment part and you don't do the program part, then you're not getting the maximum return on your investment. If we see an increase in offenders being released either at their statutory release date or their warrant expiry date, that suggests we're not doing enough to intervene with the appropriate programs at the appropriate time.

Mr. Randall Garrison: That would potentially place us in violation of some of those principles we've signed on to, not by lack of intention, but by lack of delivery.

Mr. Howard Sapers: I've carefully avoided commenting on the UN minimum standards. I'm suggesting that while we must always be mindful of out international and domestic obligations, particularly with regard to human rights, we also have a commitment to the integrity of our own correctional plan. The law and policy that guide corrections in Canada are very clear about providing rehabilitative services to assist in timely and safe reintegration.

Mr. Randall Garrison: Staying with the international standards for a second, if we talk about double-bunking as an obstacle to treatment, there are international standards that are set for double-bunking. Could you make any comment about those international standards and our current performance?

Mr. Howard Sapers: The United Nations minimum standards, the European Union, and many other authorities, including the Correctional Service of Canada, state that single-cell accommodation is the preferred level of accommodation, for lots of reasons.

● (1245)

Mr. Randall Garrison: Okay, thank you.

The Chair: Thank you very much.

We'll move back to Mr. Leef, please.

Mr. Ryan Leef: Thank you, Mr. Chair.

Thank you to our two witnesses for being here.

I'll say at the outset that given the lack of consensus we've heard in terms of the needle exchange as a harm reduction strategy, it would be our government's position that the safety of both staff and inmates remains an absolute priority for our government.

We heard testimony a month ago from a front-line correctional officer who was asked that very question. The testimony wasn't so much that he didn't support the needle exchange aspect of it, but it came from a position that I found very interesting. Outside of the programs—the actual core programs or programs that are designated for individuals based on their needs or risk—the officer indicated that he felt the correctional officers themselves were actually part of a program, or they were the program. What he meant by that is that the front-line staff interact with the inmates on a 24-hour, seven-day-a-week basis.

We did hear a bit of testimony today from Corrections Canada that the inmates are evaluated after they take programs. Officers provide feedback on willingness to participate through progress reports and day-to-day interaction with the inmates, to connect what the counsellors or program case managers see of their participation in a program and then the demonstration of behaviour for the remainder of the day.

That officer talked a lot about being an integral part of motivating positive behavioural change, demonstrating pro-social behaviour, and interacting with inmates moment to moment—sometimes on very informal levels, talking about life and hobbies and interests. Having very positive interactions and encounters with the inmates has a positive influence.

We posed the question about needle exchange to that officer, and he thought that would be a major setback in terms of officers being able to work closely with the inmates. It would create a barrier that would be more security-oriented. It would put them at a disadvantage, as the officers would be concerned about their safety.

If we put things in place in the institutions that challenge the sense of safety for staff and the other inmates, we would be creating significant additional barriers, which would impact a critical program. I don't think we acknowledge enough that the interaction between officers and inmates is a critical element to motivate positive behavioural change and see significant change in the inmate population. That's just a comment on that.

I also want to say that we heard a bit of testimony about the needle exchange and the complaints you had indicated might be coming about clean tattooing as a harm reduction. We talked to one of our witnesses who acknowledged that tattoos do have some association to gangs and there is a proliferation of messaging through tattoos.

One in six men and one in ten females in the correctional environment right now have gang association. While I appreciate the idea of harm reduction in the spread of disease and HIV, in terms of doing needle exchange for cleaner tattooing, if that translates into a proliferation of gang messaging or gang symboling, that's another avenue that puts our staff and inmates at risk. It starts to create yet another barrier between staff and inmates.

Finally, when we move to the double-bunking issue, our government is looking at investments in additional prisons for additional prison space, which would allow us a safer and cleaner environment. From the Yukon experience, I know they're about to move into a new correctional centre in 2012.

● (1250)

I've had a number of occasions to tour that facility. What I see is a facility geared to single-bunk but built to double-bunk and to meet all the standards of the room and space that some single-bunk facilities might not have. What I also see is a new facility that's going to create a more positive environment.

If you have any comments about additional prisons to accommodate, that would be great.

The Chair: It doesn't work that way. Because your time is over, you've used up any possible time for an answer.

Mr. Sandhu has a question, and hopefully he'll give you some time to answer.

Mr. Jasbir Sandhu: I'm going to give Mr. Sapers a minute to answer any of his questions, if he would like.

Mr. Howard Sapers: Thank you. I appreciate that, because it's a very interesting list of issues raised by your colleague.

I never want to be misunderstood about my commitment to or support of the Correctional Service of Canada and dynamic security, and the fact that dynamic security is the best form of security in running a prison. It's the safest form of security in a prison. Dynamic security is in fact all those things you talked about in terms of the positive interaction between front-line correctional officers and inmates. When it works well, it works very well. In fact, if I had had my wits about me when your colleague asked about institutions being safe or not, I would have mentioned that when dynamic security works well, when it's in place, when it's well reinforced and modelled from the top down, you have very safe institutions. I think we should be clear about that.

Needle exchange is one type of harm reduction. There are lots of other types of harm reduction. Needle exchange was studied in Canada for correctional use by the Public Health Agency of Canada in their 2006 report. In 2006 the Minister of Health wrote me suggesting that they were particularly concerned with needle exchange programs and understood the relationship between needle exchange and reduction of infectious disease. Obviously that has to be balanced against other security and operational concerns.

On safety, I've spent a lot of my adult life going in and out of prisons and jails in Canada and other places, and I can tell you that what correctional officers and other staff tell me they're more concerned about is not the presence or absence of needles, particularly when there's a needle exchange. What they're worried about is the random placement of secreted needles when they're doing searches. In fact, European studies have indicated that institutions are more safe with needle exchange and less safe without needle exchange, just for that reason. It's easier to hurt yourself accidentally coming across a secreted needle than you are in a situation where it's in an identified place. Also, keep in mind that no needle exchange program is pervasive across all prisons in the whole system. Needle exchanges are highly localized, very specialized, and well supervised.

That being said, I have just one very quick reflection on gang messaging through tattooing. Illicit tattooing is part of gang messaging and gang membership. Supervised tattooing is not. What I was referring to were the supervised safer tattooing initiatives piloted by the Correctional Service of Canada, where a prisoner would not have been inked with a gang symbol. It's the underground tattooing that is problematic.

The Chair: Thank you.

Mr. Sandhu, you have a minute and a half.

Mr. Jasbir Sandhu: We've seen $122 million injected into interdiction programs since 2008, yet there hasn't been any sort of correlation in regard to the urinalysis rate. It hasn't gone up or down; it is relatively the same. Mr. Sapers, you talked about the diminishing return on investment and more interdiction programs. Can you maybe talk about that?

Mr. Howard Sapers: I think your question in a way anticipates my answer.

We've seen a big investment in enforcement and interdiction. CSC's own research, their internal audit report, etc., has demonstrated that there is in fact a bit of a plateau, and interdiction numbers seem to be going up. So there could be more seizures, but we really don't know if that increase in seizures has decreased the supply of contraband inside institutions because we don't have a baseline.

We do know about urinalysis, we do know about hepatitis C and HIV infection rates, and we know that these things are maintaining some stability over time. There's some suggestion that drug use seems to have levelled off in spite of the large new investments in enforcement and interdiction.

● (1255)

The Chair: Thank you very much.

We'll now move to the last question of the day, Ms. Young.

Ms. Wai Young (Vancouver South, CPC): Thank you again for coming. I'm sorry I came a little late because I was at another committee meeting. I'm just trying to catch up in terms of some of your presentations and your answers.

I do have a couple of questions around some of the statements you've made. Excuse me if you've covered it or if I'm missing some points here, but I think it would be good to clarify this, for myself anyway.

You talked about treatment programs quite a bit in terms of their availability, the changing over of them to integrated treatment programs, etc. We heard from the head of Corrections that it's not just an accessibility....

Let me go back to saying that you've made the point that there are space issues or access issues around getting into treatment programs. Then you also said there are some issues around completion rates.

Do you know for a fact that the completion rates are down or low because the programs are inaccessible, or is it because people drop out, or they're moved to different correctional facilities? What is it exactly that you know about, as opposed to speculating about?

Mr. Howard Sapers: What we know is that there is a relationship between enrolment and completion, and we know that enrolment is low. We know there are a variety of—

Ms. Wai Young: Can you just pause there for a second, because I'm confused around enrolment and being on a waiting list. Do you know what I mean?

Mr. Howard Sapers: Yes, I think I do understand your point, and here is the difficulty in terms of the limitations of the language around this.

The Correctional Service of Canada might tell you that they don't have a waiting list in the way you and I may think of a waiting list, like a waiting list to get hip replacement surgery. The reason is that you're not actually placed on a waiting list because in your program plan, given the length of your sentence, you may be prescribed to not start a program until very late in your sentence. So technically, you're not on a waiting list.

The difficulty is that by that point in your sentence, you may not be in an institution that offers that particular program, so at that point you're now denied access to that program unless you transfer. If you do transfer, you might go to an institution that offers the program but not during the intake cycle of that program, which means that you're going to have to wait until there is another intake cycle for that program. When you do get into that program, you then may have your program delivery interrupted because there is a vacancy in terms of the personnel who are supposed to deliver that program, or somebody might go on a leave—people take vacations—so the time you're in that program may be interrupted because the program is simply not being delivered.

Ms. Wai Young: I'm sorry to interrupt you—

The Chair: Very quickly.

Ms. Wai Young: —but I have very little time left, and I do have another question. I do get what you're trying to say, that there are all kinds of challenges to being enrolled or being on or off a wait—

The Chair: You've just got to wrap it up.

Ms. Wai Young: Okay.

The second thing I'd like to ask you, very quickly, is that you talked about the crowding in the prisons. Given the investments this government wants to make in upgrading the prisons—and you said you've been to many different prisons—do you think that's a good idea?

The Chair: The answer has to be in about 15 seconds.

Mr. Howard Sapers: As I understand it, there are two kinds of investments being made right now. There is some capital investment being made to deal with what's referred to as “rust-out” or just building capacity to meet current demand, and then there are investments being made in anticipation of increased demand because of legislative and policy reform.

I can tell you that the capital projects that deal with the rust-out to make sure that we have a system that's adequate and safe for inmates and staff is critically important.

● (1300)

Ms. Wai Young: So that's a yes, then?

Mr. Howard Sapers: Well, it's a yes on that half of it.

I don't want to comment on the new capacity that will be required in anticipation of policy and legislative reforms, because I have yet to see a comprehensive roll-up of what all of that anticipated policy and legislative change will result in, in terms of numbers.

The Chair: Thank you very much.

We are right at one o'clock, so our time has concluded.

We want to thank both of you for appearing again before our committee. It's appreciated and we appreciate your opening comments and your answers to the questions. Thank you.

We are adjourned.

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