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The Honourable John McKay

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● (0845)

[*English*]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): Ladies and gentlemen, let's commence the 82nd meeting of the Standing Committee on Public Safety and National Security.

Before I invite the witnesses to speak, I would just like to say to colleagues that MinisterGoodale will be here on Thursday, a week from today, to talk about supplementary estimates (B).

To study the use of ion mobility spectrometers by Correctional Services Canada, today we have as witnesses Irene Mathias, Anne Cattral, Stacey Hannem, Peggy Fitzpatrick, and Gail LeSarge.

I have no particular order of speaking. I don't know if you want to have a jump ball or something like that, but maybe we'll start with Mothers Offering Mutual Support.

Is one of you going to speak for both of you?

Ms. Irene Mathias (Representative, Mothers Offering Mutual Support): We're going to combine.

The Chair: Okay.

Thank you very much. I look forward to what you have to say.

Ms. Irene Mathias: Thank you, Mr. Chair.

My name is Irene Mathias, and I am a member of MOMS, Mothers Offering Mutual Support. We are an Ottawa support group for women whose loved ones are, or have been, in prison. The group was formed in 2010 and now has almost 60 members.

Our activities are centred around three objectives: support, educate, and advocate. We support one another; we seek to educate ourselves about the justice and correctional system; and we work for change on behalf of our loved ones inside and for the families of all prisoners.

Ms. Anne Cattral (Representative, Mothers Offering Mutual Support): Good morning, Mr. Chair and members of the committee.

My name is Anne Cattral. I am also a member of Mothers Offering Mutual Support.

As part of our advocacy mandate, if we want to call it that—such an important word for an informal group—we launched a petition in 2015-16 to have a review of the ion scanner within the federal institutions.

I'm very nervous, so—

The Chair: Don't be.

Ms. Anne Cattral: This is such a momentous occasion for us. If nobody minds, I will read from my notes. It might be easier on everybody.

The Chair: We are a very intimidating group of people.

Voices: Oh, oh!

Mrs. Anne Cattral: You are, you really are, but so friendly that it's good.

In 2015 and 2016 MOMS initiated a petition calling on the Correctional Service of Canada to review its use of the ion mobility spectrometer, better known as the ion scanner, as a drug-detecting tool to screen visitors entering federal institutions. We started this because of our own personal experience with the distressing and harmful impacts of CSC's reliance on this device.

CSC introduced the use of the ion scanner in 1995 as the primary tool in a system intended to help stop the entry of drugs into federal prisons, but there is now a clear disconnect between CSC policy, which recognizes the importance of building and maintaining family ties and community support for prisoners, and the continued reliance on an unreliable tool that fails to keep drugs out of prisons but does a very good job of deterring families from visiting. It also has negative consequences for our loved ones, regardless of the veracity of the test results.

For anybody who doesn't know, visitors, when processed through this system, are asked to give a possession, such as a key or a watch or eyeglasses or an article of clothing, to be swabbed. The swab is then placed in the ionizer to be analyzed for drugs. If there is a positive hit, staff conduct what they call a “threat risk assessment”, whereby a supervisor is called in to conduct an interview with the visitor and pronounce a decision.

The visitor may be granted a visit, or restricted to a closed visit, or ordered to leave the property immediately. If a visitor has travelled a long distance or has not seen their loved one for a long time, this humiliating interview can be quite devastating. The effects on children of being denied a visit to a parent are also deeply distressing; this happened to my own grandson.

CSC policy says that the results from the ion scanner are only one factor in their decision-making regarding what sanctions they're going to impose because of the positive hit, but this statement by CSC is uninformed and inaccurate. The information gathered by the ion scanner really only indicates that an individual such as me has been in contact with an illicit drug or a substance that gives a false positive ion scanner reading for an illicit drug, all of which may be the result of nothing more than having been in contact with contaminated objects or surfaces. There are no further efforts to confirm the presence or absence of contraband. You cannot ask for a search, because they will not do it. Results from the ion scanner are virtually useless in assessing whether or not a visitor is in fact trying to smuggle contraband into the institution. They just cannot tell.

The details of the visitor's encounter with the ion scanner are entered into the prisoner's file. Repeated positive tests affect the severity of sanctions imposed on the visitor in future; there's an escalating level of severity of sanctions. This record also has a negative impact for the prisoner's journey through the correctional system.

Now, CSC openly admits that the ion scanner frequently indicates false positives. These false readings occur in part because the ion scanner is extremely sensitive, searching for the presence of drugs down to the nanogram, and a nanogram is such a small particle of residue on clothing that many people do not realize they may pick up these trace amounts of prohibited substances when they touch everyday items such as money or credit cards or even use certain household cleaners, such as Clorox wipes or cosmetic products containing perfume, all of which can trigger the ion scanner.

The unreliability and ineffectiveness of ion scanners has been observed beyond the Canadian context.

● (0850)

In the U.S., the New York Civil Liberties Union noted in 2004 that they had received numerous complaints from “individuals mystified by the results of the scan and distraught by their powerlessness to prove their innocence”. That's what you have to do: prove your innocence. They noted that the ion scanner system was “unfairly, improperly, and unnecessarily resulting in innocent people being denied visitation”.

The consequences of the ion scanner's unreliability are profound not only for prisoners but also for families. For us, the threat of a false positive and its associated consequences adds an additional layer of stress when visiting our loved ones. Many of us resort to extraordinary measures, such as washing coins, getting gas for the journey the previous day, not touching door handles, and not stopping on our journey between when we leave home and when we get to the institution, in order to minimize the risk of testing positive on the ion scanner. Many other friends and family members are deterred from visiting altogether.

The scanner acts as a barrier to prisoners' access to the family support that is such an important part of their getting their lives back on track and coming home one day. It can also work against them because the hits from visitors go in their files and that can work against them in their applications for transfer, a reduced security level, or parole.

The adverse effects of the ion scanner are not offset by its benefits. Even a cursory review of recent media studies by organizations such as the Canadian Drug Coalition and reports from the OCI reveal that drugs remain rampant in our prisons, where rates of HIV and hepatitis C infection resulting largely from shared needles are much higher than those of the general population.

As a method of keeping drugs out of prisons, the ion scanner model is also flawed because visitors to inmates are the only people subjected to this discriminatory drug screening process. A much larger percentage of those entering these institutions, including CSC staff, construction contractors, and maintenance workers, are not tested.

We would like to express our appreciation to the committee members for allowing us to testify on this very important issue. As I said, it's a momentous occasion for us. We welcome your questions.

● (0855)

The Chair: Thank you.

Professor Hannem.

Dr. Stacey Hannem (Associate Professor and Department Chair, Department of Criminology, Wilfrid Laurier University, As an Individual): Good morning. Thank you very much to the committee for having me here today.

I'm Stacey Hannem. I'm an associate professor of criminology at Wilfrid Laurier University at the Brantford campus.

I've been thinking about, writing about, and talking about ion scanners since 2005, when I was working on my doctoral research. My doctoral research was intended to focus on the difficulties in issues faced by families who have an incarcerated loved one. I expected very much to find issues of stigma, financial issues, and emotional distress. What I did not expect to find was that our own correctional institutions were so drastically compounding these issues for families.

The IONSCAN technology came up in my research first in 2005. In 2015, I worked with the Canadian Families and Corrections Network to do an online survey and follow-up interviews with families of incarcerated people in Canada about their mental health issues. Once again, the ion scanner, 10 years later, showed up in my data as a still significant issue.

Because of this issue of false positives and the questions being raised by families, I started to look in more detail into the technology itself. I am not a scientist—my Ph.D. is in sociology—but I spent quite a bit of time and effort in studying the scientific literature and consulting with colleagues in physics and chemistry to better understand it and to give myself a layperson's understanding of the technology. That is what I would like to offer the committee today: a better understanding of how the technology works and why it is subject to false positives.

The science underlying the IONSCAN technology first emerged in the 1970s and has not been significantly refined since that time. It was originally devised as a means of detecting trace particles of explosives. The newer machines have since been calibrated to look for drugs. Every member of this committee will be familiar with the IONSCAN machine. It is the very same machine that is used in airports across this country and internationally to scan for explosives, but in Canadian prisons they're used to look for drugs.

The principle of ion mobility spectrometry is quite simple. The sample is swabbed, as Anne has said, from a zipper, a ring, or your glasses, and the trace particles collected on the swab are then put into the machine and ionized: they are subjected to a radioactive source that will create either a positively or a negatively charged ion. The ionization process breaks down that substance into all of its constituent particles. The ions that belong inside the molecule are of varying sizes and weights, if you remember your high school chemistry, and all of these ionized particles will travel at different speeds.

The ionized particles are put into the machine. They travel through what's called a “drift tube”. This is literally a short tube that has an electromagnetic plate at the far end. The IMS machine measures the amount of time, down to the nanosecond, that these various particles take to reach the far end of the drift tube. The drift tube has an inert gas inside that is designed to create friction and to collide with the particles. All of the various sizes of the particles will reach the drift tube at varying times, depending on how big or heavy they are.

The device measures all of this and generates a drift spectrum that looks like a little graph, which shows the drift times of all the composite ions. It will compare that generated graph to the known drift spectrums of the substances it is searching for—in this case, illicit drugs. The IMS machine will alarm if the drift times of the ion mobility spectrum of the sample match one of the substances in its database with a sufficient threshold.

That's how it works. The issue of false positives, of course, is the reason why this was brought to Parliament. False positives were highlighted in 2008 in the United States, when the U.S. Federal Bureau of Prisons suspended the use of ion scanners in all of its prisons. There was a lawsuit alleging that a prisoner's family members had been unfairly denied visits due to false positive readings. When they resumed the use of the IONSCAN in 2009, the Federal Bureau of Prisons in the United States no longer authorized the machine for screening visitors, only for screening mail, work areas, and prisoner belongings.

CSC's own 2011 report by Johnson and Dastouri found that the devices are, quote, “oversensitive and are limited in their ability to detect certain forms of drugs”. The use of IONSCAN to identify people suspected of trafficking drugs is complicated by the fact that the technology itself has several known—although often unacknowledged—shortcomings.

● (0900)

Its first shortcoming is that, unlike human fingerprints, ion mobility spectrums that are generated and read by the IONSCAN machines are not unique identifiers; that is, the ion mobility spectrums of closely related or similar chemical compounds may be so nearly identical that the technology is unable to differentiate them. According to the original patent by Smiths Detection for the IONSCAN, Ranitidine, which is a common antacid often known as Zantac, tests positive for cocaine. The only way to identify this as a false positive is to run a second scan in negative ion mode, and in that case, Ranitidine will ring and cocaine will not.

Smiths Detection suggests in its patent that users should operate two machines, one in positive ion mode and one in negative ion mode, in order to control for this. To my knowledge, (a) CSC doesn't actually operate that way, and (b) it's a very simplistic kind of fix, because it assumes that Ranitidine is the only other substance that would ring positive for cocaine and it is not.

A number of legal pharmaceutical medications and other substances are known to alarm the IONSCAN machines because they have a similar chemical composition or share some chemical compound with illicit drugs. Correctional staff admit to keeping a short list of medications on other substances known to set off alarms: asthma inhalers, nitroglycerin for heart problems, and Adderall for ADHD will all alarm as methamphetamines; antifungal creams used to treat athlete's foot or thrush will alarm as an opiate, as will poppy seeds from bagels and other baked goods; and, chlorine baby wipes and some perfumes and lotions are prone to alarm as various types of drugs. Research by Dussy et al in 2008 found that several types of detergents will alarm as heroin.

This is the number one problem: these are not unique identifying markers. Therefore, this is quite prone to false positives.

Second, as Anne has already mentioned, there's also a high potential for cross-contamination and for individuals to inadvertently come into contact with trace amounts of drugs.

Sometimes an alarm is not chemically false. What the machine is picking up is actually a very small particle of illicit drugs, but that doesn't mean that the individual came into contact with that drug substance on purpose, nor that it's present in significant enough quantities to warrant concern about visiting a family member. Many banknotes contain micrograms of illicit drugs—cocaine being the most common—which is far more than the threshold required to alarm the IONSCAN. Some studies have found that up to 90% of banknotes will test positive for cocaine. Handling cash, as Anne has said, can cause people to alarm.

A third issue, of course, is the assumption that the people who alarm positive are attempting to traffic, and there's no evidence to suggest that.

Also, the IONSCAN is subject to the possibility of operator error. It needs to be very carefully cleaned in the event of a positive alarm. I witnessed this problem at an airport just recently. One positive alarm and then the failure to subsequently clean the machine effectively will result in subsequent positive alarms. If an alarm is activated in CSC, the operator is required to change their gloves, clean the countertop surfaces, and run clean swabs until the machine no longer alarms, but when the visiting room is busy, these things don't always happen.

In 2006, when CSC conducted an internal audit of its drug interdiction activities, they noted that in five of 11 audited institutions, the IMS device policy and procedures were not being followed. Operator error is a problem.

A last but kind of unlikely issue is the fact that the operator can alarm the machine at will. The device has to be calibrated on a regular basis with exposure to the subject substances, which means they have pieces of the drugs there to calibrate the machines. In her 2016 memoir, Diane Schoemperlen, a noted Canadian author, recounted that in her final visit to her now ex-partner at a medium security institution the correctional officer responsible for running the ion scanner set the machine off on purpose, as a joke. This raises questions about how it could possibly be used to target people who are already under suspicion.

CSC does not have any documentation about the reliability of the machine. They rely on the idea that the manufacturer says that the false positive rate is below 0.1%, but they continue to note that there are instances of false positives and they're quite aware of it.

● (0905)

I have more information on the reliability question, but I'm happy to answer on that during the question period.

The Chair: Thank you, Professor Hannem.

Ms. Peggy Fitzpatrick.

Ms. Margaret Fitzpatrick (As an Individual): Again, thank you very much for inviting me to participate. I feel honoured to be here. I hope what I have to say will give you some insight and some help with this issue.

I'm probably not as deferential as the previous speakers here. I worked in the system for six years as a parole officer. As a teacher, I was the principal of a school there. I can take questions about that later.

I've done a lot of research on this. I've read a lot of what Stacey wrote, what Anne wrote, and what other people in Canada and the United States have written. To me, this issue to me is very close to a breach of the charter, and it needs to be addressed.

I'm requesting that an immediate moratorium be placed on the use of the IMS device in all federal penitentiaries in the screening of inmate visitors, pending the completion of an independent study, done either by Parliament or by an outside body, to confirm the effectiveness of this device as a screening tool for drugs in the institutions.

I request that Parliament order the commissioner of Correctional Services to curtail this use immediately, that Parliament study this issue, and also that the visiting status of any visitors who have been unjustly, without evidence, deprived of visiting rights be reinstated until it's found that they deserve to have their visiting status taken away.

I speak for thousands of Canadians who have loved ones or friends incarcerated in federal institutions across this country. On any given day, up to about 12,000 people, plus or minus, are serving time in a federal prison. The visitors, the families, and the supporters of these inmates are law-abiding people. We have been legally vetted and we have been approved to be visitors to institutions. We know what the CSC policy is related to inmate visitors. We're insulted by the patronizing and dismissive attitude given to us by CSC when we voice our outrage regarding the abuse of this device in our presence.

I have letters both from the minister and from Correctional Services that merely restate what it says in the policy rather than addressing the issues that we present to them. As I've said, I worked in the system for six years, and I witnessed the effects of the ion scanner on innocent family members who were either turned away or who had visits restricted, despite having asked for a search to prove their innocence. I witnessed the devastating impact it had on inmates who were deprived of a long-awaited visit from their mother, wife, or child, and all of this in the face of no wrongdoing at all on the part of the visitor other than a hit—one hit—on the ion scanner.

I speak for many people who have rebutted the unfair decisions following the ion scanner results and have come away disillusioned about the seriousness of the government and agencies in terms of upholding and appearing to uphold the law in this regard. They face retributive action when they protest; this is documented in the experience of those who dare to complain. Such behaviour under the very nose of those charged with safeguarding the integrity of our correctional and criminal justice system must not continue if Canadians are to have confidence in the administration of justice in this country.

Now, as for where we agree with Corrections, there are many things we agree with. Drugs and other contraband have no place in our federal institutions. These things cause untold damage in our prisons among inmates, staff, and visitors. We must keep drugs out of our prisons. Everyone who enters a penitentiary is a potential importer of contraband. Every one of us comes into inadvertent contact at some time or other with threshold amounts of drugs through handling money and gas pumps and things, as we've heard here. We can pick it up anywhere. If you reached into your pocket right now and felt the change in your pocket, you probably would have enough cocaine on your hands that you would ring positive on an ion scanner.

● (0910)

Many illegal substances share the same ionic properties as illegal substances. This was discussed already by Stacey Hannem. The ion scanner authorized by Commissioner's Directive 566-8-1 is a flawed device, as admitted by CSC, in that it yields an excessive number of false positives.

Ion scanners are poorly maintained, as we've already said. Quite often, they're not calibrated properly. They're not operated correctly by the staff; they often don't clean them, which results in subsequent hits. For example, if someone who went it before me got a hit, I might get a hit. I fortunately have never had hit, by the way, but if they don't clean it right, I have every chance of hitting.

Drugs continue to enter our prisons at very alarming rates, despite these procedures being in place. The scanners are not used on staff, contractors, guests, and other people. There needs to be more focus by CSC on these people as possible importers of drugs into our institutions.

It is a privilege, not a right, to be allowed entry into a prison. Visitors are acknowledged by CSC legislation and policy to be playing a vital role in the rehabilitation and successful reintegration of offenders. This is documented in studies that I have here. They say that inmates who have visitation do a lot better on release and are more likely to get parole. The ones who sit there until a statutory release often don't have visitors. Visitation is deemed by CSC to be a major component in the rehabilitation of offenders, yet, the policies and practices they have in place fly directly in the face of what they say on paper.

What CSC does not address is another area I'd like to go into.

As we've said, only the visitors are subject to the ion scanner. The research I did on in Canada and the United States shows that about 10%—maybe less, maybe a little more—of all the people going into a prison on any given day are scanned, so 90% are not scanned, and drugs keep coming in at an alarming rate.

I'm going to have to skip a lot, because I'm running out of time, so maybe I'll skip to the end.

To me, ion scanners do not find drugs on people. Ion scanners simply tell you whether you came in contact with drugs—maybe. Maybe you did or maybe you didn't. It could be a false positive. There's no search done. They're required to search you, but they don't, so there's a cloud of suspicion over the person. You could go in a hundred times and never hit and they'll be friendly and treat you very well and everything, but the minute you hit, the whole dynamic between you and the staff changes. You're under a cloud of suspicion, then, even though they never searched you to find anything and there's no evidence that you are bringing in contraband.

What they need to do is use a full body scanner instead of an ion scanner to find contraband. If this whole drug interdiction process is about contraband and not about abuse of authority, perhaps, they need to use something that's going to find contraband. Drug interdiction is about intercepting contraband, and the ion scanner does none of that.

● (0915)

I'd like to conclude by saying that right now, as we speak today, there are countless innocent law-abiding visitors to penitentiaries across this country who will face being impugned in the absence of any evidence of wrongdoing. Many will have travelled great distances at great expense to spend time with their loved ones and will face sanctions based on only one ion scanner reading. The inmates affected will be set back in their reintegration efforts, and some will endure severe emotional upheaval after being deprived of an opportunity to visit with their loved ones. There's documented evidence that inmates have committed suicide because they couldn't see their mother.

Anyway, I guess I'm done.

The Chair: Thank you, Ms. Fitzpatrick.

I don't wish to intrude in people's efforts. They're clearly not only well motivated but well researched and important for the committee to hear, but I do have to kind of maintain some order. I usually have more problems with the members than I do with witnesses.

Voices: Oh, oh!

The Chair: As our last witness, we have Ms. LeSarge.

Go ahead, please.

Ms. Gail LeSarge (As an Individual): Good morning, committee members.

My name is Gail LeSarge. Let me start by saying that I am very pleased that the committee has agreed to undertake this study, and I am very grateful for the opportunity to be here and speak today.

I want to give you a bit of my personal experience. To start, I will say that I am a regular visitor to an inmate at a federal institution, and I have had my share of negative experiences related to the ion scanner. Last December, I wrote a letter to Minister Goodale with my complaints about my experiences. About a month and a half later, I got a letter back from a representative from CSC. It was a brief letter that really didn't address the things I had said in mine. Essentially, what it said was: one, drugs are a big problem in prison; two, inmates, staff, and visitors are all searched and screened to help prevent the flow of drugs into prison; three, the ion scanner is considered a reliable tool in this fight; and four, the ion scanner is only one part of the whole risk assessment. That is basically what it said, so I want to talk about some of those things.

First of all, when it comes to ensuring safety and security in federal institutions, I couldn't agree more with CSC's objectives. That's not the question here. Let's do everything we can to make prisons as safe as possible, including keeping contraband out of them. This is an important goal, for sure. Drugs can cause a whole range of serious problems. Anne talked about it. These problems can include violence and disease, so we all agree that drugs are not a good thing in prison. That's not in question.

There are some policies are in place to address it. CSC will point out that searches of visitors, inmates and staff are all part of this, but just to be clear, staff members are not subjected to the same kind of search as visitors, not at all. Actually, I worked at CSC for nine years, so that means I entered the institution probably over 2,000 times. Just so you know, not once was I ever subjected to the ion scanner or a drug dog. They'll say searching is for everybody. But the same kind of searching is not for everybody.

If in fact CSC takes safety and security in its prisons really seriously, as they claim, and if the IMS device is such an effective weapon in the war against drugs, why is it only used, as Peggy said, on a small percentage of the people who come through the front door every day? It doesn't seem to make much sense. Every person who enters the institution has the potential to be carrying contraband.

CSC states that the ion scanner is considered an effective drug detection tool. This is hard to understand, when the device does absolutely nothing to demonstrate that a person is carrying contraband. It can only say that there may have been contact with an illegal substance, which is not the same thing at all. As the other witnesses have said: one, the machines aren't always operated properly; two, other substances besides drugs can set off the machine; and three, even if there are illegal drugs, you can pick them up anywhere. Given these factors, it's absolutely clear that the ion scanner is not a reliable tool, in my opinion, in the fight against drugs in prisons.

Personally, I have zero involvement with any kind of drugs in my life. I don't hang around with people who use drugs. I don't even use prescription medications. I have set off that machine a few times. In my opinion, there is something seriously flawed about a non-intrusive search tool that so often generates a result of punishing innocent people like me.

When you consider how the airport security uses this, it seems to be the way it should be used. I believe it is correct to say that if the scanner detects particles of explosives at the airport, it prompts a search. That is how they follow up on an ion scan alarm at the airport —with a search. The search is to clearly establish the presence or absence of contraband or explosives.

● (0920)

If something is found, yes, there will be consequences. They won't be able to board their flight. If nothing is found, they go on their way. There is no negative record of anything and there are no consequences. Can you imagine if travellers going on important flights for leisure or business were not allowed to board the flight based on the ion scan alone, without further searching to determine the presence of explosives? Supposing the security people said that explosives are a very serious problem and they consider it to be a reliable tool, and that was their only answer. Can you imagine what the public would have to say about that? I think that would be rectified very quickly, but somehow we and our loved ones in prison are seen as expendable.

Many years have passed since the introduction of the ion scanner. From what I've seen, there is little actual evidence of its effectiveness. A lot of drugs are still getting in, and I know of no instances of an ion scan hit leading to a seizure of drugs, because it doesn't get that far. They don't search you. They just do the ion scan test, yet victimization of innocent visitors and the inmates they visit is very real, and it continues year after year.

Now, on the part about the risk assessment, current policy says that the ion scan result is not used in isolation and is always combined with other information, but the reality is that visits can go along forever without any issue until that ion scan hit. When the machine alarms, a threat risk assessment is conducted, which consists of a correctional manager asking you why the machine alarmed. You say that you don't have any idea, and the drug dog doesn't detect anything, so all they really do is ask you questions and look at any previous ion scan history. But there will be punishment. Is that a risk assessment with all kinds of other pieces that they're considering before punishment? It doesn't seem that way to me.

Then, as Anne said, there might be different options. They might send you away. They might offer you a closed visit. Then, a little later, there's another step, and that's the visits review board. At the visits review board, further punishments can be dealt out. If you have PFVs, those will invariably be suspended. I've never heard of a person who didn't have any sanctions following a hit on an ion scanner—never heard of it. There always will be.

At both of these stages, there's unlimited potential for staff to select whatever pieces of information they choose and to create a very subjective assessment of risk.

I see that I had better move on due to the time, but these are the things. This risk assessment thing isn't what they say it is. It's not done fairly. A change in policy is definitely in order if CSC is to going to keep the scanner.

I just want to say that when you have a loved one in prison there's no way to overstate the importance of those visits. It's the best thing you have to maintain those ties. Your visit times are very special times. They are just so beneficial to the inmate and to his eventual reintegration. They're like a lifeline to the community helping to give him hope for the future and the affirmation that he's cared for. To destroy these links in the absence of compelling proof of risk is nothing short of inhumane, in my opinion.

Last year, my partner and I were scheduled for a PFV around Christmastime. We had been looking forward to it for months because the PFV houses had been closed for renovation. Then, because of the ion scanner, the visit was cancelled one day before it was to begin. It was really devastating. It was really hard.

How would the average person feel if this most special time with a loved one were taken away through no fault of his or her own? Thousands of visitors and inmates across Canada are being subjected to this unfair treatment. In my opinion, it should not continue because it's a challenge to ensure that the device is used in a fair way and also because its effectiveness is difficult to determine. In my opinion, the use of the IMS device should cease. Every day the scanner is used, innocent Canadians are being victimized.

● (0925)

The Chair: Thanks to all of you for your very articulate testimony.

We have finished the witness portion of the committee hearing and now will switch to questions and answers. We have a peculiar custom here, which is that members address their questions through the chair, and witnesses respond through the chair. I don't know whether that's actually written in stone, but we'll live with it.

The first questioner is Monsieur Picard.

[*Translation*]

Mr. Picard, you have seven minutes.

Mr. Michel Picard (Montarville, Lib.): Thank you, Mr. Chair.

First of all, I would like to say, Ms. Cattral and Ms. Mathias, that your presentation meets the standard of all the experts who have appeared here. Do not take our questions as a challenge, but rather as a way for us to increase our understanding of the matter. We need your help and experience. To be honest, you are more familiar with this than I am. So we need your expertise for this study. Although some questions are difficult, our intention is positive. We are trying to gain a better understanding of the problem.

Ms. Hannem, have you been able to determine whether the application of this measure has had an impact on aspects other than security, such as ethnic or cultural aspects?

Could this be a way of profiling visitors as well as inmates?

[*English*]

Dr. Stacey Hannem: I don't have any documentation that would speak to racial or ethnic profiling by the ion scanner, but I can say that it is used differentially for visitors who are coming in as personal visitors of inmates versus professional visitors. I have spent time in the visiting rooms of several prisons as a volunteer for the Canadian Families and Corrections Network. As a volunteer, I have never been scanned by the ion scanner.

● (0930)

[*Translation*]

Mr. Michel Picard: Okay.

[*English*]

Dr. Stacey Hannem: I did watch a young woman with a baby go in ahead of me. They scanned her, and they scanned articles belonging to the baby.

I don't have enough data or evidence to suggest that any sort of discriminatory use would be made on the basis of ethnicity.

The thing that is discriminatory in terms of when a visitor to an inmate is going in is that the staff is often aware of the offence that the inmate has committed, and if the inmate is incarcerated for a drug-related offence, my understanding—and what I've gathered from the people I've spoken to—is that the suspicion is higher, and those family members are more likely to be subjected to different treatment if the ion scan alarms.

[*Translation*]

Mr. Michel Picard: Ms. Cattral and Ms. Mathias, you reacted positively when Ms. Fitzpatrick said that accepting drugs and narcotics in correctional facilities was out of the question and that it would never be acceptable. Since you smiled, I assume you agree with what Ms. Fitzpatrick said. You see that the situation is alarming, and that is also Ms. LeSarge's opinion, I believe. Security is necessary for inmates, as well as employees and visitors.

Based on your association's research and work, can you recommend less intrusive screening instruments in order to provide security for everyone without depriving persons of a visit based on false reasons?

Since we regard visits as part of the rehabilitation system, we would like to know how to determine what measures are appropriate.

[*English*]

Ms. Anne Cattral: Well, we have discussed this a lot. On thing I would like to say is that CSC policy does place a priority on the safety of staff, inmates, and visitors. I can tell you that the prisoners will say that the feelings of anger, etc., that they feel after a visit is cancelled fly in the face of safety, because they are so frustrated and angry that they take these feelings back to their ranges with them.

What I have discussed—actually, some of the prisoners came up with this idea—is a full body scanner, as I believe Ms. Fitzpatrick mentioned. Recognizing the fact that all the research has been done by Health Canada into the safety of these devices or machines, I believe CSC has discussed putting in full body scanners, similar to the ones that are already in place in some of the provincial institutions. Now, there are some religious questions and privacy questions about full body scanners with regard to visitors.

What the prisoners at my son's institution actually came up with to screen the prisoners after they leave the visiting area, because for a visitor to get contraband into the institution and pass it to the prisoner, there has to be contact. I have to be able to hand it to one of the prisoners, and then they have to hide it somewhere to get it back to their range. If they were screened on the way out of visits, then any contraband that had been passed would be found, and if a visitor had been able to bypass the ion scanner, the dog, the X-ray machine, or the metal detector to get it past those four things and hand it to the prisoner, it would be found if they were screened on the way out.

[*Translation*]

Mr. Michel Picard: Thank you. I will interrupt you here. We have to interrupt people sometimes because we have so little time.

My question is for the two other witnesses, Ms. Fitzpatrick and Ms. LeSarge.

You were part of the system and say that the technology does not work. Apparently, a lot of drugs are getting into penitentiaries and are coming in through the front door, as you pointed out.

In your opinion, how are drugs getting into those institutions? Since this problem was identified, have any recommendations been made to stop illicit drugs from getting in?

● (0935)

[*English*]

The Chair: Be very brief, please.

Ms. Margaret Fitzpatrick: I have never witnessed staff bringing drugs in, for example, but when 10% or less of the people who get in there are scanned and 90% are not scanned, and when most of that 90% who enter an institution every day are staff, contractors, or people employed by the institution in some capacity, there needs to be a really close look at it.

I think the policies need to be redirected away from the visitors. Certainly, they have to scan the visitors, and there are visitors who have brought drugs in. We know that. We recognize that this has happened in the past, but the ion scanner is not instrumental in picking that up. It's found by other means. They find it through intelligence. They get calls from somebody reporting that somebody has it on them. The security intelligence officer may have information given to them by—

The Chair: I'm going to have to leave the response to Mr. Picard's question there, ma'am.

Ms. Margaret Fitzpatrick: All right.

The Chair: Thank you.

Ms. Leitch, you have seven minutes.

Hon. K. Kellie Leitch (Simcoe—Grey, CPC): Thanks to all of you taking some time to come and speak with us today. We greatly appreciate it.

I'll start by asking you a couple of questions, Dr. Hannem.

The government has been very focused on talking about evidence-based research. This morning I was reading the CSC website, which talks specifically about ion spectrometry. It states specifically that there is a paucity of research and a need for additional research. From your experience, what type of research—and how—do you think is needed to be able to answer this question of the balance between making sure drugs don't end up in these institutions and making sure families have opportunities to see their loved ones?

Dr. Stacey Hannem: It's an excellent question. I would love to see a third party blind review study of the efficacy of the machines. I would like to see controlled experiments using the machines. It's very difficult to do because the technology of course is patented and owned, and a single company has a monopoly on the machines used in Canadian prisons. Like other manufacturers of technology, they are, I think, reluctant to subject their technology to third party review.

CSC will quote that the manufacturer says that the incidence of false positives is less than 0.1%, but when I asked them last year in an access to information request about the reliability factor, they said that CSC does not possess documentation concerning the reliability of the IONSCAN machines. They quoted me the manufacturer's response, and it appears that they have collected no independent data on the machines.

Hon. K. Kellie Leitch: Along those lines, I know that all of you have experience with these institutions, and I think we all have experience going through an airport. Would you suggest that there is other technology available that might be more constructive?

By way of example, DrugWipes are now being designed. They're fast, efficient, and not that expensive, probably less expensive than an ion spectrometer. Are there other technologies that we should be putting in place or other processes, similar to what Madam Cattral was talking about? Should we be looking at a different part of the process? What are your best recommendations for the government on what the technology should be—maybe it shouldn't be this technology at all—and what the process should be? I'm happy to take answers from anyone.

Dr. Stacey Hannem: Anything that relies on the presence of trace particles is not a sufficient determiner of threat—or guilt, in this case—such that people should be denied entrance. I think the way the airport uses it, as has been said, is that if you get a hit, you are subjected to a search. They're looking for contraband. The fact that this is not followed through at CSC is really problematic.

The full body scanners, which would find things concealed under clothing and such, would be far more useful, I would think. Again, the wipes may be, but they may be subject to the same sorts of false positives, depending upon how much it takes to cause an alert.

Hon. K. Kellie Leitch: Does anyone else have a comment?

Ms. Irene Mathias: I'd like to comment that I think CSC continues to use the ion scanner even though it is unreliable because they consider it an effective deterrent. I think that's something you should understand.

Hon. K. Kellie Leitch: Right. It's a deterrent for individuals who are coming in—

Ms. Irene Mathias: It's so they'll be scared.

Hon. K. Kellie Leitch: —and decide that they won't even present themselves because of it.

To go back to the ion scanner itself, we talk a lot about the sensitivity, i.e., the false positives. Obviously there's another side to that: the specificity. I've read a fair amount about this and what it can or cannot detect. Do any of you have comments with regard to the specificity that has to also I think be addressed with respect to this technology?

● (0940)

Ms. Anne Cattral: On the specificity, I have hit positive I don't know how many times at this point for everything on their sheet except methamphetamines. I've hit for opiates, cocaine, morphine—

Ms. Irene Mathias: Ecstasy.

Ms. Anne Cattral: Yes, ecstasy, marijuana.... For whatever else is on their sheet, I've tested positive.

Hon. K. Kellie Leitch: I have another question for each of you. Any of you can respond.

Have you had the opportunity to meet face to face and speak with public servants from CSC, individuals from this committee, or the minister himself with respect to this issue? If you had the opportunity—I'm pretty confident in saying that none of you has met with the minister face to face—what exactly would you say is the best process to follow? More specifically, what should be the timeline for the implementation of what you think should happen?

We often talk in generalities here about what things could be considered, but what I do find is that we often forget that there should be an associated timeline, so that there is actually some action taken. What do you think that timeline should be if you had the opportunity to speak to the minister or directly to the government about this issue?

Ms. Anne Cattral: MOMS as a group has spoken with the senior policy adviser in Minister Goodale's office, Justine Villeneuve, about several issues, this being a major one.

MOMS as a group has spoken with many high-level members of CSC. They keep repeating the same dogma that they have on their website and in their policy. They repeat the policy: the ion scanner is only one aspect of the TRA, we have to keep the prison safe, etc.

They're reluctant, but they have shared with me that they have been talking about body scanners, one big problem being the cost. The ion scanners have already been paid for. It's the cost of the body scanners....

Hon. K. Kellie Leitch: Do you have a comment with regard to the time frame for implementation?

Dr. Stacey Hannem: Given the lack of demonstrated efficacy of ion scanners in keeping drugs out of prison, I would say that an immediate moratorium on their use would be very much in order and that the government should proceed with looking for alternative technologies as quickly as possible.

Hon. K. Kellie Leitch: Do you think that implementation should be done over the course of six months or 12 months? What do you think would be an appropriate time frame?

Dr. Stacey Hannem: I'm not an expert in implementing policy. I sometimes dabble in designing it, but I do think that whatever they're going to choose in terms of technology, there's always going to be a delay in terms of getting it ordered and getting it put in, and there has to be very good training for staff on how to use the technology effectively. If you're going to bring in full body scanners, rapidly implementing those and getting the training in place over the course of a year to 18 months I think would not be unreasonable.

The Chair: We're going to have to leave it there. Thank you, Ms. Leitch.

Mr. Dubé, you have seven minutes, please.

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Thank you, Mr. Chair.

Thanks so much for being here this morning. It's greatly appreciated. I was certainly happy to table the petition and perhaps less satisfied with the response, but we'll get to that.

We had the corrections investigator table his report this week and once again mentioning the number of false positives being a source of concern and again recommending the review and study of this. Considering that while it's being reviewed and studied these things are still happening, it's certainly worth considering a moratorium.

I wanted to go back to the issue of and the question about what we would call “trusted sources”; staff, professionals, and contractors were mentioned. With your indulgence, I want to read for you something Howard Sapers said a few years ago when he was the correctional investigator. He said: “There's no evidence to show that this spike”—in drugs in prison—“is because people are smuggling things in through an infant's diaper. In fact, just the opposite...”. He also said: “You're less likely to find something coming in through a legitimate visit than you are from other sources—other people coming in to the prison, sometimes even trusted people...staff. So focusing just on visitors is out of balance with where the problem is.”

I want to understand this from your perspective as people offering mutual support to loved ones. The word “deterrent” was used, and I think that's something we haven't gone into detail with and just the impact it has on even the incentives that you have to make these trips out. If you're going to Kingston, say, it might be a three- or four-hour drive for some people, or even more depending on where you live. How does it dis-incentivize wanting to go and visit, knowing that you might actually be causing more harm than good to the loved one by coming to visit?

Go ahead, please.

● (0945)

Ms. Irene Mathias: It not only deters you from going, but I want to explain to you that it is actually quite a terrifying experience.

The first time I hit positive was at Millhaven, and I hit positive for heroin. I found myself in a state of shock and terror, because I'm in an environment where people are armed, and it's a jail. I know I have done nothing wrong, but I'm terrified all the same. I'm literally shaking and saying to the guard, “Look at me, what is this...?”

I was subjected to standing and a dog coming by. Then I was given just a closed visit over the phone. It was such an unnerving experience that it's very hard for me to recommend to some other family member to run the gauntlet of the ion scanner, that it's no big deal. It's a big deal. You're left in a state of fear for no reason. I think that.... Anyway, I'll leave it there, for a short answer.

Mrs. Anne Cattral: I think CSC hoped that going through the ion scanner would be a deterrent for people smuggling drugs in, but that ship sailed a long time ago. People know that there are so many false positives that they could care less. If they want to smuggle drugs in, they're going to try it.

From my own personal experience, it was a very painful experience. My grandson will not go back after the threat risk assessment that we went through.

Mr. Matthew Dubé: There's perhaps....

Ms. Margaret Fitzpatrick: Maybe someone else has something. I don't.

Mr. Matthew Dubé: I want to go to some of the research that was alluded to, which is on CSC's website.

It's interesting. Their conclusions.... I'm looking to you, Dr. Hannem, just for an academic perspective in terms of, quite frankly, the absurdity of this kind of conclusion being put on a department's website. There was an international study, and they have published it on their website.

The conclusion that the department reaches is this: “Overall, this review indicates that IMS units are useful in detecting most drugs.” You say, okay, that sounds good, but here are the next sentences:

> However, these devices are often oversensitive and are limited in their ability to detect certain forms of drugs. Additional research is needed to address gaps in our knowledge such as determining the impact of IMS units on inmate drug use and institutional behaviour, drug smuggling by inmates, staff and visitors, etc.

Just from a value standpoint I want to hear you, as an academic, on that kind of conclusion being reached for research. Is that considered acceptable or not?

Dr. Stacey Hannem: I want to be clear that the research CSC did is what's known as a secondary data analysis. They were doing a meta-analysis of previously published research available from other institutions and academic work. That's fine. It's a perfectly acceptable way of gathering whatever evidence is available.

The conclusion they come to, which is that this is an effective means of detecting drugs, is an interesting one, because essentially they are failing to make the distinction between a false negative and a false positive. This machine does not come up with false negatives. If the drug is there, yes, it will find it, absolutely. In terms of those conclusions, yes, it detects drugs.

The problem is not false negatives. The problem is false positives, where it's saying that, yes, there are drugs here when perhaps there aren't or the amounts are so small that they are negligible.

That's the issue with that sort of conclusion. It's just misleading.

● (0950)

Mr. Matthew Dubé: Finally, and quickly, with the last 30 seconds I have left, there was an access to information request that revealed that the positive scans from ion scanners are what account for most of the denied visits in prisons in Canada. I'm just wondering about that. The department brags about using other forms of detection as a complement to that, but what does that actually say about the state of things?

Ms. Irene Mathias: What it says about the state of things is that they accept that this device keeps families away from prison, and it completely contradicts their policy around the importance of maintaining community and family ties for the effective rehabilitation of prisoners.

The Chair: Thank you, Mr. Dubé.

Ms. Dabrusin, you have seven minutes.

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): Thank you.

I'd like to thank all of you for the evidence and information you've given us today, because it has been very helpful.

Specifically for Mothers Offering Mutual Support, I really see the value of starting a petition just for raising awareness. I want to give a shout-out to the fact that you've done quite a wonderful job of raising awareness of this issue. I was reading through a number of articles that came out shortly after that petition was raised in the press. It was a great way of getting the story out and getting people to think about it. I am always trying to reach out to my constituents and tell them about the value of petitions, and you have really shown how that works, so I wanted to thank you for that.

One of the articles that came out around this petition was in the *Globe*, and I believe it quoted you, Professor Hannem. It talked about the official procedure on the ground not being what's followed through on. I was wondering if you could talk a bit more about that. What is your understanding of what the official procedure should be? What's not followed through?

Dr. Stacey Hannem: That difference is exactly what Anne and others at the table have mentioned. When the ion scanner rings, it is supposed to be followed with a threat risk assessment. It is usually followed by some kind of interview, but there is no follow-up search. My understanding from talking to people is that the follow-up search is not conducted. Often they'll ask why it's ringing positive, but people have no idea. They have no good answer. The lack of a good answer is taken as evidence that they must be doing something wrong, and then visits are denied. There is a lack of follow-through, of coming up with what I think is an effective assessment of visitors.

The other problem is the disjunct between what the policy says in terms of how the machine should be operated and the fact that they found themselves, which is that they are not always operating the machines according to the manufacturer's specifications and they are not always following the protocols in terms of cleaning.

Ms. Julie Dabrusin: For better information for me, because I don't know much about this, is there any type of recourse—a complaints or review procedure—to be able to look at the record and say, “hey, there are all these false positives and in fact nothing was done to follow up on that search”?

Ms. Anne Cattral: As somebody mentioned, after you hit positive, your file goes to the visits review board. As far as I know, no documentation or statistics are kept by CSC about false positives.

Ms. Julie Dabrusin: There is no direct way for you to specifically ask for a review of that?

Ms. Anne Cattral: No. After you hit positive, you have five days to contact the person on the back of the sheet, which is usually the visitor manager, and give your side of the story, and it's basically the same question: why do you think you hit positive? Actually, all the compulsive behaviours that I developed over time, such as washing coins, etc., came from the visiting manager. That is what she told me to do.

Dr. Stacey Hannem: May I respond as well?

Ms. Julie Dabrusin: Yes, please.

Dr. Stacey Hannem: In my access to information request last year, I asked for CSC documentation of false positives and they responded this way: “Considering that such an occurrence rarely occurs, 'false positives' are not recorded by any institution within CSC. Therefore, it would be difficult to provide [you] with an actual figure”.

● (0955)

Ms. Julie Dabrusin: Would you be able to provide us with that?

Dr. Stacey Hannem: Absolutely. I can give you my access to information—

Ms. Julie Dabrusin: It's just for us to be able to have a copy of that.

Dr. Stacey Hannem: Yes.

Ms. Julie Dabrusin: All right. As far as you're aware, though, you don't know of successful cases of people being able to clean the record. From what I understand from your story, the more of these positives that collect on the record, the more you are subjected to further searches.

Ms. Irene Mathias: Not only further searches, but your privilege of visiting will be suspended for three months or six months, and then the review board will meet again, think about it some more, and give another decision. So yes, the sanctions are....

Ms. Julie Dabrusin: Thank you.

I still have a couple of minutes, right?

The Vice-Chair (Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC)): Yes, you have two minutes.

Ms. Julie Dabrusin: I was looking at the response to the petition that you put in, which said that CSC is undertaking a review of the use of ion scanners. In fact, when I was looking through the annual report, I saw a commitment to review it with a completion date of January 2018.

Professor Hannem, do you have any sense of how this review is being done and whether you have an opportunity for input into that?

Dr. Stacey Hannem: They have not consulted me, and I have no knowledge of how they're going about conducting that review.

Ms. Julie Dabrusin: Ms. Cattral.

Ms. Anne Cattral: I was told that when the review started I would be contacted for input. So far, I have not been contacted—

Ms. Julie Dabrusin: Okay.

Ms. Anne Cattral: —and this is November 2017.

Ms. Julie Dabrusin: Thank you.

I believe I have one minute left, Ms. Fitzpatrick. It seemed like you were running out of time, and you had a whole pile of studies.

Ms. Margaret Fitzpatrick: Yes.

Ms. Julie Dabrusin: You have one minute. Can you tell me a little more about what you had in that stack that you wanted to tell us about?

Ms. Margaret Fitzpatrick: It comes down to a couple of points. The ion scanner itself does not find contraband. These units cost in the range of $50,000 apiece, or about $45,000, but they don't find anything. When they hit, there's no follow-up and search to confirm. If this is about contraband and not about some other possible agenda out there, I don't know what it would be, but it's not obvious. It doesn't seem to be about contraband. Also, there's no evidence. We can't just accuse people in the absence of evidence. It is wrong. It flies in the face of how we do law in this country.

There has to be evidence before you get sanctions put on you, and there's just no evidence. They do one scan, and if you hit, they call in the correctional manager to interview you. They ask you one or two questions. Some of them aren't even interested in what you're saying. They're telling you to "hurry up, hurry up", that they have to get going. So you get out of there and—

The Chair: Excuse me, Ms. Fitzpatrick, but "hurry up, hurry up" is the problem.

Voices: Oh, oh!

Ms. Margaret Fitzpatrick: If you hit positive once, you'll get a second scan.

The Chair: Ms. Dabrusin's time is up, but thank you again.

[*Translation*]

Mr. Paul-Hus, you have five minutes.

Mr. Pierre Paul-Hus: Thank you, Mr. Chair.

First, I must say that I understand what the problem is. Being subject to screening by a scanner can be a major irritant for you.

Before I go any further, I would like to ask you something. Each of you has made various requests to the department and has received answers. Could you send the committee a copy of those questions and answers so we can have your full testimony today?

We are here today to study the use of spectrometers. From what I understand, the device is very effective, even too effective since it detects Zantac and other similar products. I think the problem relates more to exercising judgment—

[*English*]

The Chair: Excuse me, Mr. Paul-Hus.

Is anyone else getting translation?

Mr. Pierre Paul-Hus: I changed it to French. I'm sorry.

Voices: Oh, oh!

● (1000)

The Chair: That's the last time I ask you to sit in for me.

Mr. Pierre Paul-Hus: Give me 30 seconds more.

[*Translation*]

Let me repeat my question.

From what I understand, the device is very effective. The problem is really how the results are managed. The problem is essentially the human aspect. We cannot object to a device being too effective since the opposite is often the case. The issue here is that the staff must exercise judgment.

Does the main problem involve correctional service employees when there is a positive result? You mentioned several times that there is no search. People are stressed and they have to fill out a form. That is all they have to do.

I am trying to understand. Should we be looking at the device or at the procedure? Do you understand my question?

[*English*]

Ms. Irene Mathias: It's not only a fault with the individuals in terms of using the actual result. It's a fault in operating the machine.

I've been in a visit room where you queue up and one person after another goes in. People who don't know one another and who have never met before but are in a queue to go in to visit will all hit positive for a combination of the same three drugs. What does that say? It says the machine is not being cleaned.

It's about the operating problems, setting the machine, cleaning the machine, the real attention to it, and then the procedure afterwards. If you do hit positive, there has to be some way to verify what that positive hit means and whether it's false or not, and there isn't a procedure.

Dr. Stacey Hannem: May I answer? I would take issue with the idea that a machine that fails to effectively discriminate between illicit and non-illicit substances is actually effective.

Imagine if you were taking fingerprints and our fingerprints were not in fact unique. We would find fingerprints at a crime scene and say that it must be one of these five people, so we'll just convict them all.

We would not find that to be an effective use of that marker. I think we can make the same argument about this machine. It just simply does not discriminate effectively.

[*Translation*]

Mr. Pierre Paul-Hus: Consider for instance someone who arrives at the airport with a toy pistol in their carry-on bag. The machine will detect the shape of a pistol and then the object will be checked. They will see that it is a toy and let the person through. Would it not be the same principle for a product such as Zantac, if staff can then see that it is not cocaine?

You have raised various points in your testimony. The feeling of oppression is a concern and relates to the way people are treated at the screening point; the device is another issue. It is important for the committee to make a distinction between the human aspect, as regards managing visitors, mothers, brothers, sisters or friends, and the security aspect, which is important for inmates.

I would like to know how you see the human aspect, aside from the technical considerations.

Ms. Cattral, please go ahead.

[*English*]

Ms. Anne Cattral: I would say that the device is effective in picking up very small particles of illicit drugs. It is not effective in picking up whether or not the person is actually smuggling contraband.

The human aspect is something different. There may need to be more training on that, but the device itself does not function in the way that CSC thinks it's functioning in that it deters contraband from getting into the institutions.

[*Translation*]

Mr. Pierre Paul-Hus: Thank you.

[*English*]

The Chair: I inadvertently cut off Mr. Paul-Hus for a few seconds, so go ahead, Ms. Mathias.

Ms. Irene Mathias: I want to make it very clear that we're very concerned about drugs in prison, especially so at the present time when fentanyl is getting in. We not only want the ion scanner not to be used anymore, but we urgently want the CSC to introduce methods of stopping drugs getting into prison, including by drones and staff and through maintenance workers, because our loved ones inside are at risk.

● (1005)

The Chair: Thank you.

Ms. Damoff, you have five minutes, please.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thanks to all of you for being here, and thank you for sharing your personal stories. I know it's not easy for you to appear before us, so we greatly appreciate it.

First of all, the minister did respond to the petition, and in that he's asked CSC to conduct a review. You've probably seen it. I think it would be helpful, Chair, if as a committee we were to get a copy of that as well when that review is completed.

I also think it's important for all of you to know that we recognize the importance of families visiting offenders, the importance for rehabilitation, and at the same time wanting to keep drugs out of prison.... In the report of the Office of the Correctional Investigator, he actually said that these scanners were introduced in 1995 and said:

> ...the introduction of ion scanners has failed to have any significant impact on the rate of positive random urinalysis drug testing results. The rate has remained stable despite significant investments in new detection...and surveillance technologies designed to stop drugs from entering federal institutions.

We want to keep drugs out, but this isn't what's doing it, according to the correctional investigator. I'm wondering if any of you have any examples of what other jurisdictions are doing. I don't think they're necessarily having particular success either, but I'm wondering if you have any suggestions on what other jurisdictions are using for drugs.

Dr. Stacey Hannem: I think the failure to effectively deal with drug introduction to prison is a symptom of the way that we divide up our staff from other visitors.

In 2006, when the so-called blue panel report on corrections reviewed correctional practices, drug interdiction was raised as an issue then. The response from the correctional officers' union was to say spend more time, more drug dogs, more ion scanners, and more scrutiny on visitors, and that has been completely ineffective in reducing the amount of drugs in prison.

One then has to start looking at why we aren't looking in other directions. If more scrutiny, more drug dogs, and more ion scans on visitors don't reduce the amount of drugs in prisons, why aren't we looking at contractors, staff, and all of the other various people who come in and out of institutions? I think the jurisdictions that have been most effective in keeping drugs out of prisons have a more holistic view of where the threat is coming from.

Ms. Pam Damoff: I read an article in the *National Post* in 2013 about these issues. A few of you have mentioned about CBSA using these machines. The headline is “Expensive new high-tech border scanners often break down, less effective than detection dogs”. In that, one of the CBSA union spokespersons said, “There's no question that our best detection tools have legs and heartbeats...”, and he was specifically referring to intelligence officers and detection dogs. I'm wondering if you could comment on that.

Dr. Stacey Hannem: The dogs, when well trained, are excellent tools. My understanding is that they are not completely infallible. An excellently trained dog will also respond to its handler and can be ordered to sit in a way that would not be obvious to someone who didn't have a trained eye for it. When they're used properly by competent, ethical people, they're excellent.

Ms. Pam Damoff: In my remaining minute and 15 seconds, what are your recommendations for what CSC should do? It sounds like one of them is to expands the number of people who are checked as they come into the institutions. I'd welcome that answer, in a minute.

Ms. Irene Mathias: I just want you to know that when the ion scanner was originally introduced, for a period of time staff were subjected to it, but because of the excessive false positives, which would keep staff from being able to go in and work and all kinds of things, it was the union that petitioned CSC to stop using the scanner on staff.

I don't know that it's up to us to tell CSC how to keep their staff and maintenance workers from bringing drugs in. There must be examples and technologies in other jurisdictions somewhere in the world that they can look for. They just need to look for it.

Ms. Pam Damoff: Thank you very much.

The Chair: Thank you, Ms. Damoff.

Mr. Van Kesteren.

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Thank you, Chair.

Thanks to all of you for coming today. I think you bring to us an element that is not often seen in this place. We all have mothers, and mothers tend to turn our hearts in a different direction.

I've only been to a prison once. I was visiting a landed immigrant, as a matter of fact. I want to clarify that—

Voices: Oh, oh!

Mr. Dave Van Kesteren: —but if I had been to prison, I'd admit to that too. When I visited, I was absolutely shocked at the conditions and the close quarters, with everybody at that particular time all together in what was like a cage.

It left an impression on me. I can't imagine, of course, your experiencing this on a regular basis. You have stated that you agree drugs should be kept out of prison. Are they allowed to smoke in prisons?

● (1010)

Ms. Anne Cattral: No.

Mr. Dave Van Kesteren: How do you feel about that? Please don't be politically correct. We get a lot of that around here. We have way too much political correctness.

Ms. Irene Mathias: I think it's actually very hard on them, because a lot of the guards smoke. They go a short distance away, have a cigarette, and come back. You're constantly smelling somebody else smoking. For a lot of people.... I'm a person who struggled with nicotine addiction for years, and I go on and off smoking. I know that it is one of my coping mechanisms. It's a stress reducer for me. There isn't even an outdoor smoking area.

People then turn to whatever else they can find as stress reducers. They brew homebrew. They make booze and whatever. There's also a lot of money to be made, and I think that is a factor for workers of one kind or another bringing drugs in. There's a lot of money to be made.

Mr. Dave Van Kesteren: You're absolutely right.

We all had mothers. My mother is gone now, but I'll testify that she was probably one of the wisest of women. She never smoked, but we would talk about smoking, and obviously with a large family, there were some who smoked. She would say that people need their vices. I can't imagine being in a prison when you're stripped of all those things. I think you described perfectly what that is—a stress reliever—and we have no idea of the types of stress.

Do you think it's a human right for them to smoke in prison?

Ms. Anne Cattral: It's so hard. I'm an ex-smoker myself. My son is in there. He's a non-smoker and he's so happy that nobody is allowed to smoke, but I would suggest that to expect somebody who maybe has smoked since they were 12 or 13 years old, maybe 20-some years, to stop cold turkey would be very difficult.

Again, I would say, along with Irene, that if there were an outside smoking lodge or whatever that they could go to and have cigarettes legally in there—they're illegal—as well as other harm reduction techniques that they need to introduce into the prison in terms of any other addictions they have.... It's an addiction.

Mr. Dave Van Kesteren: Would taking a pack of cigarettes be in the same vein of restrictions? If they catch you with that, and—

Ms. Anne Cattral: Yes, absolutely.

Ms. Irene Mathias: Oh, yes.

Ms. Anne Cattral: I saw one gentleman very stupidly put his cigarettes in the locker, and he was escorted out by the OPP.

Mr. Dave Van Kesteren: I have to ask this one last question. I have one minute left. I don't know whether you're going to have time to answer it. The government is going to legalize marijuana in another year, and this might be a moot point: if drugs that are legal should be allowed to be taken in, how do you feel about that?

Ms. Irene Mathias: I guess I feel the same way as I do about its being legalized outside. I think that criminalizing it is not helpful. I don't know whether it would help to have people—

Mr. Dave Van Kesteren: Let me ask you this question. Do you think it's fair to restrict an inmate and not restrict an 18-year-old?

The Chair: I think we're going to have to leave that one.

Ms. Irene Mathias: I don't know.

The Chair: We have reached our time limit.

Mr. Spengeman, possibly you have an answer to that question.

● (1015)

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Mr. Chair, thank you very much. I'm going to attempt to delegate at least some of my time to our visitor, Mr. Levitt, so I'll be brief and precise. I'd like to direct my questions to Professor Hannem.

Professor Hannem, has there been any appreciable impact in your research from the perspective of gender? Have you detected any differential treatment in what we're experiencing here with respect to male versus female prisoners or transgendered prisoners?

Dr. Stacey Hannem: I have not seen any evidence of that. The machines are used at both men's and women's prisons.

Mr. Sven Spengemann: You have no basis to even recommend that gender be studied in this context. There is no appreciable basis for it.

Dr. Stacey Hannem: I don't believe so, although we know that there are high numbers of women incarcerated for drugs.

Mr. Sven Spengemann: Thanks very much for that.

Correctional facilities aren't just about corrections. There's also law enforcement activity going on in and around prisons. Is it conceivable that at least some of the interest is not so much in what quantity of drugs is making its way into prisons but in the contact inmates have with the outside world, especially through organized crime and actually directing narcotics operations elsewhere? Also, correctional facilities serve as a basis to glean information about whom inmates are in contact with. If that's reasonable, would it explain some of the problems we're discussing here?

Dr. Stacey Hannem: All visitors to federal institutions are subjected to a CPIC report, and they have to be approved first before they're even allowed in. It would be mind-boggling to me to think that CSC would allow anybody who had a known tie to organized crime into a federal prison. I can't even imagine their allowing it.

Mr. Sven Spengemann: Unless they were informers and presumably would be known to the authorities already?

Dr. Stacey Hannem: Yes.

Mr. Sven Spengemann: Okay.

Do you have any information about what happens to the data on positives, whether false or not? How is CSC collecting that data? Are they sharing it with anyone?

Dr. Stacey Hannem: I don't believe so. They seem to have incident reports. The Office of the Correctional Investigator says that there were 3,532 incident reports involving visitors from February 2015 to April 2017, and 25% of those were positive hits on the ion scan. That seems to be the total sum of information that's available. I've done multiple requests for information and can get no better information than that.

Mr. Sven Spengemann: Individual data, to your knowledge, is not collected in terms of the individual personalities who are—

Dr. Stacey Hannem: It stays on their record. It's on the visitor's record and they keep electronic records of people coming in and out of institutions, so it would stay connected to that individual name, yes.

Mr. Sven Spengemann: But we don't know what happens beyond that...?

Dr. Stacey Hannem: No.

Mr. Sven Spengemann: Okay. Those are my questions.

I'm going to delegate the rest of my time to Mr. Levitt.

The Chair: Mr. Levitt, welcome to the committee.

Mr. Michael Levitt (York Centre, Lib.): Thank you very much.

I want to thank all of you for your comments. I don't know whether it's that great minds think alike or that fools seldom differ, but I was going to ask the gender question as well.

Ms. Cattral, you talked about your grandson's experience. We know about the struggles for those who are incarcerated, especially for those with mental health issues, and I can only imagine that having access to one's kids is a huge source of support while incarcerated.

I'm interested in your perspective—and then maybe also yours, Professor Hannem—on the impact on children in facing these kinds of false positives and also in terms of the impact of being denied interaction with one's children.

You can probably speak to this personally, Ms. Cattral, but how does this impact the inmates and set them up moving forward after an incident like that? It strikes me as really poignant.

Ms. Anne Cattral: Yes, it was quite devastating for all three of us. I tested positive on the day we went in. I had my grandson with me and was cleared to bring my grandson in to visit his father. We ended up getting a closed visit. I won't go into it, because it's like PTSD: just talking about it takes me back.

Mr. Michael Levitt: We don't want to open up old wounds for you.

Ms. Anne Cattral: No. My grandson said to his father when we were leaving, "Daddy, I won't be able to give you a hug." Just that comment.... My son was devastated. My grandson cried all the way home. We were four hours away, so you can imagine what kind of journey I had that day. My grandson has refused to go back. He said, "Nana, I can't go, because they'll turn us away." He said, "They're looking for drugs and we don't have any, so I can't go back." He has not visited his father. That was over a year ago, maybe more, and he has not visited his father since.

Mr. Michael Levitt: Thank you.

Professor Hannem—

● (1020)

The Chair: Unfortunately, I have to stop you there. Thank you. Your visit here was very brief.

To complete the first round of questioning, we'll go to Mr. Dubé for three minutes.

Mr. Matthew Dubé: Thank you, Chair.

This is only a three-minute round, Dr. Hannem, and I want to delve more into the lawsuit in the State of New York related to the use there. Could you perhaps elaborate a little on what the experience there has been? Beyond the complaints, has there been anything conclusive there that could be helpful to us?

Dr. Stacey Hannem: The lawsuit that prompted the review of the ion scans in the State of New York, and then subsequently more broadly across the Federal Bureau of Prisons, revolved around the question of access and a family being denied access because of false positives. The court agreed, and they initially did find that there was an issue of false positives there. The Federal Bureau of Prisons decided to stop using them. They used them only for mail and for inmate belongings, and they would swab visiting rooms before and after visits. I'm not sure what the purpose of that was.

They did, surreptitiously and under the radar, reintroduce the use of the ion scans in 2011. Some prisons started scanning people again. I've been monitoring the prison rights groups in the United States. It continues to be an ongoing issue. Again, there's the question of whether this should be a human rights lawsuit.

Mr. Matthew Dubé: Technically the policy is not to use them, notwithstanding what may or may not be happening?

Dr. Stacey Hannem: Yes.

Mr. Matthew Dubé: Okay.

That's it for me. Thanks, Chair.

The Chair: For the second round of questioning, we'll go to five minutes each, starting with Ms. Damoff.

Ms. Pam Damoff: Thank you. I'll get my timer going here.

The Chair: You don't trust our time.

Ms. Pam Damoff: No, it's just so I know what the witness is answering....

I want to go back again to what you would like to see and perhaps talk about the policies that CSC has. We've heard a lot about the issues with the ion scanners and who they're used for. I asked about this the last time, but could you speak a bit more about some of the other methods, such as drug dogs and full body scanners, weighting those in terms of preference?

I suspect that it's not a question for all of you. I'm not expecting people to be experts in fields where they're not. If you have some suggestions on this, that would be helpful.

Dr. Stacey Hannem: At this point, I haven't studied the technology of the body scanner myself. I'm vaguely aware and have looked at some things, and my sense is that if people were carrying, the body scanner would pick it up. I'm not clear. I need to look into whether it would detect things concealed in a body cavity. I'm not certain. My understanding is that drug dogs generally will pick up what is concealed and will sit.

Ms. Pam Damoff: Can you go through what the process is? I read in one of the CSC reports about the procedure that's supposed to be followed. If you have a positive with the ion scanner, there are other things that are supposed to happen. Could you comment on what the current procedure is and whether that's being followed? Also, do you have suggestions on that if the ion scanners are used?

Dr. Stacey Hannem: The process of the threat risk assessment is, first, to do a second scan. If the machine has not been cleaned or if it's picking up trace particles, the purpose of the second scan is less clear to me. If it comes up negative—

Ms. Irene Mathias: It doesn't matter.

Dr. Stacey Hannem: —it doesn't matter. It doesn't negate the fact that you came up positive the first time. You still go through an interview to discuss where it is and why you might have picked up some drugs.

The outcomes on this are vastly different depending who you are. In 2011, the Honourable Kim Pate—many of you probably know her personally—testified to I believe the Senate committee when they were looking at drug interdiction that she had rung positive on the ion scanner, and they had spent a great deal of time going through what she might have touched or what she might have taken. They decided it was the Dimetapp she had given to her kid the day before that had caused her to ring positive. She was allowed to go in.

If you're a family member, they don't go through all of this rigmarole and try to give you the benefit of the doubt and figure out what exactly it is that might have set the thing off. They just say, "You have set it off and this is a problem." They will look to see whether you have set it off before. If you have, they will say that this is evidence of a recurring pattern, and you're even more likely to be denied your visit, perhaps even to have your security clearance revoked altogether.

● (1025)

Ms. Pam Damoff: If we weren't using ion scanners, what would be the procedure at the corrections institute? If there were a moratorium on them, what would you suggest the procedure be, then, when someone comes in, whether it's a visitor or staff?

A voice: The dog.

Ms. Anne Cattral: Yes, even with the ion scanner, you still have to be searched by the dog.

Ms. Margaret Fitzpatrick: No, not always.

Ms. Anne Cattral: Every time I went in, it was—

Ms. Margaret Fitzpatrick: It's most of the time.

A voice: Different institutions, different things.

Ms. Anne Cattral: There is the dog and, as Stacey has said, if you have an ethical, reliable handler that the dog doesn't react to or take cues from, then the dogs are considered more reliable than the ion scanner. There is the X-ray machine that you put all of your belongings through, your purse, coat, everything; you take your shoes off, and your shoes go through. You go through the metal detector.

There are those three things, and then when you get into the visiting room, there are cameras everywhere for observation by the correctional officers in the bubble. You're under direct observation and prone to audio on the tables, so they listen to conversations. All of these security measures are in place, and if you leave to go to the bathroom, you're searched. You're patted down on the way back.

All of those are already in place without the ion scanner. The only time I've seen a visitor caught for having brought drugs in, it was from the cameras and direct observation by the correctional officers.

The Chair: Your time is up.

Next is Ms. Leitch for five minutes.

Hon. K. Kellie Leitch: One earlier comment by a member opposite was that the onus was really on you with regard to suggesting a process for dealing with other personnel and individuals entering the area. I don't believe that's the case. I think it's the government's responsibility. I think the research is actually very clear that other personnel and contractors are part of the problem here. That research is established.

Madam LeSarge, do you have some thoughts with regard to what was asked by the government—albeit I don't believe it's your responsibility—and what you think some of those other things are that should be done, or should there just be an equity of fairness among everyone entering institutions?

Also, I'll ask all of you about the issue around privacy. If you are now part of a list because you were a false positive, where does that information go? Do you know? Do you have any questions of the government about how the information about you, which may place you on a list you don't even know about, is being utilized? Do you have questions about that?

Ms. Gail LeSarge: I've never thought about that, that I'm on some list somewhere. It's not something I concern myself with.

As far as things that could possibly change are concerned, there's a whole CSC culture that is generally punitive, in my view, and this is just part of it, but that's not something that's going to be remedied anytime soon.

As Anne was stating, there are all these other things in place when you're coming through and then there's the ion scanner. The ion scanner is the thing that seems to give us a lot of problems, even those of us who aren't wanting to cause any harm or do anything wrong. There's the dog. I think that, as Peggy said, an immediate moratorium would be reasonable if we still have the dog. The dog is still there, and it does effective searches—we hope—most of the time. I've been searched with the dog every single time.

Using the metal detector, the other instruments, the dog, and the observation...why not go with that for a while, while the moratorium is in place? I don't have any other suggestions. I just want to be treated fairly.

Hon. K. Kellie Leitch: Do you think all individuals entering the institutions, no matter what their background, should be treated exactly the same way?

Ms. Gail LeSarge: Yes, if they've already been vetted and screened as a visitor.

● (1030)

[*Translation*]

The Chair: Mr. Paul-Hus, you have two minutes left.

Mr. Pierre Paul-Hus: Ms. Fitzpatrick, you were quite direct at the start of your testimony. You said that the use of this device violates the Canadian Charter of Rights and Freedoms. You would like us to limit its use and asked for a moratorium. I would like you to explain how this device violates the charter as compared to other inspection systems.

[*English*]

Ms. Margaret Fitzpatrick: Well, when you can take a reasonable or not even a reasonable suspicion and prosecute or accuse a person and treat them as if they're guilty, without due process.... Inmates have the right to have due process. There are Supreme Court cases that have affirmed that. Cardinal v. Kent Institution in 1985 affirmed the fact that if the privileges of inmates that are given through the power of the policy of Corrections are going to be removed, they have to follow due process. There has to be a chance for the inmate to speak. To remove his right to have visitors is one of those.

[*Translation*]

Mr. Pierre Paul-Hus: Does the charter violation involve the visitors, or are you talking about the inmates who have the right to have visitors?

Is that the problem?

[*English*]

Ms. Margaret Fitzpatrick: Well, it's freedom of association. That was one of the issues that came up with the American situation. That's one of the issues that came up under I believe the second amendment in the United States. I'm not totally sure about which amendment it is. I think it's the second one on freedom of association.

As long as they are following the rules and there's no.... You do have the right to associate with your family. That was brought into this discussion that Stacey had. It was a constitutional issue as well as an issue of—

The Chair: Thank you, Ms. Fitzpatrick.

Mr. Dubé, you have five minutes, please.

Mr. Matthew Dubé: Thank you.

You both seem to want to jump in there. Perhaps I'll give you the opportunity to add what you want to add.

Ms. Irene Mathias: I would like to say that the need for an effective way to screen staff and maintenance workers is as urgently needed as stopping the use of the ion scanner on visitors.

Please don't think you could just extend the existing system using the ion scanner to all of the staff and the workers. Staff come in and out. There are coffee breaks. They come in and out multiple times a day. It would clog everything up.

I think CSC needs to be encouraged or directed to find alternative methods of effective screening of drugs on all people entering prisons.

Thank you.

Ms. Anne Cattral: To add to the things that are already in place for detecting drugs or contraband, I would like to add that hopefully everybody knows that post visit all of the inmates leaving the room are strip-searched.

Mr. Matthew Dubé: Thank you.

I still have a few minutes left. As we wind down the meeting, I want to nail down the things we would ask both the government and the Correctional Service of Canada to do. Feel free to expand on these points.

We have the moratorium on the use of the ion scanner, and I think we can say a third party study of the efficacy—or not—of the technology as well. Then, perhaps, we could have a study of alternative means to detect drugs in prisons, because I think there's also a consensus that certainly no one at this table, both you and members of the committee, is saying that we want to ignore that problem. Are those the three things? Is there anything that would be added to that?

Go ahead, Dr. Hannem.

Dr. Stacey Hannem: Whatever technology the government ultimately decides to adopt, I would encourage that they undertake to very carefully engage a third party researcher—a scientist or somebody appropriate—to do a controlled experiment of that technology, because one of the things about technology is that it is big business.

All the technology companies that design and market security technology are in the business to make money. They will tell you that their security technology is effective, much as Taser/Axon talked about their weapons as non-lethal, and then "oh, shock of shocks", they found out that actually maybe they're less lethal. They had to change the marketing a bit, right?

Security technology firms want to make money. They will tell you that the technology is effective. If you don't follow through and do your own studies, you're relying on their marketing teams to tell you how the technology works.

● (1035)

Mr. Matthew Dubé: Ms. Fitzpatrick, I think you wanted to jump in there.

Ms. Margaret Fitzpatrick: I believe that policy CD 566-8-1, which is the policy that outlines the procedures around the ion scanner, needs to include a requirement that a search be conducted before any sanctions are ever imposed on anyone. If they do not find contraband, nothing happens, no records are kept, and inmates don't have anything on their file. Just the fact that it was an ion scan hit has zero evidentiary value. You cannot keep adding zero plus zero plus zero and getting a history of problems with a visitor when there is no history because there is no value to the evidence, because there is no evidence.

Mr. Matthew Dubé: Great. I think we can end on that, unless anyone else has anything to add.

Thank you.

The Chair: Thank you, Mr. Dubé.

Mr. Spengemann, please. You have five minutes.

Mr. Sven Spengemann: Chair, thank you very much. I want to use my time to draw a broader circle around the problem. The problem really is the demand for drugs, narcotics, and illicit substances in our prison system.

I wanted to ask each of you—whoever is willing and able to comment—what you think the concerns are with respect to current programming, addiction counselling, and taking steps to prevent addiction in the prison system. How well are we doing? What do we need to do better in that particular area, given the psychology around incarceration?

Ms. Irene Mathias: There is programming in federal institutions. There's a considerable problem with it in general, but as it relates to support for people who have substance abuse, it's a serious problem. The programming used to be subject-driven. There were packages of different areas of programming that inmates could get relating to the nature of their offence. Some people would get stuff related to the use of child pornography, other people would get anger management, and other people would get substance abuse counselling.

What has happened is that the programming has been amalgamated into a general program that all inmates go through. They all have to go through all of it, regardless of whether it's relevant to them. Certainly, the impact of this amalgamation of programming has been a bottleneck. People are waiting years to begin the programming because they don't have enough people to do it and everybody has to have all of it.

Somebody who has gone through detention and has had no support there finally gets sentenced and goes into a federal institution and is not getting any support there. They're going through all the stresses and whatever of being in prison and not until maybe a year later beginning their programming.

Within the loved ones in our MOMS family, we know people who have waited so long that they have been denied parole hearings at the one-third and two-thirds times because they had not completed programming, not of their own volition but because it wasn't offered to them, and then they finally are released at warrant expiry without having done any programming.

Mr. Sven Spengemann: Thank you very much.

Professor Hannem, I asked earlier about the gender impact and you indicated that there wasn't really an appreciable one. What about our indigenous communities? This committee is very interested in indigenous communities as related to our correctional system. In fact, we're studying the issue. What can you tell us about any potential disparate impact on our indigenous population in corrections?

Dr. Stacey Hannem: We do know that indigenous peoples coming into the federal correctional system by and large and more often than not will have addictions issues and histories of substance abuse. Of course, these are the legacies of our colonial response to them. When I talk about the disparate use of ion scanning and punitive measures on people who have histories of drugs or drug-connected offences, that would certainly disproportionately affect that population.

I would encourage the committee to think even more broadly about the issue of drugs in prisons, because we can put programs in place, yes, but prisons are not nice places, and prisons are not good places to effect rehabilitative programming. The places in the world that have had the most success with rehabilitation and with reduced levels of drugs and reduced recidivism take a broader approach of care towards their prisoners.

Even in terms of the most recent reports in the media about poor food, all these sorts of things affect inmate morale and mental health, affect the way they respond to the correctional officers who are doing the programming, and affect their receptiveness to programming. Of course, if you are struggling with mental health, and if you're depressed and you're not getting adequate food, you can imagine that dealing with an addiction is not probably the first thing on your list of things to do.

● (1040)

Mr. Sven Spengemann: Mr. Chair, thanks very much. Those are my questions.

The Chair: Thank you, Mr. Spengemann.

On behalf of the committee, I want to thank each of you for your articulate and compelling testimony here this morning. I know that some of you made considerable efforts to get here on very short notice. Again, I thank you.

The meeting is adjourned.