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Chair

The Honourable John McKay

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● (1100)

[*English*]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): Ladies and gentlemen, can we come to order, please?

I'm going to go slightly out of order because I'm unable to stay here for the full two hours. You have in front of you the 11th report of the subcommittee and the proposed schedule that would accompany the report. I'm assuming that this should be without debate.

If it is without debate, I'll go back to our regular order, so if it is, I'd ask for a motion to pass the subcommittee's report. It is moved by Mr. Dubé and seconded by Mr. Fragiskatos. Those in favour? Those opposed?

(Motion agreed to)

The Chair: Okay. That has passed. We'll go back to our orders. Thank you.

We have with us witnesses from Correctional Services Canada and the Canada Border Services Agency for meeting number 100, ladies and gentlemen.

Voices: Oh, oh!

The Chair: Yes. I don't know whether there'll be dancing in the streets or any other form of celebrations.

Nevertheless, we are here to hear your testimony with respect to the use of ion mobility spectrometers by Correctional Services Canada. I'm assuming that Correctional Services Canada wishes to go first. We look forward to your testimony.

Mr. Coons.

Superintendent Warren Coons (Director General, Preventive Security and Intelligence, Correctional Service of Canada): Mr. Chair, I'd like to thank you and the honourable members of this committee for the opportunity to appear before you today.

I am pleased to be joined by Rob Campney, deputy director of preventive security and intelligence at the Correctional Service of Canada. Rob is responsible for the administration of the ion scanner guidelines. As for me, as director general of preventive security and intelligence at the Correctional Service of Canada, I'm responsible for ensuring the integrity of intelligence operations, as well as the delivery of safe corrections through the identification and management of effective detection tools.

I'm grateful for the opportunity to appear before this committee in order to discuss how we can ensure the safety and security of inmates and staff by preventing drugs and contraband from entering our institutions, while at the same time facilitating visits between inmates and their families, friends, and other sources of community support, which are so critical to inmate rehabilitation. It is my hope that we can provide you with information related to drug interdiction and some of the ongoing challenges in order to assist your study on this important subject.

To begin, I would like to provide the committee with background information on the broader issue of drug use within federal correctional institutions in Canada.

We are committed to ensuring that federal correctional institutions provide a safe and secure environment and serve as settings that contribute to inmate rehabilitation, the safety of staff and inmates, and the protection of the public. In an effort to ensure this, preventing the introduction of contraband and reducing the use of illicit substances by offenders in our correctional institutions are among our highest priorities. As the committee is no doubt aware, illicit drugs are not compatible with a secure environment, nor are they conducive to the safe reintegration of offenders into our community. Drug use is a contributing factor to criminal behaviour and to the spread of infectious diseases.

As I'm certain you're also aware, the number of deaths related to opioids has significantly increased within the Canadian population. Based on the Public Health Agency of Canada's national report on opioid-related deaths, the number of apparent deaths involving fentanyl opioids doubled from January to March of 2017 compared to the same period in 2016. Thus, a top priority for the Correctional Service of Canada is to stop these highly toxic substances from being introduced into the institutions across our country.

We continue to work closely with partners, police agencies, and communities to stop unauthorized items, including drugs, from entering our institutions. Nonetheless, substance abuse amongst the offender population is a serious problem. Approximately 75% of offenders have some problem with alcohol or drugs when they are admitted into federal institutions, with a sizable proportion of this group abusing more than one drug at a time.

To tackle this issue, we have implemented a drug strategy that addresses this challenge on four fronts: detection, enforcement, deterrence, and treatment. Our strategy emphasizes a more strategic use of existing interdiction tools; an awareness program to inform staff, contractors, and visitors about the repercussions of smuggling drugs into penitentiaries; increased monitoring of those individuals potentially involved in the drug trade; increased disciplinary measures; and, a broadening of inmate awareness of substance abuse programs.

To speak more specifically about the detection element of our approach, the focus is on reducing the supply of illicit drugs through measures such as cell searches, searches of buildings and grounds, physical searches of offenders, regular monitoring of offender activity, random urinalysis testing, and the non-intrusive searching of all visitors entering institutions.

Amongst these detection tools, the ion mobility spectrometry—IMS—devices, otherwise known as ion scanners, are considered valuable tools to assist staff in identifying visitors who have possibly been in contact with different substances or narcotics. Currently it's the only known tool that can identify possible contact with a particular substance and allow for analysis results within seconds.

I would like to emphasize that ion scanners are only one aspect of a much broader approach that seeks to reduce both the demand for and the supply of illicit drugs that may enter the federal institutions. To be sure, the Correctional Service of Canada's approach to illicit drugs is as much aimed at reducing the demand for drugs through treatment, support, and intervention as it is aimed at reducing supply through detection and enforcement.

● (1105)

At the same time, we recognize the critical importance of family visits for offenders and the benefits of family and community support to an offender's rehabilitative process. We know that the development and maintenance of family and community ties help prepare offenders for safe reintegration into the community.

To facilitate these relationships, our organization has implemented both general institutional visits and the private family visiting program within its federal institutions. The objective of these programs is to encourage inmates to develop and maintain family and community ties that will assist them in becoming law-abiding citizens.

For the safety of offenders and staff, all visitors wishing to enter an institution are subjected to a search, which may be conducted using a variety of detection tools. These include ion scanners, metal detectors, X-ray machines, drug dog teams, and visual inspection. In determining which tools to use, we must balance the equipment's effectiveness, cost, and intrusiveness to visitors. Ion scanners allow for a non-intrusive search option, which can be supplemented with other more intrusive techniques as required. If the ion scanners demonstrate a positive result, we then conduct an assessment of risk to determine the most effective means by which we can safely manage a visit. Only in the rarest of cases is a visitor denied access.

To give you an idea of the frequency of positive test results and the next steps undertaken, our internal review of available incident reports reveals that in 2017 approximately 128,000 visits occurred across the country. Less than 1% of the time, the ion scan tests returned a positive result. In approximately two-thirds of these cases, the outcome of a threat risk assessment was to facilitate a visit by applying additional measures designed to be less restrictive than requesting the visitor to leave. For example, options such as a designated seating visit, a non-contact visit, or a supervised visit would have been employed to accommodate these visits. In some instances, the visit proceeded without any additional restriction.

In other words, across the country, CSC facilitated a visit for over 99% of the visitors who entered our institutions. Nevertheless, we are aware of the concerns raised by family members, as well as the Office of the Correctional Investigator, relating to the reliability of ion scanners.

Of course, there are advantages and disadvantages to each detection method. No method is perfect or all-encompassing. As an organization, we always seek opportunities to improve our policies and the tools of our front-line staff. As such, CSC has recently completed a review of the use and reliability of ion scanners, as well as policies related to the application of non-intrusive tools. The review confirmed the validity and value of ion scanners and allowed us to identify areas requiring enhancement.

To ensure our staff's effective use of the ion scanners, a security bulletin was issued in October of 2017 to remind and instruct staff on their usage. I want to reiterate that our organization is focused on fostering an environment that best contributes to effective rehabilitation and ensures the safety and security of inmates, visitors, and our staff. Equipment such as ion scanners, albeit very important, is but one means of detection among many to achieve this goal.

Our organization encourages visits from family and friends and wholly understands their benefit. We know that the vast majority of visitors are not attempting to introduce drugs into our institution. The detection methods we employ enable us to mitigate the risks associated with the smuggling of drugs and other contraband during visits and consequently creates the necessary preconditions for safe visits in the least disruptive manner possible. This ultimately serves to facilitate meaningful contact between inmates and their sources of community support.

Having said that, our organization will continuously refine our processes to deliver the best public safety results for Canadians. We will therefore look forward to this committee's findings from this study.

With that, I want to thank the members of this committee once again for the opportunity to appear before you today. We welcome your questions.

● (1110)

The Chair: Thank you, Mr. Coons.

Mr. Prasad.

Mr. Johny Prasad (Director, Program Compliance and Outreach, Programs Branch, Canada Border Services Agency): Thank you, Chair, and good morning, members of the committee.

My name is Johny Prasad. I'm the director of program compliance and outreach at the Canada Border Services Agency. I'm responsible for the agency's protection program. I am pleased to be here and to assist the committee with its study of the use of the ion mobility spectrometers, also known as ion scanners, along with my colleague Dr. Phil Lightfoot, acting director general of the science and engineering directorate. Phil is responsible for all technical aspects of the detection technology used by the agency.

The Canada Border Services Agency, or CBSA, ensures Canada's security and prosperity by managing the access of people and goods to and from Canada. Every year, millions of travellers, commercial containers, and conveyances enter the country.

Our approach to risk management is tiered. The process begins with advance commercial or passenger information being screened in our national targeting centre for potential threats. These threats range in nature and include explosive materials, prohibited food, plants, and animals, and illicit narcotics, which requires the CBSA to perform examinations of shipments and travellers prior to entering the country.

Having the right equipment and techniques is another key element in protecting the safety and security of Canadians without unduly slowing the flow of people and goods crossing the border. Border services officers are our best resource at ports of entry across Canada, and they are highly trained in examination methods. In addition to experience and knowledge, officers use a variety of technologies and tools, including X-ray devices, detector dogs, radiation detection, and trace detection equipment such as ion scanners. The CBSA uses enhanced risk-based compliance and interacts with travellers, shipments, and conveyances differently, based on the level of risk.

With respect to ion scanners specifically, the CBSA has an inventory of 125 ion scan devices, which are strategically deployed to support operations as needed at ports of entry across Canada. CBSA officers are trained on the use and care of these devices, which can be used at any port of entry in the land, air, marine, and postal modes as a form of non-intrusive examination. The devices are programmed to detect the presence of both narcotics and explosives by swabbing a surface and testing the swabs. A positive ion scan provides an officer with an indication that the item has recently come into contact with the product indicated on the alarm and may influence a decision to examine goods or interview the person.

Detection equipment is not infallible. An ion scan can on occasion provide a false positive or false negative; however, these specific test results are not used to determine admissibility. Depending on the situation at hand, the officer will employ additional investigative techniques to make an informed decision. For example, the officer can use advance information in addition to other tools such as X-ray machines, density scanners, and detector dogs to proceed with the examination process.

To conclude, the results of an ion scan alone do not form the sole basis of an officer's determination, but will trigger further investigation. The agency uses a complete suite of state-of-the-art tools that complement each other and contribute to the effectiveness and efficiency of examinations as a whole.

I would be happy to answer any questions the committee may have with regard to the CBSA's use of detection technologies. Thank you.

● (1115)

The Chair: Thank you, Mr. Prasad.

Ms. Damoff, please, for seven minutes.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you to both organizations for being here. For the CBSA, I know that you probably wondered why you were being called here to talk about the ion scanners.

As you know, we did have a group here who had concerns about the use of the scanners. When I visited the Edmonton Institution, they actually scanned me, and when I spoke to the staff, they said that if the person doing it is trained properly, it's more effective than not.

For Corrections in particular, what kind of training is the staff given prior to using these scanners? Also, what kind of follow-up is done at individual institutions in terms of the use of the ion scanner, and what procedures are followed after a visitor is scanned?

Mr. Rob Campney (Deputy Director, Preventive Security and Intelligence, Correctional Service of Canada): You asked me a three-part question, so I'll have to get you to repeat the last two afterwards. I just want to make sure I understand them.

In terms of training for the ion scan use, Smiths Detection provides Correctional Service of Canada staff with “train the trainer” training, which is certified by Smiths Detection. Our trainers then go out and train our front-line staff who use the ion scan. It's a minimum requirement for all operators of the ion scan to be trained by our trained trainers. Once the training, which is mandatory, is completed, they're trained in the use of the X-ray machine. We also have staff trained in the use of detector dogs and in conducting urinalysis. All staff doing these tests are qualified to use the tool and interpret the results. This ensures a consistent national approach across the country in all of our institutions.

In terms of training for the ion scanners, CSC has commissioner's directive 566-8-2. These are the technical requirements for the use of the ion scan. This CD provides clear instructions on the scanner's use and operation, which the trained staff must follow. Briefly, the staff must perform a daily test to ensure that the machine is optimized, functioning properly, and provides a pass before they start to evaluate any visitors coming into the institution.

Ms. Pam Damoff: I have limited time here.

What kind of monitoring do you do of the scanning to see how many false positives you're getting in each institute? I seem to remember the statistic that 18% of the people who came in were denied entry. Do you follow up to see what kinds of results you're getting with the ion scanner? What follow-up is there if there's a false positive? Is there any kind of data collected within CSC?

Supt Warren Coons: First of all, as I mentioned in my opening remarks, in 99% of the cases there evidently are no positive tests on the ion scan. Whatever positive tests there are, they will represent slightly less than 1% of the visitors who come into our institutions. Those are 2017 statistics. They were derived from the threat risk assessments conducted across the organization every time somebody hits positive—either when a detector dog handler detects something on a visitor or when there's a positive result on the ion scan.

From that information, in terms of the number of false positives, it becomes one of a number of items or elements that we consider when it's time for us to conduct our threat assessment.

● (1120)

Ms. Pam Damoff: Can I just interrupt you? You said that 99% were fine.

Supt Warren Coons: Correct.

Ms. Pam Damoff: The corrections investigator said that around 25% showed a positive hit on the ion scanner. Is that different?

Supt Warren Coons: Well, I'm going by 2017 statistics. As a result of the request to CSC to review our ion scan program, we manually went through the statistics and gathered them for the period of 2017.

Ms. Pam Damoff: You're saying it went from 25% to 1%?

Supt Warren Coons: I can't speak to the 25% number. I can only speak to the statistics that I have available to me, which are 2017 statistics. They indicate that 99% of the time, people do not hit positive. We know that for 2017, 99% of the people did not hit positive on the ion scan.

Ms. Pam Damoff: Okay.

I have only a minute and a half left, so I'll turn to CBSA for a moment.

How do you use the ion scanners for drugs when people get taken away for testing? I'm just wondering if you can explain the procedure, if you're allowed to, that you use with the ion scanners.

Mr. Johny Prasad: Sure. I'll give you the generic process in a secondary environment.

Let's say it's at the airport. An individual who's travelling is sent, based on indicators, to secondary for an examination. Sometimes they're sent to secondary just for paperwork, to pay their duties and taxes. In this case, let's say the indicators say there's non-compliance. During the process of the examination, the officer will use non-intrusive tools before they go to a more intrusive search. If they started with the X-ray, they'll also use the ion scan device. They can use density meters. They can use a number of tools to help build those indicators before they move to more progressive or intrusive examinations.

To your question about the ion scan and how they use it, the officer who is trained will take the swab, make sure the swab is clean, and swab an area, perhaps a suitcase. They will then take the swab back to the machine and reinsert it to check for a reading.

Ms. Pam Damoff: Do they swab people?

Mr. Johny Prasad: Our officers only swab the goods.

The Chair: Thank you.

Mr. Motz, please, for seven minutes.

Mr. Glen Motz (Medicine Hat—Cardston—Warner, CPC): Thank you, Chair, and thank you to both groups for being here today.

For Correctional Services Canada and the CBSA, do you have general concerns with regard to the use of ion scanners and what you do?

Supt Warren Coons: I would say that you have to treat them as one component of several elements of consideration when visitors come into the institution. Based on the findings we've uncovered, there are clearly cases where the ion scan hits positively, there's an interview conducted as part of the TRA process, and from that we have individuals who admit in some cases to having used cocaine or another substance very recently. In other cases, they talk about narcotics that are in their car in the visitors' area, and as a result of a search of their car, which is on CSC premises, we are able to seize narcotics. We have other individuals who hit positively who talk about a prescription they have for OxyContin, for instance, in which case they're let in.

It's all part of a threat risk assessment process, but what we do know, for instance, is that when we seize fentanyl, not necessarily from visitors.... Fentanyl is obviously one of the most important priorities that we're working on right now. When we seize fentanyl from cells and test not necessarily the product itself, but items around the product, as per the recommendations of the manufacturer, and the tests are positive for fentanyl, we have had a number of cases where we've sent the narcotics to Health Canada, which has confirmed that it is in fact fentanyl. In other words, it's confirming the validity of the results that we're finding on our ion scans at the institutional level.

As long as we take the ion scan result from visitors at the front entrance for what it is, which is one element of the entire threat risk assessment process, we feel that it's a valuable tool. Again, it's not perfect, and there isn't one silver bullet that we have. It's just part of a bigger package.

● (1125)

Mr. Glen Motz: If I'm hearing you correctly, then, sir, you have basically zero concerns with its use. It's a tool. It's a tool, not the tool, which you use to try to limit the contraband that enters a penitentiary.

Supt Warren Coons: That's correct, Mr. Chair.

Mr. Glen Motz: From CBSA's perspective, Dr. Lightfoot, you're the scientist, and do you have any general concerns with the use of ion scanners?

Mr. Phil Lightfoot (Acting Director General, Science and Engineering Directorate, Information, Science and Technology Branch, Canada Border Services Agency): Not in general. We've been using this equipment for many years now. As a tool as part of the tool kit, no piece of equipment is perfect. For most cases, ion scans are very reliable. We find them extremely useful, but again, we're using them as part of a series of layers to try to establish whether we have a problem. In general, I would say no, but there are always details that we need to work out.

Mr. Glen Motz: Thank you.

Getting back to Corrections, we do know that one of the roles you play is to ensure that visitors who attend your institutions do not bring in contraband. Besides the ion scanner—and you touched on this briefly—what does a threat assessment of risk...? What are the other alternative procedures that you use to ensure drugs do stay out or to limit their availability in institutions? How do you do that?

Supt Warren Coons: Within the threat risk assessment process, first of all, the individual is subjected to the X-ray scanner, as we were today when we were coming in here, for example, as well as the metal detector scan. A detector dog is also part of that process, so a detector dog will likely be in the area when the visitors are coming through. As well, if somebody does hit positively for the ion scan or through the detector dog and that threat risk assessment process is triggered, there will be a review of the past history of this particular visitor and, as well, the inmate himself. Then, and also extremely important, there is intelligence, any intelligence that may exist to indicate that this visitor and/or this inmate might be seeking to introduce narcotics into the institution.

Mr. Glen Motz: We do know that drugs continue to be a major issue in our facilities across the country. Are you looking at implementing or enhancing any other methods that are maybe more effective than what you're currently doing to keep drugs out of the system?

Supt Warren Coons: We're not aware of anything available right now that would be more effective than cameras, barriers, behavioural observations, X-rays, metal scanners, ion scanners, and the sharing of intelligence. Ultimately, urinalysis is a part of that downstream, in the sense that it represents a part of the history of the inmate who is being visited, so that could help us with information as it relates to the potential for narcotics coming into the institution. Beyond that, we're not aware of anything that is more effective than the package that we have at our institutions.

Mr. Glen Motz: In previous testimony before this committee, there was a request that a moratorium be placed on the use of IMS devices in all penitentiaries. I'm not going to get into the full quote on that, but what are your thoughts on that suggestion?

● (1130)

Supt Warren Coons: I believe it would not serve the purpose of decreasing the amount of narcotics in the institution and could obviously serve to create a worse environment in terms of the safety and security of inmates and staff in these institutions.

Mr. Glen Motz: Thank you very much.

The Chair: Mr. Dubé, go ahead for for seven minutes, please.

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

The review that was recently completed was completed in January. Is that correct, Mr. Coons?

Supt Warren Coons: A letter was sent to the OCI in January, yes.

Mr. Matthew Dubé: Is it possible for members of the committee to obtain that report? I asked about it last time and we received only the security bulletin. Is there any way we can get an undertaking to have that available to us?

Supt Warren Coons: We conducted a number of different elements of our review, but we can certainly put together a document that will demonstrate the elements that we looked at when we considered our review, yes.

Mr. Matthew Dubé: That would be appreciated, because in your comments you mentioned how the review seemed to satisfy you on the use of the technology, but some of the details perhaps would be of interest to members of the committee, those being separate, of course, from the security bulletin.

I want to ask what the risk assessment process entails beyond the ion scanners. Certainly, anecdotal evidence is not always the best way to go when developing policy, but at the same time, there are clear situations that have been raised by families, as you know, involving people not being allowed to see loved ones because of what they say are false positives. Is there a process around that involving not just the ion scanner, and if so, can you elaborate a little more on what is entailed if someone is ringing positive on the ion scanner? What would be the next steps, for example?

Mr. Rob Campney: Just to reiterate, 99% of all of our visits coming into the institution are approved and allowed, and that may or may not involve the use of the ion scan. In terms of conducting a threat risk assessment, there's a series of checks and balances in the document that need to be followed through. Again, as Mr. Coons has said, we use the ion scan as a possible detection tool, as well as the drug dog, X-ray machine, or metal detector. Also, for those coming in for family visits, we physically go through their suitcases to check to see if there's anything in there that would represent contraband.

In addition to that, we also review the information contained in our visitor review board, for prior visits of the offender by the particular visitor who is coming in for a day visit, whether there were any hits on the ion scan or any hits by the detector dog or metal detector.

As well, we review the case management file to ensure that the offender is in compliance with his or her correctional plan and is adhering to the drug interdiction programs that are in place or whatever the programming requirements for the offender may entail.

In addition, and very fundamental to the TRA process, is the security intelligence officer information. They're our eyes and ears on the ground in an institution and they're in tune with what is going on in terms of our inmate sources and providing us with information to assess in terms of drugs coming in, who may be involved, who may not be involved, and that sort of thing.

In addition, we review our offender management file for prior urinalysis test results. If we have an offender who has had a random urinalysis test and the result has been negative versus positive for cocaine or another substance, that's a factor in the threat risk assessment in terms of the current application or the current visitor at the gate waiting to come in.

Mr. Matthew Dubé: I appreciate that it's a long answer, and I don't want to cut you off before you finish, but my time is limited. I'm wondering if you could tell me how many denials that 1% entails. Do you have that number? If you don't, could you provide it to the committee?

Supt Warren Coons: I do have it, yes. In over 128,000 visits—128,000 to 141,000—there were approximately 1,250 positive results. Of those, approximately 875 of the visits were facilitated through alternative measures, as we spoke of, and of that total, approximately 320 were denied. So out of the more than 128,000 visits, approximately 320 people ultimately were denied a visit into the institution.

Mr. Matthew Dubé: In a situation like those 875, where you're facilitating a visit by other means, that's part of the risk assessment process. There's obviously also a file on the inmate. I imagine that the facilitated visit will pop up in a different way on the inmate's file. Does it play into issues related to parole, for example, or issues related to future visits, that the person required a facilitated visit due to the fact that certain red flags went up through part of your process?

● (1135)

Mr. Rob Campney: A positive test on an ion scan or a positive urinalysis is captured in our offender management system. That forms part of the inmate's file. It needs to in terms of our assessing that offender's compliance with his programming and his risk to reoffend in the community once released.

So it does factor in. However, every situation is rated differently. If we have an offender whose mother came in and they were provided with assigned seating following a positive ion test, it's a factor. It existed. It happened. But does it mean that the offender will not be eligible for conditional release or that it will have an impact on that? That's just information that is documented and then shared with the Parole Board of Canada, which then makes the final determination on—

Mr. Matthew Dubé: What about for future visits? For a future visit, would that play into a decision that's made if there were another reaction by the ion scanner?

Mr. Rob Campney: Let's say a visitor comes in and they're provided with assigned seating based on a test. The next visit, if the visitor comes in and the ion scan indicates negative, they will proceed in and have a regular visit. In subsequent visits, if the visitor comes in and there's another positive ion test, in the threat risk assessment process the manager, who is assessing past behaviour and past factors, including inmate behaviour, security intelligence information, and past visits by that particular visitor, determines the next course of action.

Mr. Matthew Dubé: With the 30 seconds I have left, I have one last quick question.

The Chair: Very quickly.

Mr. Matthew Dubé: Do the...?

I've lost my train of thought. I'll have to ask next time.

The Chair: Just as a point of clarification, Mr. Dubé referenced a report. Members have been provided with the security bulletin. Are we talking about the same thing or are we talking about something different?

Supt Warren Coons: We're talking about a review that was conducted of various things, such as CSC policy and what we talked about right now, the number of visits and what have you. Those are all components of a review that we undertook. We have committed to come together and put together a "report", for lack of a better term, of all of the steps we took and the results of each.

The Chair: That report is not compiled at this point.

Supt Warren Coons: It's not together as one document, no.

The Chair: Okay.

Mr. Dubé.

Mr. Matthew Dubé: On a point of order, Mr. Chair, I want it on the record that I'm asking for an undertaking to have this review.

The Chair: That's fine, Mr. Coons?

Supt Warren Coons: That's fine, Mr. Chair.

The Chair: Okay.

Ms. Dabrusin, you have seven minutes, please.

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

I have to say that I'm still stuck on the fact that the report of the Office of the Correctional Investigator has very different numbers from what you're telling us today. This is a 2016-17 annual report, so we're not talking about something that's wildly outdated.

I was hoping we could go through the stats a little bit more. You gave us stats showing that about 1% show positive results. Is that right?

Supt Warren Coons: Correct.

Ms. Julie Dabrusin: Was that the same number across all your institutions, or were there outliers?

Supt Warren Coons: There were differences in each of the regions across the country, but I wouldn't term them significant differences. It might be dependent on which institutions and how often it's actually being used in those circumstances, but no, there aren't significant outliers.

Ms. Julie Dabrusin: When you said regional differences, what were you referring to?

Supt Warren Coons: I meant the numbers. In other words, I believe in Ontario and the Prairies, the numbers are higher. Again, we can—

Ms. Julie Dabrusin: If you have those stats, please let us know.

Supt Warren Coons: We can make those stats available.

Ms. Julie Dabrusin: Yes, why don't you just provide us with those?

Can you explain to me how it is recorded in each instance where there's a positive? It could be a false positive or a positive positive. How is that recorded?

● (1140)

Supt Warren Coons: It's through the threat risk assessment process. The positive hit on the ion scan or through the detector dog triggers a threat risk assessment. That threat risk assessment is what's being tracked.

Ms. Julie Dabrusin: Is there any kind of a download from the ion scanner to show that there were this many positives in a day or anything like that?

Mr. Rob Campney: No, each result of the ion scan is a printout. Then it's recorded in the threat risk assessment for that individual inmate.

Ms. Julie Dabrusin: Is there a separate file? You're talking about going through people's individual files. Is there something such that each time there's a positive, someone has to fill out a form and file it somewhere, for each one, individually, not in the prisoner's file specifically? Maybe they chose not to put it in a prisoner's file for some reason. Is there something that tells you, at the end of the day, this is how many times the ion scanner was used, and this is how many positives we had?

Mr. Rob Campney: Again, if the ion scan is used and there's a hit and the results are below the threshold, then the visit proceeds without any kind of threat risk assessment. If the ion scan is used and the visitor hits above the threshold, then that generates the TRA process. That information is recorded and then compiled nationally.

Ms. Julie Dabrusin: I'm trying to figure this out. Do you have any explanation as to why the numbers would be so different between what the Office of the Correctional Investigator found in 2016-17 and what you're giving us today?

Supt Warren Coons: No, I don't.

Ms. Julie Dabrusin: Have you changed anything in the way you use the ion scanners since 2016-17?

Supt Warren Coons: No. Perhaps the only thing I could suggest is the difference in thresholds. Maybe we didn't fully explain this. In order for there to be what we consider a positive hit to trigger the threat risk assessment process, somebody has to meet the threshold. In other words, we don't record anything below the threshold.

On fentanyl, for instance, you may hit 25—and don't ask me about nanograms, because I'm not the technical person. You might hit 25, where the threshold is 100. We don't record that. That is something that the ion scanner did detect. Whether or not that's a reference to that, frankly, I'm purely speculating.

Ms. Julie Dabrusin: This is actually helpful for me, though. Let me clarify one more thing. You're using this test only on visitors, right? It's not on your contractors and not on your staff?

Mr. Rob Campney: We use it on volunteers, and we use it on contractors as well.

Ms. Julie Dabrusin: Okay. The only excluded group is staff. So I come in, and if you were going to, you would then do the swab for the ion scanner. If I am below the threshold but still something is detected, you will get a “beep, beep, beep” positive of some sort, right? Is that what you're saying?

I'm trying to figure out what you're talking about when you say below the threshold and above the threshold.

Supt Warren Coons: You won't get an alarm. You may have been in contact, but you will not get an alarm.

Ms. Julie Dabrusin: Will I somehow know that there was a positive? How would the Office of the Correctional Investigator see that as a positive?

Supt Warren Coons: Again, to be honest with you, Mr. Chair, I would be speculating. I do not know the answer to your question.

Ms. Julie Dabrusin: Did you ever ask them for the basis for those stats? While you're trying to figure out your own stats and respond to them, did you ever ask?

Supt Warren Coons: I did not, Mr. Chair.

Ms. Julie Dabrusin: I don't mean you individually; I mean as an institution.

Mr. Rob Campney: No, we didn't.

Ms. Julie Dabrusin: Is there any evidence that the use of the ion scanner has reduced the amount of contraband drugs in any of your institutions?

Supt Warren Coons: I don't believe that the causal effect of one of those tools has ever been studied as it relates to Correctional Service of Canada. I don't think we would know the answer to that question specifically.

Ms. Julie Dabrusin: You don't have those stats available? You've never looked at it to see if it actually reduces contraband use?

Supt Warren Coons: That is correct.

Ms. Julie Dabrusin: I know I don't have much time, so I have just a quick question for CBSA.

Just to clarify for people, when you're talking about the ion scanners, most people who go through the airport will have contact with an ion scanner of some sort when they go through security or have a random test for something and they swab. That's not being used for narcotics. Is that correct? I mean for the average person going into an airport. I just want to clarify.

● (1145)

Mr. Johny Prasad: If you're speaking about aviation security, it's CATSA and I can't speak on behalf of CATSA. I can say, though, that if you are selected for an examination for CBSA, an officer may use the ion scan device as well as the X-rays and all the other tools that—

Ms. Julie Dabrusin: I just want to clarify for people who are going through airports so that they understand that, so thank you.

The Chair: Thank you, Ms. Dabrusin.

Before I call on Mr. Calkins for five minutes, I'm hearing some sort of elevated noise over here that I'm sure will cease once Mr. Calkins begins his questioning.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Chair, that's only because the room will be riveted on what I have to say.

The Chair: Well, that's it. I'm anticipating that.

Mr. Blaine Calkins: Mr. Chair, just before I start questioning our excellent witnesses here, I have a question for the clerk. At a previous meeting of this committee, I asked the then acting commissioner, Mr. Daniel Dubeau, for clarification. Has he submitted anything to the committee to clarify or provided answers that he wasn't able to give, at this particular point in time?

Okay, that's no problem. I'm hoping that will come in due course and that we're following up to get those answers.

Good morning, gentlemen. I'm the member of Parliament for Red Deer—Lacombe. I'm happily situated and a representative of the Pê Sâkâstêw facility in central Alberta and slightly north of both facilities in Drumheller and Bowden.

I deal with folks who are employed by Correctional Services Canada all the time, who make themselves available to me and provide me with all kinds of information. I'm going to ask some questions about this, because I'm very concerned. Some of the folks who are in the employment of Correctional Services Canada have made it very clear to me that contraband drugs, cigarettes, and all kinds of contraband, whatever it happens to be, are actually massively prevalent in some of the institutions.

I'm seeking some clarification. What is a contraband pack of smokes worth inside a prison facility? What's a contraband joint worth, and how does so much of this stuff actually get inside, notwithstanding the fact we already have the security measures that we're talking about? I think some at this committee have suggested that there are concerns that the ion scanning is preventing people from having access for visits. If we loosen that up, how much worse is it going to get with the contraband in these facilities?

I'm very concerned about this stuff, because officers' safety, the integrity of our system, and everything is at stake here

Supt Warren Coons: I don't know if I can comment on the price, and I'm not certain that Mr. Campney can either.

Mr. Rob Campney: Prices range between institutions. In terms of my background and your constituents, I have 10 years of front-line experience working in the institutions. Currently, I'm a substantive deputy at one of the prisons near Kingston. I've worked in male and female institutions.

It's a constant battle to try to eliminate and prevent contraband from coming in. For every tool and everything that we as an organization try to use, the inmates are 24-7 trying to figure out how to circumvent that. We do a daily assessment of what's going on. That's why it's very important to look at all of the results of the urinalysis for our inmates to see what drugs are actually in the institution. That's derived from our random urinalysis. We look at our ion scan results in terms of what our visitors may or may not be in possession of as they're coming through the gate. We look at what our detector dog teams are finding in terms of contraband and drugs. There's constant assessment and reassessment of what's happening in the institution.

We also look at our intelligence component in terms of our security intelligence officers and what they're hearing from their inmate sources. We're also looking at what we're finding in terms of contraband in the inmate's cell. Every institution is different. Every region has a slightly different interest in either obtaining drugs or Suboxone or making their own alcohol from brew. It's very specific to each institution, but it is one of the key activities of our correctional officers. They're constantly on the lookout and trying to intercept and prevent these drugs from coming into the institution, because, ultimately, that has a huge impact on the offender's rehabilitation. It leads to a drug subculture, which is not conducive to trying to get our inmates to pay attention to their correctional plan and participate in the programming.

● (1150)

Mr. Blaine Calkins: I imagine the treatment programs that are being offered are not going to be that effective if the inmates who are supposed to be going to that treatment program still have access to the drugs that they're supposed to be treated for. Would that be a fair assessment?

Mr. Rob Campney: Yes, precisely.

Mr. Blaine Calkins: I don't want to put you on the spot with a yes or a no, but I think people ought to know this. I've heard that a package of smokes inside—illegal contraband cigarettes—costs over $100. To your knowledge, would that be true in some cases?

Mr. Rob Campney: It ranges for the institution and region.... Depending on what the interest is at the institution, yes.

Mr. Blaine Calkins: How would an inmate actually have hundreds of dollars of cash at their disposal to pay for these things inside a prison facility?

Mr. Rob Campney: Again, it would be the subculture. It's not just what's in the institution. It's also the inmate's access to telephone banking and Internet banking through their family or their community contacts. There are many ways to conduct business outside of a prison. Just because you're in prison walls....

Mr. Blaine Calkins: Isn't that something?

The Chair: Thank you, Mr. Calkins.

Mr. Fragiskatos, you have five minutes.

Mr. Peter Fragiskatos (London North Centre, Lib.): Thanks to all of you for being here today and for your service.

I want to start with some basics, I suppose. I think my question is probably going to Mr. Lightfoot, but anyone can take it. How does the ion scanner actually work? I was never good at science. Can you get into a layman's explanation of how exactly the technology detects?

Mr. Phil Lightfoot: Sure. I would be happy to do that, Mr. Chair.

In fact, I think there's a fairly good description from your previous witness in November, Professor Hannem. She went through that in some detail.

How it works is that you use a piece of material to swab a surface and hopefully pick up traces of, let's say, cocaine. You insert that into the machine. The machine heats it up to vaporize what's on the swab. That gas goes into what's called a “mass spectrometer”. It's this little tube, and it's ionized with an ionizing source, and then there's an electrical field in there that drags the ions down the tube.

Depending on how big they are, what shape they are, or how much they weigh, they go faster or slower. Depending on what the molecule looks like, it can arrive more quickly or more slowly at the detector at the far end. That gives you a little graph, where you'll see that this one arrives, then that one, and then that one, etc. That's essentially how it works. We pick up electrical signals when the ionized molecules bump into the far end.

Mr. Peter Fragiskatos: Do particles from each drug move at a particular speed, if I could put it that way? Is that how you're able to detect one drug and differentiate it from another?

Mr. Phil Lightfoot: That's absolutely how it works. We're quite careful about looking at different drugs and making sure they're well separated. We look for potential interferences. This doesn't actually look at every atom in the molecule and say exactly what it is, but each drug has a characteristic time in the machine.

Mr. Peter Fragiskatos: Have there been significant changes to the technology since it was first employed here in Canada in 1995?

Mr. Phil Lightfoot: Well, it's thought that the machines have become more reliable. They have had a lot of upgrades and better software, etc., but the fundamental principle remains largely the same.

Mr. Peter Fragiskatos: Mr. Coons, why are full-time staff excluded from a test? What exactly is the reasoning?

Supt Warren Coons: First of all, I wouldn't necessarily say that they're excluded from the test, but it is true that they're not generally tested.

First of all, when staff are engaged by the Correctional Service of Canada, they go through an enhanced reliability screening to determine whether they have any activity in their background that might prohibit them from working in that environment. As well, on a regular basis, they're obviously supervised by other CSC staff, and their activities are monitored on a regular basis by CSC managers.

The other reality is that when you're dealing with circumstances where you have visitors coming into the institution, for instance, it's a question of volume as well, of creating a bottleneck. If you have tens of individuals coming to visit during visiting hours and you also have the staff.... For staff, it's not just that they come in and then they leave at the end of the day; they take breaks and lunch or whatever the case might be. If we were to try to test every individual coming in and going out, including correctional staff, it would have the potential to create a bottleneck in those services.

● (1155)

Mr. Peter Fragiskatos: You've offered numbers, and there have been a few references to the 2016-17 annual report of the Office of the Correctional Investigator. I think, for the record, you might want to go back and look at this particular document. Just to put it on the record, I'm going to quote from the Library of Parliament's document that it has provided. It's obviously a very objective source of information.

It says that the Office of the Correctional Investigator:

> reviewed [over 3,500] incident reports between February 2015 and April 2017 and found that “approximately 25% of these incidents showed a positive hit on the ion scanner.” The OCI added that the “refusal rates for visits due to positive ion scanner tests were about 18%.”

That is right from the document.

I wanted to put that to you, because we've heard the number 25% cited and 18% cited. Just so there's no confusion, if you want to go back and look, it is on the record now and you know where to look.

The Chair: I'm quite happy to leave it there. It's an important question, and I hope somehow you'll respond to Mr. Fragiskatos's inquiry, but unfortunately we're out of time for Mr. Fragiskatos.

Mr. MacKenzie, go ahead for five minutes, please.

Mr. Dave MacKenzie (Oxford, CPC): Thank you, Chair.

One of the things I noted in that particular line of questioning, which is very appropriate, is that it's a very small percentage of the total number that Corrections Canada has dealt with. I think you almost need to get the investigator, the author of that report, back to determine how he selected those reports. There may be a very good, reasonable explanation for it.

On the history of the scanner, how long has it been in play approximately?

Mr. Rob Campney: It's been since the early 2000s. I don't have the exact date.

Mr. Dave MacKenzie: So we'll be getting up to 20 years eventually here. That's not too far away.

My question is this. Part of this is for the safety of the inmates. Mr. Fragiskatos is well aware that the provincial institutions in his community are going through a terrible time with the deaths of inmates. I assume the federal institutions have had the same thing. Has this resulted in a lower number of deaths to inmates as a result of scanners slowing down the process of drugs getting in, particularly opioids?

Supt Warren Coons: No such study has been conducted. However, the reality is, the evolution of narcotics, in particular in this case the fentanyl crisis, is really a relatively recent phenomenon, since October 2015, so as a result, there haven't been any comparisons. The ion scan has been there as long as the opioid crisis, for instance, has been.

It's similar to a question that was raised earlier in the sense that it's very difficult to determine what the significance of one tool out of a number of different devices and a number of different strategies would be in terms of increasing or decreasing the amount of narcotics in and out of the institution.

Mr. Dave MacKenzie: I appreciate that. I could liken it to the Breathalyzer and the roadside scanner with impaired driving; it's just one part of the whole package. I appreciate that that's what you're dealing with here. I suspect you might have those numbers about the interdiction of opioids coming in that are taken off the floor, if you will, by having scanners.

Supt Warren Coons: We do have incidents of people who were interdicted as a result of the TRA process, as a result of a positive hit, for instance. They're been interviewed, and as a result of that, there's been a subsequent investigation through which we've uncovered narcotics, or the recent use of narcotics. We do have that kind of anecdotal evidence but no specific statistical data along those lines.

● (1200)

Mr. Dave MacKenzie: Do you know if your provincial counterparts are using scanners in their institutions?

Supt Warren Coons: Do you mean ion scanners?

Mr. Dave MacKenzie: Yes.

Supt Warren Coons: I know that there are some full-body scanners that are now being used in some provincial jurisdictions. That's not something that's being used on the federal side. I'll defer to Rob on that one. I'm not familiar with it.

Mr. Dave MacKenzie: Okay, I just ask that question because my riding is very close to Mr. Fragiskatos', and the EMDC has gone through a lot of issues with that. It may be one of those things on which, federally, we're ahead of them.

At CBSA, by and large, it's not used at the front end with people going through. It's the secondary stage of customs, if we look at it in that manner.

Mr. Johny Prasad: That's the perfect terminology. We have primary, where you show your passports and get your first-level questioning and put in your declaration card or you go through a kiosk at an airport. This is secondary, if you're referred for an examination. It's that more detailed examination, where we start with non-intrusive, through the use of this technology, and then move progressively more intrusively.

Mr. Dave MacKenzie: When you go through the airport, at the first stage, the little swabbing....

Mr. Johny Prasad: Let me help clarify. When you're travelling internationally, you see CBSA on your return. When you're travelling outbound, either domestically or internationally, it's another department, it's CATSA or aviation security. They're swabbing for a different reason.

Mr. Dave MacKenzie: That swabbing is not for—

The Vice-Chair (Mr. Matthew Dubé): That follow-up is going to have to wait, Mr. MacKenzie.

[*Translation*]

Mr. Picard, you have the floor for five minutes.

[*English*]

Mr. Michel Picard (Montarville, Lib.): I will ask my questions in French, for those who need translation.

[*Translation*]

My questions are for the representatives of the Canada Border Services Agency.

When a person is referred to a secondary inspection, normally, reasonable doubt has first of all been established by a first officer during the primary inspection. Is the technology used to establish reasonable doubt, or is it simply a procedure that allows you to justify searching someone?

[*English*]

Mr. Johny Prasad: I can answer that.

Mr. Chair, from primary, if you're referred for a further examination to secondary, we're going to be looking through your baggage. As we're examining your baggage, whether it be an X-ray, an ion scan, or a detector dog.... Let's focus on the ion scan: it is exactly as you said, to either confirm and validate or negate any indicators that the officer might have had.

Obviously, quite often we're looking for concealed narcotics or something of that sort. If there's contraband within your baggage, the ion scan can help give us an indicator of which piece of baggage it might be in, by giving us an alert on the trace residue of potential narcotics.

[*Translation*]

Mr. Michel Picard: So the scanner is not used to verify whether the individual is carrying the drug in question on their person.

[*English*]

Mr. Johny Prasad: We don't scan the body with this device. However, if you're making contact with, let's say, cocaine or whoever packed your baggage might have some cocaine on them, that trace residue is usually transferred into that area, or your toiletry kit, or whatever else.

The scan from the ion scan will help the officer identify whether you might be carrying something, whether it be body packed or around your person, in your shoes, in your pockets, in your jacket, or quite often, within a false-sided suitcase or whatever it might be.

[*Translation*]

Mr. Michel Picard: I'm going to repeat my first question, but I'll reverse it.

The scanner that checks for the presence of products on objects becomes a tool that establishes reasonable grounds to search the person. Is that correct?

[*English*]

Mr. Phil Lightfoot: I could take that question.

That's exactly right, in that if we detect traces of a narcotic on the exterior of a bag, that gives us the motivation and the justification to go further. These scanners are incredibly sensitive. They're detecting nanograms of material. Nanograms doesn't mean very much to most people, but if you take a grain of salt, that's a milligram. A nanogram is a millionth of a grain of a salt. If you can see it, it's more than we need.

Really, it's just an indicator that maybe the search should go further.

● (1205)

[*Translation*]

Mr. Michel Picard: How do border services officers interpret individual searches, given the fact that just being close to people in an airplane, rubbing up against someone or touching other luggage could conceivably leave traces of a substance on one's suitcase or person? There can be real traces, but you cannot always draw firm conclusions.

[*English*]

Mr. Phil Lightfoot: Let's talk about false positives and nuisance alarms.

A false positive is where you swab something and there's no drug there, there's no heroin there, but you do detect heroin. That is because there's an interference—

[*Translation*]

Mr. Michel Picard: That was not my question. My question is not about false positives, but about positive results following a transfer.

[*English*]

Mr. Phil Lightfoot: I understand. The nuisance alarms, which we're familiar with, are where you do detect very small amounts of drugs, and they're actually there, but the person is not carrying a significant quantity. We recognize this problem. For example, we don't swab currency, because the drug trade is largely a cash business. We don't swab currency.

I think it's a question of what the result is. If we detect a tiny amount of drugs through an ion scan, then that just leads us to examine further. It's not an indication of guilt.

The Vice-Chair (Mr. Matthew Dubé): Thank you.

[*Translation*]

Thank you very much, Mr. Picard.

This concludes our five-minute intervention round.

We will now begin the second hour of our meeting, and go back to seven-minute rounds.

[*English*]

For our first seven minutes, we have Mr. Spengemann, please.

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Mr. Chair, thank you very much. I won't need the entire five minutes. In fact, I'll be happy to delegate the remainder of my time.

I want to get back to the law enforcement purpose. Is the sole reason for interdiction the risk of bringing illicit substances into the correctional facility? The answer might be obvious, but I'd like to get it on the record. Is the adjunct purpose also to prevent dialogue between visitors and people in a correctional facility who may be, from that facility, directing illicit operations outside of the facility?

Supt Warren Coons: I would say the primary focus and priority is to keep the illicit substances from entering the institution, because of the consequences, obviously, of them making their way inside. It fuels violent acts within the institution, because of muscling that goes on within the institution, and debts that become owed. As well, obviously the usage of narcotics inside the institution is contrary to the plan for each of the inmates.

The primary focus is to keep those narcotics out of the institution. There are other ways, as my colleague has alluded to, where we know that inmates have contact in the communities and there are illegal enterprises, no doubt, being worked with the community. We've seen evidence of that in the past, but that doesn't correlate into what we're trying to accomplish in terms of ion scanning the individuals when they come into the institution. It's primarily to keep the actual substances out of the institutions.

Mr. Sven Spengemann: There wouldn't even be a secondary purpose. If it's somebody known to be involved in illicit trade, you'll know that through other channels than through an ion scan, presumably—

Supt Warren Coons: Again, the ion scan is one component, whereas there might be intelligence and what have you, and that may dictate that it's not good for the correctional plan of the inmate to have that particular visitor have contact with that inmate. It's dependent on a variety of factors, the ion scan being one.

Mr. Sven Spengemann: Thank you very much. I've got a brief second question, and then I will delegate the remainder of my time.

You mentioned in your testimony that 75% of inmates come to you with some sort of an existing substance abuse problem. Taking advantage of the opportunity to have you here, in your assessment, are programs adequate to address those percentages of people when they come to your doorstep, or does more work need to be done to provide treatment?

Mr. Rob Campney: Programs are constantly being revised and upgraded. Our current program is a comprehensive integrated correctional program model. It's active, our participants are there. Ultimately, you would have to look at the recidivism rate of our offenders being released, and then their successful reintegration into the community, to see the ultimate result of the programming.

● (1210)

Mr. Sven Spengemann: Specific to pre-existing addiction when they come to your facility, are the treatment programs meeting expectations at the moment?

Mr. Rob Campney: They are.

Mr. Sven Spengemann: Mr. Chair, thank you.

The Vice-Chair (Mr. Matthew Dubé): There are three and a half minutes left.

[*Translation*]

Mr. Michel Picard: When individuals are slated for a secondary search, doubt has already been established by an agent in the primary search. So you then have access to their luggage without needing an ion mobility spectrometer; you can open baggage without restrictions.

Is the scanner simply used as an alternative to searching luggage, or is it an additional verification method, that is to say that if there's nothing in the luggage, you will check to see whether there are trace substances before searching someone?

[*English*]

Mr. Johny Prasad: I think that's the perfect question.

We've talked about complementary tools, whether it be an X-ray, an ion scan, or a detector dog. The officers use a multiplicity of indicators to make sure they move from non-intrusive, the least intrusive ability to examine a person or their goods, before moving to much more intrusive, let's say a pocket search or a personal search, as you just mentioned.

We're also quite cognizant of the traveller and their ability to facilitate their travel. We don't immediately try to do examinations where they're not needed. The officer does use other tools, other information at their disposal, whether it be documentary analysis, the travel patterns, or any other information within one of our databases.

Based on this consolidation of information, the indicator from an ion scan, travel patterns, advance information, is used together to do the appropriate examination for that instance.

[*Translation*]

Mr. Michel Picard: I have a question for both of you.

Do you get false positives with sniffer dogs?

[*English*]

Mr. Phil Lightfoot: There are false positives, as I described earlier, where there's no drug there, but it does give an indicator of a drug. We collect information on false positives over the years, and we think we have a fairly good understanding of which products can provide false positives.

Mr. Michel Picard: From the ion scanner standpoint.

Do we have any false positives from the dogs?

Mr. Johny Prasad: From the CBSA perspective, detector dogs can also hit and be...infallible. Usually, though, from our experience, when you couple the ion scan, the detector dog, and the X-ray, we've had a very good success rate, trying to find these concealed goods, whatever they might be. Usually the officer, through questioning, can explain why the detector dog or the ion scan might have identified something that isn't there. If it was a false positive or a nuisance alarm, the person might have just used narcotics prior to getting on the plane or prior to getting out of their car. That would explain why the dog did hit or identify a positive.

Supt Warren Coons: Our answer would be very similar. There's no infallible device or technique that we're aware of. Rather it's the total of the whole package to point us in a particular direction.

I certainly wouldn't say there's not a detector dog that hasn't falsely indicated, but I don't have any specific statistics on that. Again, because we're using a variety of devices, one should corroborate or complement the other.

[*Translation*]

The Vice-Chair (Mr. Matthew Dubé): Thank you, Mr. Picard.

Our next speaker will be Ms. Gallant.

Ms. Gallant, you have seven minutes.

[*English*]

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Mr. Chairman.

First of all, to Mr. Lightfoot, on the ion velocity measurement that's used to identify a substance, is there any allowance for measurement of volume of a substance, or is it just yes or no, it's there or it's not?

Mr. Phil Lightfoot: The instrument does respond more strongly to an increased volume. However, we don't use that in our machines. It's either yes or no, above a certain threshold. We're looking for such tiny quantities, that if you have a nanogram here or two nanograms over there, it's still a very small amount. The volume that you might see from these tests is not a good indicator of what might be in the bag.

● (1215)

Mrs. Cheryl Gallant: Is the sensitivity or the threshold set differently for airports versus prisons?

Mr. Phil Lightfoot: I can't speak for my colleagues at CSC, but we certainly set the sensitivity.... Part of that is based on the number of nuisance alarms. We'll set it so it's not so sensitive that we're getting lots of nuisance alarms, but it's not insensitive.

Mrs. Cheryl Gallant: Mr. Coons, can you tell me whether or not there's any similarity in your thresholds?

Supt Warren Coons: I'm not aware of the CBSA thresholds, but similarly that's how the thresholds are established, so we're satisfied that when there is a hit, a positive result, there's a high likelihood that the individual has come in contact with that substance.

Mrs. Cheryl Gallant: Mr. Lightfoot, you mentioned interference, what about masking substances? If they're measuring the velocity of a substance to determine whether or not it's an illicit material, are there not substances that can overlap and be superimposed so they're hiding the actual substance that is being looked for? These technologies are two decades old. Surely they must have go-arounds to mask—

Mr. Phil Lightfoot: Any of the identified interferent substances could, in principle, be used to mask a narcotic, or dirt. If you put a lot of dirt into a machine, it doesn't operate very well.

As I mentioned, these are incredibly sensitive machines. They're looking for traces. If you have a bunch of junk in there, then it's going to render them less effective. We've been working on this for almost a couple of decades now, and I think we have a pretty good handle on how the machines operate and how they need to be looked after.

Mrs. Cheryl Gallant: There are new technologies. There's the use of neutron scanning for detecting substances as well as explosives. You have one scanner that can be used for both. There's muon technology. Are these cost-prohibitive, or have they just not been investigated?

Mr. Phil Lightfoot: You raise a couple of good examples. What I would say is that neither of those are trace detection technologies. The muon technology is really for bulk detection. Neutron technology is also for bulk detection of material. You might find a brick of cocaine, but you would not find a trace of cocaine.

Mrs. Cheryl Gallant: What about the brand of scanner? What brand do you use at CBSA? What brand do you use in the prison system?

Mr. Phil Lightfoot: Whenever we're buying new equipment or replacing trace detection units, we put out a request for proposals. We include the technical specifications of how they're supposed to operate and what their performance is expected to be. They are posted freely. Anybody can bid on them. There are several manufacturers that make equipment like this.

Our current instruments are made by Smiths Detection.

Mrs. Cheryl Gallant: Mr. Coons, who recalibrates the detection instruments for the prison system where you work?

Supt Warren Coons: When you say “recalibrates”...?

Mrs. Cheryl Gallant: Every once in a while you need to recalibrate a scanner. Who does that, and how often is it done?

Supt Warren Coons: Smiths Detection is responsible. Again, they're our contractor and our devices are used by them. Our employees are expected to follow the regular maintenance schedule. If there are malfunctions within our devices, we would send them back to the manufacturer or for routine maintenance.

In fact, as part of the review that took place, we are in the process right now of finalizing a contract with Smiths Detection to incrementally take all of our machines that are currently in service and send them to them for a review to ensure that they're all functioning properly. If there are any maintenance issues or what have you to be improved upon, it will be done at that time.

Mrs. Cheryl Gallant: Smiths doesn't come in as an independent contractor to routinely test for calibration. It's just, upon review, these machines are sent out and brought back. Is that correct?

● (1220)

Supt Warren Coons: That's my understanding, yes.

Mrs. Cheryl Gallant: You mentioned earlier, in response to a question, that you don't put the guards through the same level of security because it could cause bottlenecks. At airports, we put in our CATSA workers. I don't know about on the other end, but certainly people going into the airport have to go through that. There are a lot of bottlenecks in airports.

Why would we use that as an excuse in the prison system whereas we find a way to deal with it at the airports?

The Vice-Chair (Mr. Matthew Dubé): In 40 seconds, please.

Supt Warren Coons: I think that you have to distinguish among the different environments. Obviously, in the airport environment, the consequences are extraordinary should individuals bring something onboard that could cause aircraft to go down.

It's not to say that we're cavalier about the possibility of narcotics entering our institutions, but it's not necessarily a fair comparison to talk about people bringing things on an airplane compared to into an institution.

Having said all of that, though, there are other security measures, as I said. There's enhanced reliability that all of our correctional officers have to pass in order to become correctional officers, and there's the ongoing supervision. It's not quite the same. We're not dealing with the unknown when we're dealing with visitors who are coming to our institutions.

The Vice-Chair (Mr. Matthew Dubé): Thank you.

The next speaker is Mr. Fragiskatos, for seven minutes, please.

Mr. Peter Fragiskatos: Thank you very much.

I think it's interesting to look at this issue as if ion scanners weren't in place and what that would pose as a consequence from your perspective. The name Professor Hannem has come up already. In the testimony she gave this past fall, she did offer an explanation of ion scanners, it's true, but she's also been a very outspoken critic of the use of ion scanners.

I want to read something to you that she told to *The Globe and Mail*:

> “If we were to stop the use of them [the ion scanners] entirely and go to manual searches and focus efforts on reducing demand inside the prison, focus efforts on harm reduction and drug rehab, I think that would go further than the ION scanner ever has.”

That's her position.

I would like to know this from you, Mr. Coons. If you were to take the ion scanner out of the equation, what should we expect? What would happen? What are the dangers of that happening?

Supt Warren Coons: When you're talking about frisk searching, for instance, that still is a superficial search, and it's not the most effective measure to understand whether or not somebody may be in possession of a narcotic, for instance. Under those circumstances, if we're talking about trying to prevent narcotics from entering an institution, it's a far less effective means, from our perspective, in terms of preventing those individuals from getting it in, as opposed to essentially something that's objective and calculates things the same way each time. If we removed the ion scanning, it's not as effective a measure to frisk search somebody as an actual scan through the device.

Ultimately what we can expect is probably increased amounts of narcotics in our institutions, and it also serves as a deterrent to the effect that people are concerned about bringing narcotics in—obviously visitors—when they know they have to defeat that device. If we took that away and it was a device that they didn't have to defeat, then there is the possibility that a number of visitors who come to our institutions would try to smuggle narcotics in.

Mr. Peter Fragiskatos: You said there that we can expect an increased number of narcotics entering institutions. Is that based on an analysis? Is that a guess?

Supt Warren Coons: Absolutely. You're asking me to assess a negative. We haven't removed them, so therefore I don't know what the consequence is of removing them. I'm speculating, because we don't have any scientific evidence to suggest that—

Mr. Peter Fragiskatos: No, I don't expect that you do. However, there could be a useful comparator here, and that's the United States. As you know, in 2009 the ion scanner was discontinued in the U.S. This is not a loaded question. I'm asking you about what the process is in U.S. prisons. Now that they've taken out the ion scanner, are they simply relying on manual searches of visitors? What is the approach?

● (1225)

Supt Warren Coons: I'm not aware that throughout the United States it's been removed. I know there was a study conducted in New York where they talked about New York state removing them from....

Mr. Peter Fragiskatos: My understanding is that it's the U.S., period.

Supt Warren Coons: That could very well be the case; I'm just not familiar with that. I do know that in the previous testimony that the doctor referenced, they did talk about the fact that a positive hit on an ion scan was the determining factor as to whether or not an individual was allowed in the institution. I think the New York state study talked about how it shouldn't be that determining factor. In the case of Canada, it's not the only determining factor for somebody to get in; it's just part of a larger security apparatus.

Mr. Peter Fragiskatos: You mentioned at the outset that the opioid crisis and the overdoses that we're seeing across the country, but also in Canadian prisons, are a major problem. It's an objective fact regardless of the party you belong to and regardless of your stance on political issues. I think you've actually been very clear that the ion scanner can help curb that challenge that we're seeing in prisons.

A study was done in Rhode Island, where the ion scanner, as in other U.S. states, was discontinued. The way that they're addressing overdoses in prisons is by offering treatment options to inmates. Do we have anything on par with that in Canadian prisons?

Supt Warren Coons: We do have treatment programs.

First of all, each of the individuals is assessed when they come into our institution, based on their individual needs. They are provided programming based on whatever.... Addiction is obviously one of the issues very much considered when they come in. We have methadone programs, and we have a number of other.... We have educational programs, and what have you, that speak to the issues of addiction and use of drugs, and health issues surrounding the use of drugs. So there are programs within our institutions that address these issues as well.

Mr. Peter Fragiskatos: It is interesting to me that without the ion scanner, they have been able to curb the number of overdose deaths in the United States in recent years by ramping up efforts to provide these treatment options to inmates. My point is that if you were to take away the ion scanner, perhaps you could still deal with overdose deaths and the problem of drug use within prisons, although I do take your point that the ion scanner could play a helpful role here. But I don't think that on balance the testimony we heard today is a clear indication of that. I think there's still a large question mark on their utility, at least from my perspective.

Thank you very much.

The Vice-Chair (Mr. Matthew Dubé): Thank you, Mr. Fragiskatos.

[*Translation*]

We will now begin five-minute rounds, and Mr. Calkins will have the floor first.

You have five minutes, Mr. Calkins.

[*English*]

Mr. Blaine Calkins: Thank you, Mr. Chair.

I have a few more follow-up questions based on where I was going before, and Mr. Fragiskatos has already talked about this.

Can you tell me, Mr. Coons, Mr. Prasad, or whoever, has there ever been an instance when the ion technology led to using more of the tools that were available to officers from your agencies and significant charges being laid?

Supt Warren Coons: Yes, there are indications. For instance, I would have to get you the dates, but we do have examples when the ion scan hit positively on an individual, and as a result of the threat risk assessment process that was triggered, the individual discussed narcotics that he had in his vehicle. That led to criminal charges. We do have a number of incidents where individuals who are in possession of narcotics or have narcotics close by have been charged as a result.

I should emphasize, though—and it's important to keep in mind—that the primary focus, especially for Correctional Service Canada, is not necessarily to have criminal charges but rather to prevent the narcotics from entering the institution. When we turn people away based on that assessment, we may not know for certain whether they're in possession of narcotics, but we're happy that we're able to prevent those narcotics from entering our institution—whether or not they would have been in possession of narcotics at that given time.

● (1230)

Mr. Johny Prasad: I could add to that from my transborder perspective, or from CBSA.

We do over four million traveller examinations, 17.3 million commercial releases, 96,000 commercial examinations, and multiple modes. The ion scan device has helped us significantly in intercepting concealed narcotics, whether coupled with the X-ray or detector dogs. It helps with the progressive examination. When officers have an indication with the ion scan that a deeper examination is needed, we have found those narcotics. Quite often, it does lead to charges.

Mr. Blaine Calkins: In the suite of tools in your basket, how costly is this tool compared with the other tools you're using?

Mr. Johny Prasad: I could start with the CBSA.

It varies. Detector dogs are a different type of tool. You have a human coupled with a dog. That's an asset as well. The dog sleeps. The dog eats. Machines don't. But the machines on the other hand do go down. They need maintenance and such. Trying to compare that piece is apples and oranges.

In addition, there is X-ray technology, which is also helpful, and about the same price range, depending on the type of X-ray technology you get, but it's a different tool to do something different.

An X-ray will tell you if something is concealed within, let's say, baggage or parcels. The ion scan will tell you if there's a residue of something. The detector dog will tell you if there's an odour of some type of concealed narcotic.

Mr. Blaine Calkins: In any of the cases where charges were laid as a result of the finding of narcotics, how have the courts dealt with this ion technology? Have they readily accepted it as reliable?

Mr. Phil Lightfoot: The ion scanner is used as what we call a presumptive test, so if it looks like cocaine, it would lead to an enforcement action where the drugs are seized. Then typically, that sample will be sent to the Health Canada laboratory for verification that it is indeed cocaine. We don't rely on the ion scan uniquely, Mr. Chair, to determine what a material is.

Supt Warren Coons: This raises a particular issue, and I want to be clear on the point. We're talking about ion scans in the context of visitors, but let's not forget that ion scans are used in the institution for other purposes as well. As I said, when we're searching cells and what have you, particularly when we're talking about the opioid crisis that's upon us right now, when there are unknown substances found in a cell, it's important for us and for the safety of our staff to find out what the substance is as quickly as possible. The ion scans provide the only tool we're aware of right now that allows us to do that rapid analysis to at least presumptively understand whether or not we're dealing with something like a fentanyl. As a result of that, our staff take different measures to protect themselves when they're handling these substances.

I just want to make sure it's on the record that it's not just in terms of visitors when we're talking about ion scans.

The Vice-Chair (Mr. Matthew Dubé): Thank you.

We now move to Ms. Damoff for five minutes, please.

Ms. Pam Damoff: Thank you, Chair.

We all agree we don't want to have drugs in prison. That's a given. In the report from the Office of the Correctional Investigator, he 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.

I don't know if you have any other statistics that bear that out, but that's what he was saying, that these haven't worked to reduce drug use in prison. I wanted to get that on the record.

Why does CBSA not use the ion scanners on people? You said you used them on luggage and items, why not on people?

● (1235)

Mr. Johny Prasad: CBSA has set a policy to not scan the people —body parts, hands, etc. Usually we're looking for the goods that are being concealed, and that's where the indicators come from.

Ms. Pam Damoff: Okay, but they could be concealed on a person, couldn't they?

Mr. Johny Prasad: They could, but as I mentioned, we're building the multiplicity of indicators. In cases where the person is, let's say, using a body pack, or it's in their pockets or wherever else, or concealed within their clothes, as we go from nonintrusive to more intrusive—being cognizant of the traveller and their privacy rights as well—we don't start off by swabbing at that level. We'll go through the baggage, see if we have enough indicators, do the questioning, and then escalate to a personal search.

Ms. Pam Damoff: That's obviously the difference between you two, though. They're scanning the people, and you're not.

You scan people, right?

Supt Warren Coons: We scan items on people.

Ms. Pam Damoff: I was scanned, and they scanned my body.

We had the MOMS organization here, as well as some other witnesses, and they were talking about some of the things that could provide false positives or set off the ion detector, for example, Clorox wipes, perfume, and as you mentioned already, touching money. If you're coming to visit and you've used Clorox wipes, for example, it could cause a false positive. Is there a way to calibrate the machine so that it's not going to show positive if someone has come in contact with things that are not what you're looking for?

I'll start with CBSA.

Mr. Phil Lightfoot: If there is a material that is an interferent with a particular narcotic, then there's really no way of modifying the machine to not react to it. When you're looking at the little graphs that the machine produces, if the wipes appear at the same place as cocaine, then there's always going to be that problem.

Ms. Pam Damoff: This is if someone has used a Clorox wipe to clean something, and then they have the material on their body—or perfume, for example. That's what's causing the ion scanner to detect drugs, when in fact, it's something innocuous.

Mr. Phil Lightfoot: It could be a false positive in that case. We would not use that as an indication that somebody is positively carrying drugs.

Ms. Pam Damoff: What about at CSC?

Supt Warren Coons: That is entirely possible, and we do know that there are some substances that could potentially cause false positives. That's why it's not meant as a determining factor as to whether somebody is denied a visit. It's part of a package of strategies or techniques to determine whether the individual gets in. That could be one factor that's considered, but there may or may not be intelligence on that. If there's no intelligence to indicate that the visitor or the inmate is involved in the drug subculture.... All of these factors are taken together to determine how that visit will take place, whether there are going to be restrictions placed on the visit, whether the visit is going to be an open visit, or whether the visit will be denied. It's merely one factor.

The Chair: Ms. Dabrusin.

Ms. Julie Dabrusin: I first wanted to go back to get some clarification, because I'm still trying to wrap my mind around this difference in statistics.

At one point you had talked about different thresholds—above the threshold and below the threshold. When you're talking about below the threshold, what are you talking about? There's still something that gets triggered within the ion scanner below the threshold; is that correct? I need a word.

Mr. Rob Campney: To maybe make it a bit simpler, there are thresholds, but when you read the ion scan results, it's either a pass or a fail. If the item being swabbed falls below the threshold of the variety of substances we're testing for, then it's a pass.

Ms. Julie Dabrusin: So that wouldn't factor in, then, to what we're looking at as the stats from the Office of the Correctional Investigator, because he was talking about people actually getting a positive. Below the threshold isn't a positive; is that correct?

● (1240)

Mr. Rob Campney: Below the threshold?

Ms. Julie Dabrusin: Below the threshold.

Mr. Rob Campney: In terms of corrections, the visitor proceeds with the next phase of entering the institution.

Ms. Julie Dabrusin: There are no further questions, nothing, right? Unless there's something else, based on the ion scanner, there are no further—

Mr. Rob Campney: Based on the scan, the ion scan has given the visitor a pass and they proceed.

Ms. Julie Dabrusin: If I understand, ion scanner use started in the nineties. Is that correct? I thought it was in 1995. I'm actually talking about for corrections. When did you start using them?

Supt Warren Coons: In the early 2000s.

Ms. Julie Dabrusin: Do you have an actual year?

Supt Warren Coons: No, but we can get that for you, Mr. Chair.

Ms. Julie Dabrusin: Do you have any statistics as to contraband drugs inside the prison in the year before and in the year after you started using it? You must have numbers.

You indicated no, so I'll just put that on the record.

Supt Warren Coons: That's correct. We don't have those statistics here.

Ms. Julie Dabrusin: Not here? That's fine.

Supt Warren Coons: Frankly, I don't know whether those statistics exist.

Ms. Julie Dabrusin: Do you keep track of contraband drug use in your institutions? In any given year, do you track this?

Supt Warren Coons: You're talking about a very broad question when you talk about drug use in an institution. There are various indicators, such as seizures, but we also have other factors. We know through intelligence, for instance, that there may be drugs in the institutions but we haven't seized any. It's a very nebulous kind of question when we talk about drug use within the institution. How you measure that is a very difficult challenge.

Ms. Julie Dabrusin: That's fair enough. It's just that the report we've been looking at referred to the rate of random urinalysis drug testing results remaining stable over the past five years.

Supt Warren Coons: We do have urinalysis statistics; that's correct.

Ms. Julie Dabrusin: That was one marker used there.

Supt Warren Coons: That's an example, yes.

Ms. Julie Dabrusin: I'm just trying to bring it back because there's been all this discussion about.... Obviously we're looking at whether this is a useful piece to keep in place, the ion scanner, and whether it actually helps to keep drugs out. Are there any markers other than urinalysis that you can track from the year before you used the ion scanners and the year after?

Supt Warren Coons: I'm not aware of those statistics, but I can tell you that things like detector dog indications, things like ion scan positive hits, things like intelligence that we have within our institution can all be indicative without actually having evidence of drugs within the institution.

It's going to be very difficult, other than those clear indicators such as urinalysis pass/fail. That's clear. Seizures are not necessarily indicative of the amount of drugs in an institution in a given year. If seizures have increased year over year, whether or not there are more drugs, there is not necessarily a correlation there because there could be—

Ms. Julie Dabrusin: I'm going to jump in because I'm running out of time.

Can you provide to us—you're not going to have it with you now—the urinalysis results from the year before you used the ion scanner and the year after you started using the ion scanner?

Supt Warren Coons: I will commit that if there are those statistics available, in other words, if the timing of when we started the urinalysis program means the statistics are available, we will definitely make those available to the committee, Mr. Chair.

Ms. Julie Dabrusin: If that isn't available and there is any other data indicator, I would appreciate that data.

You're asking us to make recommendations based on whether this ion scanner is something that should remain as part of your detection, so any data you can help us with to show that it has had any type of positive impact on the level of contraband drugs in your institutions would be helpful.

The Chair: Thank you, Ms. Dabrusin.

I see no other members wishing to ask questions. Before I thank our witnesses, I want to make sure that members are satisfied that we have clarity with respect to undertakings. There does seem to be a kind of thread of contradiction between the corrections office and what's being said here. I'm going to work on the assumption that we do have clarity of undertakings, and possibly we may see you again.

Regardless, I want to thank you for the testimony and thank you for your help in our study. You are free to go.

I want to speak to the committee. As you can see in our agenda, we have the member Alain Rayes here on Tuesday morning to talk about M-124. We had anticipated having witnesses on the Thursday for M-124. If anybody has witnesses they want the clerk to call, sooner would be better than later so that we can fill the Thursday witness list.

Mr. MacKenzie.

● (1245)

Mr. Dave MacKenzie: As I was at a previous committee, my only caution is that the Thursday of Good Friday week may be a Friday.

The Chair: You have rare insight, Mr. MacKenzie.

Mr. Dave MacKenzie: I might be totally wrong, but—

Mr. Blaine Calkins: If the past is any predictor of the future....

The Chair: Exactly.

We may not have a problem, but on the other hand, we may. We'd like to work on the assumption that we will have witnesses, but we may not.

With that entirely contradictory final statement, the meeting is adjourned.