



Correctional Service  
Canada

Service correctionnel  
Canada



SAFETY, RESPECT  
AND DIGNITY  
FOR ALL

LA SÉCURITÉ,  
LA DIGNITÉ  
ET LE RESPECT  
POUR TOUS

# AUDIT OF DRUG INTERDICTION ACTIVITIES

Internal Audit Branch

378-1-209

Final - August 21, 2006

Canada

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## **EXECUTIVE SUMMARY**

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The audit of Drug Interdiction Activities was conducted in accordance with the internal audit plan for 2005-2006. The verification phase of the audit was conducted from January - February 2006, at which time the audit team visited all 5 regions, including a total of 13 institutions: 5 maximum, 3 medium, 1 multi-level, 2 women's facilities and 2 minimums (a complete listing of sites is included in Annex A).

The objectives established for the audit were as follows:

- To assess if the drug interdiction management framework adequately meets the operational needs of CSC.
- To determine whether the institution has implemented drug interdiction activities that balance detection and deterrence, and are in compliance with law and policy.
- To determine if the operational sites utilize and maintain the required tools and equipment to carry out the drug interdiction activities as per standards.
- To assess if CSC is adequately reporting and monitoring drug interdiction activities.

In order to assess the above objectives, the audit team examined the controls in place to meet the expectations of various Commissioner's Directives, Guidelines, and legislations (for a complete listing please see Annex C).

### **Conclusions**

Overall, the results of this audit have indicated general compliance with expected performance in several areas. However, given that the *National Drug Strategy* indicates that CSC "will not tolerate drug or alcohol use or the trafficking of drugs" there is a need for improvement. Overall, changes are needed to improve the adequacy of CSC's management framework on drug interdiction activities. Implementation of the recommendations of this report will contribute significantly to adherence to legislation and policy. The monitoring and assessment of drug interdiction activities will assist in identifying risks and creating drug strategies to manage these threats.

### **Management Framework**

The audit team assessed the drug interdiction management framework to determine if it adequately met the operational needs of CSC. The majority of required policies have been established for drug interdiction activities and the service did promulgate Guidelines 566-8-1 on the Use of Non-Intrusive Tools and 566-8-2 on the Technical requirements for Ion Mobility Spectrometry Devices as recommended by the 2003-2004 Annual Report of the Correctional Investigator. However, deficiencies were noted in the areas of the existing *National Drug Strategy*, the management of human sources, and the Detector Dog Program, these areas require either modification and/or development. Funding is in place to support interdiction activities; however CSC recognizes that more funding is needed to prevent drugs from entering institutions. There is a need to finalize and approve the work descriptions for the Search

Coordinator/ Detector Dog Handlers and the Security Intelligence Officers to clarify their roles and ensure minimum standards of performance are established. The audit indicated that training related to Urinalysis Collectors/Coordinators, the IMS Device users, and the Drug Dog Handlers meets expected standards. Additional training is needed with respect to the requirements in Guideline 566-8-1 [REDACTED].

### **Implementation of Drug Interdiction Activities**

The audit team found that institutions have implemented drug interdiction activities which balance detection and deterrence. However, issues were identified pertaining to compliance with searching policy. [REDACTED]

[REDACTED]. Deficiencies were also noted pertaining to the Threat Risk Assessment process [REDACTED].

### **Utilization and Maintenance of Drug Interdiction Tools and Equipment**

The audit team found that CSC has implemented drug interdiction tools and techniques at all institutions visited to prevent the introduction of illicit drugs. However the verification and testing of these tools requires stronger management oversight due to the identified deficiencies. A significant concern was also noted as the three institutions visited in the [REDACTED] region were not using all the available drug interdiction tools at the time of the audit.

### **Reporting and Monitoring**

Overall, CSC is not adequately reporting and monitoring drug interdiction activities on a consistent basis. Though operational sites are reporting various pieces of information on CSC forms, this information is frequently recorded inaccurately. The information received at both the regional and national levels is filed, with limited assessment and useful feedback to the sites. The audit team found no useful trend analysis conducted on the use and results of IMS Devices or the Detector Dog Teams. The lack of analysis on drug interdiction activities makes it difficult to determine whether risks are accurately identified and addressed. This also reduces the Service's ability to communicate best practices and potential threats.

Recommendations have been made in the report to address the issues identified. A management action plan has been prepared and is included in Annex D.

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## 1.0 INTRODUCTION

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The prevention and reduction of illicit drugs in our institution continues to be an ongoing priority in the Correctional Service of Canada (CSC). In 1994 Health Canada developed the Canadian Drug Strategy, an inter-departmental initiative which addresses the harmful use of substances. In response to this, CSC issued its own National Drug Strategy to limit the supply and demand for drugs within our federal institutions. In 2000, CSC's Security Task Force completed a review of the security framework, one component of this review being the CSC's Drug Strategy. As a result of recommendations in the *Report of the Task Force on Security*, CSC implemented two new tools to enhance drug interdiction practices, the Detector Dog Program and Ion Mobility Spectrometry Devices (IMS Devices).

Following the introduction of these tools, concerns were raised by offenders and their visitors about the proper use of IMS Devices. This prompted a review by the Office of the Correctional Investigator (OCI). In the OCI 2003-2004 annual report, it was recommended that CSC promulgate policy to provide guidance to IMS Device users and to ensure that this equipment is used appropriately. In addition to providing procedural guidance, this new policy was to include a more in-depth risk assessment to ensure visitors would not be turned away from institutions based solely on a positive hit on the IMS Device or a positive indication from the detector dog.

Illicit drug use and trafficking has been identified as a major factor which influences CSC's ability to provide a safe institutional environment for staff and offenders. First, illicit drugs are linked to the presence of organized crime and often result in increased violence in our institutions, thus posing a risk to the security of institutions. Drug use also has negative implications for institutional health care systems as it contributes to the spreading of infectious disease and the overall poor health of offenders. The third major risk linked to illicit drug use is the impact abuse has on the successful rehabilitation and reintegration of offenders.

To mitigate these risk factors, there are a number of elements in CSC's drug interdiction activities. These include conducting searches using detector dogs, IMS Devices, x-ray machines, and manual searching techniques. The Service also has implemented a Urinalysis Program to test offenders for drug use. The Security Intelligence departments in each institution play a key role in collecting information on the institutional drug trade and working to prevent illicit drugs from entering institutions. CSC staff members have been given the authority to conduct all of these activities through the *Corrections and Conditional Release Act*, the *Corrections and Conditional Release Regulations*, and through various Commissioner's Directives (CDs) promulgated by CSC (for a complete listing of applicable legislation and policy, see Annex C).

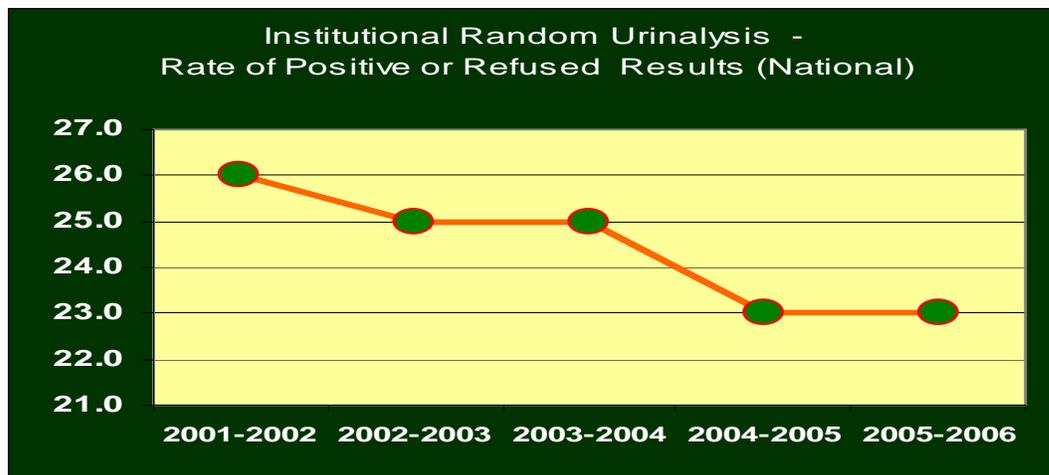
The legislation and policy outlined above delegates specific responsibilities at the national, regional, and institutional levels. At the national level, the Assistant Commissioner Correctional Operations and Programs is the Office of Primary Interest for drug interdiction. Under the Assistant Commissioner Correctional Operations and Programs the National Headquarters (NHQ) Security Branch has delegated responsibilities for the various drug interdictions portfolios. For example NHQ has assigned national coordinators for urinalysis, security intelligence and the Detector Dog Program. These programs are also assigned to regional staff

members who generally work in Regional Headquarters Security. Staff members in these departments have assigned portfolios and they report to the Regional Administrator Security.

At the institutional level, staff members performing duties which require specific work descriptions include the Security Intelligence Officer and the Search Coordinator/Drug Dog Handler. The duties for other Correctional Officers who perform tasks such as searching, admission and discharge, visits and correspondence, and urinalysis are outlined in Post Orders<sup>1</sup> and task-related policies.

Despite the above drug interdiction activities, illicit drugs are still entering our institutions. The following graphs illustrate the national trends for the number of positive urinalysis tests and refusal rates as a percentage of all offenders tested from 2001-02 to 2005-06.

**Chart A:**



Source: 2005-2006 Year End Review, Presentation to the Executive Development Symposium, May 9, 2006

According to Chart A, the numbers of positive and refused urinalysis tests have shown a decline since 2001-2002.

**Chart B:**

| Indicator     | Current Fiscal Year Results (%) |          |        |         |          |         |
|---------------|---------------------------------|----------|--------|---------|----------|---------|
|               | National                        | Atlantic | Quebec | Ontario | Prairies | Pacific |
| Positive Rate | 10.5%                           | 9.9%     | 10.0%  | 12.4%   | 9.0%     | 9.9%    |
| Refusal Rate  | 12.4%                           | 13.1%    | 15.4%  | 10.4%   | 9.0%     | 17.5%   |
| Total         | 22.9%                           | 23.0%    | 25.4%  | 22.8%   | 18.0%    | 27.4%   |

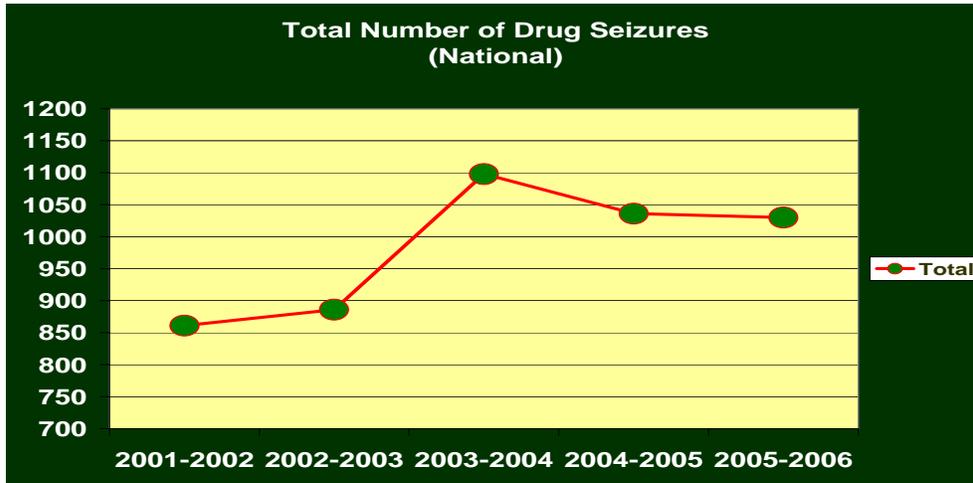
Source: 2005-2006 Year End Review, Presentation to the Executive Development Symposium, May 9, 2006

According to Chart B, the Pacific Region has the highest positive and refusal rate for the current fiscal year.

<sup>1</sup> **Post Order** – an institutional document that defines roles and responsibilities as they pertain to specific Correctional Officer duties.

Offenders are required to provide a urine sample if their name has been chosen to participate in the random urinalysis testing program. An objective of this program is to deter illicit drug use and to use the results in managing offender risk.

**Chart C:**

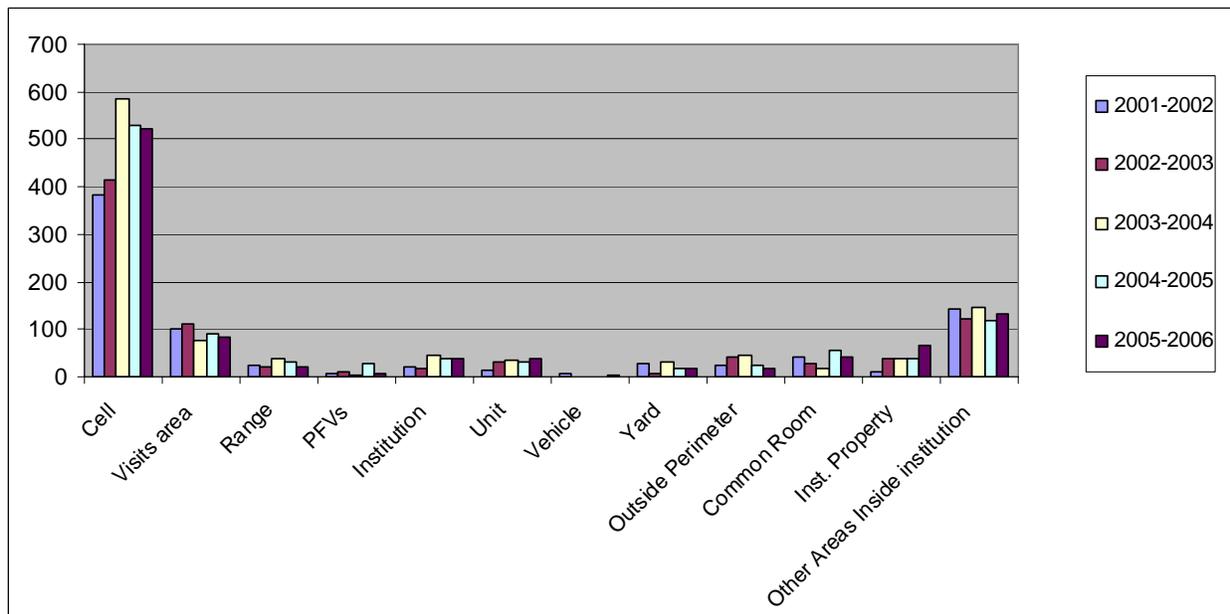


Source: Performance Management, May 17, 2006

According to Chart C, the number of drug seizures has increased since 2001-2002 .

**Chart D:**

**Location of Drug Seizures**



Source: Performance Management, May 26, 2006

According to Chart D, the majority of the illicit substances seized in 2005-2006 were found inside the institutions. This, combined with the positive urinalysis results, demonstrate that despite CSC's extensive drug interdiction activities illicit drugs are still entering institutions.

CSC's 2006-07 Business Plan has identified the safety and security of staff and offenders as one of the four strategic priorities for the next three years. To improve in this area, CSC has committed to a reduction in illicit drugs within institutions through the implementation of an enhanced Drug Interdiction Plan by November 2006 and the development and implementation of a Strategic Plan by December 2006. The findings and recommendations to follow in this report should be considered in the development of these plans, as areas for improvement will be identified and may aid the Service in achieving this strategic priority.

## **2.0 AUDIT OBJECTIVES AND SCOPE**

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### **2.1 Audit Objectives**

The objectives of the audit are:

- To assess if the drug interdiction management framework adequately meets the operational needs of CSC.
- To determine whether the institution has implemented drug interdiction activities that balance detection and deterrence, and are in compliance with law and policy.
- To determine if the operational sites utilize and maintain the required tools and equipment to carry out the drug interdiction activities as per standards.
- To assess if CSC is adequately reporting and monitoring drug interdiction activities.

The specific criteria used for the audit can be found in Annex B.

### **2.2 Audit Scope**

The audit was national in scope and included a review of the overall policy framework for drug interdiction activities, practices and procedures, the utilization of searching tools, and a review of the newest initiatives implemented in CSC. The audit work was conducted at thirteen (13) of CSC's 54 institutions in all five regions, five (5) Regional Headquarters (RHQ) and National Headquarters (NHQ). Site selection for the thirteen sites visited took place in consultation with all relevant Offices of Primary Interest at NHQ based on the following guidelines:

- Security level;
- Male and female facilities;
- Audit frequency at sites;
- OPI input;
- Geographic location; and
- Representative coverage of the two (2) drug detection devices used [REDACTED].

The audit did not include Community Correctional Centres.

### **3.0 APPROACH AND METHODOLOGY**

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Prior to site visits, an audit program was developed and preliminary testing of the tools took place at one site in the Pacific region in December 2005. The site visits were conducted in January and February of 2006. They consisted of monitoring staff procedures in the use of drug interdiction devices, file reviews, and interviews with key staff members and Offender Committees.

Documents reviewed at the institutional level include policy documents such as the Institutional Drug Strategy, the Institutional Search Plan, as well as a number of Institutional Post Orders. Using a review period of April 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2005 the team also assessed a number of records kept by the Detector Dog Handler and as training records (PeopleSoft records) for various staff members. For the same time period, the audit team analyzed a sample of files including those related to institutional searches, offender case management files, Threat Risk Assessments (TRAs), Security Intelligence Reports (SIRs), and Urinalysis files. At the regional and national levels, the auditors reviewed a number of documents used for monitoring drug interdiction activities. The team also reviewed relevant national policy documents including Commissioner's Directives (CDs) and Guidelines.

Audit teams consisted of two members, one from the Internal Audit Branch and another with security expertise from outside the Branch. To ensure audit objectivity, the selection of the security team member was based on the premise that he/she would not be auditing in their own region.

Following completion of site audits, preliminary findings were shared with senior managers at the site and regional levels through debriefings. Once all visits and interviews at the regional and national level were completed, debriefings were also held with the OPIs at NHQ.

### **4.0 AUDIT FINDINGS AND RECOMMENDATIONS**

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#### **4.1 Management Framework for Drug Interdiction**

##### **4.1.1 POLICY AND PROCEDURES**

The audit team expected to find in place policy documentation which provides clear direction to all staff involved with drug interdiction activities. Following a recommendation made in the 2003-2004 annual report of the Office of the Correctional Investigator, the audit team also expected to find policies in place specific to the use of non-intrusive drug interdiction tools.

**Finding: In November 2004 the CSC promulgated Guideline 566-8-1 on the Use of Non-Intrusive Tools and 566-8-2 on the Technical Requirements for Ion Mobility Spectrometry Devices, as recommended in the 2003-2004 Annual Report of the Correctional Investigator.**

Ion Mobility Spectrometry Devices (IMS Devices), which detect small traces of drugs, were placed in CSC facilities as a result of recommendations made in the 2000 *Report of the Task Force on Security*<sup>2</sup>. Samples are collected by wiping or vacuuming objects and then placed into the device for assessment. CSC currently uses the [REDACTED] to detect substances. The majority of sites were equipped with portable vacuuming tools to collect samples.

No issues were noted concerning the policies and guidelines for the use of the IMS Devices. As per the commitment to the Office of the Correctional Investigator, these policies have been issued, and include procedures for completing Threat Risk Assessments. A Threat Risk Assessment is a documented assessment process conducted by a designated manager concerning an individual's request for access to an institution.<sup>3</sup> At the conclusion of a Threat Risk Assessment, and based on the assessment of all factors, the Designated Manager will decide on the status of the individual's request for access in accordance with legislation and policy.

**Finding: Commissioner's Directive *National Drug Strategy* does not incorporate the use of non-intrusive search tools related to drug interdiction, and staff members are generally unaware of the drug strategy at their institution.**

The audit team reviewed CD 585 *National Drug Strategy* which has relevant information but has not been updated since 1996 and does not include the newer initiatives and programs implemented by the Service. Including non-intrusive search tools such as the IMS Devices, Detector Dog Teams, and x-ray machines would enhance the consistency in the application of preventative strategies.

As is currently required by the *National Drug Strategy*, all sites visited have drug strategies in place; however, only 9 of 13 sites had these in writing. In all cases, staff members interviewed were generally unaware of the strategy and it was unclear how the strategies were being communicated to institutional staff.

#### **Good Practice – Regional Initiatives**

A documented regional approach to drug strategies is not a requirement in policy; however, the Pacific, Prairie, and Atlantic regions are coordinating initiatives to enhance their regions' drug interdiction activities.

<sup>2</sup> *Report of the Task Force on Security*, NHQ Security, Correctional Service of Canada, 2000

<sup>3</sup> **Threat Risk Assessment** includes consideration of search results, all available information, and an interview, in order to determine the least restrictive measures necessary (or available) to ensure the security of the penitentiary or the safety of any person.

**Finding: CSC lacks approved policies for the Detector Dog Program.**

The Detector Dog Program was implemented in 2000 as a result of the 2000 *Report of the Task Force on Security*. The task force believed that CSC must develop a firm policy in support of the use of dogs on two fronts, drug interdiction and officer safety. The NHQ Security Division indicated that CSC has 45 Detector Dog Teams in place and one position is vacant. There are seven facilities that have shared service arrangements in which they have access to the Detector Dog Teams. The position is classified as a CX-02 and is generally referred to as the Search Coordinator/Dog Handler. The Canadian Border Services Agency is responsible for the initial training as well as subsequent annual re-certification.

NHQ Security Branch has drafted a manual for the Detector Dog Program. This manual has not been approved and there is no timetable for its approval. As a result, each institution is assigning different duties to the position, and programs across the country are not functioning consistently. Without further clarification, there are no clear minimum standards for areas of the program such as monthly training, reporting requirements, Institutional Search Plan responsibilities, and shift patterns.

**Finding: CSC lacks approved policies for the management of human sources.**

Human sources are offenders and/or other individuals used by Security Intelligence Officers and at times other staff to collect information about potential illicit drugs entering into institutions. These human sources may be invaluable for preventing drugs from entering the institution. While policies have been established in relation to most of the drug interdiction activities related to the Security Intelligence Officer position, a number of Security Intelligence Officers have expressed a need for a policy to provide firm guidelines on the use and management of human sources. Guidelines on the use and management of human sources could provide needed direction in the following critical areas:

- Coding of human sources;
- Consistency between CSC and other law enforcement agencies;
- Processes for the handling human sources; and
- Processes for filing and sharing information.

**4.1.2 FUNDING**

**Finding: Funding is in place to support interdiction activities; however CSC recognizes that more funding is needed to prevent drugs from entering institutions.**

The audit team expected to find resources in place to support the Urinalysis program, the Detector Dog program, and Security Intelligence activities. The audit team conducted interviews with the managers responsible for the various drug interdiction programs to determine the funding of these activities at the institutional level.

Managers involved in the Urinalysis program indicate that there is sufficient funding for random tests. However, two regions note that the funding for testing related to program participation and demands based on reasonable grounds is only achieved by accessing funds from other budgets, as the current funding is not sufficient.

Interviews were also conducted with managers of the Detector Dog Program. Each institution receives \$2000 per year for maintenance and care of the dog. Most institutions indicated that the \$2000 is not sufficient, but noted that in cases where additional funding is required for expenses above and beyond the \$2000, the need was always met by NHQ Security.

The Security Intelligence function exists at each institution, and all institutions visited reported that they are funded for one Security Intelligence Officer position. As each site then funds from within for other positions in the Security Intelligence Department (i.e. additional Security Intelligence Officers, Security Analysts, and support staff), the staffing in different institutions is inconsistent. Some of the Wardens for maximum security institutions have also indicated that there is a need for additional resources in this area.

Further, despite its interdiction efforts, CSC recognizes that more funding is needed to prevent drugs from entering institutions and it will be seeking additional investments as part of its overall National Drug Strategy.

#### **4.1.3 ROLES AND RESPONSIBILITIES**

Clearly defined roles and responsibilities in relation to drug interdiction activities were expected at the national, regional and site levels.

**Finding: Work descriptions for the Search Coordinator/Drug Dog Handlers and Security Intelligence Officers have not been finalized, directly affecting the consistency in performance.**

While a work description for the Search Coordinator/Drug Dog Handler position exists, a majority of incumbents will not acknowledge or sign off on the work description. The audit team was advised by various interviewees that this is connected to a labour relations issue.

In interviews with Search Coordinator/Drug Dog Handlers the consistent response was that they do not have work descriptions. As a result, incumbents in the Search Coordinator/Drug Dog Handler positions are tasked with different duties. For example, the role that Drug Dog Handlers play in regard to the development, coordination and implementation of the Institutional Search Plans (ISPs) varies. ISPs are required documentation in all institutions, and provide direction to staff regarding types of searches, locations, frequency, and legal requirements for searching. The requirement for the Search Coordinator/Detector Dog Handlers to complete the ISPs varies between institutions. The National Coordinator of the Detector Dog Program has indicated that the work description is being revised to bring resolution to this issue. However, there is no expected completion date for this work description.

The Security Intelligence Officer work description is also currently in development at NHQ. A common concern raised by the Security Intelligence Officers was that while their title has changed from Preventive Security Officer, the work description remains that of a Preventive Security Officer. Some Security Intelligence Officers are performing work which may normally fall outside of their duties. The Security Intelligence Officers roles and responsibilities are not national or consistent. The completion of the work description would assist in clarifying their roles and responsibilities. There is no expected completion date for this work description.

#### **4.1.4 TRAINING**

The audit team expected that all training and certification requirements for each aspect of drug interdiction activities would be clearly outlined. This includes the training given to the Drug Dog Handlers, the Urinalysis Coordinators/Collectors, the Security Intelligence Officers, Ion Mobility Spectrometry Device users, and staff conducting searches.

A review of CSC's National Training Standards shows that these Standards include the Correctional Training Program (required for all new Correctional Officers), as well as training for Urinalysis Collectors/Coordinators, Security Intelligence Officers, and Correctional Supervisors. CSC's Detector Dog Teams are trained according to Canadian Border Service Agency (CBSA) standards. Although all of the Detector Dog Teams have received their initial training and certification from the CBSA, this is not consistently recorded in CSC's PeopleSoft program which records staff training activities. CSC also conducts specific training for the use of Ion Mobility Spectrometry Devices; this training is to manufacturers standards.

**Finding: Guideline 566-8-1 is not incorporated into the Correctional Supervisor's and/or Security Intelligence Officer's Training Programs.**

Guideline 566-8-1 was implemented in 2004 in response to a report by the Office of the Correctional Investigator, and includes the Threat Risk Assessment process. This is a required review process used to determine whether an individual is granted/or denied entry into an institution. NHQ Learning and Development Branch has confirmed that Guideline 566-8-1, *Use of Non-intrusive Search Tools* has not been incorporated into the training programs for the Correctional Supervisors and the Security Intelligence Officers. At a majority of the sites visited, the staff members conducting the Threat Risk Assessments were at the Correctional Supervisor or Security Intelligence Officer level. Given the large number of issues identified with respect to the Threat Risk Assessment process (discussed in full in section 4.2.2), training pertaining to this Guideline is imperative to ensure compliance with the requirements.

**Finding:**

[REDACTED]

[REDACTED]



## General Conclusion

The majority of required policies have been established for drug interdiction activities; however, deficiencies were noted in the areas of the *National Drug Strategy*, the management of human sources, and the Detector Dog Program. Funding is in place to support interdiction activities; however CSC recognizes that more funding is needed to prevent drugs from entering institutions. There is a need to finalize and approve the work descriptions for the Search Coordinator/ Detector Dog Handlers and the Security Intelligence Officers to clarify their roles and ensure minimum standards of performance are established. Our audit indicated that training related to Urinalysis Collectors/Coordinators, the IMS Device users, and the Drug Dog Handlers meets expected standards. Additional training is needed with respect to the requirements in Guideline 566-8-1 .

### Recommendation # 1

The Assistant Commissioner Correctional Operations and Programs should review and update the current version CD 585 *National Drug Strategy*.

### Recommendation #2

The Regional Deputy Commissioners should ensure the implementation and communication of institutional drug strategies.

### Recommendation #3

The Assistant Commissioner Correctional Operations and Programs should approve the manual for the Detector Dog Program and take the necessary steps to ensure its consistent application.

### Recommendation #4

The Assistant Commissioner Correctional Operations and Programs should finalize and approve work descriptions for the Search Coordinator/Drug Dog Handler and Security Intelligence Officers.

**Recommendation #5**

The Assistant Commissioner Correctional Operations and Programs should develop and implement a policy for the management of human sources and take the necessary steps to ensure its consistent application.

**Recommendation #6**

The Assistant Commissioner Correctional Operations and Programs should ensure that Guideline 566-8-1 is incorporated into the National Training Standards and the training provided to Correctional Supervisors and Security Intelligence Officers.

**Recommendation #7**

[REDACTED]

**4.2 Implementation of drug interdiction activities as per law and policy**

**4.2.1 CONDUCT OF SEARCHES**

To prevent drugs from entering our institutions through the principal entrance, the audit team expected to find that institutions are conducting searches using the non-intrusive search tools such as Ion Mobility Spectrometry Devices (IMS Devices), x-ray machines and detector dog teams as well as manual searching techniques. It was also expected that these searches are conducted in compliance with law and policy.

**Finding: Institutional Search Plans are complete as they pertain to visitors and vehicles. The staff component of the Institutional Search Plan does not consistently include the use of IMS Devices and Detector Dog Teams as search methods** [REDACTED]

Searching of Visitors and Vehicles

To determine whether staff members are conducting searches in accordance with law and policy, we first reviewed Institutional Search Plans to verify the inclusion of proper methods of

searching visitors, staff members, and vehicles entering the institution. We found that the majority of the Institutional Search Plans reviewed were complete and being enforced as they pertain to visitors and a limited number of vehicle searches.

### **Good Practice – Private Family Visits**

A number of sites visited have implemented a searching process which includes having family members participating in overnight visits empty the contents of their overnight bags into suitcases which have been provided by the institution. This limits the threat of drugs being brought into the institution in the many pockets or lining of the visitor's suitcase.

### Searching of Staff

[REDACTED]. Commissioner's Directive 566-8, *Searching of Staff and Visitors*, paragraph 18, states that "a staff member may conduct a routine non-intrusive search or a routine frisk search of another staff member, without individualized suspicions where that other staff member is entering or leaving the institution". Paragraphs 10 and 19 require that, with the exception of minimum security institutions, a non-intrusive search be conducted on staff and visitors entering the institution. Guidelines 566-8-1, *Use of Non-intrusive Search Tools*, paragraph 8 defines "IMS Device and drug detector dogs as non-intrusive tools used to assist staff in identifying the possible presence of drugs concealed either on a person or in his/her personal effects. These tools can be used to routinely search **all** people and their belongings when entering and/or exiting an institution."

Staff members at all audit sites, with exception of [REDACTED] Institution, are routinely searched using x-ray machines, walk-through scanners, hand-held metal detectors and by manual searching.

[REDACTED]. The use of these drug interdiction tools on staff would mitigate a significant risk, while ensuring that CSC is doing everything possible to consistently detect and deter illicit drugs from entering institutions.

The Visitor Control Post is normally staffed by [REDACTED] Correctional Officer from 2300 hours to 0700 hours. During periods of high activity from 0700 – 2300 there are typically [REDACTED] Correctional Officers deployed to this area. In [REDACTED] of the 11 applicable institutions visited, it was verified through the review of Post Orders and Correctional Officer Rosters that processes are in place to ensure searches are conducted during times of reduced staff levels. [REDACTED]

The 2000 *Report of the Task Force on Security* which recommended that CSC implement the use of IMS Devices and the Detector Dog program, also recommended “that searching at the front gate be systematized and that procedures for searching include all staff and visitors”. This report recognizes that the rise in organized crime may increase attempts to compromise staff, and goes on to state that “it is imperative that our searching techniques and practices are all encompassing in order to protect staff from false allegations”<sup>4</sup>. In response to this recommendation, CSC implemented CD 566-8, *Searching of Staff and Visitors* which requires that all persons, including staff, are subject to a minimum searching standard. [REDACTED]

[REDACTED]. As CSC’s Business Plan for 2006-07 maintains that offender gang affiliation continues to climb (up to 16% from 12% in 1997), the possibility of staff being compromised continues to be a threat to CSC.<sup>5</sup> As such, it is important that CSC utilizes available searching techniques on staff members including the drug interdiction tools. The audit team consulted with the NHQ Security Branch to obtain statistical data or an analysis regarding historical threats of introducing drug into institutions related to compromised staff members. However, while no information was provided, the NHQ Security Branch did note that this is a rare and irregular occurrence.

#### **4.2.2 THREAT RISK ASSESSMENT PROCESS**

The Threat Risk Assessment (TRA) process includes a more formal and thorough risk assessment and decision-making process related to positive alerts and indications resulting from the use of the IMS Devices and drug detector dogs. The audit team expected to find that these assessments are being completed following every positive hit and/or indication. As required by the TRA process, we also expected the sites to have designated excluded managers who are authorized by the Warden to conduct these assessments, that CSC form 1300-01<sup>6</sup> is being completed as per requirement, and, following the completion of the assessment, the information is provided to the Visitor Review Board contact or responsible supervisor.

**Finding: The Threat Risk Assessment process is not conducted in accordance with policy.**

The audit team reviewed the TRA process completed during the review period at all of the selected sites and identified a number of instances of non-compliance with expected procedures. They were as follows:

- CSC form 1300-01 was not completed properly in 10 of 13 sites. Some of the consistent deficiencies included:
  - no indication that the Visits and Correspondence Department and the Security Intelligence Departments were consulted during the decision making process;
  - no indication that a review of Offender Management System (OMS) and Reports of Automated Data Applied to Reintegration (RADAR) system was conducted;
  - no evidence to indicate the visitor was interviewed;
  - some TRAs were conducted by non-designated managers; and

<sup>4</sup> *Report of the Task Force on Security*, section 5.1.6 Drug Strategy, Correctional Service of Canada, 2000

<sup>5</sup> Correctional Service of Canada, 2006-07 Business Plan, section 3 Safe and Secure Institutions

<sup>6</sup> A form developed in order to facilitate the Threat Risk Assessment process and ensure that designated managers review relevant information prior to rendering a decision to allow or disallow a person from entering the facility.



[REDACTED]

### Good Practice – Informing Visitors of Searching Practices

[REDACTED] Penitentiary has implemented a process whereby two copies of the Annex D letter are sent to the visitor, one copy is signed and returned on the first day of visiting by the visitor, thus acknowledging receipt of this letter.

#### 4.2.4 URINALYSIS AND SECURITY INTELLIGENCE DEPARTMENTS

The audit team expected to find that each institution visited had implemented and was maintaining a Urinalysis Program as per CD 566-10, *Urinalysis Testing in Institutions*. We also expected that each site visited had a Security Intelligence department which was actively monitoring and preventing illicit drug activity.

**Finding: The institutions visited had implemented the Urinalysis Program and had active Security Intelligence departments.**

Each institution visited had all of the Urinalysis duties assigned to a staff member. Random urinalysis testing is a major component used as a method of deterring drug use in institutions. A review of Urinalysis reports in the Offender Management System and information supplied by Performance Measurement showed that the majority of testing is being completed and recorded as required.

The Security Intelligence department in each institution visited was actively working to prevent and monitor illicit drug activity. The level of prevention and monitoring activity varied depending on the security level of the institution, offender population, and the resources available. Generally the activities observed and verified by the audit team included:

- interception and monitoring of communications;
- management of human sources who provide information to SIO's (offenders and visitors);
- development of Security Intelligence Reports based on interceptions and information received from human sources;
- tracking of current threats; and
- dissemination of relevant information to stakeholders.

Interviews with staff from various departments within the institutions visited indicated information is shared by the Security Intelligence Officers. For example, when the Security Intelligence Officers receive information or formulate intelligence that a visitor may pose a risk of introducing drugs, this information is shared with relevant stakeholders such as the Detector Dog Team and Visits and Correspondence staff to manage the risk.

## General Conclusion

Institutions have implemented drug interdiction activities which balance detection and deterrence. However, issues were identified pertaining to compliance with policy. [REDACTED]

[REDACTED]. Deficiencies were also noted pertaining to the Threat Risk Assessment process [REDACTED].

### Recommendation #8

[REDACTED]

### Recommendation #9

The Regional Deputy Commissioners should ensure the Threat Risk Assessment process is conducted by designated managers, in accordance with policy.

### Recommendation #10

[REDACTED]

## 4.3 Utilization and maintenance of drug interdiction tools and equipment

### 4.3.1 ACCESSIBILITY AND OPERATION OF DRUG INTERDICTION TOOLS

The audit team expected to find that all sites visited have access to and are properly using x-ray machines, IMS Devices, and Detector Dog teams.

**Finding:** All institutions reviewed have access to X-ray machines, Ion Mobility Spectrometry Devices and Drug Detector Dogs. However, three sites were not utilizing all of the tools available.

In order to support its drug interdiction practices, CSC has acquired Ion Mobility Spectrometry Devices (IMS Devices) to detect the presence of drugs that pose a threat to the CSC. The CSC has installed IMS Devices in all institutions and this is complemented by access to Detector Dog Teams. In addition to these two tools, each institution is equipped with at least one x-ray machine.

[REDACTED]

Two institutions, [REDACTED], indicated that they did not have the consumable supplies required to operate the [REDACTED] and thus had not been utilizing this non-intrusive search tool since December 2005. The consumable supplies required are available through the [REDACTED] and there is no supplier in Canada. The sites indicated that the consumable supplies have traces of drugs in them and, as a result the shipment was delayed at Canada Customs.

**Finding: The IMS Device verification and testing procedures were not conducted in accordance with policy on a consistent basis.**

Guideline 566-8-1, *Use of Non-intrusive Search Tools*, requires that “Correctional Officers using the non-intrusive search tools are properly trained and certified as required”. While this training is not part of the National Training Standards, the National Coordinator of IMS Devices has indicated that training is coordinated by CSC and delivered as per manufacturers’ requirements. The audit team verified through interviews and the review of individual training records that IMS Device users in 12 of 13 institutions had received necessary training. The audit team found that in five of the 11 applicable sites, verification and testing practices were conducted in accordance with policy (as the two sites noted in the previous section did not have the consumable supplies to use their IMS Device, verification of this process could not be conducted).

While the training has been delivered, we found that IMS Devices policy and procedures are not being followed. For example:

- Verification that the operator’s hands are not contaminated was not always done;
- The correct cleaning supplies were not available;
- The sample area was not cleaned prior to conducting a swipe;
- At one institution more than two swipes were conducted though the policy only allows for two swipes; and
- Gloves were not always worn by operators.

The purpose of the verification process is to ensure that the IMS Device is properly calibrated, uncontaminated and ready for testing. The potential impact on security is that proper detection may not occur and there is a risk that a visitor could be allowed entry undetected. If a visitor is incorrectly denied entry, the service runs the risk of affecting the visiting status without accurate information for this decision.

**Finding: Many sites reviewed have not implemented site-specific Post Orders as required.**

Guideline 566-8-1, *Use of Non-Intrusive Search Tools*, requires that a Post Order identify the appropriate procedures related to the use of IMS Devices and that threshold levels be readily available to staff conducting tests. While the Commissioner's Directives and corresponding Guidelines were all promulgated in 2004, the implementation of site specific Post Orders on the use of IMS Devices remains outstanding at a majority of sites. In five of the 13 sites visited a Post Order was in place; the remainder had not developed this Post Order. As a complement to the training provided, the presence of a Post Order may contribute to ensuring compliance with the above-noted policy.

#### **4.3.2 STAFF TRAINING ON DRUG INTERDICTION EQUIPMENT**

The audit team expected to find that training has been provided to relevant staff members on the use of the IMS Devices, x-ray machines, and detector dogs. While training is provided to the Detector Dog Handlers and the IMS Device users, [REDACTED]. These issues were addressed in detail in section 4.1.4.

#### **General Conclusion**

Overall, the CSC has implemented drug interdiction tools and techniques at all institutions visited to prevent the introduction of illicit drugs. However the verification and testing of these tools requires stronger management oversight. A significant concern was also noted as the three institutions visited in the [REDACTED] region were not using all the available drug interdiction tools.

#### **Recommendation #11**

The Regional Deputy Commissioners should ensure verification and testing procedures are followed as per policy and that the required Post Orders are in place.

### **4.4 Reporting and Monitoring**

#### **4.4.1 REPORTING OF DRUG INTERDICTION ACTIVITIES**

According to policy, institutions are required to complete a number of forms relating to searches, drug interdiction, seizures, urinalysis and the detector dog program. The audit team expected to find that operational sites are reporting search results and drug interdiction activities to the regional and national levels as required.

**Finding: Information regarding drug interdiction activities is reported from the majority of institutions; however, this information is recorded inconsistently.**

The audit team reviewed several CSC forms which are completed at the institutional level. The following table details the forms included in the reporting process, the purpose of these forms, form recipients and audit observations.

| Report and Purpose  | Form Recipient                             | Audit Observations  |
|---|--|---|
| <p><b>Monthly CCO Report<br/>Form 1300-02</b><br/>Completed by the Coordinator Correctional Operations (CCO), captures information such as the number of visitors and staff who are searched by the x-ray machine, IMS Device, and drug detector dog as well as whether or not the search tools are functioning and employed for searching.</p> | <p>RHQ<br/>NHQ</p>                         | <ul style="list-style-type: none"> <li>• Offender and institutional visitor information not recorded consistently.</li> <li>• Number of searches using IMS Devices not taken from the IMS computer.</li> <li>• Number of staff searches not recorded consistently.</li> <li>• Explanation regarding why search tools “not available” not completed.</li> </ul> <p>Form not submitted by all sites</p> |
| <p><b>Detector Dog Training Records<br/>Form 1250-1</b><br/>Completed by the Drug Dog Handlers, indicates what training has been completed by the Detector Dog Team on a monthly basis.</p>   | <p>RHQ<br/>NHQ</p>                         | <p>No deficiencies identified.</p>  |
| <p><b>Monthly Utilization Record<br/>Form 1250-2</b><br/>Completed by the Drug Dog Handlers, includes the number of searches conducted by the Team and the number, type, and quantity of drugs seized.</p>  | <p>RHQ<br/>NHQ</p>                         | <p>No deficiencies identified.</p>  |
| <p><b>Detector Dog Search Report<br/>Form 1250</b><br/>Completed by the Drug Dog Handlers, includes information on the area searched, and the items seized.</p>   | <p>RHQ<br/>NHQ</p>                         | <ul style="list-style-type: none"> <li>• Form used is a copy of the Canadian Border Services Agency form, not all sections applicable to CSC.</li> <li>• Information inconsistently reported.</li> <li>• Not utilized or submitted by several Detector Dog Handlers.</li> <li>• Same information is recorded in Post Search Report and OMS Incident Report.</li> </ul>                                |
| <p><b>Threat Risk Assessment<br/>Form 1300-01</b><br/>Completed by the Designated Manager, in this context, a TRA is a documented assessment process</p>  | <p>Offender’s Preventive Security file</p> | <ul style="list-style-type: none"> <li>• No indication that the Visits and Correspondence Department and the Security Intelligence Departments were consulted during the decision making process;</li> <li>• No indication that a review of Offender</li> </ul>   |

|   |                                      |   |
|---|--------------------------------------|---|
| concerning an individual's request for access to an institution.  |                                      | Management System (OMS) and Reports of Automated Data Applied to Reintegration (RADAR) system was conducted; <ul style="list-style-type: none"> <li>• No evidence to indicate the visitor was interviewed;</li> <li>• Some TRAs were conducted by non-designated managers; and</li> <li>• Forms did not consistently indicate the decision rendered.</li> </ul> |
| <b>Post Search Reports Form 2013</b><br>Completed by staff member when items have been seized, indicates the type of search that was completed and a description of the items seized. | Institutional Head (RHQ if required) | No deficiencies identified.   |
| <b>OMS Incident Reports – Drug Seizures</b><br>Used to report drug seizures, including type and quantity of drugs seized.   | RHQ<br>NHQ                           | <ul style="list-style-type: none"> <li>• Type and weight of drugs seized inconsistently reported.</li> <li>• The required recording of Threat Risk Assessments is not consistent.</li> </ul>  |
| <b>OMS - Offender Urinalysis Test Screen</b><br>Used to record urinalysis test results, including random test results.  | Site                                 | No deficiencies identified.   |

Discussion with management at the regional and national levels has shown that the majority of institutions are reporting search results as required by policy. From the table above and interviews conducted with staff members, however, it is evident that a review of the forms and their purpose would be beneficial, as those interviewed at all levels were not always clear regarding the requirements or usefulness of the forms. Also, there are no consistent mechanisms in place to ensure that sites are completing and forwarding the required reports at the national level. At the regional level there are processes in place to ensure receipt of some forms. During the audit the National Search Coordinator/Handler Program indicated that the review of forms is currently being conducted at the National level for the Detector Dog portfolio.

An example of the impact of forms not being completed properly was found at [REDACTED] Institutions. As previously stated, the IMS Devices at these two sites were not operational due to a lack of needed supplies. Had the *Monthly CCO Report* been completed properly, RHQ and NHQ would have been aware of the situation and could have taken action to assist the sites in becoming operational.

#### **4.4.2 MONITORING AND ASSESSMENT OF DRUG INTERDICTION ACTIVITIES**

The audit team expected to find the reporting and monitoring of drug interdiction activities at the regional and national level with useful assessment of information disseminated to sites to assist in managing risk. In addition it was expected that there would be a process to measure and assess the impact of CSC's drug interdiction, and that this would be shared with regions and operational sites to manage risk.

**Finding: There is limited monitoring and/or assessment of drug related information in the Regional and National Security Branches.**

As policy requires that institutions submit the above reports to either RHQ or at times NHQ Security, it is reasonable to assume that this information would be useful in managing the risks associated with the introduction of drugs into institutions. While a number of regions do use the information found in these reports to communicate specific, new threats to the sites (for example, new concealment methods) no further trend analysis is completed at the regional level. Interviews with NHQ Security Branch also indicate that there is no consistent approach at the National level to evaluate and share information with all regions, as it is assumed that the in-depth analysis is completed at the regional level. The lack of consistent reporting and recording of information reduces the Service's ability to accurately assess and subsequently manage risk associated with illicit drugs in institutions.

#### **General Conclusion**

Overall, CSC is not adequately reporting and monitoring drug interdiction activities on a consistent basis. Though operational sites are reporting various pieces of information on CSC forms, this information is frequently recorded inaccurately. The information received at both the regional and national levels is filed, with limited assessment and useful feedback to the sites. The audit team found no useful trend analysis conducted on the use and results of IMS Devices or the Detector Dog Teams. The lack of analysis on drug interdiction activities makes it difficult to determine whether risks are accurately identified and addressed. This also reduces the Service's ability to communicate best practices and potential threats.

#### **Recommendation #12**

The Assistant Commissioner, Correctional Operations and Programs should ensure that the NHQ Security Branch review the reporting processes and utilization of forms related to drug interdiction and take the necessary corrective action in response to deficiencies identified.

#### **Recommendation #13**

The Assistant Commissioner, Correctional Operations and Programs should ensure that the NHQ Security Branch strengthens drug interdiction monitoring activities.

## 5.0 CONCLUSION

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The results of this audit have indicated general compliance with expected performance in several areas. However, given that the *National Drug Strategy* indicates that CSC “will not tolerate drug or alcohol use or the trafficking of drugs” there is a need for improvement.

The current drug interdiction management framework was generally adequate with the exception of policies related to the *National Drug Strategy*, the Detector Dog program and the management of human sources. Additional deficiencies were identified concerning [REDACTED] and the Threat Risk Assessment process.

Institutions have implemented drug interdiction activities which balance detection and deterrence; however significant issues were identified pertaining to compliance with policy. The deficiencies noted pertain to [REDACTED] and compliance with the Threat Risk Assessment process.

Sites have access to and maintain the required tools and equipment to carry out drug interdiction activities. However, there were two sites not using the IMS Device, and one site which was not using the x-ray machine. [REDACTED]

Reporting and monitoring of drug interdictions activities was not consistent. There are concerns related to the accuracy of available information and the lack of a coordinated assessment which should include information from the institutions, regional and national levels.

**Sites Audited**

Atlantic Region

[Redacted text block]

Québec Region

[Redacted text block]

Ontario Region

[Redacted text block]

Prairie Region

[Redacted text block]

Pacific Region

[Redacted text block]

[Redacted text block]

## Objectives and Criteria

| <u>Objectives</u>  | <u>Criteria</u>  |
|--|--|
| <p><b>1: To assess if the drug interdiction management framework adequately meets the operational needs of CSC.</b></p>  | <p>1.1 Policies, procedures, and drug interdiction strategies have been established and communicated.</p> <p>1.2 Required funding and resources have been put in place to support this initiative.</p> <p>1.3 Staff roles and responsibilities are clearly defined as they pertain to the implementation and maintenance of drug interdiction activities.</p> <p>1.4 Training and certification requirements have been clearly outlined.</p>   |
| <p><b>2: To determine whether the institution has implemented drug interdiction activities that balance detection and deterrence, and are in compliance with law and policy.</b></p> | <p>2.1 Staff members conduct searches in accordance with law and policy.</p> <p>2.2 A process is in place to restrict/suspend visits as well as to review these decisions as required.</p> <p>2.3 All individuals entering the institution have been screened, and visitors have been informed of CSC searching practices and procedures prior to visits taking place.</p> <p>2.4 The institution has implemented and is properly maintaining a Urinalysis Program.</p> <p>2.5 The institution has a Security Intelligence department which actively prevents and monitors illicit drug activity</p> |

| <u>Objectives</u>  | <u>Criteria</u>  |
|--|--|
| <p><b>3: To determine if the operational sites utilize and maintain the required tools and equipment to carry out the drug interdiction activities as per standards.</b></p> | <p>3.1 Institutions have required drug interdiction tools, and a process is in place to ensure all equipment and programs are properly operational.</p> <p>3.2 [REDACTED]</p>  |
| <p><b>4: To assess if CSC is adequately reporting and monitoring drug interdiction activities.</b></p>   | <p>4.1 Operational sites are reporting search results as required.</p> <p>4.2 Regional and national headquarters monitor results received from operational sites, and takes the necessary action based on this information.</p> <p>4.3 A process is in place to measure / assess the impact of CSC's drug interdiction activities.</p> |

**Legislation and Policy Applicable to  
Drug Interdiction Activities**

Corrections and Conditional Release Act

Corrections and Conditional Release Regulations

CD 566-2, Control of Vehicle Entry/Exit to Institutions

CD 566-7, Searching of Inmates

CD 566-8, Searching of Staff and Visitors

Guidelines 566-8-1, Use of Non-Intrusive Search Tools

Guidelines 566-8-2, Technical Requirements for Ion Mobility Spectrometry Devices

CD 566-9, Searching of Cells, Vehicles, and Other Areas of the Institution

CD 566-10, Urinalysis Testing in Institutions

CD 568-1, Recording and Reporting of Security Incidents

CD 568-2, Recording of Preventive Security Incidents

CD 575, Interception of Communications

CD 585, National Drug Strategy

CD 770, Visiting

### Management Action Plans

| Recommendation   | OPI   | Action Plan   | Completion Date                    |
|--|-------|---|------------------------------------|
| #1 The Assistant Commissioner Correctional Operations and Programs should review and update the current version CD 585 <i>National Drug Strategy</i> .   | ACCOP | CD 585 will be reviewed and updated in accordance with the findings of the audit  | Apr. 07                            |
| #2 The Regional Deputy Commissioners should ensure the implementation and communication of institutional drug strategies.  | RDCs  | Regional responses indicate that various stages of compliance exist ranging from completion to anticipated completion by Sep 06.  | Sept.06                            |
| #3 The Assistant Commissioner Correctional Operations and Programs should approve the manual for the Detector Dog Program and take the necessary steps to ensure its consistent application.   | ACCOP | The manual for the Detector Dog Program is anticipated for promulgation in Nov 06. A manager's handbook will be developed to provide support to the program by Jan 07.                                  | Manual: Nov 06<br>Handbook: Jan 07 |
| #4 The Assistant Commissioner Correctional Operations and Programs should finalize and approve work descriptions for the Search Coordinator/Drug Dog Handler and Security Intelligence Officers.   | ACCOP | A national working group with regional and institutional representation will be established to finalize work descriptions.  | Jan 07                             |
| #5 The Assistant Commissioner Correctional Operations and Programs should develop and implement a policy for the management of human sources and take the necessary steps to ensure its consistent application.  | ACCOP | Initial consultations with policing and other organizations that use human sources have been completed. The policy is anticipated to be promulgated by Dec 06.  | Dec 06                             |
| #6 The Assistant Commissioner Correctional Operations and Programs should ensure that Guideline 566-8-1 is incorporated into the National Training Standards and the training provided to Correctional Supervisors and Security Intelligence Officers. | ACCOP | In collaboration with Learning and Development, the Security Branch will develop a comprehensive National Training Standard to support Institutional Head's policy requirement under Guideline 566-8-1. | Dec.06                             |

| Recommendation  | OPI   | Action Plan  | Completion Date |
|---|-------|--|-----------------|
|   | ACCOP |    | Dec.06          |
|   | ACCOP |    | Sep 06          |
| #9 The Regional Deputy Commissioners should ensure the Threat Risk Assessment process is conducted by designated managers, in accordance with policy.   | RDCs  | Three Regions have reported that actions to address this recommendation have been completed with the remaining Regions to complete verification by Feb 07.   | Feb 07          |
|   | RDCs  |    | Sep 06          |
| #11 The Regional Deputy Commissioners should ensure verification and testing procedures are followed as per policy and that the required Post Orders are in place.  | RDCs  | Two Regions have reported that verification and testing procedures are in place with the remaining Regions to be compliant by Dec 06.  | Dec 06          |
| #12 The Assistant Commissioner, Correctional Operations and Programs should ensure that the NHQ Security Branch review the reporting processes and utilization of forms related to drug interdiction and take the necessary | ACCOP | A working group has been established and was convened in Jun 06 to review existing reporting processes and related forms in order to take corrective action to facilitate CSC's ability to assess and manage risk associated with illicit drugs. | Mar 07          |

| Recommendation   | OPI   | Action Plan  | Completion Date |
|--|-------|--|-----------------|
| corrective action in response to deficiencies identified.  |       |  |                 |
| #13 The Assistant Commissioner, Correctional Operations and Programs should ensure that the NHQ Security Branch strengthens drug interdiction monitoring activities. | ACCOP | <p>A three-phased monitoring approach will be implemented consisting of a Results-based Management Accountability Framework (RMAF) to clearly identify: key performance indicators; data sources and systems.</p> <p>Approach to be in place for April 2007, with the first analysis and report by April 2008.</p> | Apr. 07         |