

Drugs in federal corrections — The issues and challenges

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The problems and challenges of substance abuse within our society are significant. The scope and diversity of substance abuse issues within our correctional system are magnified by the fact that the federal offender population tends to reflect a high concentration of persons with serious and long established substance abuse behaviour coupled with poorly developed cognitive skills and a criminal lifestyle. There is a need for research, dialogue and cooperation amongst all partners in the criminal justice system in order to further our collective understanding and effectiveness in addressing the problem of substance abuse.

Drug and alcohol abuse is a major concern in federal corrections. Upon admission to federal custody, almost 70% of federal offenders are assessed as having some level of substance abuse problem requiring intervention. According to results obtained on an inmate survey, 34% of offenders admitted to injection drug use prior to incarceration and 11% indicated they have injected since they have been in custody. Twenty-five percent of inmates reported that they are under pressure to smuggle drugs into the institution.²

The problems of substance abuse are disproportionately represented amongst our aboriginal and women offenders, especially with respect to the incidence of serious and long-standing substance abuse.

The dramatic rise in the number of federal offenders suffering from infectious diseases such as HIV / AIDS (1–2%) and Hepatitis C (30–40%) in the past decade is linked in large measure with the substance abuse practices and associated lifestyles of many of these offenders. This mirrors a rise in the incidence of infectious diseases amongst drug users in the community, however, it is a very significant problem in our prison population, which is a closed environment where the concentration of offenders with a severe substance abuse problem substantially increases the risk of disease.

The demand for drugs amongst our federal offender population represents not only significant health risks but poses threats to the security of our facilities due to trafficking activities and the high potential for violence associated with trafficking. The problem of preventing drugs from entering our institutions is extremely difficult. There is a very high volume of

movement within a correctional facility on a daily basis, making detection of all contraband, especially drugs very problematic. For example one of our medium facilities housing 650 offenders has approximately 1905 individuals (visitors, staff, contractors, deliveries inmates) entering the institution on a weekly basis.

Drug seizures within our facilities tend to show a significant relationship with a decrease in the number of positive urinalysis tests following seizures. While there is some evidence that there may be a correlation between increased drug seizures and a lower rate of violent incidents, this is an area where more research is needed.

It is well established that gangs and organized crime groups are on the rise in our communities and most certainly exist within our prisons. We have identified at least 49 separate gangs or gang types with members represented in our offender population. It is well established that these gangs derive much of their financing from involvement at various levels in the transportation and sale of drugs.

Substance abuse amongst our offender population creates a high demand that the dealers will undertake significant efforts that ensure a supply. When supply is reduced, sometimes through effective interdiction efforts, prices are increased and offenders and their families and visitors are pressured to pack drugs into our facilities, perpetuating an underground economic cycle characterized by threats, intimidation and, too often, violence.

The fight for control of this underground economy creates security concerns as rival individuals fight with each other over the control of drug distribution. Many institutional incidents are linked in some way to the use and traffic in contraband drugs and alcohol. These problems are not endemic to the Correctional Service of Canada (CSC) alone. They are experienced in varying degrees by all correctional systems and societies worldwide. The problems of substance abuse, associated health issues and the growth of organized crime supported by illegal drug trade are increasingly international in nature reflecting the globalization of business, trade, communications and travel.

While it is perhaps good news that we are not the only ones with these problems, it underlines the need for more comprehensive and complex solutions involving national and international partnerships amongst experts in treatment, programming, health care, law enforcement, education, and research to name a few.

I also would like to dispel a myth that is sometimes perpetuated when we discuss our substance abuse challenges. It is sometimes suggested that the situation is totally out of control and is not being addressed. In other words, there is false impression that all offenders are freely using drugs and alcohol throughout their sentence and efforts to deal with the problem are ineffectual.

On the contrary, although 70% of our offenders arrive with a history of some level of substance use and abuse, our urinalysis random testing suggests that approximately 12% of our offenders test positive for drugs or alcohol at any given time. Of these, approximately one-half test positive for THC as opposed to harder drugs. While any level of positive tests is not desirable, and while these random tests may underestimate the problem to some extent, it is clear that the vast majority of persons under federal sentence are not actively using alcohol or drugs.

It is encouraging that the current priorities of the federal government include a strong endorsement of the Canada Drug Strategy that emphasizes a balanced and integrated approach to the problems of substance abuse. The Solicitor General has been championing the cause of safe communities through a renewed emphasis on research and treatment of offender substance abuse problems coupled with a strong emphasis on effective prevention and law enforcement, with a particular focus on combating organized crime.

Within the Correctional Service of Canada we are working towards a comprehensive approach. Our accredited substance abuse programs OSAPP and Choices have been very successful in reducing substance abuse and helping significant numbers of offenders to reintegrate into the community without relapsing. These programs are being augmented by the establishment of Intensive Support Units in many of our facilities which create positive drug free environments to encourage offender reintegration and relapse prevention.

Research has been a major factor in the development and evaluation of our programs and the recent establishment of the Addictions Research Centre located in Montague, Prince Edward Island, will further encourage and enhance our efforts.

We have had good success with the implementation of the methadone maintenance program and there may be an opportunity to expand this program in coming years based on evaluation of results. Contraceptives and bleach kits have been introduced to help reduce the incidence of communicable disease. While these measures have been controversial, they are part of a balanced and comprehensive approach to reduce harm caused by substance abuse.

For a number of years, an extensive program of urinalysis testing has been in place. We believe this program has been highly effective in acting as a deterrent and reducing the number of offenders actively using drugs or alcohol. When the program was first introduced we had some results over 30% positive on random selection while this quickly dropped to about 12% or less over the subsequent years since implementation. Urinalysis has also been a useful adjunct and control mechanism for monitoring offenders who are participating in certain programs or who have conditions of abstinence on conditional release.

While some inmates and outside groups suggest that the urinalysis program has driven inmates from soft drugs to harder drugs, this has not been evidenced in the random testing results where 49% of the positive tests continue to demonstrate THC use. The second drug of choice is opiates (19%), benzodiazepines (prescribed medications) and cocaine account for 13% and 14% respectively. Inmate use of opiates within federal institutions decreases as one travels west to east.

In the past year we have completed the implementation of ION Scanners in all of our maximum and medium facilities. These devices are very effective in helping to detect the presence of or exposure to drugs. Consistent use of this equipment to screen persons entering our facilities is a deterrent as well as a means of detection of illegal drugs that might be smuggled in. Positive indication on an ION Scanner is combined with other search methods and a security assessment to determine whether a person will be permitted to enter, be offered a closed visit or held for possible arrest by the police.

Drug dogs have proven to be very effective and reliable in detecting the presence of drugs. We are currently augmenting our capacity to have drug dogs available in all facilities through a program to purchase and train our own dogs in every facility. The drug dog program is supported by establishment of a position of Search Coordinator/ Dog Handler for each major facility. This individual manages the drug dog program but also develops and coordinates overall search plans for the institution.

We are working actively with our police partners to develop shared intelligence and strategies to identify and combat organized crime and gangs operating in our institutions and communities. In this regard I am pleased to report that the police community is currently very supportive of working closely with us and recognizes the value of intelligence and expert support from corrections. The issues of drug trafficking and organized crime are very high on the law enforcement agenda and corrections is viewed as a key partner.

As a member of the Canadian Chiefs of Police Substance Abuse Committee, CSC is able to take an active role in contributing to a better understanding of the correctional perspective within the police community. I am impressed that the Police share a view very similar to ours; that the problem of drugs must be tackled in a balanced way through effective prevention programs, education, enforcement, and treatment.

In conclusion, there is no question that the problem of substance abuse is a key criminogenic factor, a health threat, a security and safety concern and, if not treated effectively, a barrier to effective corrections and reintegration of offenders.

Substance abuse has many victims. The offender, his/her family and friends, the victims of crime, victims of drug related intimidation or violence, staff and offenders exposed to increased risk of disease, and the community at large which suffers increased risk to personal safety, economic loss and increased health care demands.

The problem is one of both supply and demand and both aspects must be addressed in a comprehensive way if we are to have any long term success. This can only be accomplished by partnerships amongst all key agencies and groups. A strict enforcement model has been tried many times in many places and does not work. Similarly, a preoccupation with prevention and treatment with ineffective enforcement will not work in isolation.

What about zero tolerance policies? This is tough talk and it has highlighted much of the approach to drugs in North America over the past few decades. But is it a realistic strategy that addresses and solves the problem? We know from experience that while it remains a worthwhile goal it is perhaps too rigid and does not embrace the full scope of strategies in prevention, enforcement and treatment that might be brought to bear in an integrated way towards

achieving meaningful results. Certainly enforcement and detection must be effective and the law must be upheld, but there is some flexibility and room for informed reason in how we sanction and treat persons who abuse drugs. This is why a harm reduction strategy must be fully explored and developed that encompasses a full understanding of the complexity of the problem and balances prevention, enforcement, treatment, maintenance and relapse prevention.

There is a great benefit to develop compatible approaches and strategies through collective dialogue and partnership. Research should be focused on all aspects of the equation. Our goal should be better prevention, better enforcement and better programs of treatment and assistance to offenders in managing their substance abuse problems.

We need to develop our interdiction approaches and sanctions with a view not only for the immediate situation, but also with a view to how they can promote and support our long term treatment and program strategies. The solution is not to isolate offenders or their families indefinitely, but find ways to encourage change and support for both the offender and the family so they can deal with the problem and continue to cope with it when the offender is eventually released.

A strong educational and prevention component is needed, which focuses not only on the offender but also provides meaningful and timely information and support to the family or other significant persons in the offender's life.

There are many opportunities to work with aboriginal communities and with women's support organizations to develop specific institutional and community programs that target the special needs of women and aboriginal offenders with substance abuse problems. This needs to be done.

I am convinced that together we can build on the many very good initiatives and approaches now in place. Through information sharing and research there is significant opportunity to enhance our understanding of and response to the problem of substance abuse. ■

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² Alksnis, C., and Robinson, D. (1995). *1995 National Inmate Survey: Final Report*. Special Report-2A. Ottawa, ON: Correctional Service of Canada.