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Chair

Mr. Garry Breitkreuz

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•(0910)

[English]

The Chair (Mr. Garry Breitkreuz (Yorkton—Melville, CPC)): Order. I'd like to bring this meeting to order. This is the Standing Committee on Public Safety and National Security, meeting number 27. We are being televised today as we study federal corrections, mental and health addiction.

We'd like to welcome our witnesses this morning from the Correctional Service of Canada, Mr. Don Head, the commissioner—welcome, sir—Ms. Leslie MacLean, the assistant commissioner in charge of health services, and from the Correctional Service of Canada Review Panel, Mr. Rob Sampson, the chair.

We'd like to welcome you to our committee. The usual practice is to allow you some time for an opening statement. Without any further ado, if you're prepared to do that, we'll go ahead.

Who's going to go first? Mr. Head? Okay, go ahead, sir.

Mr. Don Head (Commissioner, Correctional Service Canada): Thank you, and good morning, Mr. Chair and committee members.

I'm pleased to be here today, and I would like to thank you for the opportunity to speak to you on this very important issue for the Correctional Service of Canada. Over the last decade, due to a number of factors, we've seen a significant change in the offender population profile, and this reality has posed serious challenges for the Correctional Service. One of the key changes is an increase in the number of offenders with mental health problems and substance abuse problems who arrive at our institutions. To give you an example, the percentage of male offenders identified at intake as having a mental health issue has increased by 71% since 1997, while the number of women offenders with mental health issues has increased by 61% over the same period.

As a service, we must find ways to address these challenges in providing mental health services, and we must continue to strive to improve both the standard of care as well as the correctional results for federal offenders with mental health conditions. It's crucial that we continue to enhance this capacity, because addressing the needs of offenders with mental health issues not only reduces their vulnerability but helps to reduce the risk they pose to others, thereby contributing to public safety results for all Canadians.

Over the last five years, we have enhanced our efforts and continued to work diligently to identify gaps in our mental health services and implement new programs, policies, services, and initiatives to address these issues. In support of these initiatives, we've received a total of \$29.1 million over five years to strengthen

the continuum of specialized mental health support from institutions to the community, within the context of the community mental health initiative. In addition, in 2007 CSC was funded \$21.5 million over two years to support key elements of its institutional mental health strategy. In budget 2008, the Correctional Service of Canada received permanent funding of \$16.6 million annually for institutional mental health services, commencing in the fiscal year 2009-10.

These funds have gone a long way toward establishing a continuum of mental health services to meet the needs of federal offenders, from intake to warrant expiry. For example, CSC is implementing a computerized system to screen and assess all new offenders at the time of intake. As well, all institutions are putting in place a multidisciplinary team of mental health professionals to provide basic mental health services and supports.

I'm pleased to inform you that the critical aspects of the comprehensive mental health strategy are also currently being implemented, including building capacity in federal institutions and supporting offenders to return safely to communities. It is a strategy designed to improve the continuum of mental health care and interventions provided to offenders from the time of admission to the end of the offender's sentence in the community. For example, interdisciplinary mental health teams provide offenders with access to coordinated and comprehensive mental health care within their institutions. Clinical social workers provide clinical discharge planning to support offenders with mental health disorders being released from an institution to the community.

CSC's treatment centres are also an important component of the continuum of care, as they assist in addressing the intensive, acute needs of offenders with mental health disorders. Treatment centres have well-defined admission and discharge criteria, and referrals for admission are made by mental health professionals in regular institutions for various types of mental health conditions.

However, there are some complexities with convincing an offender to agree to participate in treatment. Since the centres are designated as hospitals, they must operate in accordance with the provincial acts governing health care, including the Mental Health Act. Provincial law requires that a patient must either be placed in a hospital voluntarily or, if the patient is assessed by a physician as not being competent to give consent, on an involuntary basis under certification. This certification must be renewed regularly.

An offender's stay in a treatment centre varies considerably and depends on the offender's needs. Discharge from a treatment centre could be for any of the following reasons: the clinical team assesses that a discharge is appropriate, i.e., their treatment plan is complete; the offender decides to leave or refuses to accept the treatment and cannot be held within the provisions of the provincial mental health act; or the offender has a mandated release date regardless of the above, a statutory release, or a warrant's expiry release. It should be noted, then, that in some instances it can be difficult to move an offender to a treatment centre or to keep them there to get the help and support he or she needs, if they are unwilling.

To continue to support and treat the growing number of offenders with mental health problems, the service is taking strides to boost its human resource capacity. Last year, CSC established a recruitment and retention strategy for health care professionals, including psychologists and other mental health professionals, to recruit and retain qualified candidates. Implementation of the strategy is now under way and focuses on communicating and advertising CSC health positions, doing targeted recruiting, and promoting a healthy workplace that promotes professional development.

● (0915)

Compounding mental health challenges is the fact that four out of five offenders now arrive at a federal institution with a substance abuse problem, with one out of two having committed their crime under the influence of drugs, alcohol, or other intoxicants. Unfortunately, an offender's substance abuse problem will likely continue once they have entered an institution. A major contributor to the institutional violence is drug trafficking, both in street drugs and prescription drugs. This creates a challenge to ensure our institutions are safe and secure for both staff and offenders. It also has a significant impact on an offender's willingness and capacity to successfully participate in and complete substance abuse programs.

Preventing drugs from entering our federal institutions is an ongoing issue, and it is the diligent work of CSC staff that helps us tackle this challenge. Consequently, CSC continues to develop plans and implement measures to reduce violence and illicit drugs in our institutions through the anti-drug strategy. This strategy focuses on the three key elements of prevention, treatment and intervention, and interdiction. One of the goals is to emphasize a more strategic use of existing interdiction tools. It also aims at an awareness program to inform visitors, contractors, and staff about the repercussions of smuggling drugs into penitentiaries, increased monitoring of those offenders and other individuals potentially involved in the drug trade, increased discipline measures, and a broadening of offenders' awareness of substance abuse programs.

In addition, CSC staff members use a number of tools to prevent drugs from getting into our institutions, such as x-ray machines, ion scanners, a 1-800 tip line, drug detector dogs, as well as a public information campaign. We will also be piloting a new integrated correctional program model in designated men's institutions and community sites in January 2010 for a period of one year. The integrated correctional program model will be based on the most effective aspects of our existing correctional programs and will maximize the service's contributions to public safety by helping to ensure that offenders get the right programs at the right intensity level at the right time.

Creating an integrated approach to meet those needs is the most cost-effective way of delivering services, particularly as offenders transition to the community. These are important measures that contribute to making institutions safe, secure, and drug free, measures that are critical to creating an environment where offenders can concentrate on becoming law-abiding citizens.

In May 2008, CSC hosted an international symposium on advancing solutions to offender mental health issues. This symposium was organized to allow CSC to consult with other correctional jurisdictions on their best practices. In December 2008, CSC hosted a symposium on managing the interconnectivity of gangs and drugs in federal penitentiaries. The symposium proved very successful in allowing Canadian correctional employees and their international counterparts to exchange best practices and ideas to approach gang and drug issues.

As you may be aware, on April 20, 2007, the government appointed an independent review panel to assess the operational priorities, strategies, and business plans of CSC, with the ultimate goal of enhancing public safety. In December 2007, the panel released its report containing 109 recommendations that focus on five key areas: offender accountability, the elimination of drugs in institutions, offender employment and employability, the physical infrastructure, and the elimination of statutory release in favour of earned parole.

In February 2008, CSC established a transformation team to lead the service's response to the report presented by the review panel. CSC's transformation agenda was then supported in budget 2008, with \$122 million committed over the next two years. This funding allows CSC to implement the first critical stage of transformation.

Above and beyond our efforts to address mental health and substance abuse issues, we have focused on areas such as population management; safety and security; assessment and correctional interventions; employment and education; women, aboriginal, and ethnocultural offenders; transition to community; victims; human resource management; and our physical infrastructure. I believe we are well on our way to improving the federal correctional system and thus enhancing our ability to meet our mandate of contributing to public safety.

● (0920)

In closing, I wish to thank you for this opportunity to speak on CSC's efforts to address the needs of offenders suffering from mental health and addictions problems and to outline some of the strategies and initiatives we have taken.

Thank you, Mr. Chair.

The Chair: Thank you very much, sir.

Mr. Sampson, do you have an opening statement as well?

Mr. Rob Sampson (Chair, Correctional Service Canada Review Panel): Yes, I do, Mr. Chair. I don't have any written comments. I'm going to do this as I'm accustomed to doing, on the fly. But I'm going to refer the chair and the committee to the report we issued in October 2007. I suppose most of my comments are buried in the report, and one or two of the 109 recommendations are in one or two pages of that report.

The report is on the CSC website; it's a publicly released document. There are a number of sections in the report that deal with mental health in particular. I think there are some 10 or 11 recommendations that deal with mental health, recommendations 47 to 58, if members want to take note of those particular ones.

I just want to say a couple of things, and then I think it is probably beneficial to open it up for questions, Mr. Chair, or whatever your process is.

I would encourage the committee not to look at mental health as a stand-alone issue within corrections. It's really one of a number of issues within corrections. What the panel found when we did our review of corrections was that all these pieces of the puzzle are very much connected. To tackle the mental health issues within corrections and not deal with infrastructure doesn't work. To deal with infrastructure but then not deal with the issues around mental health, or drug addiction, or programming doesn't work. The solutions around corrections and federal corrections really need to be holistic, if you will.

Just looking at mental health in particular, the panel commented on this, and I don't know how this committee looks at it, but what the commissioner just explained is that with the multi-millions they spend on mental health and health programs within corrections, effectively what Correctional Service Canada is creating is its own health system. Federal prisoners are outside of the federal Health Act, and because of that, even though these institutions may be in Ontario, Saskatchewan, or B.C., where there is a health system, the federal corrections system creates its own. The potential for duplication and reinventing the wheel is large. I think the potential for "not the best" spending of federal taxpayers' money is extremely high when you're building another health system within the federal corrections system, right in the backyard of the Ontario health system.

One of our recommendations on the mental health side alone is that there be some improvement in the coordination between the delivery of services for federal penitentiary incarcerated inmates and those that are done outside. Those inmates will be released back into the community and then they will be part of the provincial/federal health system. You need to have the integration. I know the commissioner is struggling to do it, but it is very difficult to do when in fact the act says federally incarcerated individuals are outside of the Health Act.

An interesting comment in our report was that we should look at mental health as a penitentiary within a hospital as opposed to a hospital within a penitentiary. You need to think a bit about that phrase. I would encourage the committee to do that as they tour these facilities.

I'm going to champion a particular project that was started in Ontario, not because it was started by me when I was the Minister of Corrections in Ontario, but because it was started by a government in Ontario, and that's the Brockville situation. If you have the opportunity, I would encourage you to tour the Brockville mental health facility, where they have indeed created a penitentiary within a hospital. You will walk into that place and it will be secure, there will be guards there, but the inmates are treated more like hospital patients, and I think, frankly, they respond differently than they do in some of the federal institutions that the panel toured.

That system is a little bit more integrated with the provincial health care system as well. It's actually run by the Ottawa Hospital.

● (0925)

Infrastructure is a recommendation in our report. The panel actually recommended the creation of complexes, not because they become these massive big prisons, as some people have twisted our recommendation into, but because they give the opportunity for the commissioner to put a hospital within a penitentiary, if you get my sense, and have the flexibility to move inmates around from one institution within the other, from one facility to the other, within the same confines—within the same fence, if you will.

Tremendous operational efficiencies, tremendous service delivery efficiencies could be achieved, and I would argue—and the panel actually alluded to this—that cost savings as well can be achieved by better managing a much smaller group. Commissioner, is it 50-some-odd institutions that you have?

A final comment around mental health. This was alluded to in the report but not specifically spoken to in the report.

On the mental health side, the panel's view is that the primary objective for corrections should be to stabilize the individual and treat as necessary. The individual will either transition down into the general population of a prison population or out of the prison on release, and they may or may not have the same level of services they became accustomed to within the institution. As a result, you need to get them transitioned and stabilized to a point at which they can actually live as law-abiding citizens outside the gates, relying upon the services that are available within the particular community they go to. To get them accustomed to a high level of service within an institution and then release them to a low level of service outside the institution is, frankly, setting them up for failure.

I think some of the recidivism statistics around mental health issues that you will have heard already from the commissioner or the correctional investigator would indicate that that's what's happening. These individuals are leaving, they're accustomed to a more individualized level of service inside the institution, and they're on their own. That is why the primary objective should be to stabilize, so they can actually survive as law-abiding citizens within their community.

In fact, I think if you ask the fellow who runs the Brockville institution what his primary objective is, that's what it is. His challenge is a little bit more difficult because of the shortness of stay within provincial institutions. It is much shorter than in federal institutions. He has to focus on stabilization because they're not around long enough to have any effective impact from treatment.

Mr. Chairman, those are my comments. I appreciate your taking a look at this very important subject and I await your further questions.

The Chair: Thank you very much.

We'll move to comments and questions, beginning with the Liberal Party. Mr. Holland, seven minutes, please.

Mr. Mark Holland (Ajax—Pickering, Lib.): Thank you, Mr. Chair, and thank you to the witnesses.

I'll start with one of the areas Mr. Sampson really spent a lot of time on that is deeply concerning to me because it deals with two issues. One, you mention the fact that four out of five inmates who come into correctional facilities have substance abuse problems. Clearly, those are problems that don't simply go away through trying to deny drugs coming into the facility. That's laudable, but I'll come back to that point.

The problem I have is that the correctional investigator indicated that in many cases there are individuals serving their sentences and in that entire period of time they never have access to any program. And programming is key to reducing recidivism, yet it seems right now that we're not even meeting the statutory obligation to provide programs to these inmates to make sure they're getting the skills and help they need to be able to reintegrate into society.

I'm wondering if you could respond to those comments by the correctional investigator and give your perspective on where we are on the delivery of programs right now.

• (0930)

Mr. Don Head: Thank you very much, Mr. Chair. That's an excellent question.

Under the legislation, we have an obligation to provide a range of programs for offenders. The legislation very much puts the onus on us to make available a variety of programs, not only correctional programs but social-based programs, ethnocultural-based programs, a whole array of programs. I would say that we've been relatively successful in doing that.

Now, there are several challenges that we face in that regard. First, we cannot force an inmate to participate in any programs. Our obligation is to make them available, but we can't force an offender to participate.

Mr. Mark Holland: Let me pause you there, just for a clarification.

The correctional investigator indicated that there were individuals who did not have access to programs, even should they want it. Do you disagree that this situation exists?

Mr. Don Head: I think we have some issues in some of the more unique or specific types of programs, some very unique problems—particularly, for example, on the mental health side. We have a huge array of programs available and in some cases we have more capacity than we have demand.

I'll use substance abuse as an example. Of the 509 program officers we have across the country, 400 are trained to deliver a substance abuse program, which gives us the capacity to deal with about 10,000 offenders a year going through programs on substance abuse alone. For the last several years we've been averaging between

5,000 and 5,500 people going through substance abuse programs. We've been putting a lot of our time and energy into that area.

We have some challenges in some of the other unique areas, such as sex offender programming, and some of the more unique sex offender types of programs.

Mr. Mark Holland: Maybe you can get back to me on this, because it's probably not something you can answer immediately now, but what I think the committee is really going to need to know is how we fix this. If you have individuals who are entering our facilities with issues on which they clearly need help if they are to be redressed, and if we're not dealing with them in the correctional facility, they're going to be reintegrated, and the likelihood of their repeating an offence is exceptionally high. I think we need to know what Correctional Services Canada would need to make sure that everybody who needs programming gets it. That's an area of deep concern for me.

I'll talk just for a second about substance abuse. We heard from the correctional investigator that over the last five years a very large amount of money and effort has been put into keeping drugs out of prisons. The result of testing has shown that in the overall prison population, drug use has gone down by 1%. Could you tell me how much STDs have grown in that same five years—hepatitis, AIDS, and HIV? What kind of growth have we seen?

I didn't hear a lot about the strategy of breaking the cycle of addiction; I heard more about just keeping the drugs out of the facility. Is that very realistic as a strategy? Do you see that correlation—that the more we clamp down, the more dangerous these desperate individuals, who need help, become and the higher the rate of infection? I believe 30% of inmates are faced with hepatitis right now. These individuals are coming back into society and infecting the general population; this is becoming a huge health concern.

I'm interested in your thoughts.

• (0935)

Mr. Don Head: I have a couple of responses, one just quickly on the program piece.

I mentioned briefly in my opening comments the moves we're making around what we're calling the integrated correctional program model. What that will do for us, to address the issue you raised about access to programs, is position us to start delivering the program primers to offenders during the time of admission. Rather than waiting anywhere from eight to nine to ten months before offenders start participating in programs, they'll be starting to participate in the program primers right at the time of admission. For us, this is a significant change in our programming strategy that will go a long way to address the issue you were briefly mentioning.

On the issue of infectious contagious diseases, currently we have about 250 offenders who have tested positive for HIV, and about 4,100 offenders who have tested positive for hepatitis C. These numbers have been going up gradually. They are not huge increases. We can provide the committee with a table of the actual numbers.

We know these numbers only as a result of inmates' consenting to be tested. There is no mandatory testing of offenders coming into the system. If there were a huge increase of individuals who come into the system with infectious diseases rather than getting them through something that's happening in the institution, we really don't have a good gauge for it, unless the offenders agree to be tested. We only know the statistics based on those who have volunteered to be tested.

As to our approach to clamping down, we honestly believe that unless we create a safe environment for offenders to come forward and participate in programs, we're not going to have them come out of their cells. A lot of pressure occurs in some of our institutions, primarily at maximum security institutions and some of our higher-level medium security institutions, where the pressure is placed on offenders to be more involved in the drug subculture and therefore choose not to participate in programs. On any given day, about 20% of offenders choose not to participate in any programs.

Mr. Mark Holland: My point here is not that we should allow drugs to run through the system, but if we want to break the cycle of addiction we have to treat it differently. When we have the level of infectious disease that we have in our correctional facilities, that poses a huge health risk, not only to the other inmates but to the population in general when these individuals come out. It's an area I think we have to do a lot more on.

I have one last question.

I had an opportunity to meet with a lot of the people involved in the farm prison program. I met with former inmates and I saw that the rates of recidivism in that program had dropped dramatically. It seems to me as yet another example of where there's some great programming and some wonderful things being done. In fact, we're using it in Afghanistan as a model to show how corrections should be done, yet here we're cancelling it.

Can you explain to me why we're cancelling that program? It's providing food to the area prisons and it's providing some great programming, job skills, and self-confidence. Why are we cutting that right now?

The Chair: Mr. Head.

Mr. Don Head: We're trying to provide opportunities that address the criminogenic needs of offenders. The participation in farm programs don't necessarily do that. There is more emphasis on trying to meet production quotas than there is in meeting the criminogenic needs of the offenders. Our primary focus is to address the needs of the offenders that led them into conflict with the law.

As I mentioned earlier, we're also trying to provide employment and employability skills opportunities. That's not to say that the farm participation doesn't do that, but we're trying to find those kinds of skills that will allow offenders to access the more modern job market that they're going to face when they're released into the community.

The Chair: We'll move to the Bloc Québécois for seven minutes.

[Translation]

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Thank you for coming here. It is really unfortunate that we have so little time to meet with you. I will therefore quickly go to the nub of the issue.

How long have you been in your current position?

[English]

Mr. Don Head: I've been the commissioner of Correctional Service Canada since June 2008. Previous to that I was the senior deputy commissioner from 2002 until I was appointed commissioner. Previous to that I was the assistant deputy minister in Saskatchewan responsible for the provincial probation in Correctional Services. Prior to that I was the superintendent of the territorial jail in Whitehorse and then shortly ran the territorial system in the Yukon. Previous to that I had started my career as a correctional officer in Correctional Service Canada in 1978 and worked my way up through several positions.

● (0940)

[Translation]

Mr. Serge Ménard: I see that you have spent your entire career in the field of criminal justice. We may very well get along, since I have worked in the field of criminal justice since 1966, but as a lawyer.

I would like to understand what your current priorities are, as the Commissioner of the Correctional Service of Canada?

[English]

Mr. Don Head: They are several. They are very much aligned with our overall transformation agenda.

The first priority is about ensuring we have safe and secure institutions across the country. If we do not have safe and secure environments in which the staff can work and in which offenders can choose to participate in the programs that are being offered to them, then we're not going to be effective.

The second priority is around making sure we have the most modern assessment capacity to assess the needs of offenders, so that we in turn can develop the most effective correctional plans that will allow us, again, to address the needs of the offenders. Then, based on that, it's making sure we have the most effective—empirically based effective—programs for offenders to address their needs, both while they serve their time in the institutions and while they transition into the community under our supervision.

As well, I'm trying to make sure that we have a good, strong human resource capacity, so we are recruiting the best men and women from across the country to work in our organization; that we provide them the best learning and development opportunities; and that we have a good, strong retention strategy for keeping people within the organization. Collectively, it is trying to make sure we have a good, strong continuum for delivering correctional services.

At the same time, one of my priorities is to make sure we're well connected to what I would call the front end of the system and the back end of the system. I believe very strongly that there is a lot more work we could be doing in terms of our relationships with the communities, with the criminal justice system, and with the social service agencies that address some of the issues we face and deal with on an ongoing basis.

Unfortunately, as the member may know, Correctional Services Canada becomes the point in the continuum where the expectation is that we address all the social problems that have been unaddressed for a period of time. So I am trying to make sure we are much better connected at both the front end and the back end, so that people coming into the system have many of the issues, which we have to face now, addressed ahead of time, and at the same time, once they move beyond our responsibility—beyond warrant expiry—that they have access to the types of services and supports they need in order to stay out in the community and function as law-abiding citizens.

[Translation]

Mr. Serge Ménard: Thank you.

In my opinion, you have shown that you have a great deal of competence in your field. I have always said that managing delinquency means managing failure. Here I speak of personal failure, failure of the education system, the family, society and, more and more, the failure of mental health services. It would be interesting to examine the priorities of the Correctional Investigator. His priorities would no doubt be completely different from yours, but I do not want to say anything further on that issue.

I know that the main problem, the one that is underlying all the others, is drugs. That comes as no surprise to me. In 1966, 90% of the time, alcohol was given as the reason for committing a crime. That damn alcohol! That was it. Slowly, drugs started playing a more predominant role. Obviously, drug use is not often used as an excuse, but we all know that this is the main reason. That is why I do not think that minimum sentences will do much to reduce crime if we do not attack the root of the problem.

You know, Matsqui was a failure. This prison was established in order to reintegrate drug users. I note that your service had some agreements with external organizations in order to deal with the most hardcore drug users, such as Portage in Quebec. I do not know if there are any models, such as Daytop in New York.

Could you tell me how much money we spend to treat serious drug addicts at these external agencies?

• (0945)

[English]

Mr. Don Head: I don't have that number. We could do some research on the cases where we've sent offenders to specialized treatment programs. They're usually cases where offenders have been released on conditional release or in preparation for release to the point of warrant expiry.

As was pointed out, there's a series of treatment centres across the country. Places like Poundmaker, and Tsow-Tun Le Lum on Vancouver Island provide substance abuse treatment and support for offenders and others in the community who need that kind of help.

We can get back to the committee with the number of individuals and the costs we incur in that regard. But we try to deal with the individuals we have, both in the institution and under our supervision. Last year, for example, we put just over 5,000 offenders through substance abuse programs.

[Translation]

Mr. Serge Ménard: Are you able to measure the success rate that you have obtained with such cases?

[English]

Mr. Don Head: I can give you the success rate for the offenders who complete the programs. For the substance abuse programs we have a successful completion rate of between 70% and 74%. For us that is relatively high. The model we use for substance abuse programming—

[Translation]

Mr. Serge Ménard: I apologize for interrupting you. But if I understand correctly, by success you mean people who have completed the program.

I would like to know whether you have an evaluation form that indicates whether or not these programs have managed to help these people—

[English]

The Chair: There's time for a brief response.

[Translation]

Mr. Serge Ménard: —get rid of their addiction.

[English]

Mr. Don Head: We can provide you with some of the research materials on the efficacy of the program itself. We know for a fact that individuals who go through substance abuse treatment have a much higher rate of being successful once they are released into the community than those who do not. We can provide the committee with research materials on that subject.

The Chair: Thank you very much.

Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chairman.

Thank you for appearing before the committee today.

I want to talk about the use of segregation and solitary confinement. I think one of the reasons the committee decided to embark on our study was the tragic circumstance of Ashley Smith, which I think we're all familiar with. The impression I get is that behavioural problems in prison that stem from underlying mental health problems have often been treated, on a behavioural model, by segregating the person.

I have also developed the distinct impression that inmates do not have access to regular effective programs of therapy that can meaningfully treat their mental health issues. I'm sure there's a variety of reasons for that. I know there's difficulty recruiting mental health professionals; it's a challenge. But I want to know if you can tell us a little more about where you think we need to go in that regard and what resources you may need to provide inmates under your control with that kind of treatment.

• (0950)

Mr. Don Head: Yes. In terms of the first point that you raised around segregation, you're absolutely right, the correctional investigator pointed that out in his testimony to this committee.

One of the problems we've always had in corrections is that when individuals act out, our first response is to respond to that outward behaviour. Sometimes that behaviour is violent and could result in harm to others or harm to the individuals themselves. Our response has always been to try to contain that behaviour so that we can move in the direction of stabilizing the individual and then making the best assessment or determination of what next steps to pursue.

Now, unfortunately, with individuals with mental health problems, we sometimes find ourselves in a bit of a recurring situation. The individual acts out, we take the appropriate measures, which may include placing the individual in segregation, get them stabilized, release them back into the population, and then that behaviour starts again. Unless we have the means to get these people plugged into some of the more specific programs they need to keep their behaviour stabilized, or get them access, for example, in some of the more severe cases, to our treatment centres, our psychiatric centres, we have some problems in terms of this cycle.

It is a challenge. It's a challenge every day for the women and men who work the floors of these institutions, because there is no question in my mind that they are trying to find the most humane, safe, and secure way to deal with that behaviour and be respectful to the individual. It is a challenge with some of the more severe cases.

In terms of your question around the issue of access to programs, particularly for mental health offenders, I think one of the things I would definitely plug is the need to have support, and continued support, for the initiatives and for the funding we got for our community mental health initiative and our institutional mental health initiative. We're still a far way from having the absolutely 100% right formula for everybody, but these are very critical steps in terms of our addressing the problems that we have to deal with on a day-to-day basis.

This funding has allowed us to move light years from where we were 10 years ago. We still have a long way to go, and we have as much work to do in terms of making sure there's support beyond the correctional system, so that when these people do return to the community they stay out longer and eventually, hopefully, do not come back into conflict with the law.

Mr. Don Davies: Thank you.

I want to move to substance abuse. Statistics seem to be pretty consistent that four out of five people who enter a federal correctional facility have a substance abuse problem. I've heard figures around 70% to 80%. I really liked the phrase that Mr. Sampson used about having a penitentiary within a hospital. I might amend that to suggest that it should be a penitentiary within a treatment centre. If 80% of the people entering the system have serious substance abuse issues, it would seem to me that one thing we'd have to do is make our federal penitentiaries, or large parts of them, actual drug and alcohol treatment centres.

I was also somewhat surprised to see that on the \$120 million dedicated to the drug file in prisons—and Mr. Holland pointed this out—all of that money was directed at drug interdiction. Not one penny was dedicated to treatment or harm reduction. I'm just wondering about that. It seems to me that we're completely missing the boat if we're putting money into drug interdiction instead of putting a lot of resources into drug treatment.

Anybody who's familiar with drug and alcohol treatment knows that availability of drugs and alcohol is not an issue, okay. There are many people walking the streets of Canada who are recovering alcoholics and drug addicts and they're two minutes away from getting drugs and alcohol if they want it. It's not an availability issue; it's a treatment issue. I'd like your comment on whether you think it's misdirected to put a tenth of a billion dollars into drug interdiction and not put money into drug treatment in prisons when we have such a high need.

• (0955)

Mr. Don Head: I'll answer that question, but I have just a quick point of clarification.

For the roughly four out of five offenders who have substance abuse problems, it's as general as that; it doesn't mean that they all have serious substance abuse problems. That phrase has been used several times in different fora, and it's not the statistics that we produce. Eighty per cent have a substance abuse problem. About 50% had that substance abuse problem played out at the time that they committed their offence. Having said that—

Mr. Don Davies: Mr. Head, I want to interrupt you for a second before you carry on. I was quoting from a Government of Canada website, from the *Executive Summary: A Roadmap to Strengthening Public Safety*, issued by then minister Stockwell Day. This is from the government itself. It says: "It is not surprising that drug abuse and trafficking is an issue within the penitentiary walls given that about 4 out of 5 offenders now arrive at a federal penitentiary with a serious substance abuse problem."

I'm quoting from the government, sir. Is that wrong?

Mr. Don Head: I'm just clarifying that it is a serious problem. There are serious cases within that 80%, but not all 80% have a serious drug problem. That's why, when we deliver our programs, they range between low-intensity, moderate-intensity, and high-intensity programs. That's an important piece for us.

In terms of the question around the funding that's made available for us, as I mentioned earlier, one of the things we need to make sure we have in place right at the beginning is a safe and secure environment in which the staff can work. More importantly, it's that the offenders can participate in the programs or interventions that they feel they need. Although there was a significant portion of that \$122 million directed towards the interdiction side of the House, we also received, as a result of previous funding in budget 2007 and budget 2008 and through the strategic review reinvestment portfolio, an infusion of money for four programs. That programming money will allow us to advance the agenda that I mentioned earlier around our integrated correctional program model, which will allow us to get offenders involved in programs, as I say, right at the time of admission, including addressing the substance abuse problem, regardless of the level of intensity, right from the beginning of the sentence and not waiting for many, many months into the sentence.

The Chair: Thank you very much.

We'll go over to the government side now. Mr. MacKenzie, please, for seven minutes.

Mr. Dave MacKenzie (Oxford, CPC): Thank you, Chair, and thank you to the panel for being here.

As Mr. Ménard mentioned, he was involved in the legal profession for a long time, and some of us on this side have the same story from a different perspective.

One of the things I think the law enforcement side would say is that over the last 30 or 35 years, mental health issues within the provinces have changed a great deal. It certainly used to be one of the tools in the tool box that police officers had, which was to properly, I think, use the mental health act across the country and to frequently divert people who had mental health issues from the criminal justice system into the mental health system.

I recognize that corrections, both at the provincial and the federal level, are now ending up with people who make it very difficult for the correctional system to deal with. What would be ordinarily offenders with a problem...more importantly, now we have mental health issues, people who have a problem who end up being dealt with in the criminal system. Perhaps—I'm not accusing anybody of anything—the tools have changed a little bit in an unfortunate way.

When you talk about the need for treatment—as all of my colleagues have, and we would agree there's a need for treatment—the difficulty, as I understand it from both what you've told us here and what we've read, is that proverbial “you can take the horse to water, but you can't make him drink”. We can have great programs—I believe we do and we perhaps need more—but there is no mechanism. I think Mr. Holland addressed this. There is no mechanism to force that treatment on someone who doesn't wish to take it.

I don't know if you're in a position now where you would have some suggestions as to how we might do that. Do you need more resources if they were available? Or is the problem a bigger one in that we need to find a way to get the people who need the help to get the help?

• (1000)

Mr. Don Head: Thank you very much, Mr. Chair, for the question.

It's a combination of several things.

As I mentioned briefly earlier, about 20% of the offender population absolutely refuse outright to participate in programs. These individuals have become a significant challenge for us. They are the ones who, to be honest, will probably be coming back through the provincial doors, and ultimately our doors, for years to come. We need to find a way to have them become more motivated to participate in the programs.

There is no question that the majority of offenders who participate in the programs do want to make a life change, and they're quite committed to that. They see that their involvement in programs is the first step in doing it. It's not the one that's going to cure everything that brought them into conflict with the law, but it's a first step in the right direction.

We need to do something as well with the other 20%. We need to expand our capacity in some of the areas around our programming. I think we have a good start in the funding we've received to date, and we look forward to having that carried on in subsequent years so that we can advance our integrated correctional program model.

We believe we need to have some changes made to our infrastructure to facilitate the delivery of the programs, but more importantly, to reinforce this program learning on a day-to-day basis back in the living units, in the recreation areas, and in the other areas the inmates participate in during the day. Our current infrastructure actually works against us in doing this, and we need to have some changes there.

I would also suggest that there needs to be some consideration as to how we find approaches or avenues to motivate the offenders who are not motivated to participate in programs. Right now, if you have two offenders, one who chooses to make a difference in his life and participate in programs and one who chooses not to, both would enjoy the same privileges within the walls of our facilities. It's very difficult, if you choose not to.

One of the experiences I had in both the territorial and the provincial systems is that offenders knew, based on the earned remission system, that it was unlikely they were going to lose remission. They would normally earn the one-third off; therefore, they would just wait out their time. We're seeing, with a lot of the younger offenders who are coming into the federal system, that they're carrying that attitude over and are just waiting until their two-thirds mark to be released at statutory release, and they believe they're therefore going to be free and clear. Unfortunately, in the federal system, as you know, they're still under our supervision for the last third, in contrast with the situation in the provincial system.

We need to find a way to get those individuals motivated to participate in programs both in the institution and in the community in order to continue to produce the public safety results that Canadians expect from us.

Mr. Dave MacKenzie: At this point, the only reason for an offender to take part in these programs is their own volition. If I understand you correctly, the person who volunteers has to be motivated to do it, and peer pressure within the institution would obviously come into play a great deal, particularly on the negative side. You've indicated that. There has to be some reason for some people to take advantage of these programs, and the current automatic remission does not help that program.

Mr. Don Head: That's right. Again using the scenario of the two offenders, both will enjoy the same privileges throughout their sentence. Although those who participate in programs may move through the system and down to lower levels of security more quickly—or just may move, period—the rest of the privilege regime is the same.

We need to find ways, and we're trying to do it now, whereby those who are not motivated to participate in programs cannot exert an undue influence on those who are trying to make a life change. We're trying to find a way—short of putting them in segregation, because that's a very extreme measure, as you're well aware—of separating them in the living areas, so that those individuals who are really committed to making a change and are motivated, as most of them are, are allowed to carry on along the right path, so that they will get the programs, get the interventions, get the assistance, and get the counselling they need to get out into the community and hopefully make a move in the right direction.

• (1005)

Mr. Dave MacKenzie: I think Mr. Sampson wanted to comment.

Mr. Rob Sampson: I would encourage the committee to take a look at our recommendation number two, which speaks to the issue of motivation. The panel recommended amendments to the CCRA, which included a recommendation, in section 4, that inmates be required to actively participate in their correctional plan and in programs designed to promote their rehabilitation and safe integration. It's not in the CCRA now. The panel's recommendation was that it should be—in order to provide encouragement within the institution. Apart from all the other issues, like infrastructure or staffing, which are not insignificant, you need to have the legislative direction to tell the inmate that it's his obligation to engage. It's part of the system's obligation to deliver. Giving the system an obligation to deliver, with no obligation on the part of the inmate, will get you the same results as you are getting now.

Mr. Dave MacKenzie: Thank you.

The Chair: Mr. Oliphant.

Mr. Robert Oliphant (Don Valley West, Lib.): Thank you, Mr. Chair, and my thanks to all of you for being here.

Mr. Head, you have either the hardest or best job in the country, I'm not sure which. I think you have one of the most important jobs. Thank you for your work and for being here.

I want to check out some numbers. I am trying to get a framework in my head. The prison population changes. Are there 30,000 to 35,000 in federal incarceration?

Mr. Don Head: On any given day, we have about 13,500 incarcerated and just over 8,000 in the community under our supervision. That's around 22,000 under federal responsibility. The number you're citing sounds like a provincial number.

Mr. Robert Oliphant: It includes the provincial number. So there are 22,000?

Mr. Don Head: Yes, 22,000 under federal responsibility.

Mr. Robert Oliphant: What are your projections for the prison population over the next five years?

Mr. Don Head: We're projecting increases based on what we would call normal growth. We are projecting about a 0.5% increase on the men's side. On the women's side, it looks as if the increase could be as high as 2% or 3%. We've done our projections in relation to what we commonly refer to as Bill C-2 minimum mandatory penalties. We're projecting that there will be a sustained increase of just over 380 offenders. We're still trying to finalize the projections around the credit-for-time-served bill.

I came back last night from a meeting of federal-provincial-territorial heads of corrections. We talked about what this legislation would mean provincially, territorially, and federally. Some refinements to the numbers will be necessary, and we are trying to narrow down the assumptions, but we are anticipating growth.

Mr. Robert Oliphant: We have normal growth and we have political growth. That's what I would call it.

Mr. Don Head: Yes, we expect some growth based on legislation.

Mr. Robert Oliphant: We have 10,000 spaces for mental health facilities, including alcohol or drug treatment. There is room for

about half the population. If you have 400 staff, you can run about 10,000 spaces. That's about half, but four out of five of our prisoners have mental health problems. I am assuming that when you say "mental health", you are referring to addiction as well.

Mr. Don Head: The four out of five is the number for substance abuse problems.

Mr. Robert Oliphant: I call that mental health, following an Ontario model. I don't know what other people do. There is room for fewer than half right now in this population, and the population is going to grow.

• (1010)

Mr. Don Head: Let me address your math. One of the things we have, of course, is the issue of time. Because the average sentence length is just over four years, we have a certain period of time in which to address the needs of offenders. We don't have to address 22,000 individuals every year.

Mr. Robert Oliphant: About 5,000 access the programs, so it seems to me we have two problems. We have a capacity problem, which is about accessibility of the programs. It's still not big enough. And we have a motivation problem—some people aren't participating. The motivation problem could be legislated, as Mr. Sampson's report is recommending, or it could be incentivized. There are two ways of doing this. Generally, every health professional I've ever talked to, every addictions person I've ever talked to, has said that legislating people to treatment doesn't work as well as incentivizing or marketing the programs.

Is it the understanding of Correctional Service Canada that it's best to incentivize?

Mr. Don Head: Yes. That's our view.

I think the suggestion from the review panel was in terms of the framework, because the current legislative framework puts 100% of the onus on the Correctional Service of Canada. It's just not clear to offenders that there's a role for them to play. A legislative change would entrench that. However, as I said in response to an earlier question, the issue of motivation has to be linked to some kinds of incentives. If individuals receive all the same level of privileges or all the same level of incentives, whether they choose to participate in programs or not, it's going to give us the exact same results as we've got today. We need to find a way of differentiating those kinds of incentives.

Mr. Robert Oliphant: I fly Air Canada because I get points. Let's think about it. There's got to be incentives to keep people going, whether it's about privileges or moving from super max to max, or from medium high to medium low. Those kinds of things have to be part of the framework if you've time to do it and availability. One of the problems in those incentive programs is that you may have people in the population ready to move down, but you have no spaces down, so you have to keep them up in the maximum security facilities. Or, you've got people ready for a different kind of programming, but they're not available.

I need an hour. I could go on for an hour. It does relate to infrastructure too.

Mr. Don Head: Yes.

Mr. Robert Oliphant: You've got to have buildings that work.

Mr. Don Head: It's an absolute continuum. It goes from the point of assessment to the planning, the availability of programs, access to the programs, the right level of infrastructure, and the ongoing support. Without all elements—

Mr. Robert Oliphant: Could I just ask for a written thing. Could I get something in writing on the integrated correction program model? You refer to it, but I don't quite understand it. So could I get something in writing for the committee that would help me understand what that pilot is?

Mr. Don Head: Very much so. We'll provide that to the committee.

The Chair: Thank you very much, sir.

Mr. Norlock, please, for five minutes.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much for being here, gentlemen.

I was making some notes as the questions were going back and forth, as I try to do at every committee meeting, especially those that I believe will be, in all probability, more concentrated on by the people who put us here and you serve. That is, of course, you serve a prison population but you also serve the community at large.

The first thing I look at is, should we be classing our prisons as social service agencies or should we class them as places where people go who commit crimes? And in this day and age they're generally serious crimes, because if they're less serious crimes, we tend to use probation and those other things. And when someone has committed an anti-social behaviour and they go to your institution, we want to do a few things with them. The first thing I would like them to understand is why they're there in the first place. The next thing is that they need to understand why they shouldn't go back. Then there's an obligation on society because we put them there, because usually they deserve to be there and we don't want them to come back. Then we get into the social service side of it all. The social service side says, how can we help you help yourself to get out of it?

Am I going down the right track here or do you disagree with what I've said?

• (1015)

Mr. Don Head: I'm very much on the same track with you.

Mr. Rick Norlock: As a society, we know it's pretty expensive to operate our prison system. We really don't like people who cause us to spend a lot of money. One of the reasons we don't want them to go back is, number one, they probably hurt people or do something wrong to go back. The other one is that we don't want our taxes to go up because we don't want them to go there. We want to provide the services. But if I look at what you've just said, you want to provide the services.... One of the things that I'm told is about the recruitment and retention issues, specifically...because Canada's largest federal penitentiary is in my riding, and we know there's a high number of inmate population who are there due to sex-related crimes, and we want to provide the programming.

Am I wrong when I say it's very difficult to get the right kind of professionals in there to treat those who have those types of problems? Number one, is it a recruitment and retention issue specifically around the sex offender, and also around drug addiction? Do you have an issue or a problem there?

Mr. Don Head: This is just a response to the points that were raised.

There is absolutely no question that in order for us to be 100% effective, we need to be better plugged into or tied into the kinds of support services that social service agencies provide across the country.

In some cases, that's a challenge just because of our physical location, where we're located. We have institutions, for example, in Sept-Îles and Port Cartier, where the kinds of support services that would be needed if people were going to be released into that immediate community are just not available. They would be in places like Toronto, Montreal, or Vancouver, so that's a challenge. In other communities where we need to tie into those kinds of agencies, they're currently overtaxed with just the demands that are placed on them by citizens that aren't incarcerated. So there are some challenges there.

In terms of the question around recruitment and retention, particularly in the health care field, this is one of the most significant challenges that we have at the moment. We are starting to make some headway in terms of our hiring of nurses, our hiring of psychologists and social workers. But we have challenges, again partly due to our physical location, but partly due to just, as the committee members would be well aware, the demand for health care professionals across this country.

Mr. Rick Norlock: Would I be also correct in saying from the health care providers' perspective, especially psychiatrists and psychologists, that you don't have an array of patient caseload, an array of the types of illnesses? In other words, a psychiatrist or psychologist outside of the prison system would have people with varying degrees of problems, with a varying number of problems, so that they could, from a professional perspective, be able to explore all of their practice. Whereas, in the prison, it's pretty well all the same type of person because they've committed a crime.

I've been told that, number one, there's a lack of the numbers of people that are available and, number two, they really just don't want to function under that system. Let's face it, some health care professionals don't want to work where you are because they just don't want the personal safety issues, but the other reason is from a professional development part. Would I be correct there?

Mr. Don Head: I think the one point that you raise around professional development is an issue. I would actually argue that the array of opportunities is probably more specific to us than in some of the general communities.

There is one point I will add, because it is relevant. One of the challenges that we have right now is the issue of remuneration for health care workers. I'll just give you a very quick story anecdotally. We lost a psychologist at one of our institutions in Alberta. They were making about \$88,000 a year. They left to go to work at the Alberta hospital, where they immediately started at \$108,000, and one year later went to \$118,000. I can't compete against those kind of options that are out there. Provincial jurisdictions are moving in that direction, providing those remuneration opportunities that are greater than what I can provide within the federal system.

• (1020)

The Chair: A very short one.

Mr. Rick Norlock: Thank you.

I have just one other one. It has to do with, of course, part of the whole process for those addicted. But at the risk of the ire across the way, one of the best social programs is a good paying job. Using my experience at the Warkworth Institution, doing a lot of good things, we had one of the largest CORCAN operations in the country. I think \$5 million worth of production was going out of there. They're doing work for the hostels in Toronto right now because of the bedbug infestation. Of course, there's the repair of military vehicles. When they learn these trades, I'm told by the instructors that, with the exception of a handful of people, there is no recidivism and in many instances they have a job before they even leave the prison because they're connected through their instructor.

The good part of it is that just recently they've instituted two shifts. So once again the inmate realizes that, when you go on—

The Chair: We'll have to wrap it up.

Mr. Rick Norlock: Anyway, if you have a chance, I think you need to talk about some of the very positive things, because we always want to concentrate on the negative things.

But you do a good job.

Thank you.

The Chair: Monsieur Ménard.

[Translation]

Mr. Serge Ménard: Thank you.

I am convinced that it is impossible to get the best results possible when you are managing the failures of others and the toughest cases.

In all honesty, we would like to be able to help you and provide you with the resources you need. One of the priorities you mentioned is the retention of human resources. You just gave us an example showing where you have lost them.

Do you have a plan to recruit and retain the best human resources? How much time do you think it will take to achieve the desired level of competency in the correctional system?

[English]

Mr. Don Head: I think our human resource renewal agenda is positioning us well in terms of going out and seeking the right people, the best people, to work in our environment. There is absolutely no question in my mind about the women and men who work in the Correctional Service of Canada. I actually feel extremely

proud to be working in the organization with them. They do an excellent job, a competent job.

Having said that, there's a huge chunk of the organization's people who are reaching that age where they're eligible to take their retirement. And because there has not been a focus over the last 10 years in terms of making sure we were staying ahead of that curve or that wave, we now find ourselves in a situation where we're significantly competing with other agencies to get the people we do get.

We have launched a significant recruitment campaign, particularly in the area of health care professionals. We've launched a series of new initiatives around learning and development. We're also launching some new initiatives around executive leadership development opportunities. We're also, in terms of the health care professional group, looking at how we can give them—similar to the comment that was raised earlier—some more professional development opportunities.

[Translation]

Mr. Serge Ménard: You do not appear to have a plan to recruit and retain the best people, nor do you have a plan for obtaining the staff that you will need in the foreseeable future.

Let us move on to another subject. We were told that only 2% of your budget is earmarked for inmate programs. Do you think that this amount is adequate, given the objectives and the treatments you mentioned? Moreover, these are objectives that I share with my government colleague.

[English]

Mr. Don Head: If the question is whether I need more money for programming, I—

[Translation]

Mr. Serge Ménard: Do you think that 2% of the budget is adequate?

[English]

Mr. Don Head: Two per cent allows us to produce the kinds of results we're producing now. It doesn't allow us to meet all our needs; however, it needs to be recognized that—

• (1025)

[Translation]

Mr. Serge Ménard: That means no.

[English]

Mr. Don Head: It's partly no. Yes, it's partly no, but I just want to clarify as well that the 2% refers specifically to just correctional programming.

We actually have additional money. When we talk about programs, we not only talk about our correctional programs, which is that 2% to 2.7%, but we also have money for education, and we also have money for employment, employment opportunities through CORCAN. So we actually spend around \$132 million in programs in all areas, not just in the correctional program area.

But in the criminogenic program area, yes, it's around 2%. Is that enough? The answer is no.

[Translation]

Mr. Serge Ménard: Currently, there is a section in Quebec law that provides for a prisoner to earn parole before the end of his sentence by respecting the staff and other prisoners, but also by participating in programs and following the prison's rules. They can thus earn two days of freedom for one.

Rather than granting parole after one third of a sentence, we could set up a program in which inmates could continually be earning something. Would such a program be too complex to manage?

[English]

Mr. Don Head: We had that system previously, when I first started. It's the earned remission system. We had that when I first started in corrections in 1978. Administratively it was a very burdensome system, as most of the provinces find now, because there is a level of subjectivity to that and it does play itself out if there are challenges. You find there are more offenders who actually just receive it outright as opposed to seeing it reduced.

There is no question that there is a need for a better system, one that has an incentive-based approach and motivates offenders to participate in programs. The earned remission system did not work for us back in the 1970s and early 1980s.

[Translation]

Mr. Serge Ménard: I would like to get one more piece of information, which could be very useful to the people listening to us.

How much does the federal correctional system cost, per prisoner?

[English]

Mr. Don Head: The cost of maintaining an offender in an institution is about \$101,000 a year. The cost to maintain an offender in the community is about \$25,000 a year. On average, it's \$81,000 a year to maintain an offender.

[Translation]

Mr. Serge Ménard: How much does it cost for a rehabilitation program like the one at Portage?

[English]

Mr. Don Head: I have no idea.

The Chair: I've been too lenient, and that means Mr. Richards has about two minutes.

Mr. Blake Richards (Wild Rose, CPC): Thank you so much, Mr. Chair, for that two minutes. I'll do what I can in two minutes.

The Chair: I'll give you three.

Mr. Blake Richards: Thank you for being here.

The transformation agenda was touched on in your report. I think it's a great report, and I would encourage anyone on the committee who hasn't read it to read through it, because there are some great keys to the changes that need to happen in our correctional system in that report.

You mentioned the five key areas in your opening remarks. There are three that I think directly apply to the topic of our study on mental health and addictions. Primarily, the goal in dealing with mental health and addictions is to try to give the offenders the tools they need to succeed in society. So I think these three points—

offender accountability, offender employment and employability, and the elimination of drugs in institutions—strongly apply to this. Particularly, when we talk about the elimination of drugs in institutions, despite the Liberals' denial of the reality of this situation, the first step in ending drug use is eliminating access to the drugs. If I get a chance, I'll go back to that.

On what Mr. MacKenzie was discussing with you, I certainly appreciate the fact that there is a recognition that we need to find a way to help them understand how to help themselves as well. We could provide all the programs, options, and treatment we can—and it's important that we do so—but we have to find a way to ensure that the offenders or inmates are taking advantage of that. I appreciate that it's being considered, you understand and recognize it, and you're dealing with that.

You mentioned that there are basically three reasons for discharge from the treatment centres you have set up for mental health. One is that the clinical team has assessed that discharge is appropriate and treatment is complete. Another one is that the offender has decided they don't want treatment anymore—they've refused it and decided they're going to pull themselves out of it, which is what we talked about that needs to change. The other one is that they've reached their release date.

Can you give me some percentages on the three different reasons for discharge from the treatment? I'd like to get an idea of the statistics.

• (1030)

Mr. Don Head: I'll have to get back to you. We can provide that to the committee, but I don't have those numbers available today.

Mr. Blake Richards: I'd appreciate it if you could provide that. I think that would give us a good sense as to what the success of the treatment is and how big an issue it is when offenders choose to pull themselves out of the treatment. The accountability, as you mentioned, has to be there. They have to understand the need to help themselves as well.

There's one last thing I wanted to touch on: our strategy in terms of dealing with drugs in the prisons. There are a lot of good things that were recommended in the transformation agenda and a lot of good things that the Conservative government has put in place to help create a zero tolerance situation for drugs in prisons. I'm wondering if you could give me some examples and statistics of the success that has been created by some of those measures our government has put in place to deal with drugs in prisons.

The Chair: There is time for a brief response, if possible.

Mr. Don Head: What I will do, Mr. Chair, is provide the committee with a listing, for example, of the drug seizures that have occurred since we put in some of these measures, an indication around our urinalysis rates. We'll provide these statistics to the committee so it can see some of the changes that have occurred since we put in these new measures.

The Chair: So the entire committee will get a written response to those questions.

I had one more request for a written response.

Mr. Kania, for a few seconds.

Mr. Andrew Kania (Brampton West, Lib.): Thank you, Mr. Chair.

Very briefly, I'd like a written response, in terms of mandatory minimums, to what the increase is in the population—what is anticipated—and the anticipated cost for that and how you're planning to handle it based on the anticipated additional number of inmates.

In terms of drug trafficking, briefly as well, perhaps you could, in writing, provide us with any other suggestions or requests as to how we might be of assistance in terms of what you think needs to be done, in addition to what's being done, to stop the flow of drugs going into prisons.

Thank you.

The Chair: Thank you very much.

Do you have a point of order? What is it?

Mr. Mark Holland: No. Extremely briefly, I'm wondering, Mr. Head, if you could provide a detailed breakdown of the costs involved in the farm prison system.

The Chair: I didn't hear that. In what?

Mr. Mark Holland: I was asking about the prison farms. I was wondering if Mr. Head could provide a detailed breakdown of those costs.

Mr. Don Head: Sure.

The Chair: Mr. MacKenzie.

Mr. Mark Holland: I would appreciate that.

Mr. Dave MacKenzie: It has to do with programs. I was asking—

The Chair: I think we'll probably have to call you back. You've heard these requests. It looks as though you're in high demand at this committee, so maybe clear some time on your agenda for the fall and we'll call you back.

We thank you very much for your time here today. It has been very informative.

We will suspend this committee for a brief time to go in camera.

[Proceedings continue in camera]

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