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Chair

Mr. Daryl Kramp

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•(0850)

[English]

The Chair (Mr. Daryl Kramp (Prince Edward—Hastings, CPC)): Welcome to our witnesses, guests, and colleagues for meeting 46 of the Standing Committee on Public Safety and National Security. Today we will follow up on our study of Bill C-12, an act to amend the Corrections and Conditional Release Act.

We have a slate of witnesses today, three for the first hour and three for the second hour. We've had a little delay; we've been trying to come up with a video conference from Vancouver, and I think we're connected now.

For the first hour we will have, from the John Howard Society of Canada, Catherine Latimer, executive director. Welcome, Catherine.

From the Union of Canadian Correctional Officers, we will have Kevin Grabowsky, national president. Welcome, Kevin.

By video conference, from the Canadian Association of Elizabeth Fry Societies, we will have Kim Pate, executive director.

Can you hear us well, Ms. Pate?

Ms. Kim Pate (Executive Director, Canadian Association of Elizabeth Fry Societies): Yes, I can, thank you.

The Chair: Great.

Each of our witnesses will have up to 10 minutes for a statement. After that we will go to our Q and A period. Of course, the briefer the opening statements, the more time we'll have for questions.

Once again, welcome, and thanks for your attendance at this committee.

Ms. Latimer, you have the floor, please.

Ms. Catherine Latimer (Executive Director, John Howard Society of Canada): Thank you very much. It's a great pleasure to be here on this important issue of drugs in prisons.

The John Howard Society is a charity committed to effective, just, and humane responses to the causes and consequences of crime. There are about 60 front-line John Howard offices in communities across the country, offering services to promote community safety.

Many of our clients battle addictions, mental health, and both. We agree that substance abuse is a difficult problem and look forward to working with others on this challenge. It is one of the areas identified on our five-point plan to improve corrections in Canada.

Bill C-12 purports to contribute to the elimination of drugs in federal prisons by requiring the Parole Board to consider revoking a conditional release that may have been granted if a person tests positive for drugs, or refuses or is unable to provide a urine sample for testing prior to actual release. The drug user is punished by possible parole revocation.

My opening remarks are directed towards two elements: one is the proposed bill per se, and the other is effective strategies for addressing the complex substance abuse issues in prisons.

Because Bill C-12 seems to be consistent with existing Parole Board authorities, including the flexibility to assess the impact on an individual's correctional plan and risk factors of breaching the rules by consuming contraband, we have little problem with it. But we would point out that not all alcohol and drug consumption indicates a problem of addiction requiring treatment, or enhances the risk of offending. So we particularly like the fact that there is some discretion on the part of the Parole Board in this bill to take a look at individual circumstances and what that particular infraction means.

I raise that because there is also a risk posed by keeping people with addiction problems in custody until their warrant expiry without giving the benefit of the graduated and supported release that you get with parole programs and supported re-entry programs. If you have someone with an addiction, and if the response to that is simply punitive and you're keeping them in correctional facilities until the end of their sentences, they may not get the support they would need, which might ultimately reduce community risk.

A rather small problem with Bill C-12 is that it considers a failure to provide urine as equivalent to a positive result. Some medical conditions, such as renal failure and some prostate problems, can prevent an individual from producing urine and that person should not be considered to have failed the drug test. I think that taking into account a medical inability should warrant against the person being treated as though they had failed the drug test. I'm pleased that the Parole Board will have discretion to look at all of those circumstances and I certainly hope they look at that one.

Our concern mainly is that this bill will not do what its title suggests and deliver drug-free prisons. With federal prisons becoming more crowded, with fewer work and rehabilitative programs, the demand for drugs is likely on the increase. The approach to drugs in Canadian federal prisons has been really focused on supply reduction through interdiction and penalties. All the new money flowing to the Correctional Service of Canada through the national anti-drug strategy were for interdictions—sniffer dogs, enhanced security, etc.

Any effective drug strategy, including those within prisons, also needs demand reduction, so prevention and treatment as well as harm reduction are important components of any successful drug strategy.

The spread of hepatitis C and other diseases within prisons can and should be contained. As the correctional investigator's report indicates, resources available for substance abuse programs have declined. Integrated programs have been introduced to target a myriad of problems, and CSC needs more resources dedicated to treatment programs for those afflicted with addictions.

B.C.'s correctional services and the John Howard Society in Nanaimo are seeing remarkable success with their program, Guthrie House, which is a therapeutic community for people with addictions who are leaving prison. That's something the federal correctional authorities might want to take a look at to see how successful programs might operate.

• (0855)

While we applaud the goal of drug-free prisons, we recognize that this is unlikely to be achieved despite increased penalties and all the resources that have been dedicated to interdiction.

The John Howard Society of Canada believes there are more effective ways of keeping our communities safe and reducing substance abuse than by doubling down on supply reduction within our prisons. The Supreme Court and the medical profession see addiction as a disease, and we need to ensure that all Canadians have access to the treatment they need. Most of those in prison will be returning to communities. It will not promote community safety to keep addicts behind bars for as long as possible and release them back into communities without treatment or support and perhaps suffering from hepatitis C or other diseases contracted in prisons.

The John Howard Society urges a more comprehensive strategy for addressing drugs in prisons and promoting community safety.

Thank you.

The Chair: Thank you very much, Ms. Latimer.

Mr. Grabowsky, you have the floor, sir.

Mr. Kevin Grabowsky (National President, Union of Canadian Correctional Officers): Good morning. My name is Kevin Grabowsky, and I'm the national president for the Union of Canadian Correctional Officers. I am a correctional officer, and have been for 36 years now.

When we look at this bill, one of our biggest problems is that we don't know how we see it operationalized. When an inmate is granted parole, there's usually a very short window before his

release. If he comes for the urinalysis test and it's dirty, usually it takes us three weeks or longer to get that test back. Our question is whether or not it gives the board authority to pull them from the street if their test was dirty before they were released.

The other problem we see is that if a person refuses with the mechanisms, does this bill mean—again, in operationalizing it—that just the refusal itself is enough to notify the board to have them make a decision, or are they charged in internal court and it has to go through that process? Operationalizing what this is remains certainly a big concern for us. We don't know how that mechanism will work. With that, is it effective, or is this a tool that's put in our tool box that certainly doesn't mean anything but looks good? Those are really the questions which are a concern for correctional officers.

Drugs in prison? Certainly. In all my years working, for every hole we've plugged, they've found new, inventive ways to have it come in. Drones now are a big scare for us. Drugs are also put in dead birds and thrown over the fences. Bows and arrows have been used to get drugs over the fences, compromising the staff. We've seen drugs in tennis balls that get thrown over.

There is definitely a demand in there. Putting things in there to make it stop, or so there's a consequence for using certainly is one mechanism, but as I think was said, there does need to be programs for them as well.

Our greatest concern with this is operationalizing it. How will it work? The tests take a long time to get back; the inmate could already be released. In terms of the refusal, in B.C., as I recall, if you get pulled over for impaired driving and you refuse to blow, you automatically lose your licence for three months and your car is towed away; you haven't gone to court. Well, we don't think this bill, if that's what it was trying to look at, goes far enough.

Those are the concerns for correctional officers in operationalizing this.

Thank you.

• (0900)

The Chair: Thank you very much, Mr. Grabowsky.

We'll now go to the opening statement from Ms. Pate, executive director of the Canadian Association of Elizabeth Fry Societies.

You have the floor, ma'am.

Ms. Kim Pate: Thank you, Mr. Chair, for inviting us.

I also want to thank the Edmonton Institution for Women for allowing me to do this. I'm here today for one of my visits and they were kind enough to open up their video conference process so that I could be here. It seems appropriate to be having this discussion from a prison.

As I think most of the members know, I represent the Canadian Association of Elizabeth Fry Societies, an association of 25 members who work across the country providing services and working with marginalized, victimized, criminalized, institutionalized, and particularly, imprisoned women and girls.

I want to start by saying that short of clarifying the authority that already is invested with the Correctional Service of Canada and the Parole Board of Canada, Bill C-12 really amounts to a very expensive reinforcement of existing law and policy. Unfortunately, it also contributes to a belief or an assumption that I think is not necessarily always true, that drugs in prisons are completely within the purview of and generated by prisoners.

When Canada adopted the then U.S. model of the war on drugs some years ago, experts in addictions, including Dr. Diane Riley who worked with the Correctional Service of Canada and others, urged that the focus be on programs and service delivery, not on the model of more punitive interdiction techniques alone. As the committee noted and in particular as a member noted in the House debates on this bill on November 22, 2013, when members visited Norway and talked about drug strategies, that jurisdiction as well as many others in the world adopted the models and programs that Canada has actually rejected or has essentially stopped using since that time. Given that there was some interest and apparent respect for the work that was being done in Norway by those who visited, I think it underscores the importance of looking at some of those measures.

Current evidence-based research in the area of addictions is clearly identifying issues, such as social interaction in the environment in which people are present as most effective in reducing drug use. Punitive responses have actually driven up drug use. In the prisons, one of the things that Dr. Riley predicted, and in fact we have actually seen, as Mr. Grabowsky and Ms. Latimer have spoken about and others will undoubtedly speak about, is the influx of more dangerous and potentially lethal drugs, including those that involve the use of needles as the war on drugs and the interdiction techniques escalate.

In short, I would urge the committee to not continue to go down the route of reinforcing existing policy and allowing more resources to be spent on drug detection and interdiction techniques alone, given that these are being shown to be not the most effective but certainly the most expensive approach to this issue. It would be far preferable, as has already been stated by my colleagues on the panel, to instead look at enhancing programs and services and supports both within prison and upon release. All of what this bill is aiming to achieve already exists in law and policy.

Thank you very much. I look forward to your questions.

• (0905)

The Chair: Thank you very much, Ms. Pate.

We will now go to our rounds of questioning. For our first round, we will allow seven minutes.

We will start off with Mr. Norlock from the government. You have the floor, sir.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Mr. Chair, and through you to the witnesses, thank you for appearing today.

My first question will be for Mr. Grabowsky.

Thank you for being here again, sir. I would like to start off with basic knowledge that you may have. Have you made yourself aware of the testimony given by Mr. Don Head, the Correctional Service commissioner?

Mr. Kevin Grabowsky: No, sir, I haven't.

Mr. Rick Norlock: Mr. Head informed us that there's a trial program in several of the prisons which sets out a treatment regime for all people coming into the system. He said that in this particular program, to which several million dollars has been allotted—it's encompassed in the \$23 million, which is a significant increase in the treatment regime—everyone coming into the institution who has been identified as having an addiction gets a preliminary review of their circumstances.

Could you comment on that being part of their correctional plan and the fact that, for those identified as needing drug treatment, they first begin to see what's available in the prison for them vis-à-vis treatment, and as it goes throughout the system? What's your opinion of that?

Mr. Kevin Grabowsky: Having great knowledge regarding what you just spoke about, I'd say probably 85% to 95% of our inmates have some type of an addiction that either brought them or got them into prison. That being said, every inmate is at that risk. That is always looked at for every inmate in their correctional plan. I think there's almost a standard sentence about their drug or some type of an addiction.

Overcrowding makes it harder and harder to do some of that programming. Given the gangs we have in prison and the way we divide up prison populations, it is much tougher to run those programs as openly as they were run years ago. Your time is limited. You divide up the 24 hours in a jail among seven populations rather than one, as it was before. Getting into programs is tough and getting inmates to see them through is tougher. Actually, we've seen a decline in program delivery since some of the corrections budgets have been cut.

I don't know if I'm in full agreement with Mr. Head on it being reported that way.

Mr. Rick Norlock: Mr. Head indicated that the budget used to be between \$8 million and \$11 million and now it's \$22 million with the beginning of this new programming. Actually it's the reverse of what you said, and there's an increase. To help you out, I think as a leader in your organization you may want to make yourself aware of some of the changes that are occurring with regard to the treatment of people with alcohol and drug addictions.

One of the issues I know the Union of Canadian Correctional Officers has been most concerned about is with regard to some of the suggestions out there that there should be a needle exchange program within prisons. Your association is also concerned that needles could possibly be used to harm your members. I wonder if you could comment on that.

Mr. Kevin Grabowsky: Are you saying we support a needle exchange?

• (0910)

Mr. Rick Norlock: No, I said you had concerns about it. I wonder if you could let us know what those concerns are.

Mr. Kevin Grabowsky: Any contraband introduced into the jail is something we always chase our tail about. We're always looking for it. We don't believe an exchange program will work. We've been asking your government time and time again, I think since 2007, for drug testing on us for blood exposure. There's a big risk if we don't have something in place to protect us and then we introduce something that is harmful to us or that we run a risk from. Inmates take that needle—and we've had hostage takings in which they've had a syringe filled with blood, and they've put it to the officer's neck and said, "I'm HIV positive, and you're going to be, too". We see needle-stick injuries from them taping needles under their desks to hide them. It's just a risk. It's another piece of contraband for us in the jail which puts us at risk.

Mr. Rick Norlock: Also in his testimony before our committee, Commissioner Head indicated that there were some 2,406 drug-related seizures in federal prisons, and that the rate of seizures has been increasing.

You mentioned some of the ways that drugs get into prisons. I'm very much aware of many of those. Friends of mine work at Warkworth Institution, and they fill me in on what's going on from their perspective. In other words, they're members of your union, and we have good conversations. Some of them have expressed to me that one reason we have the increase in seizures is that they've been given new tools and there is a new concentration on trying to keep drugs out of prisons.

I know you would have friends who are not members of your union, just neighbours, who would find it difficult to understand how drugs can get into prisons, and they have concerns. I wonder if you might let us know what you think are some of the reasons there has been an increase in drug seizures.

Mr. Kevin Grabowsky: I think part of the increase in seizures is because of more detector dogs, some more tools we've been given to find drugs. The stream of drugs coming in has always been fairly constant; we just haven't always had the tools to detect that. Now we do have some of the tools, so the increase in capturing them is coming from that.

The Chair: Thank you very much, Mr. Grabowsky.

Mr. Garrison, you now have the floor, sir, for seven minutes.

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Thank you to all three of the witnesses for being with us this morning.

I'm trying to resist going after the shell game of numbers that was played by the minister and Commissioner Head. I think it's easy to see why you might not be able to follow your way through that.

I want to talk about something Ms. Latimer raised. She talked about the results of keeping people behind bars if they continue to fail drug tests. She mentioned that would eventually result in their release at warrant expiry, and I think you said without support and without treatment.

Can you talk some more about what happens with that? I think that's a very important point. Given the statistics we have on the success of people on parole, what about those people we keep in until warrant expiry?

Ms. Catherine Latimer: We're seeing parole release dates later and later in the actual sentence. We know that being released in a parole regime where they are supervised and supported and where they come into contact with supporting organizations and communities makes a big difference in their recidivism rates.

It strikes me as being unconstructive to take people who we know have some pretty significant health needs because they have some addiction issues, hold them until warrant expiry, and then open the doors of the prison and let them go without the supports in place to guide them and connect them with the resources they might need in the community to help them manage their addictions.

I think there are some really strong reasons for not holding to warrant expiry people who have some needs. We want to enhance the likelihood that communities would be safer. We do that by a supported, targeted parole reintegration scheme that looks at the needs of the individual and how to support those needs.

• (0915)

Mr. Randall Garrison: Thank you.

Mr. Grabowsky, on the same topic, do you envision inmates who are held longer, maybe for failing drug tests, being either easier or more difficult for you as a correction officer to manage?

Mr. Kevin Grabowsky: Overcrowding is what happens.

The average Canadian doesn't care whether we put three inmates in a cell or four inmates in a cell, but for us as correctional officers, we certainly do because we have to open the cells.

The corrections model we have here in Canada is for programs, treatment, and reintegration. But although our numbers in prison may be growing, our infrastructure hasn't changed. If you have one classroom that used to be there for 200 inmates, you now have one classroom for 400 inmates. It makes it difficult to access.

Time goes on. The clock starts ticking the minute they walk in the door until the minute they are released.

There's also pressure for our wardens to cascade inmates from a maximum security level to a medium to a minimum. The idea is to cascade them and get them back out on the street reintegrated.

Are we always putting out the best product that way, with where we are right now? Unfortunately, I'm not sure we are. Keeping them in longer or releasing inmates at warrant expiry makes our job tougher, because that inmate then faces every day as if he didn't care.

Mr. Randall Garrison: Thank you, Mr. Grabowsky.

Ms. Pate, you're at a women's institute in Edmonton this morning using their facilities. We've had a lot of talk about additional spending on drug treatment. In your experience, would you say more resources are available for treatment of women with addiction problems, and are those resources adequate?

Ms. Kim Pate: Unfortunately, no. In my 23 years in this job and working with women in the prison system, I find the resources are more diminished. As has already been presented when you had discussions in the House, I'm understanding something in the neighbourhood of over \$100 million has been spent on drug interdiction techniques and processes. Even an increase from \$8 million to \$22 million, when as you've heard Mr. Grabowsky describe and what we're seeing is the influx of prisoners, means that precious little is available to those who require the resources.

I want to take this opportunity, if you don't mind, to clarify something. It was Mr. Norlock who commented in the debate in the House on the programs being used in Norway that have been highly effective. I would encourage us to re-examine some of the measures that have been abandoned by Correctional Service Canada over the past couple of decades.

Mr. Randall Garrison: Ms. Pate, we know that quite often addiction issues are associated with mental health issues. I would just like to ask you about the ability of those with mental health issues to receive addiction treatment in prison.

We know that people quite often end up in isolation inappropriately. How does that affect dealing with the addictions that go along with their mental health issues?

Ms. Kim Pate: Unfortunately, being in isolation usually exacerbates the mental health issue.

Often the treatment is to use medication, because there is so little in terms of other kinds of interventions, even though, as I mentioned, some of the most recent research, and some that Catherine Latimer spoke about happening in both the corrections and addictions areas, is showing that the most effective means are social interventions, providing support for people, not putting them in isolation, and providing opportunities for them to do other things.

In some ways it sounds almost like common sense. Of course, if you have other things to do, you're not in isolation and you're not stripped of your ability to read or have education, then not only might your mental health improve, but also your likelihood of wanting to anaesthetize yourself with drugs will also diminish.

Mr. Randall Garrison: Thank you.

If I have a little bit more time I want to go back to Mr. Grabowsky.

In terms of the effect of increased interdiction on programming, what I've heard locally is that quite often there are more shutdowns and more lockdowns because of interdiction, and this interferes with programming.

• (0920)

Mr. Kevin Grabowsky: Yes, and that's why I say you have a 24-hour day and you have to try to cut up the piece of that pie to make everything fit.

Then you have incidences of violence on the rise, and gang activity is on the rise in prisons. That brings more lockdowns, which then shut down or postpone that program for a period of time as we search the jail looking for drugs or different things like that.

It does impede that as well.

Mr. Randall Garrison: Thank you.

The Chair: Thank you very much, Mr. Grabowsky.

Thank you, Mr. Garrison.

Mr. Payne, you have the floor, sir.

Mr. LaVar Payne (Medicine Hat, CPC): Thank you to the witnesses for coming today. It's an important bill, and I believe most Canadians believe that we certainly need to reduce drugs in prisons.

First of all, as I understand it, when Mr. Head was here, we were advised that the prison population is actually holding steady at around 15,000 and not really going up. I'm assuming that is correct.

Also, we were advised that there had been new cells added to existing prisons. From that standpoint, Mr. Grabowsky, I'm just wondering if the double-bunking direction has gone down.

Mr. Kevin Grabowsky: The double-bunking is lowering. The Prairies and Ontario regions still have double-bunking.

The new beds and new units coming online certainly are welcomed by us because they reduce the double-bunking.

The problem is that the infrastructure isn't there. You're still putting 400 inmates in a place that was built for 200. Whether they're in their own cell or a double-bunked cell, they didn't build the rooms to go with that and to do the programming. That wasn't allotted in there.

We still run into that crunch.

Mr. LaVar Payne: Mr. Grabowsky, obviously from an occupational health and safety point of view, I'm sure a reduction in drugs in prisons for the protection of your workers is most prevalent for you and your correctional officers.

Mr. Kevin Grabowsky: Yes, sir. Some of our primary jobs are looking for contraband, looking for drugs, interviewing inmates, and finding out what's going on in the jail, who's running the drug trade, who's running those things. That's most of our day. So more tools certainly are welcome.

We're just not sure how we put this bill into operation to see where its usefulness is. If it says in here that if you refuse the drug test you're not going out on parole at that refusal right then and there, that's one thing. To turn around and say that if you provide a sample, you now hit the street, and it takes three weeks or a month for us to get the test results back and pull you back in, that's something else.

Again, for us, just on this bill alone, it's putting it into operation that we have our questions on.

Mr. LaVar Payne: I can understand that. From my experience in business, I know that when new policies come into place, you need to have a full understanding and training on that aspect.

In terms of this process in which prisoners' parole could be stopped, do you believe knowing that would have an impact on the decisions made by those inmates to maybe reduce the drugs or get off the drugs?

Mr. Kevin Grabowsky: You're asking the million-dollar question. After 35 years, I don't know if I can truly answer whether something has made an inmate turn left rather than right simply by that. That's a very difficult one to answer.

Mr. LaVar Payne: I guess you're right. It depends on the individual, and I would think that for the vast majority of people who have those kinds of issues, realizing that they may not be able to get out of prison would have some impact on their decision-making with regard to getting off drugs.

As was previously said, there's a lot of funding going into programming, and particularly to help those individuals. We heard that from Mr. Head and also from Minister Blaney. I believe they said that some \$100 million was spent on detection measures in the institutions, and I think that is going a long way to trying to help your organization. Do you have any comments on that?

• (0925)

Mr. Kevin Grabowsky: Certainly.

As I said, detection is a big key. You know you have a good handle on the drug trade when you start seeing lots of brew being made in jail. They make home brew. That's an indication. That's almost, as correctional officers, what we strive for. I say that jokingly, but when you see more brew in jail, you know you're starting to dry up some of the drug trade. That being said, an inmate on brew is probably not that much easier to deal with than an inmate on drugs. Certainly, that's our goal. That's the goal of every officer going into work every day, to stop and find that contraband and those things that they're doing.

In answer to part of your question, in my experience, inmates coming into an institution are predator or prey. I've found that when that inmate hits 40 or 45 years old, if he was a predator, he now sees himself as prey and looks over his shoulder and sees the young guys coming in. That's when he really doesn't want to be in prison anymore. That's when he's tired of being in prison. That's when he's going to say, "I'm going to abstain because I want out." Until most

inmates reach that predator to prey point, wherever they fit in there, it's a little more difficult for them, or the temptation is, when it's there.

Mr. LaVar Payne: That's an interesting process.

Mr. LaVar Payne: My colleague was talking about needles. I think needles in an institution like that are also potentially weapons, and there is obviously the possibility for injuring correctional officers. I'd just like you to comment on that.

Mr. Kevin Grabowsky: For us, they're contraband. We've never looked at or supported a needle exchange. I know there are a lot of different things that happen on the street and in different countries to deal with needle exchange, but we always see them as weapons. We see them as a danger for us as correctional officers.

The Chair: Thank you very much, Mr. Grabowsky.

Thank you, Mr. Payne.

Mr. Easter, you're up, sir.

Hon. Wayne Easter (Malpeque, Lib.): Mr. Grabowsky, in the line of questioning from Mr. Payne, you indicated that the individual sees the young guy coming in and that's when he wants to take programs, but it's pretty hard to take programs when they're not available. Clearly this government's direction is that penalties rather than rehabilitation programs are basically everything. Are there more or fewer programs available? If offenders want to take programs, are they available and are they accessible?

Mr. Kevin Grabowsky: They're not as accessible as they once were. We have seen a decline in the availability for a host of reasons. One is the higher numbers and the double-bunking.

Ontario and the Prairies are probably two of the biggest in terms of double-bunking. It's difficult, because you don't have the infrastructure, you don't have the area where you can put that group of inmates. We end up dividing our populations because of gangs, because of the crime, for example, so the rapists and child molesters don't intermingle with the murderers, etc. We have that division in populations as well. In terms of the gang activities, especially in Ontario and the Prairies, there are so many of them. We divide our population up so much that to move those inmates around and to give them the time, it limits....

• (0930)

Hon. Wayne Easter: There are a number of factors, then, for why the programs may not be available. Some of it is due to the changing prison population.

Ms. Latimer, you said in response to Randall's question earlier that parole release dates are later and later in the sentence. That is a serious issue. I think there's the debate on whether prisons are places of rehabilitation or becoming universities for crime. That's a dangerous dilemma.

In your estimation, why are parole release dates coming later and later?

Ms. Catherine Latimer: I think there is an element of risk aversion on the part of the parole boards. I also think some of the legislative changes that are being contemplated are actually going to make that worse.

One of the bills that is now before the Senate will make coming forward for parole once every five years if you get denied. Most sentences are under five years, so you're ending up with one shot at parole. If you don't get it the first time you appear, you're not going to be eligible to come forward before the Parole Board again until after your release date or stat release date or warrant expiry date.

If what we're hearing about no parole eligibility for some serious murders coming forward.... The only way people with life sentences are getting out now is through a paroling process, which is a gradual process for them. If that goes, you wonder what the point is of having a parole board if they're not actually going to be taking the decisions that lead to a graduated release.

I think the whole area of paroling and graduated and supported release is one that needs some serious consideration and reflection, because it's becoming totally dysfunctional now.

Hon. Wayne Easter: Thank you.

I'm well aware of the bill you're talking about in the Senate; we had some strong reservations against that particular bill. You did say that on this bill, you didn't really see a lot of change, that the discretion remains with the Parole Board. Yet when the head of the Parole Board was here the other day, I got the impression that even though discretion would remain with the Parole Board, they would be certainly taking direction from this bill, probably feeling the pressure of this bill to deny parole.

Can you expand on that a little more? I know the drug-free prisons act, as they call it, certainly leaves the impression that prisons are going to be drug-free. Discretion is still with the Parole Board, but what will be the end result, in your estimation?

Ms. Catherine Latimer: My belief is that they will be exercising their discretion to deny—that's been the pattern—or to revoke parole. The way the winds are blowing currently, I would see all of this resulting in more denials of parole and releases on the basis of this particular bill.

I'm happy that the scope remains in the legislation, because if the winds ever change, you could see the Parole Board exercising its discretion around whether it makes sense for the successful release and reintegration of a person, whether this particular drug infraction is sufficiently serious that parole should be denied.

• (0935)

Hon. Wayne Easter: Both you and Ms. Pate have talked about the declining resources for treatment versus the increasing penalties, if I could call them that. Can either or both of you expand on that? How important are the resources for drug treatment in getting people healthy?

The Chair: Mr. Easter, you're well over your time.

A brief response from the witnesses would be welcome, but very brief.

Ms. Catherine Latimer: They're extremely important. We would really like to see CSC have additional resources that are specifically targeted for drug issues and reintegrations.

Ms. Kim Pate: From talking to staff here as well as prisoners, there's a lack of access to programs, a lack of availability. They may be offered for short periods of time, and as Mr. Grabowsky has said, a very small number of prisoners may have access. It's interesting; although Mr. Head reported the numbers have not gone up significantly overall, they certainly are continuing to grow for women. The lack of access to programs for women continues to be a huge issue, both for prisoners and staff.

The Chair: Fine. Thank you very much.

Now for five minutes, Madam Doré Lefebvre, *s'il vous plaît*.

[Translation]

Ms. Rosane Doré Lefebvre (Alfred-Pellan, NDP): Thank you very much, Mr. Chair.

I would like to thank our three guests for being here today.

It is extremely interesting to hear you talk about Bill C-12. I know that each and every one of you has a lot of experience and have seen things change in the last few decades.

I would like to come back to a question that Mr. Easter asked and the answer that Ms. Pate gave.

Ms. Pate, you said that women in our penitentiaries have difficulty accessing programs. Could you tell us a little more about that? What is the difference for women? What's changed in recent years?

[English]

Ms. Kim Pate: Well, it's because the numbers have increased astronomically. In fact, I was walking into the prison and luckily there was a staff member here, because the incredible expansion is such that trying to get around the new construction meant that I wasn't even sure how to get into the institution. I hadn't been here for a few months, almost a year.

We see huge expansion because of the numbers. We still are seeing double-bunking. As you heard from Mr. Grabowsky, the programming space in some cases is being increased in a more limited way in the prisons for women than perhaps is happening in the men's, but certainly not the access. If you are low security, you have more likelihood of having access to the programs, but if you are higher security, and there we see those with mental health issues and aboriginal women overrepresented in that group, they are less likely to have access.

If they are also then isolated either in the maximum security units or in segregation, they are less likely to have access and what access they do have to programs tends to be individual self-study types of programming. It is almost self-directed with occasionally someone visiting, and that's not because staff aren't trying. Whether it's the correctional officers or the programming staff, they call upon us to help. You see them. I mean, they requested that I provide some things, and we're happy to do that when we can. But when you're also talking about people with limited educational backgrounds and limited education being able to do self-study....

I have a 16-year-old and her ability to direct herself is questionable. When you have someone who has limited education, limited opportunities and limited capacity, their ability to self-direct also becomes limited. That's really most of what is available to those who have the greatest need, in our experience. Again, it's not just our organization that has seen this or Ms. Latimer's, but Mr. Grabowsky's organization is seeing it, as are others working within the system and calling for a change.

In terms of the Parole Board, one of the challenges when people don't access the programs is that even if the Parole Board is interested in releasing, if they feel that comfortable and are then going through the checklists of the correctional treatment plan, if someone has alcohol or drug treatment on their correctional treatment plan, that's hindering their release, even if the Parole Board wants to exercise their discretion.

I think we're seeing an escalating incremental increase in difficulty for people to be released in a way that is safe for them and for the community, not because they pose an ongoing risk to public safety, but because of having less access to programs and fewer opportunities. We're actually seeing now some people being released, as Catherine Latimer has pointed out, to the community at the end of their sentence, still not having access to those programs. Then we're trying to scramble to provide them in the community and provide supports because even though the Correctional Service of Canada may not be responsible for them at the warrant expiry, organizations like ours continue to try to provide the supports and look for those supports in the community.

● (0940)

[Translation]

Ms. Rosane Doré Lefebvre: Thank you very much. Those were good explanations.

Mr. Grabowsky, you said that you weren't sure that Bill C-12 is a necessary tool. I find that to be a good point.

Are there tools that you consider necessary for the correctional officers you represent? In other words, are there truly useful tools that could counter the drug problem in the penitentiaries or help you in your work?

[English]

Mr. Kevin Grabowsky: Again, that's one of those very loaded questions.

Ms. Rosane Doré Lefebvre: Sorry.

Mr. Kevin Grabowsky: It's not so much that we see this as a bill that is right or wrong. I mean I know it was said, "Oh, it's something new and we don't know", but how it's written we don't see how to

operationalize it to make it a useful thing. Certainly, somebody who has a condition for release and they want to breach that condition, they should be held accountable for it, but how is that going to operationalize with the wording that's here? That for us, for correctional officers, is one of our great concerns. I mean if you look even inside the prison, an inmate who has a dirty urinalysis or refuses, for years we have been saying why do we reward that behaviour with a private family visit? That may be how the drugs are coming in, through that private family visit, and we can't stop those kinds of things.

In terms of some of the tools that are needed inside the prison, certainly programming is a big one. Locking an inmate in a cell for 24 hours a day and throwing away the key may be something that sounds good, but as a person who has worked with inmates for as many years as I have, somebody has to open that door. It's what's on the other side of that door sometimes that you don't want to deal with.

The Chair: Thank you.

We're over the time here now, Madam Doré Lefebvre.

Ms. Ablonczy, please.

Hon. Diane Ablonczy (Calgary—Nose Hill, CPC): I really appreciate the witnesses. I was saying to Ms. Latimer earlier that it's always good when we bring in legislation to hear from the real world. We appreciate your perspective.

Ms. Latimer, you mentioned, I believe, that about 80% of those entering prison have an addiction problem. Did I get that correct?

Ms. Catherine Latimer: That's accurate. Yes, 75% to 80% are diagnosed as having some sort of an addiction issue.

Hon. Diane Ablonczy: Yes, so I think we're clear that this is a real problem—

Ms. Catherine Latimer: It's a serious problem, yes.

Hon. Diane Ablonczy: —and obviously the government needs to do something in a policy framework to try to address this. I think that with 80% or so of those entering prisons having an addiction problem, it's clear that there's a link between addiction and criminality, criminal behaviour. Would you agree with that?

Ms. Catherine Latimer: I would say that's true. A lot of people were on substances at the time they committed the offence, and there's a lot of lower-level nuisance crime, I would say, by people who are addicted, because they need to pay for the drugs. You get continuing cycles of criminality connected with illegal drugs.

Hon. Diane Ablonczy: If an offender is using drugs in prison, the chances of him or her avoiding addiction after release and thereby avoiding repeat criminal behaviour that is a danger to the community, that link isn't broken.

● (0945)

Ms. Catherine Latimer: You're raising a very important point. It's very key to ensure that the mechanisms of support are in place for people who have drug addiction issues and who are leaving prison. Whether that's methadone replacement therapy, or whether it's Narcotics Anonymous, whatever supports they need should be put in place.

As I mentioned, Guthrie House which is in place in British Columbia is working extremely well in terms of reintegrating into the community people who have a drug addiction. That's a peer-supported model, a therapeutic community that was created actually on the grounds of the prison, before people are released back into the community.

There are ways to do it, and it's important that it be done.

Hon. Diane Ablonczy: It's good to see those best practices working, but the prison population is, if I can use a pun, a captive audience for these kinds of interventions. When Commissioner Head appeared, he gave us quite an overview of the suite of programs available in prison. I'll go through them quickly.

He said there was about \$9 million spent on substance abuse programs. We spend about \$10 million on violence prevention programs, over \$2 million on family violence programming, \$4.5 million on sex offender programming, \$7 million on maintenance programming, \$60 million on social programs, \$14 million on integrated correctional program models, about \$25 million on education, and then \$42 million on core employment skills and employability activities. There's a broad and holistic suite of programs available.

The intent of this bill is to incentivize an offender who has an addiction problem not to continue addictive behaviour in prison, even though Mr. Grabowsky's colleagues are doing their best to take away that possibility.

I'm interested, Mr. Grabowsky, because of your experience with offenders. Do you see yourself saying to an offender that if they continue to use drugs, even though you're trying to keep them out of their hands, it is going to impact their bid for freedom at the end of their sentence? Do you see that as an incentive for offenders or for a large number...?

The Chair: Just a brief response, Mr. Grabowsky. Thank you.

Mr. Kevin Grabowsky: I don't know if it's that black and white. It's where that inmate is in his sentence, whether he's predator or prey in a jail. There are so many factors to come up with when you make that statement to the inmate in terms of whether he's going to consider it. His age and his affiliation are things that are taken into account to give that a black and white answer.

Incentives do work and incentives don't work.

The Chair: Thank you very much, Mr. Grabowsky.

Your time has expired, Ms. Ablonczy.

At this time, on behalf of the committee, I would certainly like to thank our witnesses, Ms. Latimer, Mr. Grabowsky, and Ms. Pate, for appearing before us today and giving us their time, energy, intelligence, and expertise. Thank you very much.

We'll suspend now for a brief change of witnesses.

● (0945)

_____ (Pause) _____

● (0950)

The Chair: Colleagues, we're back in session for the second hour.

We have potentially three witnesses with us again. By video conference we do not have our witness yet, but we will try to make contact. We will proceed in the meantime without him.

We will follow our normal procedure whereby our witnesses are allowed up to 10 minutes for a presentation. After that we will then go to a Q and A with the rounds of questioning designated as per our routine orders.

Welcome to our witnesses.

With us from the Canadian Centre on Substance Abuse is Rebecca Jesseman, director. Welcome.

From the Office of the Correctional Investigator we have Howard Sapers, the correctional investigator. Accompanying him is Ivan Zinger, the executive director and general counsel. Welcome.

Should our video conference get up, for the information of the committee we will have from the Drug Prevention Network of Canada, David Berner, the executive director. We don't have the connectivity at this point. I'm not sure where we are with that, but we will proceed, of course.

We will start off on the order of the day, committee.

Ms. Jesseman, you have the floor for up to 10 minutes, please.

Ms. Rebecca Jesseman (Director, Canadian Centre on Substance Abuse): Good morning, Mr. Chair and honourable members. Thank you for inviting me to be a witness this morning to discuss Bill C-12, the drug-free prisons act.

My name is Rebecca Jesseman, and I am a director at the Canadian Centre on Substance Abuse, CCSA. I am pleased to represent the organization on behalf of our interim chief executive officer, Rita Notarandrea, who was unable to be here today. She asked me to pass along her sincere regrets.

For those of you who are not familiar with CCSA, the organization was created over a quarter of a century ago as Canada's only national agency with a unique legislated mandate to reduce the harms of alcohol and other drugs, and improve services for those with substance use disorders.

For over 25 years CCSA has been providing evidence-based substance abuse research, policy advice, and practical tools to improve front-line services to Canadians. Our position at the crossroads of governments, public and private partners allows us to achieve the greatest collective impact through collective action. We do so under the guise of the "National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs", Canada's addiction strategy. This framework was developed in 2005 by a wide range of committed organizations and individuals from across Canada. It lists 13 priority areas for action, one of which is on responding to the unique needs of offenders.

As we have heard, the majority of offenders entering Canada's federal prisons have a history of substance use disorders. Public Safety Canada's website states, "Three out of four inmates come into Canada's federal correctional institutions with substance abuse problems. For approximately half of federal offenders, there is a direct link between their substance use and criminal behaviour."

Substance abuse is a known risk factor for reoffending. If substance use problems are not adequately treated within the institutional setting, this can impact an offender's chances for successful reintegration.

There is no question that keeping drugs out of the hands of offenders inside institutions is a worthy goal. Interdiction plays an important role in preventing access to contraband in prisons and we applaud the use of evidence-based technologies and intelligence gathering. However, honourable members are aware how difficult it is to keep alcohol and drugs outside of prison walls. A 2010 survey by Corrections Canada found that 34% of men and 25% of women in federal prisons admitted using drugs in the past six months of their incarceration.

Knowing that one-quarter to one-third of federal offenders are using drugs and alcohol within institutions points to a need for greater treatment services not only within the prison walls, but also in the community upon their release. This should be part of the offender's correctional plan.

Providing evidence-informed treatment that responds to the unique needs of offenders within institutions and in the community is the most effective way to reduce substance use problems among Canada's offender population. It is also an effective way to improve community safety by preventing recidivism.

A 2006 systematic review by the Campbell Collaboration found that substance abuse treatment can reduce recidivism by up to 20%. A study conducted by CSC found that for every dollar spent on institutional substance abuse programs, \$2.69 was saved relating to reductions in length of stay and readmissions. We therefore know that treatment is an effective and cost-effective way to reduce recidivism and improve community safety.

However, CSC's expected results for 2014-15 state that only 48% to 52% of inmates with an identified need for substance abuse

programming will complete this programming prior to their full eligibility date.

Releasing offenders into the community with conditions to abstain from alcohol and drug use without providing them with the tools and the community connections to avoid such use increases the likelihood of breaches of parole.

Mr. Chair, proposed Bill C-12 would increase the severity of consequences for offenders if their drug use is detected through urinalysis after being granted parole. Although we know that substance use increases the risk of recidivism, increasing the penalties associated with use is not the most effective way to address the issue. Addiction is a chronic relapsing brain condition that must be treated as a health issue and not a poor life choice.

CSC has been recognized internationally for the quality and evidence base of its substance abuse programming. In fact, CCSA is now working with CSC and provincial corrections partners to identify and implement best practices in addressing substance use among offenders, focusing on providing support during the transition from the institution to the community.

This transitional time is a difficult period of adjustment where offenders are exposed to risks such as stress, and people or situations associated with their previous substance use and other antisocial, high-risk behaviour.

Parole provides offenders with an opportunity to re-enter the community with supervision that can help them to identify and address risk factors, including those associated with substance use.

● (0955)

Introducing conditions that make parole more difficult to obtain or easier to revoke risks taking away that opportunity to safely reintegrate as a law-abiding and productive citizen. If offenders are consistently denied parole and only released at warrant expiry, they do not have the benefit of supervision and supported access to community resources that can help to address their needs.

It is also worth noting that stigma and discrimination are important barriers to addressing alcohol and drug use disorders. Although the evidence clearly indicates that these disorders are health conditions, they have long been treated as failures of an individual's character. Taking a punitive approach to substance use reiterates that stigma. It encourages individuals to be secretive about their substance use, therefore preventing opportunities for intervention and increasing higher-risk patterns of use.

In this regard CCSA is also proudly working with partners in the recovery community to promote a recovery-oriented approach to alcohol and drug use in Canada, and to remove the stigma of substance use disorders, because we know that treatment works and that recovery from addiction is real, attainable, and sustainable. In fact, just this week we hosted over 50 partners from across Canada during the first national recovery summit, held here in Ottawa over the past two days and attended by the Minister of Health. All participants agreed on common goals, including a stigma-free and recovery-based approach to addressing substance use disorders.

The best way to promote drug-free prisons is by making sure that offenders have access to proper treatment inside institutions and in the community. This involves an evidence-based continuum of services and supports that address the complex health and social needs associated with alcohol and other drug-related disorders, and it involves breaking down the silos of institutional versus community-based programs and supports.

We applaud the government's interest in ensuring safer institutions and communities. We are proud to contribute to this dialogue and look forward to assisting in any way possible with an evidence-based approach to addressing substance use in prisons and promoting successful transition from the institution to the community.

Thank you. I'd be pleased to take any questions.

• (1000)

The Chair: Thank you very much, Ms. Jesseman.

Mr. Berner, do we have you live on video conference, sir?

Mr. David Berner (Executive Director, Drug Prevention Network of Canada): Yes. Good morning. It's nice to see you again.

The Chair: Good. We're just checking in. We'll go to our next witness and then you will be up after that, sir, so just stand by. Thank you for joining us.

We will now go to Mr. Sapers. You have opening remarks, sir. Thank you for distributing your remarks.

Mr. Howard Sapers (Correctional Investigator, Office of the Correctional Investigator): Thank you, Mr. Chairman, members of the committee, for inviting me back.

I'm joined today, Mr. Chair, by the executive director and general counsel of the Office of the Correctional Investigator, Dr. Ivan Zinger.

Given the panel format and the limited time we have, I'm going to be very brief in my opening remarks. I will provide some information and context about urinalysis testing in federal corrections, and I'll make some general observations about the Correctional Service of Canada's zero-tolerance approach to drugs in prison.

Let me say at the start that the scope of Bill C-12, an act to amend the Corrections and Conditional Release Act, is actually not quite as ambitious as its short title, the drug-free prisons act, would otherwise imply. If enacted, the proposed legislation could lead to the cancellation of parole granted to an offender if, prior to the release, the offender tests positive for illicit drug use or fails to provide a urine sample, and the Parole Board of Canada considers that the criteria for granting release are, as a consequence, no longer met.

The bill would also amend the CCRA to clarify the parole board practice of setting release conditions involving an offender's use of drugs or alcohol.

The window of opportunity targeted by this bill is very narrow. As far as I'm aware, there's no published information on the number of offenders whose parole grant was denied subsequent to a positive urinalysis test before release. As members might be aware, the parole board already takes into consideration positive urinalysis results or refusal to provide a sample when making parole eligibility decisions. The board also frequently imposes a "do not consume" or "abstain from drugs and alcohol" prohibition on those on parole or statutory release and temporary absences. Bill C-12 would simply put these practices into legislation.

As with most legislation, there are intentional and unintentional impacts. It's important to be clear about the purpose, limits, and results of drug testing in federal corrections. A urine sample may be requested on three grounds. One is as part of a random drug-testing program. I know you heard a lot about that from the commissioner. This targets up to 10% of the population each month. Another is on the basis of reasonable grounds to suspect drug use. The third is for community contact and regular monitoring, usually to enforce the conditions that I spoke of just a minute ago.

Last year the Correctional Service of Canada requested nearly 14,000 urinalysis samples from federal inmates, representing 63% of the incarcerated population. Approximately 81% of those requests were based on random selection; 10% were based on reasonable grounds—the suspicion of drug use; and 9% were requests based on community contact, usually to enforce a condition.

In terms of results, 6% of randomly generated samples tested positive. Another 7% refused to provide a sample. By far the most common drug type found in both random and reasonable grounds urinalysis testing is tetrahydrocannabinol, or THC, the main psychoactive ingredient in marijuana. This drug accounts for 80% of all random and 83% of all reasonable grounds positive results. Depending on the type of request, the next most common drug found in positive results is opioids, followed by amphetamines, methadone, benzodiazepines, and cocaine.

The number of drug tests and the number of drug seizures in federal penitentiaries has been increasing. Over the past five years alcohol was involved in nearly 53% of all contraband seizures. THC accounted for 34.5% of all drug seizures. Opiates accounted for almost 8%, although it's unclear whether this number included prescription drugs such as methadone.

In other words, alcohol is the most used and most seized contraband intoxicant behind bars. I'll come back to that in a minute.

Behind these numbers is a series of policy considerations relevant to the study of Bill C-12.

First of all, urinalysis testing targets drugs. It does not detect alcohol or deter alcohol use. This is a very important distinction, given the links between alcohol use, addiction, and criminality. Just over half of federal offenders reported being under the influence of alcohol and/or other intoxicants when they committed the offence that led to their incarceration. Four out of five offenders arrive at a federal institution with a past history of substance abuse and dependency. The use of alcohol and drugs is a criminal risk factor for a significant proportion of the offender population; however, urinalysis testing is ineffectual in monitoring or reducing the risk linked to alcohol use and dependency.

●(1005)

Second, the high proportion of positive tests for THC reflects a reality that this drug can be detected in the urine up to five weeks for chronic users. Other drugs, such as cocaine or opiates, for example, are undetectable in a matter of hours or days. As published CSC research suggests, the high proportion of positive results for THC may be an indication that it is the offender's drug of choice, or the results may be an artifact of the various times drugs are detectable in urine.

Whatever the case, Bill C-12 contemplates cancelling a parole grant on the basis of a positive drug test regardless of when the drug was ingested. Without condoning drug use, we should be clear-sighted about the consequences of proposed legal measures. This is not about making federal prisons drug-free or treating substance abuse. It is about punishing illicit drug use in prison.

Third, the number of urinalysis samples requested of incarcerated offenders has more than doubled in the last five years. Over that same period, the number of urinalysis samples requested in the community has actually decreased by nearly 13%. Five years ago, close to 75% of all drug testing samples were requested from offenders being supervised in the community. Today it's close to a fifty-fifty ratio of institutional versus community testing. Based on the number of samples requested, the urinalysis testing regime is becoming increasingly skewed towards institutional corrections. Questions linked to frequency and efficacy of drug testing raise legitimate issues of public safety benefit and value for money.

Fourth, while there has been a significant increase in institutional testing in recent years, the rate of positive urinalysis results has remained remarkably stable. Indeed, when positive results attributed to legally prescribed drugs are removed, the annual rate of positive random urinalysis results in a federal prison is running at a constant rate of about 7.5%. Despite stepped-up interdiction, surveillance, and suppression efforts, the jury is still out on whether drug use in federal

prisons is up or down. Drug misuse is a problem, but the extent, cause, and best means to address it are far from clear-cut.

On comparison, a higher proportion of positive urinalysis results and refusals are identified through the use of reasonable grounds versus random testing. This suggests that reasonable grounds testing is an accurate and effective method of monitoring illicit drug use behind bars. Correctional staff are already using their appropriate authority and discretion.

My point in providing this context is to suggest that Bill C-12 is largely unnecessary. The parole board already has the power and authority to cancel or revoke parole based on illicit drug use. Furthermore, this bill will not move us any closer to the stated goal of drug-free prisons.

A better and more cost-effective way to prevent crime is to put more of our limited resources into addiction treatment and prevention programs. Zero-tolerance or punitive-based approaches to drug use and abuse and addiction simply do not work in prison. Interdiction and suppression measures alone will not eliminate the demand or supply of contraband drugs and alcohol in a correctional context. CSC's anti-drug strategy needs to include a more comprehensive range of treatment, prevention, cessation, counselling, harm reduction, and support measures aligned to the needs of offenders whose criminal risk is linked to addiction.

Thank you again, Chair, and committee members. I look forward to your questions.

●(1010)

The Chair: Thank you very much for your information and testimony today, Mr. Sapers.

Mr. Berner, you are alive and well and on, sir. You have the floor for up to 10 minutes.

Mr. David Berner: It's good to see you and thank you, ladies and gentlemen.

The Drug Prevention Network of Canada is basically in support of this bill, but we agree with Rebecca and Mr. Sapers that it doesn't really begin to address the important issues. There are two constituents at least involved in this bill, parole officers and people coming out of prison; for lack of better words, we call them felons or criminals. Neither of these groups of people are well served in particular by this bill because the bill is okay. It's basically saying that if you break the rules, we're going to yank you back into stir. That's fine because we're asking people to just behave themselves. But we're not giving them the tools to do that, and it is possible to give them those tools.

Parole officer, unfortunately, used to be a very admirable profession. People ran from schools of social work to become parole officers because it meant engagement with people who were struggling. Today, the life of a parole officer is a guy stuck behind a desk. He barely knows who his clients are and he's filling out papers. There's not much a bill like this can do about that, but it's worth looking at what the parole service thinks it's doing.

But let's talk about the other constituents, the drug addicts. I agree completely with Rebecca with whom I just spent the last two days locked up in a hotel in Ottawa and 50 other people who are involved in recovery work. Don't write your own jokes, please. Just relax.

This really does nothing to further the cause of people getting a grip on their addictions. Fortunately there is a piece of good news. I want to ask all of you, when you have a moment, to google the Nanaimo Correctional Centre where the former warden, Don Moody, did something very courageous and unusual some years ago. He created a drug-free unit. The federal government in 1970 gave me a fair bit of money to do exactly that at Matsqui Institution, and after three months I gave them the money back and said, "This can't be done. You can't create a drug-free unit in a maximum security prison because the environment is so negative." But he proved me wrong and he created a phenomenally successful program. He's retired but the program still continues at the Nanaimo Correctional Centre, which is a provincial institution. They have very tough, wonderful, dedicated people, meaning these prison staff and 50 inmates who are being clean and sober in this unit. The tragedy is that the moment they come out they're like lemmings falling into the sea, because we then haven't provided the halfway houses and other kinds of resources where these folks can go while they make the transition back into normal civilized life.

Again, we don't have a problem; the Drug Prevention Network of Canada doesn't have a huge problem with the bill. We feel the bill is probably savvy, and politically it looks good. It's a good move politically, but it can't really with these few words address a complicated issue. What we need to begin looking at is how we provide treatment resources right in the prisons.

Understand this, ladies and gentlemen: there are more drugs per square inch in our federal prisons than there are on the streets. Prisons are a hotbed of drug and alcohol use. Corrections officers are involved. Everybody is involved. The temptation to make money, the temptation for special favours, is just too large in such a tight, limited environment.

What are you going to do? You're going to put people there, leave them there for a couple of years, and they learn nothing. They come

out and they're going to continue to cost us a fortune. At minimum half of those inmates could be released early, not on their own but released to some kind of program where they learn something.

Again, I'm going to make this very simple. The bill is okay, but it can't really begin to address the real issues and yet it's possible to do that. I don't have to echo, I don't have to repeat the wonderful enumeration that Rebecca gave you because she spelled it all out.

Thank you.

● (1015)

The Chair: Mr. Berner, thank you very kindly for your very frank and honest conversation.

We will now go to our rounds of questioning. We will start off with our first round, which is seven minutes.

Mr. Falk, you have the floor, sir.

Mr. Ted Falk (Provencher, CPC): I want to thank all of the witnesses for coming here this morning and for your interventions. It's been very informative.

Ms. Jesseman, I'd like to start with you. Would you agree with Mr. Berner's comments as much as he agrees with yours?

Ms. Rebecca Jesseman: For the most part we definitely share a common interest in ensuring that people who require services and supports in order to successfully address the complex needs associated with substance abuse have access to those services and supports in the institutions, during the transition period into the community, and continuing on in the community.

Mr. Ted Falk: I just want to get clarification on one of the comments and statistics you gave. You said that 48% to 52% of individuals requiring substance abuse programs in a correctional institute receive it. Yesterday, Commissioner Head informed us that 95% of individuals requiring that kind of treatment program were receiving it. Can you comment on the difference in statistics?

Ms. Rebecca Jesseman: Certainly. I read the transcript from yesterday and my understanding, based on my reading of the transcript, and I know that I probably can't take away from the written transcript what emerged in the dialogue, was that the 95% referred to receipt of any correctional programming, not necessarily substance abuse related. Again, I would absolutely put that back to Mr. Head and to Correctional Service Canada to verify, because that's only my understanding based on the transcript.

Where I got the numbers I'm referring to was from Correctional Service Canada's 2014-15 report on plans and priorities.

Mr. Ted Falk: Very good.

When I read the bill, I think the bill does two things. I think the bill gives parole officers another tool in the tool belt when dealing with inmates that are requesting parole, and also individuals who have received parole, in monitoring those individuals or granting parole or in some cases revoking parole. That's one of the things it does.

The other thing I believe it does is it creates an incentive for inmates to remain drug-free. Would you agree with that?

Mr. David Berner: No—

The Chair: Mr. Berner, the question was directed to Ms. Jesseman.

Ms. Rebecca Jesseman: I'll take a first cut at it, and perhaps turn it over to David afterwards.

I think what we need to be mindful of is that—and I come from a criminology background so you'll forgive me for getting a little bit academic—when we talk about what modifies behaviour in corrections, we're looking at deterrence when we talk about the imposition of additional punitive measures. Some of the things we need to understand about deterrence is that it's only effective under fairly specific circumstances. I think what we need to be mindful of in this case is....

Adding tools for deterrence isn't necessarily a bad thing. I think it's been expressed here clearly today that it's important to provide parole officers with the tools they need to do their work, but some of those tools also need to ensure that they have supports and services in the community that they can provide their clients access to in order to help them avoid, basically, having a dirty urine screen, so to avoid re-entry into the use of substances.

What we're really doing, if we're not providing people with the services and supports that they need in the community is that we're not fully recognizing addiction as a disease, as a health issue. We wouldn't expect somebody with diabetes to get better on their own without medical intervention, so how can we expect somebody with the disease of addiction to be released into the community with no supports and to simply get better on their own?

• (1020)

Mr. Ted Falk: Thank you.

Mr. Berner, I'll turn that question to you as well. You don't think the carrot of being with one's family or friends would be enough of an incentive to keep someone in sobriety from the time of his parole hearing to the time of his release.

Mr. David Berner: No, absolutely not.

Unfortunately, it's a recurring disease and often relapsing, and so on. The old saying is dope fiends shoot dope, and drunks drink. It's a very hard habit to free oneself of.

The problem, Mr. Falk, with this bill is that the very language of it shows a lack of understanding of how addictions work. The language is about drug-sniffing dogs and urinalysis tests. As soon as you're in that territory, you've lost the war, because the horse is already out of the barn. You have to be talking about people, what their expectations are, what their needs are, who they think they are, the crazy traumatic lives they've led, and so on, and the skills that they haven't yet developed, or the skills that they've abandoned. It's amazing how many people with addiction problems have great, great sets of skills, but they're so caught up with their substance use that they just abandon the ability to play the saxophone or run a company. The language of it itself has to change.

I mean, I agree with Howard Sapers. Parole officers already have a lot of these tools, and it's fine to give them another one. I don't think it's a bad thing to enact this bill, but don't expect it to do very much, because it really doesn't come to grips with the reality in front of us. The reality in front of us, Mr. Falk, is that I would estimate as high as

80% of inmates in correctional institutions across Canada are largely not a huge danger to the community. There are people who are a huge danger and they have to be locked up, and good for us for doing that, but most of them are just goofy people who have made really bad choices and they are driven by an addiction. What are we going to do about that?

I've been involved in this business off and on for 50 years, and consistently for 50 years we haven't done anything about it. We don't train correctional officers in the prisons very much and we don't train classification officers in the prisons very much to actually engage inmates in real discussions about who they are and where they have to go.

The Chair: Thank you very much, Mr. Berner.

Time is up now, Mr. Falk.

Madam Doré Lefebvre, you have the floor.

[*Translation*]

Ms. Rosane Doré Lefebvre: Thank you, Mr. Chair.

I would like to thank the witnesses for attending today's meeting. What an interesting discussion.

I would like to come back to Ms. Jesseman and part of her presentation.

My colleague, Mr. Falk, just mentioned the Correctional Service of Canada's 2014-15 statistics, and I'd like to come back to them. They indicate that only 48% to 52% of inmates who need to take a substance abuse program before their parole eligibility date actually manage to take the program.

Why is the program not more accessible? What are you seeing on the ground? I'm wondering why, if we are seeing that this is one of the biggest problems in our institutions, access to certain programs to encourage the rehabilitation of our inmates is so blatantly insufficient.

[*English*]

Ms. Rebecca Jesseman: I can speak a little bit more to the statistic, but I should also preface my comments by recognizing the previous testimony from Mr. Grabowsky in terms of his own experience with program availability inside the prisons. My expertise in this area is more at the community level. However, the document that I took that statistic from, the 48% to 52% estimate, is the percentage of offenders with an identified need for substance abuse programming who complete prior to full parole eligibility date. That is prior to parole eligibility.

Then the additional statistic that I will raise now that I have the opportunity is that CSC also identifies further that 74% to 79% is the percentage of offenders with an identified need for substance abuse programming who complete prior to warrant expiry date.

I'm hoping that the distinction there is clear. Your parole eligibility date is when you're able to apply for parole and then your warrant expiry date is when CSC no longer has jurisdiction, essentially.

I think that in terms of barriers to service, again I would defer to the comments earlier by Mr. Grabowsky. Resources are always a tremendous challenge in the community as well as in the correctional system. We know that we are certainly facing increased challenges in program delivery associated with limited program space and some of the infrastructure challenges there.

• (1025)

[Translation]

Ms. Rosane Doré Lefebvre: Mr. Sapers, do you have any comments on these statistics or on the impact this might have?

[English]

Mr. Howard Sapers: Without repeating what's already been said, I would say the Correctional Service of Canada certainly has some capacity issues in regard to substance abuse programming. Those issues include physical space as well as human resources capacity—vacancies in regard to the people who deliver the programs and provide the interventions, and persistent recruiting problems, for example, recruiting psychologists.

Also, the Correctional Service of Canada is undergoing a transformation in how it delivers correctional programming. I think the commissioner mentioned yesterday in his remarks a move away from nationally validated individually targeted programs to an integrated delivery model. It's very hard right now to even get a good understanding of who gets into programs, how quickly they get into programs, which programs they're participating in, and how they graduate.

We've seen a decrease in the actual dollars being spent on substance abuse programming this year over last year.

There are going to be some later evaluations to see whether or not this new model even has the same effectiveness as the old model.

There are a lot of unknowns right now about correctional programming in Canada.

It's even difficult to compare one region of the country with another. The Atlantic and Pacific regions are already using the new integrated model. The other regions, Quebec, Ontario, and the Prairies, aren't using that model. We know there are differential outcomes for different subgroups of offenders—men, women, aboriginal offenders, etc. So there are a lot of questions.

We do know that the performance is not expected to be more than 40% to 50% participation before parole eligibility. That's very important, because the second biggest reason for postponement or a decision to waive a parole hearing is incomplete programming, not being able to complete your correctional plan.

The first reason offenders waive their opportunity for parole is because they know they're going to get a negative decision, and that's usually related to that second thing, that they haven't been able to get into their correctional plan.

To not lose the train of some of the previous questions, when we're talking about incentives and disincentives, keep in mind that seven out of 10 offenders are leaving federal penitentiaries now at statutory release date. It is not a conditional decision by the national Parole

Board. Seven out of ten don't get out until SR. For aboriginal offenders, it's eight out of ten.

If there is going to be an incentive, that incentive will apply to only those 20% or 30% of offenders who are getting the benefit of a conditional release decision, and for those offenders, often that decision comes far after their earliest eligibility date. We're talking about a very small number of offenders who may—may—receive some incentive. But we don't even know the number, because we don't know the number right now who, either through reasonable grounds or random testing, are being found in breach of that condition between the time a positive decision is made and the time they actually leave the institution. It's very hard to come to an evidence-based answer to the question about whether this is an incentive that could work and what population it could work on.

[Translation]

Ms. Rosane Doré Lefebvre: During your presentation, you mentioned that the urinalyses were administered less frequently when the offenders were under supervision in the community than when they were incarcerated. Is that related to what you just said? Is the strategy that has been adopted a good one?

• (1030)

[English]

Mr. Howard Sapers: It really depends on what you're trying to accomplish. If you want to maintain a focus on reducing drug use in prisons, then you would expect to see some integration and coordination of interdiction surveillance, treatment succession, and testing, and you'd want to keep that at a fairly high tempo.

If you want to rigorously enforce conditions imposed by the parole board on abstinence, for example, then you would expect to see a fairly high tempo of tests in the community.

In either case, the statistics can lead you down a rabbit hole. The real questions are how that drug use is related to the success or failure of offenders once they are released into the community, and what the behaviour of individual parole officers is in reporting relapses, for example, or breaches of the condition back to the board, and what the parole board's behaviour is in terms of considering whether or not that should lead to revocation or suspension of the conditional release.

The number regarding the frequency of random testing in either setting is only one very small piece of the equation. You need a lot of other information to really understand how that's assisting or not assisting the reintegration or rehabilitation efforts.

The Chair: Thank you very much, Mr. Sapers.

Welcome to the committee, Mr. Leef. Certainly you have some personal experience in this matter, and obviously you're filling in for our parliamentary secretary, who is away today.

You have the floor, sir.

Mr. Ryan Leef (Yukon, CPC): Thank you, Mr. Chair.

Thank you to all our witnesses today. This is certainly an interesting discussion.

I heard all of the witnesses in the first round, and now in the second round, and a lot of what has been said makes a tremendous amount of sense. Of course, we are here looking at Bill C-12, and we do have a tendency as a group—all of us participating in this, witnesses and members of Parliament—to look at a piece of legislation as though it's the panacea for all the challenges that face us. It exposes a wonderful array of discussions, but we tend to start to detract and distract from the tenets and the merits of the bill rather quickly when we do that. It's not to say that we shouldn't engage in some of the wonderful conversation we've had that exposes the challenges that lay before us, but it does start to move us away from the merits.

I know a couple of points have been made that we need to appreciate and understand that we can't see this bill as the one piece of legislation that will provide drug-free prisons in our nation. Clearly, I don't think anybody on our side or across the table thinks that two and a half pages of legislation will provide drug-free prisons in Canada.

A voice: The short title says so.

Mr. Ryan Leef: Let me say this: it appears that the opposition and some of the witnesses have a greater problem with the short title than the actual merits of the bill.

The bill itself, really as Mr. Sapers indicated, is designed to put into legislation what's already done in practice, and I would say, just a piece with it, and it does speak to a bit of the presentation that Mr. Sapers gave, that I think is worth clarifying. I would say it's a bit of an unfair characterization that Bill C-12 is about punishing illicit drug use in prison. When we actually look at the bill itself, first off, parole is a reward that should be worth working for. It's not an inherent, guaranteed, absolute right of prisoners to be granted parole. It should be something that they want to work toward, and if they're eligible they're granted parole.

In that respect, I view the bill not as that proverbial carrot, not as an opportunity to incentivize a person's release, but as an objective that each prisoner in our country would want to work toward and that, as you've all articulated, is something worth working toward. We have a role in facilitating their successful opportunity to achieve that.

From that lens, I don't look at providing these conditions for the parole board as a punishment, as something to revoke from them, because I view parole as a reward for good behaviour, for successful reintegration, for positive opportunities within the community to become a productive and healthy citizen. I think we could run the risk of characterizing what we're trying to achieve here as a tool of punishment. But I see this as a tool of allowing the parole board to legitimize, in a formal way, the successful release of an inmate into the community, which they have a defined responsibility to do.

In that vein, Mr. Sapers, when you look at the merits of this and the tenets of it, we've built into proposed section 123.1 some of the conditions around how they go about this sample and if they've not yet been released. But proposed subsection 124(3.1) says, and it's quite clear, that the parole board can use a positive test but then look

at paragraphs 102(a) and (b) and assess whether or not that failed drug test has any impact on the offender reoffending or posing undue risk to society, or whether the release of the offender will contribute to the protection of society by fulfilling reintegration.

There's a lot of flexibility still in the hands of the parole board; so in fact this legislation isn't forcing or imposing anything directly on the parole board. It's really just giving them a legitimized, formalized legislative tool to do what they largely are already doing, but still requiring them to assess all of the real parameters that we'd expect them to assess when an inmate is released into society.

●(1035)

When we look at it just in that regard, I don't doubt that this isn't the panacea for drug-free prisons, but you must admit this is a fairly sound piece of legislation that allows the parole board a tremendous amount of flexibility.

Mr. Howard Sapers: I had the privilege of being vice-chair of the parole board for the prairie region earlier in my career, and I can tell you that my colleagues on the parole board and I were never shy about imposing abstinence conditions. It's a matter of policy and training for the parole board. Legislative authority isn't required.

Also, both institutional parole officers and community parole officers generally do a very fine job in discharging their responsibilities, in using their authorities and their discretion in terms of what kinds of breaches they want to bring to the attention of the parole board for review.

In that regard, I don't think this legislation is actually going to make an operational difference for the parole board. Those reviews are already done, and this legislation does not in any way fetter the discretion of the parole board to consider whether or not a positive drug screen is grounds for a revocation or a cancellation of parole. It's still highly discretionary.

Mr. Ryan Leef: On that vein, because it's discretionary, don't you think there is some value, though, to providing a formalized legislative and transparent mechanism for the parole board to do that, so it's not just ad hoc and a policy operational decision but a warranted and legislative authority piece that is clear to the inmate, the institutional setting, the organization, the parole board itself, and the public?

Mr. Howard Sapers: I think the truth of the matter is that everybody who operates in the system now knows that. If Parliament wants to make it manifestly clear through legislation, that's—

Mr. Ryan Leef: Is that not fair to the public, though? I mean it's not just the organization. This is fair for the public, that we have.... Everybody inside the organization, as you pointed out, knows these things, but the greater Canadian public doesn't operate in this day to day and manage and manipulate these settings. The Canadian public has an opportunity and a need to know. Do you think there's value in that?

Mr. Howard Sapers: Yes. I guess we'll never know how many members of the public will understand the difference once the bill passes.

I do want to be brief. When conditional freedom is revoked, I think the person who was no longer conditionally free would consider that to be punitive. That's not to say they don't have a responsibility to live up to the conditions.

My bottom line point is that the process seems to be working fairly well. When we look at success rates of those on day parole and full parole, grant rates, the work the parole board does, and the quality of the work the parole officers do, that seems to be working. This could provide some public clarity, but I'm not sure it's going to have any impact on operations or outcomes.

The Chair: Fine. Thank you very much, Mr. Sapers, and thank you, Mr. Leef.

Now we have Mr. Easter.

Hon. Wayne Easter: I thank the witnesses for their presentations, all direct and forthright.

Sitting here listening to the discussion, the more I hear about this bill the more I wonder why we're spending time on a bill that really is of little significance. I think Mr. Berner had it right. It may be politically savvy, the drug-free prisons act, but it's really not doing that at all. Also, it's not in any way dealing with the problem. That's the reality of the world. I have to say there are better things we could be doing than looking at a piece of legislation that we really don't need.

Assuming the bill's going to pass, because it's going to, I have one question on the bill itself. Is there any risk in this bill, cost to public safety, that we should be concerned about? I don't see it, but you folks may.

If there's not a risk to public safety by passing this bill, what can we do with the bill to actually deal with the problem that you stated, Ms. Jesseman? You said, "Addiction is a chronic relapsing brain condition that must be treated as a health issue and not a poor life choice." This bill is doing anything but that. It's showing a sense of direction from the government that believes in penalties rather than rehabilitation. Is there anything we can do under this bill, on your second point, to actually deal with the problem, rather than portraying with smoke and mirrors that we're going to keep prisons drug-free?

I have two questions. Are there any risks caused by this bill? How can we improve it to actually deal with the problem, rather than just smoke and mirrors?

• (1040)

Ms. Rebecca Jesseman: In response to the first question, I thought Ms. Latimer put it very well in her statement that the legislation is consistent with current parole authorities. So inasmuch as an increased risk to public safety, I agree, I don't think it does.

In terms of what we can do in order to better promote recovery from addiction through legislation, parole officers also already have the tools to direct parolees to community services, and to promote their access to those services. How to better enshrine that in legislation I would leave to my colleagues at the Department of Justice. I'm afraid I don't have expertise in writing legislation. If there could be some recognition of the disease of addiction as a

health issue requiring treatment, really shifting the language to recognize that status would be, I think, helpful on many levels.

Hon. Wayne Easter: Mr. Berner.

Mr. David Berner: First of all, public safety I don't think is threatened by this bill. The bill is a kind of rubber stamp to what exists. I agree with you; it's pretty simple and straightforward. It doesn't accomplish a lot, but it's okay. It doesn't do more harm.

In terms of could we do anything in the bill itself, the only thing I can think of off the top, Mr. Easter, is if there were a sentence or a paragraph in there that the federal government was now going to dedicate itself to studying how to really deal with addictions....

Let me make a very quick statement. Here's the analogy. In the last 11 years, I have had two identical medical procedures, five years apart. The second time I had the procedure, the procedure itself had improved dramatically, which just shows you that medical science is always trying to improve itself. Corrections Canada, with whom I've been involved off and on for 50 years, is firmly lodged in the 17th century and has not changed a whit.

Hon. Wayne Easter: Thank you.

Turning to you, Howard, and really going beyond the bill, you do say in your remarks that a better, more cost-effective way to prevent crime is to put more of our limited resources into addiction treatment and prevention programs. You go on to talk about CSC's anti-drug strategy.

There is a cost to this bill. It takes more resources. It probably takes more correctional officers' time, etc.

What's the balance here in terms of Corrections Canada? Are the results of this bill going to draw down on moneys that should be spent in a more cost-effective way in terms of treatment itself?

• (1045)

Mr. Howard Sapers: The Correctional Service of Canada has a number of challenges in terms of meeting the mandate that's been given to it by the government. That mandate has become complicated in recent years because of changes in the population of offenders that are coming into prison being indicators of mental illness, of addiction, gang affiliation, etc., and just compound those issues. Whenever there is a diversion of resources away from doing very specific assessment and program planning and program development, and if that diversion goes more into the security side of the business, the imbalance that we already see in terms of the resources being made available for the Correctional Service to deliver on its twin mandate of safe and secure custody but also timely and safe release just grows. Most of the money spent in corrections right now is not spent on programs. A very small percentage is spent on program interventions.

You had asked earlier about public safety implications. Of course, we can only speculate, but when we see a diversion of resources away from treatment interventions, program interventions, supervision interventions, then we know we're going to undermine the way the system was designed to work. The best chance for success is gradual release under supervision in the community. We know that those offenders who benefit from proper program interventions delivered at the appropriate time, and then get the benefit of conditional release and spend time under the supervision of a parole officer in the community, are the offenders who return to crime much less frequently and have the greatest success. You want to make sure that you don't undermine that.

The Chair: We're well over time.

I'd like to thank my colleagues for their comments and questions today.

To our witnesses, Mr. Sapers, Mr. Berner, and Ms. Jesseman, on behalf of the entire committee, thank you so much for taking the time to bring to the attention of the committee the experiences you've had recently and over many years. Thank you very kindly for your attendance here.

The meeting is adjourned.

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