Issues and Challenges Facing CSC

When CSC develops policies and programs, three very important goals must be considered:

- protecting public safety;
- addressing offenders' needs;
- preparing offenders for their eventual release into the community.

Many offenders arrive in a correctional institution with physical and psychological conditions that present a risk to themselves, corrections staff and others. There are several challenges that CSC must meet in order to implement its policies and programs. The following are concerns that are particularly challenging for CSC.

1. Health Care

Inmates are entitled to essential dental, medical, and mental health care as well as reasonable access to non-essential health care. CSC is facing increasing budgetary pressure to maintain quality health care for inmates as costs have increased by almost 60% over the past ten years. The reasons for this include:

- higher rates of mental health problems and substance abuse problems;
- higher prevalence of HIV/AIDS and hepatitis B and C;
- an aging inmate population;
- higher cost of drugs (increases 15% each year);
- CSC must cover 100% of the costs associated with outside hospitalization and for 24-hour escorts.

There is little opportunity for cost-saving measures with regard to inmate health care. Due to the inherent limitations on movement within penitentiaries, a clinic in a maximum-security institution cannot operate like a community clinic. Likewise, security escorts must accompany inmates on visits to specialists and other outside community services.

2. Mental Disorders

Approximately 19% of the inmate population suffers from mental disorders that may require specialized interventions. CSC provides a range of treatment services to address these needs.

• **Intensive (acute) care** is provided for acutely mentally disordered offenders (e.g., psychotics and schizophrenics) primarily through beds in the regional treatment/psychiatric centres.

• **Intermediate care** is given to offenders with chronic mental disorders as well as to those who require crisis intervention and transitional care.

• **Ambulatory care** is provided to offenders who require some mental health support during a personal crisis. Care is provided on an outpatient basis through the services of psychologists and mental health nurses.

Special needs of mentally disordered offenders

Offenders with mental disorders often experience difficulty adjusting to prison life. While in custody, they have a higher risk of committing suicide or injuring themselves than offenders without mental illness. Furthermore, they may require more assistance in the reintegration process, particularly to secure required support services such as counseling and appropriate housing. There are limited community supports

for these offenders, a reality that may affect their eligibility for conditional release and, ultimately, their safe reintegration into the community.

Program and treatment responses

Upon incarceration in a CSC facility, inmates are assessed to determine where they should be placed. If, at this time or at any other time during incarceration, it is determined that the individual requires intense mental/psychiatric care, they are referred to a CSC treatment centre or, in the case of women offenders, to a Structured Living Environment (SLE) house. SLE houses are designed to provide a treatment option for minimum-and medium-security women with cognitive limitations or significant mental health concerns who require more intensive supervision.

3. Infectious Diseases

Infectious diseases within the inmate population

Some 200 inmates are living with HIV/AIDS, an estimated rate of 1.7% compared with 0.2% in the general population. Currently, about 2,700 inmates are infected with the Hepatitis C virus. As in the Canadian population, the precise prevalence of infectious diseases in the inmate population is not known because testing for HIV and Hepatitis B and C is not compulsory. All three diseases are transmitted through exchange of bodily fluids.

Why inmates are particularly vulnerable

Many inmates are vulnerable to these blood-borne pathogens due to high-risk lifestyles both before they arrive in prison and while incarcerated. Risk behaviours include injecting drugs, sharing needles, body piercing, tattooing and unprotected sexual relations. Inmates are also at increased risk of being infected with tuberculosis (TB) as it is transmitted by the inhalation of airborne organisms. Limited air exchange and a large number of people living in a confined space increase the potential for TB transmission in institutions.

Program and treatment responses

CSC's response includes voluntary testing, voluntary immunization, surveillance, education/prevention programs and "harm reduction" measures that consist of providing condoms, dental dams, water-soluble lubricants, bleach to clean needles, and methadone. Harm reduction is a realistic approach that aims at lowering the risks associated with such behaviours. Specific responses to the diseases include the following:

• **HIV/AIDS**: In 1993, CSC entered into a partnership with Health Canada through the National AIDS Strategy. CSC's HIV/AIDS programming focuses on education and prevention, as well as care, treatment and support for offenders living with the disease.

• **Hepatitis B & C**: Voluntary testing for both Hepatitis B & C is available for both staff and inmates. For Hepatitis B there is a voluntary immunization program and although there is no vaccine available for Hepatitis C, treatment is available in the institutions as it is in the community. Focus is placed on prevention through education and harm reduction methods.

• **Tuberculosis (TB)**: CSC offers two-step TB skin testing on newly admitted offenders and annual TB skin testing of all offenders. Exceptional monitoring for TB has resulted in a high rate of inmate participation in the prevention programs. In the year 2000, there was only one confirmed active case of TB in a federal penitentiary.

4. Substance Abuse

Challenges posed by substance abuse within penitentiaries

All correctional jurisdictions around the world have a problem with drug use among offenders. Substance abuse is a serious problem for many federal offenders. Approximately 80% have some identified level of problems with drugs and/or alcohol. The presence of drugs is of great concern to CSC as it is often related to the commission of crimes, the transmission of infectious diseases, and violence in institutions.

CSC's Drug Strategy

CSC's Drug Strategy aims to eliminate drug use in correctional facilities by reducing both the supply of and demand for drugs among offenders.

Supply reduction initiatives currently in place include:

• The non-intrusive searching of all visitors entering federal institutions using tools such as metal detectors, ion scanners and drug sniffing dogs to detect the presence of drugs on persons and their belongings;

• Cell searches, searches of buildings and grounds, and physical searches of offenders are carried out. As well, staff regularly monitor offender activity;

• A national random urinalysis program tests urine samples of 5% of the federal offender population each month. This program provides valuable information regarding the extent and pattern of substance use among offenders. As well, depending upon the specifics of the case, the individual results can be used to administer sanctions and/or identify offenders who are in need of other forms of intervention.

Demand reduction initiatives currently in place include:

• The availability of internationally accredited high, intermediate and low intensity substance abuse programs for offenders.

• The implementation of Intensive Support Units for offenders who are committed to living a drug-free lifestyle while incarcerated.

• Methadone maintenance treatment for injection drug users.

• The opening of the Addiction Research Centre in May 2001. The Centre serves as a focal point for all drug and alcohol abuse research conducted by CSC.

• The introduction of the Women Offender Substance Abuse Program (WOSAP) to address the specialized needs of women offenders.

5. Older Offenders

Older offender population

Consistent with Canada's demographics, CSC has been experiencing an increase in the number of older offenders in recent years and this trend is expected to continue. Generally, today's older people tend to be more active and healthy and their mental and physical capacities tend to decline much later in life than they did in generations past. CSC must learn to deal with a new phenomenon: inmates growing old in prison i.e., offenders can now outlive long sentences that were imposed when they were middle aged.

CSC defines an older offender as anyone who is 50 years of age or older. Research indicates that the aging process is accelerated by approximately 10 years due to factors including socio-economic status, access to medical care and the lifestyle of

most offenders. Currently, the older offender population is at 3,443, which represents 15.8% of the total federal offender population.

Special needs

Older offenders have needs that set them apart from the rest of the adult offender population. The needs are in the areas of medical care, accessibility / mobility, adjustment to imprisonment, peer relationships, family relationships and conditional release. Failure to address these specific needs and problems may impede the safe and timely reintegration of older offenders.

Elderly and geriatric offenders tend to have a high incidence of multiple chronic health problems such as severe heart problems, diabetes, hypertension, stroke, cancer, Alzheimer's disease, Parkinson's disease, ulcers, emphysema, diminished hearing, poor eyesight, loss of memory, etc. As well, the fear of dying and concern around the stigma of dying in prison affect the emotional wellbeing of offenders. There are also limits to the range and number of activities in which they can participate in the areas of work and recreation.

Program and treatment responses

To address these issues, much research has been done to find appropriate interventions for older offenders. Consultation with front-line case workers, community agencies, the voluntary sector and potential partners has been conducted to enhance programs to meet the challenges that older offenders face.

6. Women Offenders

Profile of women offenders

There are about 822 women under federal sentence in Canada, representing approximately 4% of the federal offender population. Of these, about 374 (45.5%) are incarcerated while about 448 (54.5%) are on various forms of conditional release in the community.

Approximately 40% of the women offender population are less than 34 years of age. About 17% (136) are serving a life sentence. Approximately 4% (16) of the incarcerated population have been convicted of first-degree murder, and about 68% (255) have been convicted of a crime of violence (Murder I, Murder II and Schedule I). Almost 79% (284) are serving their first federal sentence.

Historical and current responses

Since its opening in 1934, the Prison for Women in Kingston, Ontario, housed all women offenders far from their home communities and in a maximum-security environment. The recommendations from *Creating Choice*s, the 1990 report of the Task Force on Federally Sentenced Women, resulted in the closure of the Prison for Women and the opening of five regional institutions. These are:

- Okimaw Ohci Healing Lodge, Maple Creek, Saskatchewan;
- Nova Institution for Women, Truro, Nova Scotia;
- Joliette Institution, Joliette, Quebec;
- Grand Valley Institution for Women, Kitchener, Ontario;
- Edmonton Institution for Women, Edmonton, Alberta;
- Fraser Valley Institution for Women, Abbotsford, British Columbia.

The design of the regional institutions reflects the recommendations of the task force. Accommodation is provided through stand-alone houses that hold up to 10 women and includes communal living space, a kitchen, dining area, bathrooms, utility/laundry room, and increased access to the surrounding grounds. The women in each house are responsible for their own cooking, cleaning and laundry. This community-style living approach represents a dramatic change from the traditional prison environment that existed at the Prison for Women.

In the spring of 1996, it became clear that about 10% of the women were either unable or unwilling to function in the community-style living approach of the regional institutions. As a temporary measure, distinct units for women classified as maximum security were opened in three men's institutions. In September 1999, the Solicitor General announced the implementation of the Intensive Intervention Strategy. The strategy includes the development of Structured Living Environment (SLE) houses for women classified as minimum- or medium-security with mental health and cognitive difficulties. In addition, small secure units were constructed at each of the regional institutions so that high-risk, high-need women could be safely returned to the regional institutions.

With these changes, CSC has moved into a new era in women's corrections, where needs and risks are met through supportive environments and a wide variety of educational, vocational, and personal development programs.

7. Aboriginal Offenders

Profile of Aboriginal offenders

Although Aboriginal offenders comprise only 2% of Canada's population, they make up approximately 16% of federal inmates - and this rate is increasing. In Saskatchewan, Aboriginal people are incarcerated at a rate 35 times higher than non-Aboriginals. Other statistics are equally alarming. Aboriginal offenders are:

• more likely than non-Aboriginal offenders to be serving time for their third adult conviction for sexual offences and other violent crimes;

• 12% less likely to get out on some form of conditional release;

• 10% more likely to have their full parole revoked for breach of conditions;

• more likely to end up in prison than to complete college or university.

The reasons behind over-representation

Research on male Aboriginal offenders suggests that childhood deprivation is commonplace among this group, including early drug and alcohol use, physical and sexual abuse, and severe poverty. Many Aboriginal communities are marked by violence, family instability, alcohol abuse and low levels of education. The marginal socio-economic positions of many of Canada's Aboriginal peoples, coupled with their loss of culture and community, have contributed to their criminal behaviour and to their difficulty in making a fresh start.

CSC's approach

CSC has a national strategy on Aboriginal corrections that includes several initiatives.

• The National Aboriginal Advisory Committee enables Aboriginal community leaders to assist CSC in involving the Aboriginal community more extensively in the reintegration of offenders. As well, negotiations are underway to enable CSC to enter into further agreements with Aboriginal communities for the provision of correctional services. There are currently six such arrangements.

• Enhanced Aboriginal treatment centres such as healing lodges (special institutions for lower-security Aboriginal offenders), based on Aboriginal values and principles, have already been built and conversion of several existing federal institutions is underway.

• Strengthened Aboriginal programming that increases inmates' access to Native Liaison Services and Elders in order to address the spiritual needs of receptive inmates.

• Other initiatives include the development of culturally sensitive programming, a concerted effort to recruit Aboriginal staff, and the development of an *Aboriginal Pathways* process in which receptive Aboriginal inmates may serve their sentences in an environment that is heavily influenced by Aboriginal cultures.

8. Sexual Offenders

Sexual offender population

As of May 2003, there were 2,859 sexual offenders under federal jurisdiction (of these, 19 are women). Approximately 70% are incarcerated and the rest are under community supervision. Sexual offenders account for approximately 16% of the total federal offender population, a slight decrease from 18% in 2001.

Sexual offenders tend to have relatively low re-offence rates. Among released federal sexual offenders, the average rate of sexual recidivism has been estimated at approximately 5% - 6% and may be even lower.

Program and treatment responses

CSC has very comprehensive, empirically driven management strategies for sexual offenders including:

• National standards for the assessment, treatment, and supervision of sexual offenders;

• Two nationally accredited sexual offender treatment programs in the Atlantic, Prairie and Pacific regions. Training in the other regions is ongoing. Three local programs have also been accredited;

• Maintenance programs in both institutions and community sites across Canada are available to offenders after their completion of structured treatment;

• A national standardization strategy which will ensure that sexual offenders receive consistent, effective, and high quality services across the regions and that the treatment they receive is matched appropriately to their levels of risk and need.

9. Dangerous Offenders

Profile of dangerous offenders

According to the *Criminal Code of Canada*, an individual must have been convicted of a "serious personal injury offence" before an application for dangerous offender status can be made. This designation may result from a single act of brutality or from a number of offences and will result in an indeterminate sentence.

Individuals who have received dangerous offender designations will not be released by the National Parole Board until they are deemed not to pose any undue risk to the community. The cases are reviewed by the NPB seven years after designation and every two years thereafter to determine if the offender can be safely reintegrated into the community.

As of June 15, 2003, there were 334 dangerous offenders serving indeterminate sentences under federal jurisdiction. Of these, 321 are incarcerated, 12 are being supervised in the community and one has been deported. Dangerous offenders incarcerated in federal institutions represent slightly more than 2% of the total federal inmate population. Currently all of the dangerous offenders are male.

Special measures to deal with dangerous offenders

Programs have recently been developed for dangerous offenders. These programs offer sexual deviancy treatment and high-intensity violence prevention programs. Mental health treatment is also available and educational programs are provided to those who lack literacy skills.

CSC is also developing motivation enhancement programs to encourage greater participation of dangerous offenders in programming and treatment.

10. Gangs and Organized Crime

The nature and extent of gang/organized crime involvement

Criminal organizations pose an increasing threat to the safe, secure, orderly and efficient management of CSC's institutional and community operations.

As of September 2004, there were approximately 1700 offenders under CSC's jurisdiction associated with or members of criminal organizations. 7.6% of the institutional population and 6.9% of the community population are identified as members of criminal gangs or organized criminal groups. Currently there are 50 separate gangs or gang types in the institutions. Biker gangs, Aboriginal gangs and traditional organized crime groups are the most prevalent in the incarcerated population.

Problems posed

Offenders involved in criminal organizations pose a number of significant challenges for CSC including:

• intimidation, extortion, and violence within the incarcerated and supervised community populations;

• drug distribution within the institutions;

• recruitment of new members;

• intimidation and corruption of staff;

• increased convictions for serious crimes pose increased risks and affect maximum security capacity.

Actions taken by CSC

• To respond to challenges, CSC is putting into place a strategic intelligence capacity. A model for the National Strategic Intelligence Capacity has been approved in principle. Having security intelligence officers work in CSC's community operations is being explored as part of the model;

• Standardized processes are being put into place throughout the organization to ensure consistent sharing of information nationally, to better respond to public safety and internationally with partners and stakeholders;

• Standardized training has been developed and the initial program delivered. All security intelligence officers will receive this training and will be assessed against established expectations. Training and learning opportunities will be provided on an ongoing basis.