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_____ **Research Report** _____

**Assessing the Impact of Enhanced
Drug Interdiction Activities at
Kingston Penitentiary: A Pilot
Study**

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This report is also available in French. Should additional copies be required, they can be obtained from the Research Branch, Correctional Service of Canada, 340 Laurier Ave. West, Ottawa, Ontario K1A 0P9.

**Assessing the Impact of Enhanced Drug Interdiction Activities at Kingston Penitentiary:
A Pilot Study**

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December 2010

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Executive Summary

Key words: *drug interdiction, drug detection, contraband, urinalysis, ion scanners, visits, drugs, drug dogs*

Beginning in January 2009, Kingston Penitentiary introduced substantial changes to its drug interdiction activities under a three-phased Drug Interdiction and Contraband Eradication (DICE) initiative. Some of these changes included the introduction of random drug interdiction “blitz” days, changes to the protocol for community gatherings at the institution, enhanced enforcement of urinalysis policy/procedures and educating visitors and inmates about the effects of drugs in a prison setting. The aim of the DICE was to maintain a safe environment for both staff and inmates through the coordination of activities to stop the introduction of drugs into the prison.

The purpose of the current report was to examine the operational impact of the DICE activities with respect to alcohol, drug and security-related measures, as well as visiting practices. In order to achieve this, pre- to post- DICE comparisons were conducted on a variety of variables including contraband/unauthorized items seized, drug dog search results, urinalysis results, institutional incidents and attendance at visits and community gatherings. In addition, where possible, the same indicators were examined over a similar timeframe at another maximum security institution in the Ontario region (Millhaven Institution) that was not subjected to enhanced interdiction activities.

While a slight decrease in the rate of positive results for random urinalysis testing was observed at Kingston Penitentiary pre- to post-DICE, a large decline in the refusal rate was noted (24% to 11%). This decrease followed a strict enforcement of the CSC policy that positive test results and refusals to provide urine samples are subject to equal disciplinary consequences, modifications to correctional plans, employment opportunities, and visits. In addition, a shift in the type of drugs for which offenders tested positive was observed pre- to post-DICE, with fewer inmates testing positive for THC and cocaine metabolites and more testing positive for Opiates A and Methadone metabolites¹. Increases in the number of alcohol/drug-related incidents also occurred after the implementation of DICE².

Regarding contraband items, an increase in seizures for all types of alcohol/drugs and alcohol/drug-related paraphernalia was observed following the augmented searching that occurred through the DICE initiative. The exceptions were brew/alcohol and cannabis, which remained stable. The results also suggested that there were broader operational impacts of the increased searching. For example, there was an increase in the number of weapons seized pre- to post-DICE³.

¹ At Millhaven Institution, the comparison site, the refusal rate also decreased but by a smaller magnitude while the positive rate showed a slight increase. Millhaven Institution also showed similar results regarding the types of drugs offenders tested positive for with respect to THC and Opiates A. However the decrease was larger at Millhaven for the percent testing positive for THC and no change was noted for Cocaine and Methadone.

² There was no change in the number of drug-related incidents at Millhaven Institution during the same timeframe.

³ There were no changes in the average number of contraband items seized at Millhaven Institution with the exception of tobacco seizures, which showed a large decrease, and weapon seizures, which increased from 2.1 to 4.0.

The combined effect of all of the elements of the DICE initiative may be reflected in other results. For example, the number of institutional incidents related to disciplinary problems showed a large decline, from a monthly average of 37.4 to 16.6⁴. In addition, the number of institutional incidents and disciplinary charges involving fights and assaults⁵ increased from a monthly average of 6.2 pre-DICE to 8.3 in the post-DICE period. During the same timeframe, no changes in the number of requests for protective custody were observed.

The results for visiting practices pre- to post-DICE were mixed. When accounting for visits that were cancelled, there was only a marginal decrease (3.4%) in the number of visits that occurred following the implementation of DICE in comparison to the pre-DICE period. However when examining the number of inmates and visitors attending community gatherings, these numbers declined by 41% for inmates and by 51% for visitors pre- to post-DICE. Furthermore, the percent of visits that were denied increased three-fold and the percent of special visits (i.e., non-contact visits or designated seating visits) increased five-fold. The percent of visits that were suspended did not change pre- to post-DICE implementation⁶.

Taken together, these results suggest some positive impacts of the DICE initiative in relation to drug trafficking and drug use, as well as additional positive operational impacts such as an increase in the seizures of weapons and a decrease in institutional incidents related to disciplinary problems. However, possible negative post-DICE consequences include an increase in fights and assaults and an increase in positive urinalysis results for Opiates A and Methadone. It should be noted that many of these results also occurred at the comparison site, Millhaven Institution, but often to a lesser degree. Therefore the findings at Kingston Penitentiary may not have been a result of the impact of the DICE initiative alone.

The findings of this study should be interpreted with caution due to methodological shortcomings (i.e., lack of a controlled research design, inconsistent recording of information, and small number of observations for some variables). As a result of these limitations, it is suggested that the next step for research in this area would be to conduct a study implementing increased drug interdiction activities in a more controlled and monitored manner at multiple sites, with measurement occurring prior to, during, and following implementation.

⁴ A decrease in the number of institutional charges related to disciplinary problems also occurred at Millhaven Institution but the decrease was substantially smaller in magnitude than that observed at Kingston Penitentiary.

⁵ An increase in the number of institutional incidents involving fights/assaults and resulting disciplinary charges also occurred at Millhaven Institution. The magnitude of the increase in institutional incidents was similar but the magnitude of increase in fights/assaults disciplinary charges was larger at Kingston Penitentiary.

⁶ At Millhaven Institution, in comparison to Kingston Penitentiary, the percentage of visits denied increased slightly (0% to 1.5%), the percent of special visits increased by a similar proportion (0.4% to 2.6%), the percent of visits that were cancelled decreased but by a smaller degree (7.3% to 3.3%), and the percent of visits that were suspended decreased slightly (from 1.0% to 0.5%).

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Introduction

The presence of illicit drugs within correctional institutions represents a major concern for the safety and security of staff, inmates and the public (McVie, 2001). As a result, drug interdiction has been identified as a high priority for the Correctional Service Canada (CSC) in several noteworthy reports such as the Task Force on Security and the Report of the CSC Review Panel (Correctional Service Canada, 1999; Correctional Service of Canada Review Panel, 2007). As noted in the “Report of the CSC Review Panel: A Roadmap to Strengthening Public Safety” (2007), “the presence of illicit drugs in a federal penitentiary is not only unacceptable but results in a dangerous environment for staff and offenders” (p. vii). This “dangerous environment” includes assaults against offenders and staff, the transmission of infectious diseases, and an overall decreased ability to provide a safe and secure environment where offenders can focus on rehabilitation (Correctional Service of Canada Review Panel, 2007). Furthermore, alcohol and drug use has been identified as a risk factor associated with involvement in criminal activity and, if left untreated, could have a negative impact on the communities to which offenders return upon release.

A recent review by Dastouri, Johnson and Moser (2010) found that research in the area of the effectiveness of interdiction efforts in reducing drugs in prisons is limited. For example, although numerous jurisdictions were found to use drug detector dogs, there was no conclusive empirical evidence demonstrating that they had a significant impact on reducing the availability of drugs in correctional facilities. Trace detection technology, such as ion scanners, have been found to have the capacity to detect many of the drugs of concern in correctional facilities but were found to be more reliable in the detection of certain drugs, such as cocaine, than others, such as drugs in pill form or marijuana (Butler, 2002; Sheldon, Smith, Doherty, Waddell, Donnelly & Parker, 1998). Of the two studies that examined the effectiveness of trace detection technology in reducing drugs in prisons, its use of was found to have an impact on the detection of drugs in the prison mailroom (National Criminal Justice Reference Service, 2008) and on drug-related misconduct among inmates (Hogsten, 1998). Urinalysis was found to consistently identify drug metabolites in inmate urine samples, however, conclusions on whether or not this practice adequately deters inmates from using drugs is inconclusive (Dean, 2005; Feucht & Keyser, 1999; Gore, Bird & Ross, 1996; Prendergast, Campos, Farabee, Evans & Martinez, 2004). Importantly however, Prendergast and colleagues (2004) found that when equivalent

sanctions for refusing to provide a urine sample and positive results, and graduating sanctions (increasing severity of sanctions with multiple occurrences of positive tests) were implemented, there was a reduction in the rate at which inmates refused to provide a urine sample and the rate at which they tested positive. Some researchers have raised concerns that differing half lives of consumed drugs in urine may encourage inmates to shift from soft drugs such as marijuana, that remain in the system longer, to hard drugs, such as heroin or cocaine, which are metabolized more quickly and are thus less likely to be detected, although evidence supporting this hypothesis is limited (Gore et al., 1996).

The current report examines the operational impact of a pilot project where enhanced drug interdiction activities were implemented at one maximum security institution in the Ontario region (Kingston Penitentiary). The findings were compared with another maximum security institution in the Ontario region (Millhaven Institution) that was not subjected to the enhanced interdiction activities. An overview of the interdiction policy and practice with CSC, and the transformation agenda is provided, followed by a contextual description of Kingston Penitentiary. This is followed by a description of the pilot project that occurred at Kingston Penitentiary including the specific enhanced drug interdiction activities occurring under the Drug Interdiction and Contraband Eradication (DICE) initiative.

Interdiction Policy and Practice within Correctional Service Canada

Drug interdiction policy and practice within CSC prisons is set out in a series of Commissioner's Directives (CD). For example, a number of searching tools and protocols, policy considerations and guidelines are described in these CD's. The overarching policy is described in Commissioner's Directive (CD 585) on the National Drug Strategy issued in May 2007 (Correctional Service Canada, 2007). The National Drug Strategy states that all institutions will participate in the urinalysis program and will use non-intrusive search tools for drug detection, such as ion mobility spectrometry devices⁷ (IMS, also known as ion scanners) and drug detector dogs. For more specific information regarding policy, please see Appendix A: Drug Interdiction Policy.

⁷ These devices detect small traces of drugs. Samples are collected by wiping or vacuuming objects and then placed into the device for assessment.

The Transformation Agenda and the Pilot Project at Kingston Penitentiary

In 2007, the Independent Review Panel made several recommendations to strengthen CSC's interdiction initiatives through measures such as: enhanced perimeter control, increased use of technology, increased number of drug detector dogs, improved searching of vehicles and individuals entering the penitentiary, and strengthened intelligence gathering and sharing (Correctional Service of Canada Review Panel, 2007). In order to implement the recommendations of the Independent Review Panel, CSC established a Transformation Team (Rodrigue, 2008) and is taking a number of concrete steps to reinforce and improve its security measures, including increasing the number of drug dog detector teams, from 46 to 126, and enhancing the use of these teams both at principal entrances and throughout the institutions. In addition, searching capability within institutions has been enhanced in certain key areas including accommodation areas, yards/perimeter, and common areas. Furthermore, practices related to inmate visits such as the introduction of scheduled visits and the implementation of the National Visitor database were introduced in July 2008.

Each region of the CSC has implemented Transformation Agenda Action Plans. One activity under the Ontario Region Transformation Action Plan, aimed at addressing 'eliminating drugs in prison' and 'safety and security', was to launch a pilot project at Kingston Penitentiary designed to enhance security and to improve staff and offender safety through a targeted blitz approach. The following two sections provide contextual information regarding the site itself, Kingston Penitentiary, and describe the specific policies and practices that have been implemented under the DICE initiative.

The context: Kingston Penitentiary

Kingston Penitentiary is the oldest federal penitentiary in Canada. It operates as a maximum security facility with a cell capacity of approximately 450. The staff complement is approximately 300. In 1998, Kingston Penitentiary also became the re-entry point for all Temporary Detainees⁸ in the Ontario Region.

Kingston Penitentiary operates using the Unit Management model, where a permanent

⁸ Temporary Detainees are offenders who have been returned to federal custody due to a breach of conditional release.

team of staff work together within each unit, and each team is responsible for all aspects of that unit. Kingston Penitentiary has four units; each is responsible for a portion of institutional operations, security, and specific offender ranges. Unit one includes segregation and hospital areas, Unit two houses temporary detainees, and Units three and four house regular inmate populations. The staff complement of each unit includes a Unit Manager, Correctional Supervisors, Parole Officers, Correctional Officers, and other staff.

Drug Interdiction and Contraband Eradication (DICE) Initiative

Beginning in January 2009, Kingston Penitentiary introduced substantial changes to its drug interdiction activities. The focus of this “Drug Interdiction and Contraband Eradication” (DICE) initiative, was to maintain a safe environment for both staff and inmates through the coordination of measures to stop the introduction of drugs into the prison. The DICE initiative was planned to occur in three phases. The first phase consisted of a swift, combined effort on detection and deterrence aimed at interrupting the availability of drugs. The second phase aimed at strengthening and enhancing support to key locations of the institution (e.g., Principle Entrance, Private Family Visits [PFV], Visits and Correspondence [V&C], etc.), activities (e.g., community gatherings), and drug detection tools (e.g., ion scanners, urinalysis) to further disrupt the entry of contraband. The third phase included the development and implementation of an education plan designed for visitors and inmates that provided information on the effects of drugs within prison settings.

One aspect of the DICE initiative involved drug interdiction action days, termed “Blitz” days. These “Blitz” days typically occurred on weekends or at community gatherings and were marked by enhanced searching of both inmates and visitors. The enhanced techniques included police presence from the Kingston Police Department and the Ontario Provincial Police (OPP) Penitentiary squad. These organizations provided resources in the form of marked police cruisers and uniformed officers posted at the gates, as well as plain clothes officers who were posted in the parking lot and within the institution. Correctional search teams, which consisted of various members of correctional staff as well as drug dog teams, were posted in the parking lot, at the visitor’s entrance, and inside the institution. All non-staff vehicles entering the penitentiary were subject to a routine search that included a drug detector dog and a manual search using specialized search tools, such as a vehicle inspection mirror and a fibre-optic ‘see-snake’

inspection tool. The occupants were also subject to a routine non-intrusive search with the detector dog. In addition, search teams, located in the recreation area where the community gathering were taking place, searched visitors on an individual basis.

The DICE initiative also involved modifications to protocols for community gatherings, which are social events that include visitors and inmates. Visitors who requested attendance to community gatherings were required to demonstrate a history of successful visits in order to obtain approval to attend. The location of the community gatherings changed from the exercise yard to the gym. This setting provided a smaller area to supervise, included video surveillance, and generally offered less opportunity to conceal items.

Additionally, changes were made to the operation of the Urinalysis program in that positive test results and refusals to submit samples were subjected to equal disciplinary consequences, modifications to correctional plans, employment opportunities, and visits. In addition to standard random selection urinalysis, sampling was expanded to include reasonable grounds and community contact.

Further interdiction activities implemented at Kingston Penitentiary as part of DICE included: searching of all temporary detention (TD) inmates with drug detector dogs when they arrived at the institution, searching of inmate-owned televisions when they first entered the facility, and modifications to non-routine cell searches.

Although not specific to the DICE initiative, a health care practice to better control prescribed medications through random spot checks was implemented nationally in June 2009. Random checks were completed by nurses to ensure that inmates were appropriately using their medications. That is, nurses identified the medications to be checked, asked the inmate to produce the original package for each medication, and assessed if the inmate was taking the medication as prescribed by counting the number of tablets or capsules remaining in the package and asking the inmate if they had removed and stored any of the tablets or capsules in a container other than the original package and included these in the count (Correctional Service Canada, 2009b). One nurse, as opposed to five, was responsible for the issuing of medications in order to increase the consistency of dispensing. The objectives of these practices are to identify opportunities for patient education regarding medication self administration, reinforce and support positive inmate practices in self-medication and, most importantly for the purposes of the drug interdiction efforts, to identify non-therapeutic self administration practices and/or abuse of

medication (Correctional Service Canada, 2009a).

Finally, DICE included an education component. Individual letters were sent to all inmate visitors addressing the “expectations of their role” as visitors, their responsibilities, and the consequences of importing drugs into prisons. A copy of “Keeping Drugs Out – A Visitor’s Guide” was also included in the visitor mail out. Inmates received education related to drug diversion and drug abuse. In addition, it was expected that increased communication between Health Care and the Inmate Committee served as a method to increase awareness of issues related to drug abuse.

Purpose of Report

The purpose of this report was to examine the operational impact of the enhanced drug interdiction activities at Kingston Penitentiary on variables such as seizures of alcohol/drug-related items and other contraband, random urinalysis test results, institutional behaviour, visiting patterns, etc. Security measures such as the number of contraband and unauthorized items seized, number of institutional incidents, number of disciplinary charges, and random urinalysis results (i.e., percent refused, percent positive, etc.) were compared between January to September of 2008 (pre-DICE), and in the period following the introduction of the DICE initiative (January to September of 2009 – post-DICE). Furthermore, visiting patterns pre- and post-DICE were examined. Where possible, key implementation dates were considered in evaluating trends over time. In addition, the same measures were examined during identical timeframes at Millhaven Institution, where enhanced drug interdiction activities similar to DICE did not occur.⁹

The research questions addressed in this report include:

1. Were there changes in alcohol and drug-related measures, such as drug and alcohol contraband/unauthorized item seizures, random urinalysis results, and drug- and alcohol-related institutional incidents and disciplinary charges, pre- to post-DICE implementation? Are these changes more significant for certain types of drugs than others?

⁹ Millhaven Institution is another maximum security institution located in the Ontario region.

2. Were there changes in other security-related measures such as types of institutional incidents and disciplinary charges other than those related to drugs and alcohol (e.g., violent incidents, disciplinary problems, etc.) or seizures of other types of contraband such as weapons and unauthorized items like tobacco pre- to post-DICE implementation?
3. Were there any changes in visiting patterns pre- to post-DICE implementation?

Method

The researchers volunteered to assist in data gathering and analysis regarding the impact of the DICE pilot project at Kingston Penitentiary (KP). It should be noted that this involvement began after the DICE initiative had already commenced.

Procedures

Data that are routinely collected for security and operational purposes were used. The two primary sources of data were the Offender Management System (OMS) and data collected by institutional staff for community gatherings, drug dog searches, etc. The OMS is an electronic filing system that tracks all offenders under the supervision of CSC. In general, the selected measures were aggregated on a monthly basis to examine trends over two time periods: pre-DICE - January 1 to September 30, 2008, and post-DICE - January 1 to September 30, 2009. Pre- and post-DICE periods span the same months and differ only by one year and the implementation of the DICE initiative.

In addition, measures from the OMS were also analyzed during these two time frames for Millhaven Institution. Millhaven Institution is a maximum security institution in the Ontario region, which has a dual role as a reception facility (referred to as the Millhaven Assessment Unit) and a general maximum security institution. For the purposes of this report, data from only the general maximum security institution were included. As of September 1, 2009, there were 176 offenders being housed in the general maximum security section of Millhaven Institution. It was chosen as a site for comparative analyses since it is similar to Kingston Penitentiary in terms of security level and geographic location. These analyses were performed in order to determine if the results found for Kingston Penitentiary also occurred at a similar site or were unique to Kingston Penitentiary. If similar results on the variables examined were found at Millhaven Institution during the pre and post periods, one could hypothesize that systematic influences, other than the DICE initiative, may be partially or fully responsible for the results. Given that the sizes of the inmate population at the two sites differ significantly (as of September 1, 2009, the inmate population at Millhaven Institution, excluding the reception unit, was 176 while at Kingston Penitentiary, when including the Temporary Detention Unit, the total inmate population was 399), actual values reported, such as monthly averages and totals are not

comparable between the two sites. However, changes reported from the pre- to post-DICE periods are comparable. The results of the comparisons during the pre- to post-DICE periods for Millhaven Institution are presented in Appendix C and will be referred to throughout the results section.

Measures

From the Offender Management System (OMS), the following measures were extracted:

- Contraband/unauthorized items seized: included the number of contraband or unauthorized items seized as well as general, broad categories of contraband type, specifically: brew/alcohol, cannabis, other drugs (other than cannabis), brew/alcohol paraphernalia, drug-related paraphernalia, tobacco, and weapons. The other drugs (other than cannabis) category was then further broken down in to the following categories: opiates¹⁰, over the counter (OTC) or prescription drugs, and other (including cocaine, amphetamines, etc.,).
- Random urinalysis results: included number of positive tests, number of negative tests, number of refusals, number of positive tests where specific drug metabolites were found (such as THC, opiates, cocaine, etc.). These measures were also used to determine percentages such as percent who tested positive, percent refusing, etc.
- Institutional incidents: included number of institutional incidents by type of incident. Security incidents are defined in Commissioner's Directive 568 (2009a) as any real or suspected illegal, unauthorized or disruptive activity or situation that may affect the safety of individuals, the community or the security of the institution, including the possession of contraband. Incidents may involve more than one individual. General broad categories utilized included drug-related incidents (includes possess contraband/unauthorized item – drugs, possess contraband/unauthorized item – drug paraphernalia, under the influence), violent incidents (includes fights/assaults, possess contraband/unauthorized item – weapon), disciplinary problems, and other (includes possess contraband/unauthorized item – tobacco, possess contraband/unauthorized item – other, transport contraband, protective custody required). It should be noted that not all

¹⁰ It should be noted that during the timeframe examined, opiates included prescription opiates only, as there were no seizures of heroin at either site.

types of institutional incidents are reported in these categories.

- Disciplinary Charges: included information on all minor and serious disciplinary charges that an inmate incurred as a result of a disciplinary offence. Disciplinary charges are the result of the initiation of a formal disciplinary process where informal resolution regarding an institutional incident did not proceed successfully. Disciplinary charges may be classified as minor or serious and several general categories of disciplinary offences are captured within the OMS. For the purposes of this report, only disciplinary charges for which offenders were found guilty were included.
- Visitors: included information on all visits that were scheduled to occur and those that did occur. Visits that were denied, suspended, resulted in a special visit, or were cancelled by the inmate or the visitor were tracked.

The following additional measures, not currently available within the OMS, but collected in the operational context in paper forms, were also examined:

- Drug dog monthly search reports (Monthly Search Log): included persons or areas searched, the reason for the search, and the results of the search (i.e., the dog showing interest or indicating).¹¹
- Monthly CCO Reports – Searching and Drug Interdiction: included the monthly number of inmate visitors and institutional visitors and the number of searches of these individuals using X-Ray/metal detectors, IMS devices, and drug detecting dogs. The number of indications by drug detecting dogs and IMS machines was also recorded. In addition, the number of searches of staff using the X-Ray or metal detector or manual searches was available. It should be noted, however, that the number of searches of visitors using IMS devices could not be obtained due to operational difficulties in providing these data. With the information available, the researchers derived a rate of indication for drug detecting dogs per number of searches and examined the total percentage of visitors who were searched.

¹¹ An indication occurs when the drug detection dog signals to its handler that it has detected the scent of a prohibited drug.

- Community gathering information: includes the number of inmates and visitors who requested attendance at community gatherings, the number who were approved to attend, and the number who actually attended.

Analyses

Due to the nature of the data, including small numbers of observations for many variables, it was not possible to use standardized statistical methods to analyze the results. Therefore, the primary analytical method employed was comparing averages, percentages and totals for the variables of interest between the pre- and post-DICE periods in order to determine whether there were indications of changes between the two times periods, and whether these changes were consistent between the two sites examined. In general, values reported were aggregated to monthly averages and, when averages across a pre-DICE or post-DICE period were reported, these values were derived by adding the monthly averages per period examined together and dividing by the number of months in that period (in most cases, this was the full nine month period).

In addition, all inmates incarcerated at Kingston Penitentiary during January 1 to September 30, 2008 (pre-DICE) were compared to all inmates incarcerated at Kingston Penitentiary during January 1 to September 30, 2009 (post-DICE) on key characteristics such as demographic, intake assessment, and offence history information. These analyses were completed in order to ensure that any significant differences in measures between pre- and post-DICE were due to the implementation of DICE initiatives and not to inherent differences in the offender populations during the two different time frames examined. The same analyses also occurred for inmates in Millhaven Institution. Results are presented in Appendix B, Table A-1 and Table A-2, respectively.

Results

For ease of interpretation, the results sections will be organized according to data source, commencing with contraband and unauthorized items seized, drug dog search report data, random urinalysis results, institutional incidents and disciplinary charges, followed by information on visits and community gatherings. A brief description of the Kingston Penitentiary inmate population during pre- and post-DICE periods precedes the full results section.

Characteristics of Offender Population

The general population at Kingston Penitentiary consisted of 626 offenders during the period of January 1 to September 30, 2008 (pre-DICE) and 623 during the period of January 1 to September 30, 2009 (post-DICE) (select characteristics during both timeframes are presented in Appendix B: Comparison on Key Characteristics, Table A-1). It is important to note that 44% of offenders were incarcerated at Kingston Penitentiary during both the time periods (pre- and post-DICE), and therefore were represented in both populations. In general, the offender populations did not differ in any of the variables examined during the pre- and post-DICE periods (see Table A-1). The mean age of offenders was similar across time periods with an average age for 2008 and 2009 of 35.7 (SD=11.1) and 35.8 (SD=11.4), respectively. Aboriginal offenders represented 16.5% of the offender population in 2008 and 15.9% in 2009. Marital status did not differ between the two groups, with the majority of offenders identified as in a common-law relationship or as single at both time periods.

Level of criminogenic need was also evaluated along seven domain areas: employment/education, marital/family, associates, substance abuse, community functioning, personal/emotional orientation, and attitude. The offender populations requiring 'some need' or 'considerable need' in each of the domains were similar in 2008 and 2009. Offenders were also assigned an overall dynamic factor rating (need) based on their level of criminogenic need and an overall static factor (risk) based on their criminal offence history. The offenders did not differ in their level of need or risk in the pre- and post-DICE populations with both populations demonstrating a high level of need (89.1% in 2008; 85.3% in 2009) and a high risk level (82.5% in 2008; 80.6% in 2009).

Information on offence history was also examined. On average, in 2008, offenders committed 7.1 (SD=9.2) offences in their current sentence compared to 6.8 (SD=9.4) offences in 2009. The most common types of offences committed were similar in each group with non-violent crimes being the most prevalent offence in their current sentence followed by murder, assault, property-related, and robbery. For a full description of current and previous offence history see Table A-1 in Appendix B.

Overall, these results demonstrate that offenders incarcerated at Kingston Penitentiary during the pre- and post-DICE periods did not differ significantly and therefore results cannot be attributed to inmate characteristic differences. Similar results for Millhaven Institution were obtained, where significant differences between the two time periods were not present (see Table A-2 for more detailed information).

In addition to there being differences between Kingston Penitentiary and Millhaven Institution in the size of the inmate population, as noted in the Method section, the two populations differed in some key inmate characteristics. For example, inmates at Millhaven were younger, rated slightly lower on static and dynamic risk and had a lower percentage with alcohol and drug problems (see Table A-1 and Table A-2). Therefore, the reader is cautioned that actual values reported, such as monthly averages and totals, are not comparable between the two sites, but that changes reported from the pre- to post-DICE periods are comparable.

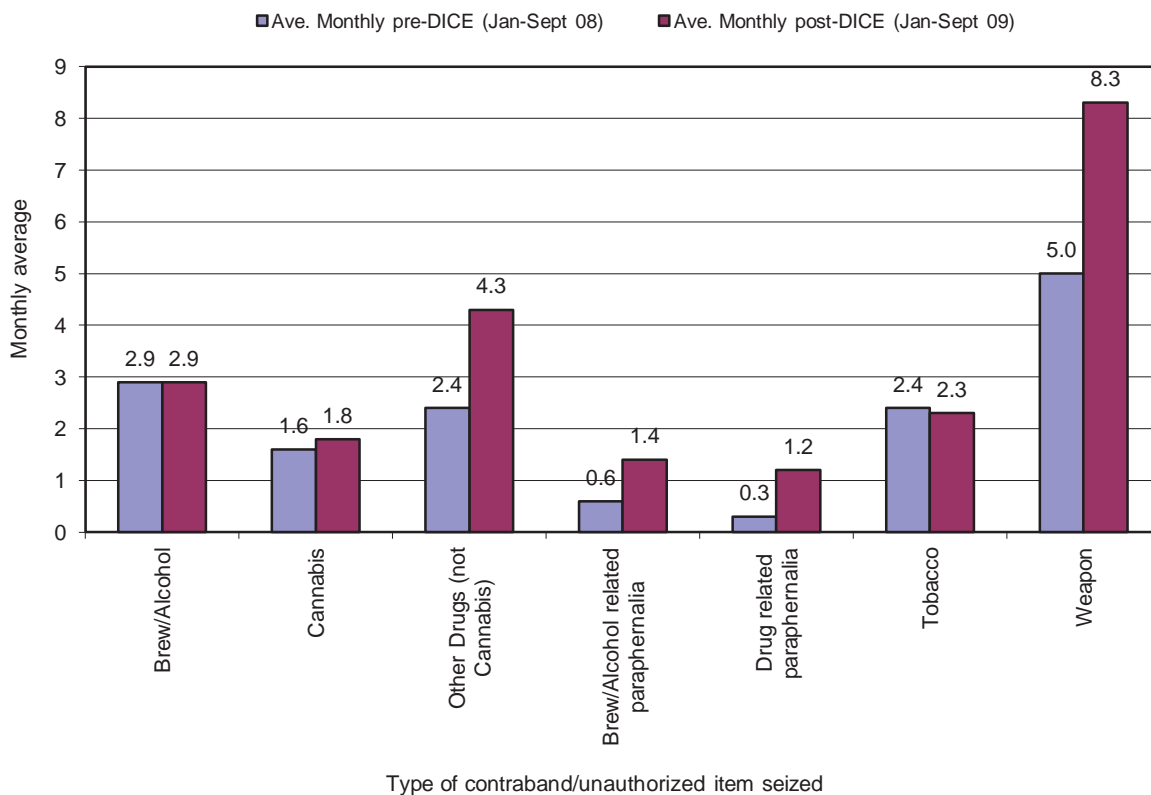
Contraband and Unauthorized Items Seized

For the purpose of this report, the average number of contraband and unauthorized items seized was examined on a monthly basis. The focus was primarily on drugs, alcohol and related paraphernalia but, in order to examine the potential impact of the DICE initiative beyond drugs and alcohol, seizures of other items such as weapons and tobacco were also examined.

As demonstrated in Figure 1, differences in the average number of contraband items seized were observed at Kingston Penitentiary pre- to post-DICE. Interestingly, no differences occurred for the average number of brew/alcohol, cannabis, or tobacco items seized. However, the number of “other drugs” seized almost doubled from 2.4 to 4.3 during the same period. In comparison, as demonstrated in Figure A- 1, no differences occurred for brew/alcohol and cannabis or “other drugs” seized at Millhaven Institution, but a large decrease was observed in the number of tobacco seizures at that site. This may imply that the increased searching

occurring at Kingston Penitentiary has resulted in a larger number of tobacco seizures than would be expected in the post-DICE period. In addition, at Kingston Penitentiary, the number of drug-related paraphernalia seized increased from 0.3 to 1.2, and brew/alcohol paraphernalia increased from 0.6 to 1.4, while similar results were not observed at Millhaven Institution. Although not the specific goal of the DICE initiative, one interesting effect observed is the increase in weapons seized at Kingston Penitentiary from pre- to post-DICE, from an average of 5.0 per month to 8.3 per month. However, it should be noted that an increase in the average number of weapons seized that was similar in magnitude also occurred at Millhaven Institution during the same time frame from an average of 2.1 per month to 4.0 per month.

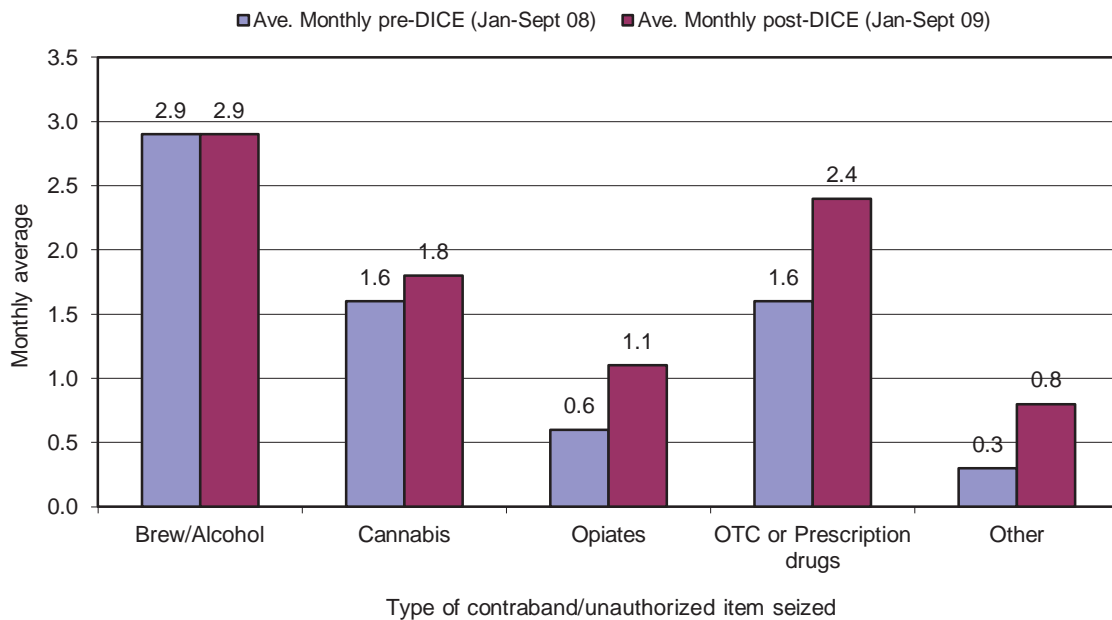
Figure 1. Average number of contraband seized monthly pre- to post-DICE implementation by type of contraband seized



Given that the primary goal of DICE is drug interdiction, the types of drugs seized are of interest. As was previously noted, there was no difference observed in the number of brew/alcohol or cannabis seizures pre- to post-DICE at Kingston Penitentiary. When the ‘other

drugs' category is broken down further, opiates¹² (such as morphine, oxycodone, dilaudid), over the counter (OTC) or prescription drugs (other than opiates), and other drugs (such as amphetamines and cocaine), all showed increases in seizures pre- to post-DICE (see Figure 2). Specifically, the average number opiate seizures almost doubled from 0.6 to 1.1 per month, and other drugs almost tripled from 0.3 to 0.8. In addition, seizures of OTC and prescription drugs showed an increase from 1.6 to 2.4. In general these findings suggest that intoxicants that are less bulky and therefore more difficult to detect are being detected more frequently post-DICE. Similar results were not observed at Millhaven Institution (see Figure A- 2).

Figure 2. Average number of contraband seized monthly pre- to post-DICE implementation by type of intoxicant



Drug Dog Search Reports

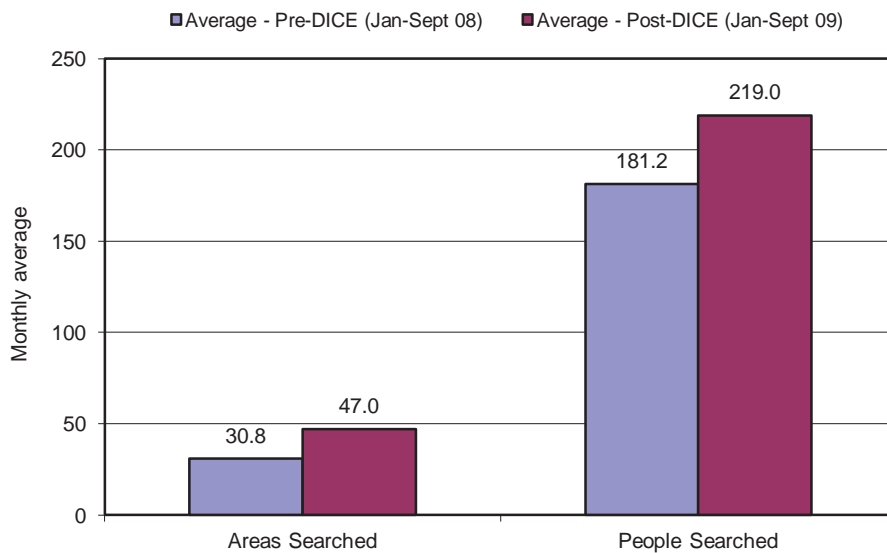
Drug detector dog teams are a commonly used drug interdiction tool in CSC. These teams can search areas or people (i.e., inmates, staff and visitors), and records of these searches are documented by the drug dog handler in Monthly Search Reports.¹³ Figure 3 illustrates the average number of searches that occurred using the drug detector dog team per month at

¹² Although this category would normally include heroin, there were no seizures of heroin during the timeframe examined at either site.

¹³ This information was not available for Millhaven Institution.

Kingston Penitentiary, pre- to post-DICE¹⁴ as documented in the Search Reports. Overall, the number of searches with the drug detector dog team increased for areas and people. The number of areas searched increased more than 50% (52.6%) from 30.8 to 47.0 searches per month, an increase of approximately 16 more searches per month occurring following the implementation of DICE. The number of people searched using drug dog detector teams also increased from 181.2 to 219.0, an increase of 20.8% or 38 more people searched per month.

Figure 3. Average number of searches using drug detector dog team monthly, pre- to post-DICE implementation

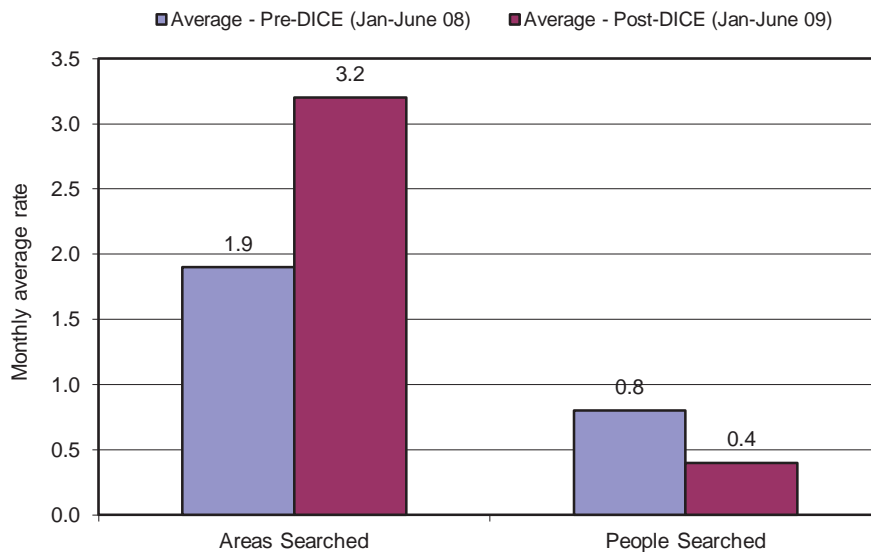


Given that the monthly average number of areas and people searched increased pre- to post-DICE, it would be expected that the number of indications by drug dogs would also increase. In order to adjust for this, an indication rate per number of drug dog searches was derived. As demonstrated in Figure 4, the average monthly rate of indication at Kingston Penitentiary increased for areas searched but decreased for people searched. More specifically, the rate per 100 areas searched rose from 1.9 (a total of 3 indications out of 185 areas searched) to 3.2 (a total of 10 indications out of 282 areas searched) pre- to post-DICE, amounting to an increase of 68.4%. However, the rate of indication decreased from 0.8 to 0.4 per 100 people

¹⁴ It should be noted that data were not available at the time of writing for July, August and September and therefore, only data from January to June are presented.

searched. In terms of totals within the time frame, this amounted to 9 indications out of 1,087 people searched in the pre-DICE period and 5 indications out of 1,314 people searched in the post-DICE period. It is important to note that, as these rates are obviously based upon very small values, they should be interpreted with caution.

Figure 4. Average monthly rate of indication by drug detector dogs per total number of searches, pre- to post-DICE implementation



Using data provided from Monthly CCO Reports (Searching and Drug Interdiction), the number of visitors¹⁵ subjected to drug detector dog searches increased from 42% of inmate visitors to 52% of inmate visitors pre- to post-DICE implementation. Similar numbers were not available for ion scanners. In line with the findings above regarding the average monthly rate of indications per 100 people searched¹⁶, the rate of indication by the drug detecting dog per 100 inmate visitors searched using the drug dog decreased pre- to post-DICE implementation from 2.50 per 100 visitors searched (21 out of 1,028 inmate visitors searched) to 1.16 per 100 visitors searched (15 out of 1,237 inmate visitors searched) – a total decrease of 54%.

¹⁵ It should be noted that this analysis differs from the previous analysis since it examines searches of visitors only, while the previous results examines searches of visitors, staff and inmates.

¹⁶ Where “people” included visitors, inmates and staff.

Urinalysis Results

Random urinalysis results for Kingston Penitentiary, before and after the introduction of the DICE initiative, are presented below. These results display the percentage of tests resulting in positive results as well as the percentage of requested tests that were refused. Among the positive tests, specific drugs found are examined pre- to post-DICE. Equivalent analyses were also performed for Millhaven Institution and are presented in Figure A- 3 and Figure A- 4.

As presented in Figure 5, overall rates of positive or refusals¹⁷ at Kingston Penitentiary decreased from approximately one-third (32.9%) to one-fifth (18.1%) of all tests requested from the pre- to the post-DICE period. Breaking this down further, the percentage of positive random urinalysis tests decreased only slightly (8.7% vs. 7.1%), but there was a large difference observed for the refusal rate, from 24.2% prior to DICE and 11.0% post-DICE implementation. In comparison, at Millhaven Institution, the total rate of positives or refusals showed only a slight decrease during the same time period (from 15.1% to 10.9%). Although the refusal rate at Millhaven Institution followed the same pattern as Kingston Penitentiary (refusal rate decreased from 6.8% to 0.8%), the percentage of positive results did not, with only a slight increase in the positive rate being observed (from 9.7% to 10.1%) (see Figure A- 3). The large decrease in the refusal rate at Kingston Penitentiary may be due to the implementation of equivalent consequences for refusals as positive test results.

¹⁷ Refusals may result in the same administrative and disciplinary consequences

Figure 5. Percentage of random urinalysis tests refused or resulting in positive results, pre- to post-DICE implementation

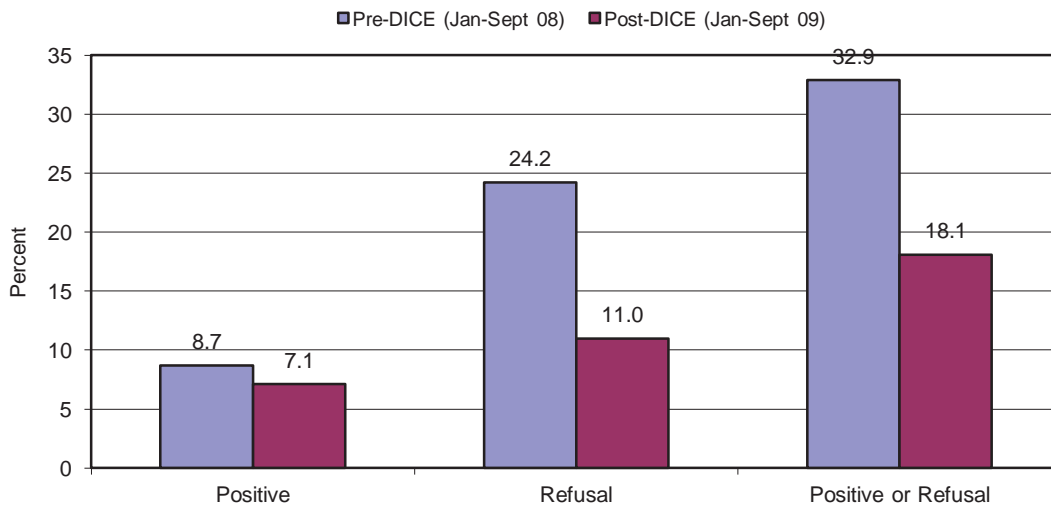
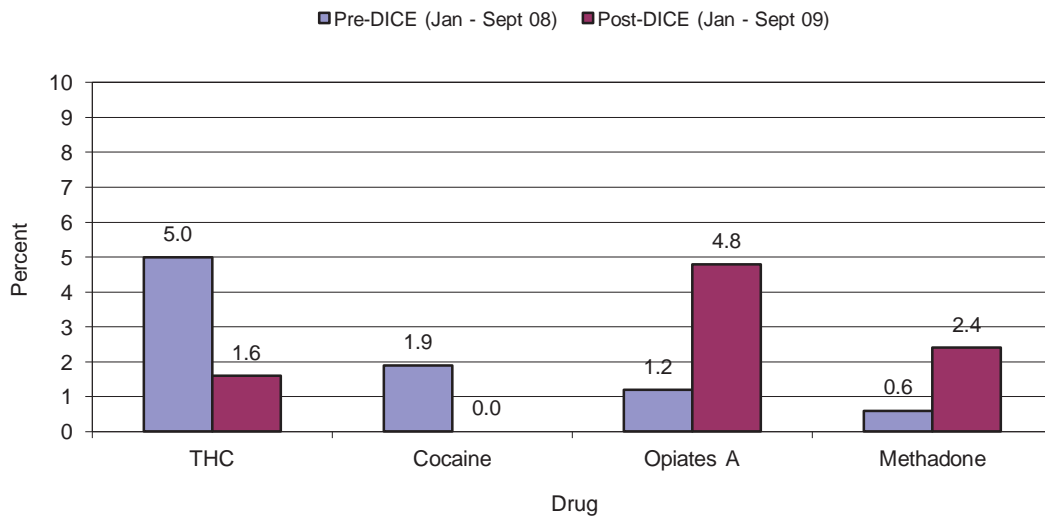


Figure 6 presents the percentage of all random drug tests conducted at Kingston Penitentiary by positive results for each type of drug metabolite. It should be noted that these results are based upon a small number of observations. For example, the total number of positive results at Kingston Penitentiary was 14 pre-DICE and 9 post-DICE. Among all random tests that took place pre-DICE, 5.0% were positive for THC, 1.9% for cocaine, 1.2% for Opiates A and 0.6 % for methadone. Post-DICE, Opiates A represented the largest percentage of positive tests (4.8%), while 1.6% of tests were positive for THC, 0% for Cocaine and 2.4% for Methadone.¹⁸ Overall, positive rates increased for Opiates A and Methadone and decreased for Cocaine and THC pre- to post-DICE implementation. Given that Opiates A metabolites represent codeine and morphine metabolites, these results may be due to use of prescription drugs such as those containing codeine or morphine, or may be due to use of heroin. It should be noted that Millhaven Institution showed similar results for in the decrease in positive tests for THC and the increase in positive tests for Opiates A across the two time periods (Figure A- 4). However, the decrease in the percentage testing positive for THC was larger for Kingston Penitentiary than for Millhaven Institution and there was no change in the percentage of positive results for Cocaine or Methadone at Millhaven Institution in contrast to Kingston Penitentiary where a decrease was noted for Cocaine and an increase for Methadone.

¹⁸ These individuals were not prescribed methadone.

Figure 6. Percentage of random urinalysis tests resulting in positive results per drug, pre- to post-DICE implementation



Institutional Incidents

Institutional incidents are any real or suspected illegal, unauthorized or disruptive activity or situation that may affect the safety of individuals, the community or the security of the institution, including the possession of contraband. These incidents may involve more than one offender. This variable can be seen as a proxy measure of institutional climate with respect to general offender behaviour, violence and drug use.

The average number of institutional incidents occurring monthly at Kingston Penitentiary prior to and following the introduction of DICE is presented in Figure 7. The values presented in the figure represent general categories of incidents¹⁹, which are then further broken down into more descriptive categories in Table 1. The results for Millhaven Institution are presented in Figure A- 5 and Table A- 3. The monthly average number of drug-related and violent incidents at Kingston Penitentiary increased pre- to post-DICE implementation. This may be related to the increase that was seen in seizures of contraband during the same period, given that contraband related incidents showed increases pre- to post-DICE implementation and are subsumed within the drug-related and violent incident categories (see Table 1 for more information). In

¹⁹ General broad categories utilized included drug-related incidents (includes possess contraband/unauthorized item – drugs, possess contraband/unauthorized item – drug paraphernalia, under the influence), violent incidents (includes fights/assaults, possess contraband/unauthorized item – weapon), disciplinary problems, and other (includes possess contraband/unauthorized item – tobacco, possess contraband/unauthorized item – other, transport contraband, protective custody required).

comparison, at Millhaven Institution, there was no change in the number of drug related incidents and only a small increase in the number of violent incidents. Another interesting overall trend was the substantial decrease in disciplinary problems that occurred pre- to post-DICE, from a monthly average of 37.4 incidents to less than half of that value of 16.6 incidents. At Millhaven Institution, a decrease in the average monthly number of disciplinary problems was observed but it was smaller in magnitude than at Kingston Penitentiary.

Figure 7. Average monthly number of institutional incidents, by type of incident, pre- to post-DICE implementation

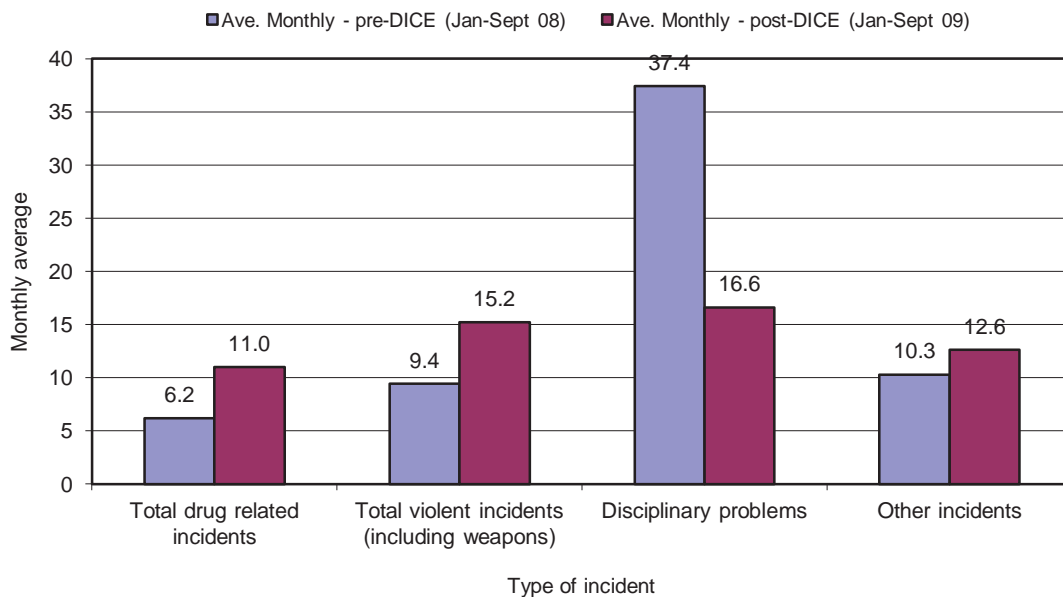


Table 1 illustrates a more detailed examination of the average monthly number of incidents pre- to post-DICE at Kingston Penitentiary. Increases in the possession of contraband or unauthorized items were observed for all types of contraband/unauthorized items except for tobacco, with the largest percentage increases occurring for drug paraphernalia (from 0.7 to 2.2) and weapons (from 3.2 to 6.9). Similar results were not observed at Millhaven Institution with the exception of an increase in possession of contraband or unauthorized items for ‘other’ types of items (see Table A- 3). With regards to other drug-related incidents, the number of ‘under the influence’ incidents at Kingston Penitentiary increased slightly pre- to post-DICE (1.3 to 1.8), while similar findings were not observed at Millhaven Institution. In relation to violent incidents, the number of fights and assaults at Kingston Penitentiary increased by 34% pre- to

post-DICE, from an average of 6.2 per month to 8.3 per month. However, similar results were observed at Millhaven Institution where the number of fights/assaults incidents increased 39% from a monthly average of 2.6 to 3.6. The average number of transporting contraband and protective custody required incidents did not change pre- to post-DICE implementation in either institution. However, the most dramatic result was the large decrease (56%) in the number of disciplinary problems that occurred pre- to post-DICE at Kingston Penitentiary. Specifically, the monthly average decreased from 37.4 to 16.6 and the total number decreased from 337 to 149, representing almost 200 fewer incidents during a nine month period. A decrease also occurred at Millhaven Institution during the same time frame, but this decrease was not as large (from 40.7 to 28.0, a 45% decrease) (see Table A- 3).

Table 1

Average monthly number of institutional incidents by type of incident, pre- and post-DICE

Type of incident	Pre-DICE Average (Total)	Post-DICE Average (Total)
Drug-related incidents		
Possess. Contraband/Unauth. item - drugs	4.2 (38)	7.0 (63)
Possess Contraband/Unauth. item - drug paraphernalia	0.7 (6)	2.2 (20)
Under influence	1.3 (12)	1.8 (16)
Violent incidents		
Fights/ Assaults	6.2 (56)	8.3 (75)
Poss. Contraband/Unauth. item – weapon	3.2 (29)	6.9 (62)
Disciplinary problems	37.4 (337)	16.6 (149)
Other incidents		
Possess Contraband/Unauth. item - tobacco	2.0 (18)	2.0 (18)
Possess Contraband/Unauth. item - other	5.4 (59)	7.9 (71)
Transport contraband	0.9 (8)	1.0 (9)
Protective custody required	2.0 (18)	2.0 (18)

Disciplinary Charges

Another measure of institutional climate is the number of disciplinary charges. Disciplinary charges relate to individuals being charged and therefore if multiple individuals are involved in an event, they may all incur disciplinary charges. Table 2 presents the average number of disciplinary charges offenders at Kingston Penitentiary were found guilty of, while similar results for Millhaven Institution are presented in Table A- 4. Increases in the average monthly number and total number of disciplinary charges were observed for all types of disciplinary charges pre- to post-DICE implementation at Kingston Penitentiary with the exception of ‘takes intoxicant in to body’ or ‘fails to provide a urine sample’, which remained

stable. The largest increase (67%) occurred for ‘fights/assaults’, which went from a monthly average of 4.9 charges pre-DICE to 8.2 post-DICE. In comparison to findings for Millhaven Institution, the magnitude of the increase in all types of charges at Kingston Penitentiary was not as large, with the exception of the number of ‘fights/assaults’ charges, which increased by 29% at Millhaven (compared to a 67% increase at Kingston Penitentiary), and the total number of serious charges, which decreased by 11% at Millhaven (compared to a 22% increase at Kingston Penitentiary). The bulk of the increase in the serious charges at Kingston Penitentiary was due to the increase in serious charges for fights/assaults (from an average of 3.1 pre-DICE to 6.0 post-DICE).

Table 2

Average monthly number of disciplinary charges, by type of charge, pre- to post-DICE implementation

Type of Disciplinary Charge	Pre-DICE Average (Total)	Post-DICE Average (Total)
Total Minor Charges	50.7 (456)	62.6 (563)
Total Serious Charges	15.3 (138)	18.7 (168)
Total Charges	66.0 (594)	81.2 (731)
Possession of contraband/ unauthorized item	16.0 (144)	18.2 (164)
Disobey order	10.7 (96)	12.1 (109)
Disobeys rule	24.2 (218)	26.6 (239)
Disrespectful to staff/Disrespectful to provoke violence	4.0 (36)	5.9 (53)
Fights/Assaults	4.9 (44)	8.2 (74)
Takes intoxicant in to body/fails urine sample	3.6 (32)	3.4 (31)
Other*	5.1 (46)	6.8 (61)

* Other includes the following types of charges: prohibited area, damage/destroy, theft, possession of stolen property, create/participate in disturbance, create/participate to jeopardize security, escape/assist escape, offer/give/accept bribe, refuses/leaves work, engages in gambling, assists/attempts to assist in any disciplinary offence

Visits and Community Gatherings

Given that inmate visitors are subjected to searches including the use of drug detecting dogs and ion scanners, an increase in these drug interdiction activities may have an impact on the number of visits. In order to examine this, a pre- to post-DICE comparison of the number of visits occurring is presented in Figure 8 (results for Millhaven Institution are presented in Figure A- 6).

Although it appears that the total number of visits decreased at Kingston Penitentiary pre- to post-DICE (see total visits in Figure 8), once cancellations were accounted for (see total visits excluding cancellations in Figure 8), the difference was substantially reduced. More specifically, when accounting for cancellations, the number of visits decreased by only 3.4% (from 1,714 to 1,655), compared to a decrease of 18.4% (from 2,120 to 1,730) when cancellations were not taken into account. In fact, one key difference pre- to post-DICE relates to the percentage of cancelled visits that occurred, which is presented in Figure 9. That is, the percentage of scheduled visits that were cancelled at Kingston Penitentiary decreased from 19.2% pre-DICE to 4.3% post-DICE. One possible explanation for this result may be an increase in the number of inmates and visitors who were interested in legitimate visits and had no concerns about being tested for contraband. Therefore, visitors would be aware of the searching they would be subjected to due to the DICE initiative, but were willing to undergo these measures to ensure entry into the institution. In support of this speculation, although the percentage of visits that were cancelled at Millhaven Institution did decrease from the pre- to post-DICE period (from 7.3% to 3.3%; see Figure A- 7), the decrease was much less substantial than that observed at Kingston Penitentiary (from 19.2% to 4.3%).

Figure 8. Total number of visits, pre- to post-DICE implementation

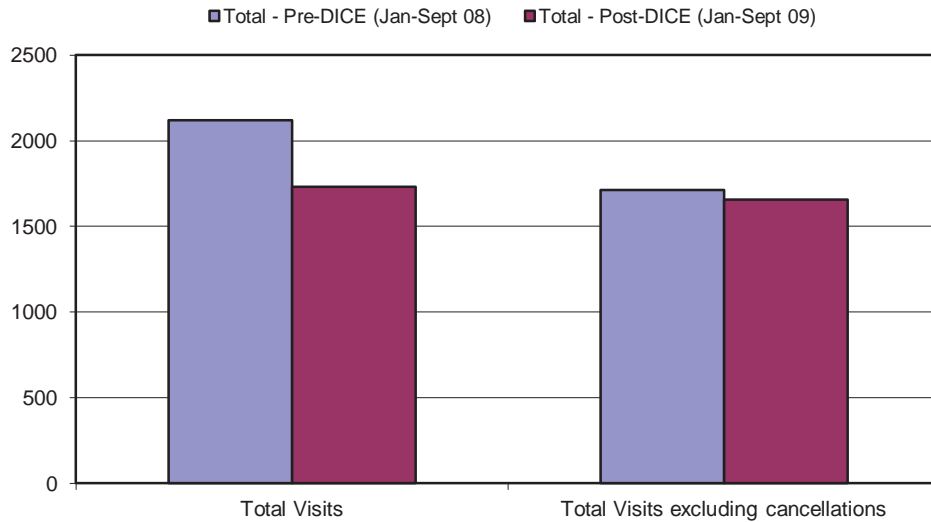
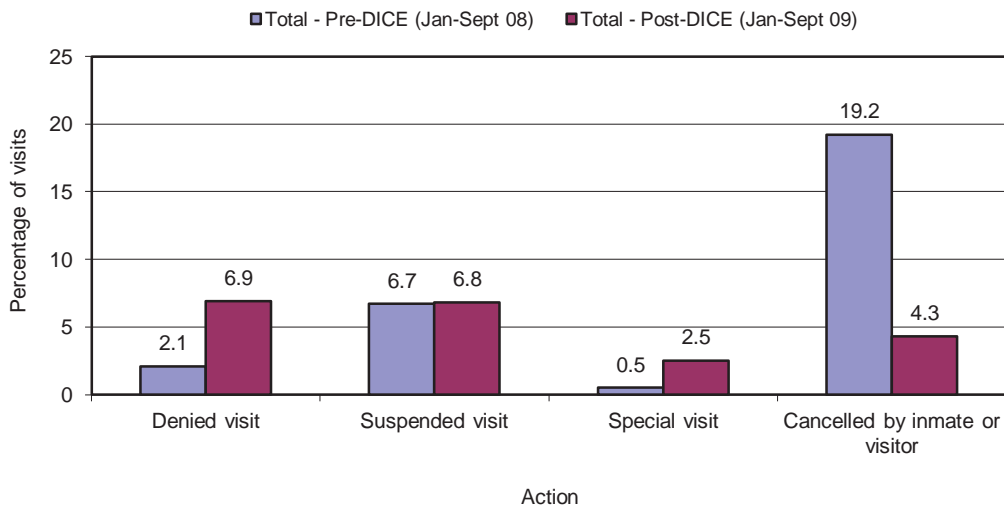


Figure 9 also presents pre- to post-DICE comparisons of the percentage of visits resulting in special actions at Kingston Penitentiary, such as denial of visits, suspensions, and special visits. There are several options that can occur if a visitor refuses to undergo a search or if there is a positive indication when using non-intrusive search tools. These options include: allowing the individual access, allowing a contact visit, allowing a visit with restricted or designated seating, allowing a non-contact or closed visit, or refusing access. The percentage of all visits resulting in special visits, which include non-contact visits or a visit with restricted or designated seating, increased five-fold from 0.5% pre-DICE to 2.5% post-DICE implementation at Kingston Penitentiary. However, similar results were also observed at Millhaven Institution (see Figure A-7). Refusal of access to a visit is referred to as a denied visit in the figure below. Denied visits increased three-fold at Kingston Penitentiary, from 2.1% pre-DICE to 6.9% post-DICE implementation. At Millhaven Institution, the percentage of visits that were denied increased from none at the pre-DICE period to 1.4% in the post-DICE period. Interestingly, no difference was observed pre- to post-DICE in the percentage of visits that were suspended at Kingston Penitentiary, while a decrease from 1% to 0.5% at Millhaven Institution was observed. Suspended visits refer to visits that are discontinued because of problems occurring during the course of the visit.

Figure 9. Percentage of visits resulting in specific actions, pre- to post-DICE implementation

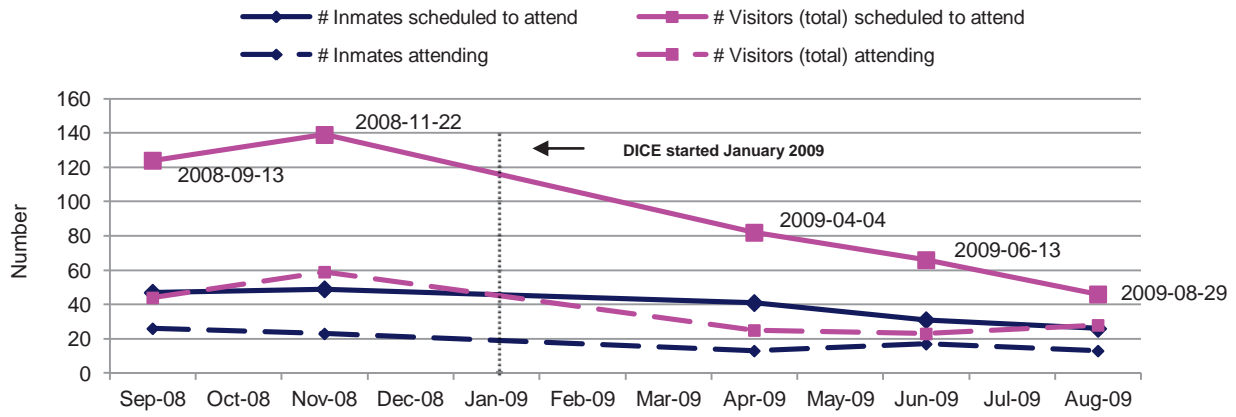


On average, Kingston Penitentiary holds four community gatherings per year. The number of inmates and visitors scheduled to attend community gatherings and those who actually attended are presented in Figure 10 for two community gatherings that occurred prior to the implementation of the DICE initiative and three gatherings following DICE implementation.²⁰ The total number of inmates and visitors scheduled to attend and the number actually attending decreased following the implementation of DICE. The average number of inmates scheduled to attend decreased from an average of 48 to 33, a decline of 32%, while the number of inmates actually attending also decreased by 41%, from an average of 24 to 14 pre- to post-DICE initiation. The number of visitors scheduled to attend and the number actually attending decreased more substantially than it did for the inmates, from an average of 131 scheduled to attend and 51 actually attending pre-DICE to an average of 65 scheduled to attend and 25 actually attending post-DICE implementation, representing declines of 51% in both cases.

Among the inmates and visitors who were scheduled to attend, the percentage who actually did attend was also compared pre- to post-DICE. Approximately 40% (39.2%) of visitors who were scheduled to attend did attend these community gatherings, both pre- and post-DICE implementation. Among the inmates scheduled to attend, on average 51% actually attended community gatherings prior to DICE initiation and 44% actually attended following DICE implementation.

²⁰ This information was not available for Millhaven Institution.

Figure 10. Number of inmates and visitors scheduled to attend and actually attending community gatherings, pre- to post-DICE implementation



Discussion

As noted in the introduction, the goal of this report was to examine the operational impact of enhanced drug interdiction activities occurring at Kingston Penitentiary through the DICE initiative. A discussion of the findings as they relate to the research questions outlined in the introduction is presented below. However, it is important to note that there are certain methodological shortcomings of the study that must be taken into account when interpreting the findings. In particular, the researchers did not become involved in data collection until after the DICE activities had already begun at KP. This affected the study methodology in the following ways:

1. Measures used were not determined prior to implementation, and therefore, were those already being captured for other purposes. This included pre-implementation measures as well as measures collected during implementation.
2. A systematic methodology and timeline for the implementation of interdiction activities was not developed by the researchers. Consequently, there was no controlled pre-implementation baseline period of measurement prior to the introduction of the DICE initiative. In addition, several interdiction strategies were introduced simultaneously, thereby making it impossible to determine the impact of any single approach.

These methodological concerns limit one's ability to draw definitive conclusions regarding the effect of the activities implemented through the DICE as well as the influence of individual and combined interdiction approaches. However, two strategies were used in an attempt to moderate the effect of these methodological shortcomings: 1) a comparison of the total Kingston Penitentiary inmate population over two time frames (pre- and post-DICE), and 2) the inclusion of a comparison site (Millhaven Institution).

Regarding the first strategy, comparative analyses of key offender characteristics were completed for the pre-DICE and post-DICE periods in order to ensure that the results could not be primarily attributed to the changing inmate population at Kingston Penitentiary. These analyses demonstrated no notable differences between the inmate populations in these time frames, suggesting that any changes observed were not due to differences in the offender population.

In terms of the second strategy, Millhaven Institution was used as a comparison site over the same time frames (pre- and post-DICE) in order to determine if the results found for

Kingston Penitentiary were unique or also occurred at a similar site. Results demonstrated that many of the changes observed at Kingston Penitentiary also occurred at Millhaven institution but that these differences were typically smaller in magnitude at Millhaven Institution. The similar results on some measures at both sites may relate to changes that were being implemented at all federal institutions with regards to drug interdiction practices and policies and visiting practices and policies. These changes were outlined in the introduction.

The sections that follow discuss the research results as they pertain to each research question.

1. Were there changes in alcohol and drug related measures, such as drug and alcohol contraband/unauthorized item seizures, random urinalysis results, drug and alcohol related institutional incidents and disciplinary charges, pre- to post-DICE implementation? Are these changes more significant for certain types of drugs than others?

In general, the results indicated an increase in most types of alcohol and drug related seizures, a decrease in the percentage of positive random urinalysis tests and test refusals, and an increase in most drug and alcohol related institutional incidents at Kingston Penitentiary. More specifically, the monthly average number of alcohol and drug related contraband seizures increased for drugs other than cannabis, brew/alcohol related paraphernalia and drug related paraphernalia, but remained stable for brew/alcohol and cannabis pre- to post-DICE implementation. When the “other drugs” category is broken down further, the monthly average number of opiate seizures increased pre- to post-DICE from 0.6 to 1.1, while over the counter (OTC) and non-opiate prescription drug seizures increased from 1.6 to 2.4 and seizures of other drugs (such as cocaine and amphetamines) increased from 0.3 to 0.8. Given that these trends were not observed at Millhaven institution, this result is most likely attributable to the increased amount of searching that occurred at Kingston Penitentiary in the post-DICE period as compared to the pre-DICE period.

The rate of refusing to provide a sample for random urinalysis decreased substantially from before the implementation of DICE in comparison to afterwards (i.e., 24% vs. 11%). The rate of positives resulting from random urinalysis testing did not show as large a change pre- to post-DICE implementation at Kingston Penitentiary. In comparison, the refusal rate at Millhaven institution also decreased but it was accompanied by a slight increase in the positive rate. Overall, the percentage of refusals or positive results showed a larger decrease at Kingston

Penitentiary (from 32.9% to 18.1%) than at Millhaven Institution (from 15.1% to 10.9%). Prendergast and colleagues (2004) demonstrated similar results in their study of weekly urinalysis testing in which sanctions were issued for both urine samples that tested positive and those refusing to provide a sample. Specifically, they found a decrease from the baseline period to the six-month and final phase of their study in the rate of positives (8.9% at baseline to 1.64% at six-months to 0.33% at the final phase) and refusals (6% at baseline to 2.3% at six-months to 1.24% at the final phase). It should be stated that, in the Prendergast et al. (2004) study, the final phase of the project included the implementation of additional drug interdiction efforts such as drug detector dogs, search and seizure techniques and trace technology, in combination with weekly urinalysis testing.

Among positive tests at Kingston Penitentiary, decreases pre- to post-DICE were observed for THC and cocaine metabolites but positive results for Opiates A and Methadone metabolites increased during this timeframe. However, although similar results were observed at Millhaven Institution for THC and Opiates A, the reduction in the percentage positive for THC was not as large. These similar results may point to a change in the types of drugs being consumed by inmates over the two-year time frame at both institutions.

Taken together, these results suggest that enhanced drug interdiction activities at Kingston Penitentiary resulted in increased detection as measured through seizures of OTC and pharmaceutical drugs and opiates, which did not occur at Millhaven Institution. That is, although the rate of offenders testing positive for Opiates A metabolites through random drug testing were equivalent at both sites, suggesting equivalent levels of use by inmates, the increase in OTC and pharmaceutical drugs and opiates that were seized at Kingston Penitentiary was not observed at Millhaven.

The total number of drug related institutional incidents also showed increases pre- to post-DICE implementation at Kingston Penitentiary, from an average of 6.2 to 11 incidents. As anticipated, given the increase in most measures of alcohol and drug related seizures, the average number of incidents involving the possession of contraband and unauthorized items, such as drugs and drug paraphernalia, increased at Kingston Penitentiary while no change was observed in the number of these types of incidents at Millhaven Institution. In addition, the average number of 'under the influence' institutional incidents increased slightly pre- to post-DICE initiation at Kingston Penitentiary but not at Millhaven Institution.

In summarizing these results, it would appear that less bulky and therefore more difficult drugs to seize, such as opiates, OTC drugs, and prescription drugs, were being seized more often post-DICE. The number of seizures for these types of drugs may indicate that they are more prevalent in the institution post-DICE or that they are being discovered and seized more frequently as a result of increased searching. Random urinalysis test results demonstrate an increase in positive results for opiates such as codeine and morphine metabolites at both sites, as well as an increase in positive results for Methadone at Kingston Penitentiary only. This may be an indication of changes in the types of drugs being smuggled in to the prison and/or of increased diversion of pharmaceutical drugs post-DICE. That is, given the increase in drug interdiction activities at Kingston Penitentiary and the potential impact on the ability to introduce drugs in to the institution from outside sources, inmates may be resorting to use of drugs diverted from the institutional pharmacy. If this is the case, there may be an anticipated result of increased muscling and violence to obtain these pharmaceutical drugs. The next research question examines this possibility of unintended consequences. However, it may also be the case that opiates in pill form, which tend to be more difficult to detect with drug dogs and ion scanners, are being smuggled into the institution at a greater rate post-DICE, and this may be occurring at both sites.

2. Were there changes in other security related measures such as types of institutional incidents and disciplinary charges other than those related to drugs and alcohol (e.g., violent incidents, disciplinary problems, etc.) or seizures of other types of contraband such as weapons and unauthorized items like tobacco pre- to post-DICE implementation?

The impact of increased drug interdiction activities may be broader than just the effect on drug and alcohol related measures. For example, through increased searching at Kingston Penitentiary, other types of contraband or unauthorized items may be seized more frequently. In fact, this was found to be the case for the number of weapons seized (from an average of 5 to 8 per month). However, an increase in the number of weapons seized also occurred at Millhaven Institution (from an average of 2.1 to 4.0 per month). Regarding tobacco seizures, no change occurred pre- to post-DICE at Kingston Penitentiary but a large decrease was observed at Millhaven Institution. It is important to note that tobacco is regarded as a valuable commodity within prison walls since the implementation of a no smoking policy in Correctional Service of

Canada facilities in May 2008. The results at Kingston Penitentiary and Millhaven Institution suggest that the amount of searching that took place at Kingston Penitentiary may have resulted in a larger number of tobacco seizures than would be expected.

One possible unintended consequence of increased drug interdiction activities is an increase in institutional violence. One could hypothesize that the scarcity of drugs inside prisons that would occur as a result of increased drug interdiction activities could drive up the cost of drugs, resulting in an increase in drug debts, which may then lead to increased violence. Results demonstrated that pre- to post-DICE, the number of institutional incidents involving fights and assaults increased 33% and the number of offenders being found guilty of disciplinary charges related to fights and assaults increased 67%. However, increases in the number of incidents and disciplinary charges related to fights and assaults also occurred at Millhaven Institution, indicating that this increase may not have been unique to Kingston Penitentiary and, in particular, may not have been specifically associated with the implementation of the DICE initiative.

Another unintended consequence that could have occurred is an increase in the number of requests for protective custody in order to avoid growing drug debts (i.e., a lower availability of drugs in the institution could drive up the cost of drugs). However, the results demonstrate that no change existed in the number of 'protective custody required' institutional incidents after increased interdiction activities were introduced at Kingston Penitentiary.

Finally, one other measure of offender behaviour that may have been affected by the DICE initiative is the number of disciplinary problems. A large decrease was observed pre- to post-DICE in the monthly average number of disciplinary problems at Kingston Penitentiary, from 37.4 to 16.6. Although the number of institutional incidents related to disciplinary problems also declined at Millhaven Institution, the reduction was not as significant, suggesting that the DICE initiative may have had a positive impact on this measure of offender institutional behaviour. Anecdotal evidence from staff at Kingston Penitentiary indicates that the practices initiated through DICE may have had a positive impact on the motivation and engagement of staff at Kingston Penitentiary, which, in turn, may have positively impacted inmate behaviour.

3. Were there any changes in visiting patterns pre- to post-DICE implementation?

Given the increase in searching practices for institutional visitors, understanding the impact of this enhanced searching on visitors is important. As demonstrated using data from the Monthly CCO Report for Kingston Penitentiary on Search and Drug Interdiction, the percentage of visitors being subjected to a search using a drug detector dog increased from 42% to 52% pre- to post-DICE implementation. With the increase in the percentage of visitors being searched, the rate at which the drug dog indicated decreased from 2.50 to 1.16 per 100 visitors searched.

Operational staff anticipated that increased searching might deter visitors who normally would introduce drugs from doing so. However, another possible impact of increased drug interdiction activities could be a decrease in the number of legitimate visitors attending regular visiting hours or attending social gatherings. Results in this area are mixed. When accounting for cancellations of visits, there was only a small decline (3.4%) in the number of visits at Kingston Penitentiary pre- to post-DICE implementation. However, when examining the number of inmates and visitors attending community gatherings at Kingston Penitentiary, the number attending declined pre- to post-DICE by 41% for inmates and by 51% for visitors.

Another potential impact on visiting practices is the number of visits that were denied, suspended or defined as special visits. The number of special visits at Kingston Penitentiary, which includes non-contact visits or visits with restricted or designated seating, increased five-fold from 0.5% pre-DICE to 2.5% post-DICE implementation. Similar results were not found at Millhaven Institution. Although the percentage of visits that were suspended did not show any changes pre- to post-DICE at Kingston Penitentiary, the percentage that were denied visits more than tripled from 2.1% pre-DICE to 6.9% post-DICE implementation. In comparison, only a small increase in the percentage of visits that were denied was found at Millhaven Institution.

A further interesting finding relates to the number of visits that were cancelled at Kingston Penitentiary: the percentage of visits cancelled pre-DICE to post-DICE declined from almost 20% (19.2%) to less than 5% (4.3%) of visits. Although a decline in the percentage of visits cancelled also occurred at Millhaven Institution, the magnitude of that decline was substantially smaller (from 7.3% to 3.3%).

In relation to community gatherings at Kingston Penitentiary, there was no change pre- to post-DICE in the percentage of visitors attending who were scheduled to attend, while the overall percentage of inmates attending who were scheduled to attend declined slightly from 51% pre-DICE to 44% post-DICE implementation.

Implications

Although the methodological shortcomings of this research limit the ability to draw definitive conclusions, the results suggest that enhanced interdiction activities may have had an impact on inmate and visitor behaviour. In general, the results suggest that the enhanced interdiction activities at Kingston Penitentiary led to an increase in the number of alcohol, drug and related paraphernalia seized, with the exception of cannabis and brew/alcohol, and a decrease in the rate of random urinalysis refusal. Among the increase in drug seizures, the types of drugs being seized were typically those more difficult to detect such as opiates or pharmaceutical drugs.

In interpreting the seizure results however, the reader should note that it is impossible to know the overall amount of contraband that exists within an institution. Consequently, it is not possible to determine whether increases in the number of seizures indicate that there is more contraband being detected and/or if there are more contraband within an institution at that particular point in time. Furthermore, since, with the exception of drug dog data, data regarding the number of searches executed was not readily available, it was not possible to determine the rate of seizure per number of searches performed.

In terms of urinalysis results, while refusals of random urinalysis requests are typically thought of as an indication of guilt, it is not possible to determine if this is in fact the case. However, given that the percent of positive tests did not increase substantially pre- to post-DICE and that the rate of refusal showed a large decline, this may indicate less drug use among inmates at Kingston Penitentiary. Further support for this hypothesis can be derived from the results from Millhaven Institution where, although the rate of refusal also declined, the positive rate showed a slight increase. Overall, the rate of refusal or positive results showed a larger decline at Kingston Penitentiary pre- to post-DICE (from 32.9% to 18.1%) than at Millhaven Institution (from 15.1% to 10.9%).

In addition to the intended effects, some unintended consequences, both negative and positive were found. Positive unintended consequences that occurred included an increase in the seizure of weapons. The results demonstrated that number of weapon seizures increased quite dramatically pre- to post-DICE. In addition, the number of tobacco seizures also was higher than would be expected given the results at the comparison site. Specifically, although the number of tobacco seizures remained stable over time at Kingston Penitentiary, tobacco seizures at

Millhaven Institution showed a large decrease in the post-DICE period, suggesting that the increased searching at Kingston Penitentiary resulted in more seizures of tobacco than would have occurred if the DICE initiative had not been implemented.

In addition, a large decrease in institutional incidents related to disciplinary problems was found. This result may be suggestive of a positive impact of the DICE initiative on offender behaviour in general.

Another positive impact is the decrease in the percentage of visits cancelled after the implementation of the DICE initiative. This may imply that inmate visitors who are interested in visiting for legitimate reasons are continuing to visit even after the increased interdiction activities were implemented.

Post-DICE, negative consequences included an observed increase in violent incidents and disciplinary charges (fights/assaults) and an increase in positive urinalysis results for Opiates A and Methadone at Kingston Penitentiary. However, it is important to note that the increase in fights/assaults was also observed at Millhaven Institution during the same time frame and, therefore, this increase may not be related to the implementation of enhanced drug interdiction activities at Kingston Penitentiary. Given that no increase in the percentage of urinalysis results that tested positive for Methadone was found at Millhaven Institution while an increase was found for Opiates A, this may be an indication of a change in the types of drugs that offenders are consuming at both institutions, not specifically Kingston Penitentiary. Once again, given the small numbers of observations, these results must be interpreted with caution. However, the findings raise the question of whether this increase in positive results for Opiates and Methadone at Kingston Penitentiary may be due to pharmaceutical contraband, which is more difficult to detect, coming into the institution or perhaps a diversion of pharmaceutical drugs that are prescribed within institutions. However, in order to draw concrete conclusions, further investigation is required.

Other results that are difficult to interpret are the decreases in the number of inmates and visitors attending community gatherings and the increase in visits that were denied or resulted in a special visit. For example, the decrease in the number of inmates and visitors attending community gatherings may imply that the experience is less enjoyable post-DICE due to the increased interdiction activities and/or it may be that the inmates and visitors normally involved in the drug trade are not attending these functions out fear of having these drug-related activities

detected. However, the results also indicated that the overall number of inmate visits, other than those for community gatherings, did not change, implying that legitimate visits continued to occur.

Next Steps

The results from this study highlight interesting findings related to enhanced drug interdiction activities. Building on this work, the next step should be to conduct a study implementing enhanced drug interdiction activities in a more controlled and monitored level at several institutions. Pre-test measures should be designed and gathered in advance of the implementation of the increased activities, specifically with respect to baseline measurement of the various types of interdiction techniques that are used in the sample institutions, with ongoing data collection during and following implementation. In order to disentangle the impact of each interdiction practice, each site involved should only institute one practice at a time. Lessons learned about optimal practices from the current study, in combination with a review of the available research and evaluation literature should be utilized to determine the most effective methods of decreasing the availability of drugs in prison. For example, interdiction activities that could be examined in such a study include increasing random searching, ensuring the randomness of urinalysis testing, increasing the use of drug dog teams, etc. By using a methodologically sound approach to implementing various drug interdiction activities, this research could determine the impact of specific enhanced interdiction activities on offender and staff behaviour, as well as other impacts, both intentional and unintentional.

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Appendices

Appendix A: Drug Interdiction Policy

The National Drug Strategy identifies general considerations and guidelines for risk assessment, administrative consequences, and disciplinary sanctions for offenders. For example, when an inmate has been charged or convicted of a drug-related offence in the institution or where there are reasonable grounds to believe that the inmate has been involved in drug-related activities, a reassessment of risk and needs shall be completed and a number of administrative consequences shall be considered such as:

- a review of the correctional plan and the modification of the plan where necessary;
- a review of participation in a program of conditional release; a suspension or recommendation to the National Parole Board to suspend a program of conditional release;
- the restriction of open visits and/or other community contact;
- the restriction of private family visits; the denial of all visits; etc.

Administrative decisions are reviewed on a periodic basis not to exceed 90 days.

Disciplinary sanctions related to the drug strategy differ from administrative consequences. These sanctions may be administered when offenders commit disciplinary offences such as those stipulated in paragraphs 40(k) and (l) of the Corrections and Conditional Release Act (CCRA, 1992), (i.e., “takes an intoxicant into the inmates’ body” and “fails or refuses to provide a urine sample...”) and are considered to be major offences. Disciplinary sanctions include the loss of privileges, but are limited to those activities that are recreational in nature, or considered non-essential, and are not contrary to the inmate’s Correctional Plan.

Non-intrusive Search Tools

Commissioner’s Directive 566-8-1 provides directives on the use of non-intrusive search tools such as ion scanners, drug detector dogs, x-ray machines (for items only), and metal detectors (Correctional Service Canada, 2008a). In particular, ion scanners and drug detector dogs are used to assist staff in identifying the possible presence of drugs concealed either on a person or in his or her personal effects, and can also be utilized to routinely search all people and their belongings when entering and/or exiting an institution. It is important to note that a positive indication by any non-intrusive search tool does not automatically result in the refusal of

entry or a visit, but rather it is treated as one piece of information that provides reasonable grounds to suspect that a person may have contraband in his/her possession. After completing a Threat Risk Assessment (TRA) when a positive result is indicated on a visitor, the designated manager may choose from the following options:

- allow the individual access;
- allow a contact visit;
- allow a visit with restricted or designated seating;
- allow a non-contact or closed visit;
- refuse access and ask the person to leave the institution.

Searches of Inmates, Staff and Visitors

Each Institutional Head is responsible for establishing an Institutional Search Plan which includes all routine circumstances for searches specific to their institution; the Search Plan is applicable to inmates, staff, and visitors.

Routine searches of staff and visitors could include an X-ray and/or visual examination of baggage, and metal detection of all persons entering the institution. In all facilities except minimum security institutions and community correctional centres, a routine, non-intrusive search of all visitors entering the institution occurs. In addition, a staff member may conduct a non-routine frisk search or a strip search, of a visitor when the staff member suspects, on reasonable grounds that the visitor is carrying contraband or other evidence related to an offence. This non-routine frisk search may only be conducted with the visitor's consent, in a private area, out of sight of others, by a staff member of the same sex, and in the presence of a witness, who must also be of the same sex as the individual being searched.

Other types of non-routine searches are subject to specific protocols. For example, if a staff member believes, on reasonable grounds, that an inmate is carrying contraband in a body cavity, the staff member will inform the Institutional Head who will subsequently consult with the Regional Deputy Commissioner or delegate prior to authorizing a body cavity search²¹. The Institutional Head may then authorize, in writing, a body cavity search to be conducted by a qualified medical practitioner, if the inmate's written consent is obtained. Once this has

²¹ In instances where the Institutional Head is satisfied that there are reasonable grounds to believe that an inmate is carrying contraband in a body cavity and that a body cavity search is necessary in order to find or seize the contraband.

occurred, the medical practitioner may conduct the body cavity search under appropriate conditions suited to a consensual non-emergency examination. In addition, where the Institutional Head is satisfied that there are reasonable grounds to believe that an inmate has ingested contraband or is carrying contraband in a body cavity, he/she may authorize, in writing, one or both of the following: the use of an X-ray machine to locate the contraband²² and/or the detention of the inmate in a cell without fixtures (i.e., ‘dry cell’), with notice to the medical staff, on the expectation that the contraband will be expelled. For more information on searches of inmates, please see CD 566-7 (Correctional Service Canada, 2006), and CD 566-8 for searches of staff and visitors (Correctional Service Canada, 2008b).

Urinalysis

Urinalysis is another method used to detect and deter drug use by offenders and to identify trends or patterns in inmate drug use. Commissioner’s Directive 566-10 (Correctional Service Canada, 2008c) provides directives on the use of urinalysis testing in institutions and establishes the procedures for the collection, storage, shipment, and testing of urine samples in institutions. Urinalysis in federal institutions can be requested for several reasons according to sections 54 and 55 of the CCRA (1992). Offenders can be asked to provide a sample when there are reasonable grounds to suspect the offender is using or has used in the recent past; if they are participating in a program or activity subject to community contact and this contact may provide the offenders with access to intoxicants; or as a condition of participation in a substance abuse treatment program. Finally, offenders are required to provide a sample if their name has been chosen to participate in the random testing program where each month a random sample of 5 % of the total incarcerated population is selected by the National Urinalysis Program Coordinator.

Offenders are subject to disciplinary action if they test positive or if they refuse a request to submit a urine test. The consequences of offenders found guilty of taking an intoxicant or failing or refusing to provide a urine sample may include: warnings, loss of privileges, restitution orders, fines, performance of extra duties, segregation from other inmates, transfers to higher security environments, withholding or refusing recommendations for temporary absence, or referrals to substance abuse programs.

²² If the inmate has been given reasonable opportunity to communicate with legal counsel and written consent of the inmate and a qualified medical practitioner is obtained.

Appendix B: Comparison on Key Characteristics

Table A-1

Comparison of Kingston Penitentiary Inmate Population on Key Characteristics, Pre-DICE period to Post-DICE period

Characteristic	Pre-DICE – 2008 (n=626)	Post-DICE – 2009 (n=623)
<i>Demographics</i>		
Age (mean)	35.7 years	35.8 years
Aboriginal (%)	16.5 (103)	14.9 (93)
Marital Status (%)		
Married/ Common Law	34.7 (217)	37.4 (233)
Separated/ Divorced	8.2 (51)	7.9 (49)
Single	54.0 (338)	52.3 (326)
Widower	2.7 (17)	2.1 (13)
Unknown	0.5 (3)	0.3 (2)
<i>Intake Assessment</i>		
Criminogenic Factors (% with Some Need or Considerable Need)		
Employment	77.0 (479)	78.4 (485)
Substance Abuse	75.1 (467)	74.6 (462)
Marital/Family	53.7 (334)	53.6 (332)
Community Functioning	50.2 (312)	47.3 (293)
Associates	75.7 (471)	77.2 (478)
Personal/Emotional	97.1 (605)	97.1 (601)
Attitude	87.3 (543)	89.3 (553)
Need (%)		
Low	1.3 (8)	1.5 (9)
Medium	9.7 (60)	13.2 (82)
High	89.1 (554)	85.3 (528)
Risk (%)		
Low	1.6 (10)	1.6 (10)
Medium	15.9 (99)	17.8 (110)
High	82.5 (513)	80.6 (499)
Alcohol Problems (%)		
None	57.5 (296)	57.0 (294)
Some	14.8 (76)	14.7 (76)
A Few	13.6 (70)	14.9 (77)
A Lot	14.2 (73)	13.4 (69)
Drug Abuse (%)		
None	31.1 (160)	30.2 (156)
Low	22.5 (116)	24.8 (128)
Moderate	14.8 (76)	14.0 (72)
Substantial	20.4 (195)	21.1 (109)
Severe	11.3 (58)	9.9 (51)

Table A-1

Comparison of Kingston Penitentiary Inmate Population on Key Characteristics, Pre-DICE period to Post-DICE period (continued)

Characteristic	Pre-DICE – 2008 (n=626)	Post-DICE – 2009 (n=623)
<i>Offence History</i>		
Total number current offences	7.0	6.8
Total number previous offences	4.5	3.8
Current Offence Types (% with one or more)		
Assaults	35.9 (225)	33.7 (210)
Drug Related	12.8 (80)	11.1 (69)
Justice	7.8 (49)	6.7 (42)
Murder	38.5 (241)	39.8 (248)
Other Non-Violent	52.6 (329)	49.6 (309)
Other Violent	28.1 (176)	28.1 (175)
Property	31.3 (196)	27.1 (169)
Robbery	28.9 (181)	29.9 (186)
Sex Related	13.6 (85)	14.1 (88)
Previous Offence Types (% with one or more)		
Assaults	16.1 (104)	14.8 (92)
Drug Related	6.1 (38)	7.4 (46)
Justice	7.2 (45)	6.6 (41)
Murder	1.8 (11)	2.1 (13)
Other Non-Violent	28.3 (177)	25.8 (161)
Other Violent	11.2 (70)	10.4 (65)
Property	21.4 (134)	19.7 (123)
Robbery	13.9 (87)	14.8 (92)
Sex Related	5.8 (36)	5.6 (35)

*Data were missing for 1 inmate on Aboriginal status.

**Data were missing for 8 inmates for risk, need, and the criminogenic factors

***Data were missing for 218 inmates on alcohol problems and drug abuse problems.

Note: 44.4% (n=384) of offenders were incarcerated at Millhaven Institution in both 2008 and 2009 and therefore are represented in both populations.

Table A-2

Comparison of Millhaven Institution Inmate Population on Key Characteristics, Pre-DICE period to Post-DICE period

Characteristic	Pre-DICE – 2008 (n=241)	Post-DICE – 2009 (n=242)
<i>Demographics</i>		
Age (mean)	30.1 years	29.1 years
Aboriginal (%)	10.4 (25)	12.4 (30)
Marital Status (%)		
Married/ Common Law	49.4 (119)	57.9 (140)
Separated/ Divorced	5.0 (12)	2.1 (5)
Single	43.6 (105)	38.0 (92)
Widower	2.1 (5)	2.1 (5)
Unknown	0	0
<i>Intake Assessment</i>		
Criminogenic Factors (% with Some Need or Considerable Need)		
Employment	76.4 (184)	83.9 (203)
Substance Abuse	63.1 (152)	60.3 (146)
Marital/Family	36.9 (89)	37.6 (91)
Community Functioning	35.3 (85)	34.7 (84)
Associates	86.7 (209)	90.1 (218)
Personal/Emotional	93.4 (225)	95.0 (230)
Attitude	88.0 (212)	90.5 (219)
Need (%)		
Low	2.5 (6)	1.7 (4)
Medium	17.8 (43)	17.4 (42)
High	79.7 (192)	81.0 (196)
Risk (%)		
Low	2.5 (6)	1.7 (4)
Medium	21.2 (51)	23.6 (57)
High	76.4 (184)	74.8 (181)
Alcohol Problems (%) *		
None	64.5 (138)	66.1 (142)
Some	15.4 (33)	17.2 (37)
A Few	13.1 (28)	8.8 (19)
A Lot	7.0 (15)	7.9 (17)
Drug Abuse (%) *		
None	44.4 (95)	48.4 (104)
Low	26.2 (56)	27.4 (59)
Moderate	10.3 (22)	10.2 (22)
Substantial	14.5 (31)	12.1 (26)
Severe	4.7 (10)	1.9 (4)

Table A-2

Comparison of Millhaven Institution Inmate Population on Key Characteristics, Pre-DICE period to Post-DICE period (continued)

Characteristic	Pre-DICE – 2008 (n=241)	Post-DICE – 2009 (n=242)
<i>Offence History</i>		
Total number current offences	5.8	6.0
Total number previous offences	2.7	1.6
Current Offence Types (% with one or more) **		
Assaults	42.9 (103)	41.3 (100)
Drug Related	22.9 (55)	19.8 (48)
Justice	4.2 (10)	2.9 (7)
Murder	46.7 (112)	45.9 (111)
Other Non-Violent	48.8 (117)	47.5 (115)
Other Violent	35.0 (84)	36.0 (87)
Property	20.0 (48)	12.8 (31)
Robbery	26.3 (63)	26.5 (64)
Sex Related	0.4 (1)	0.4 (1)
Previous Offence Types (% with one or more)		
Assaults	12.5 (30)	10.7 (26)
Drug Related	9.1 (22)	6.6 (16)
Justice	1.7 (4)	0.8 (2)
Murder	3.3 (8)	3.3 (8)
Other Non-Violent	21.2 (51)	14.1 (34)
Other Violent	7.5 (18)	7.4 (18)
Property	13.3 (32)	7.4 (18)
Robbery	6.6 (16)	7.0 (17)
Sex Related	0.4 (1)	0

* Data were missing for 54 inmates on alcohol problems and drug abuse problems.

** Data were missing for 1 inmate on current offence types.

Note: 34.5% (n=124) of offenders were incarcerated at Millhaven Institution in both 2008 and 2009 and therefore are represented in both populations.

Appendix C: Analysis Results - Millhaven Institution

Figure A- 1. Average number of contraband seized monthly pre- to post-DICE implementation by type of contraband seized: Millhaven Institution

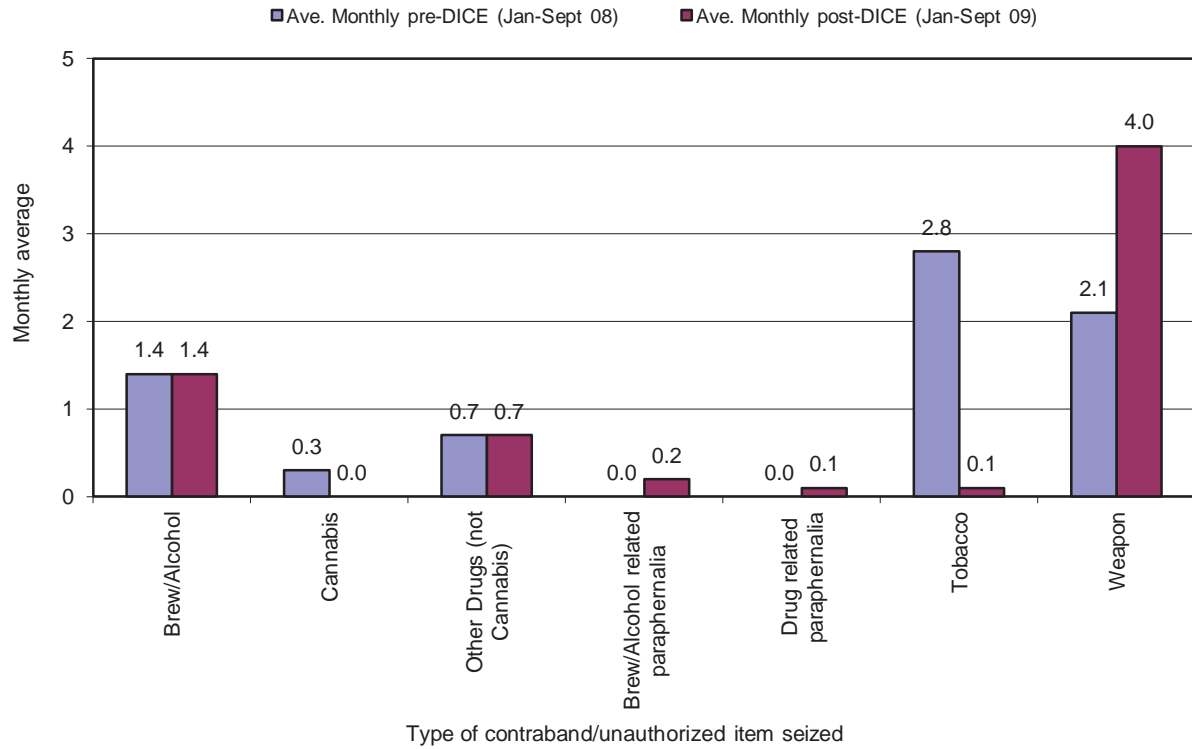


Figure A- 2. Average number of contraband seized monthly pre- to post-DICE implementation, by type of intoxicant: Millhaven Institution

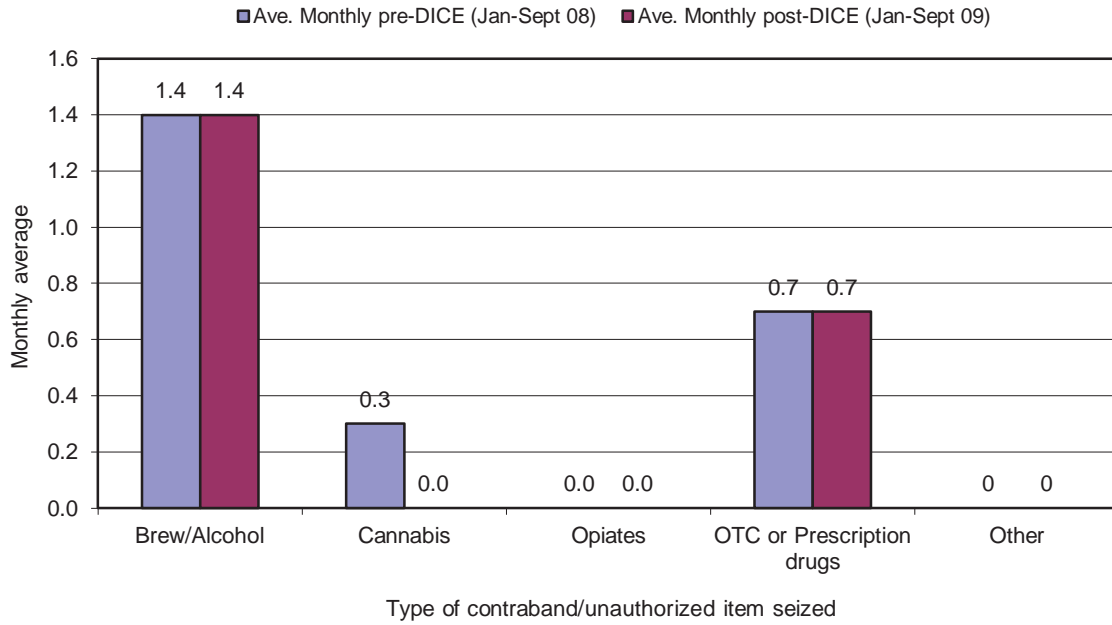


Figure A- 3. Percentage of random urinalysis tests refused or resulting in positive results, pre- to post-DICE implementation: Millhaven Institution

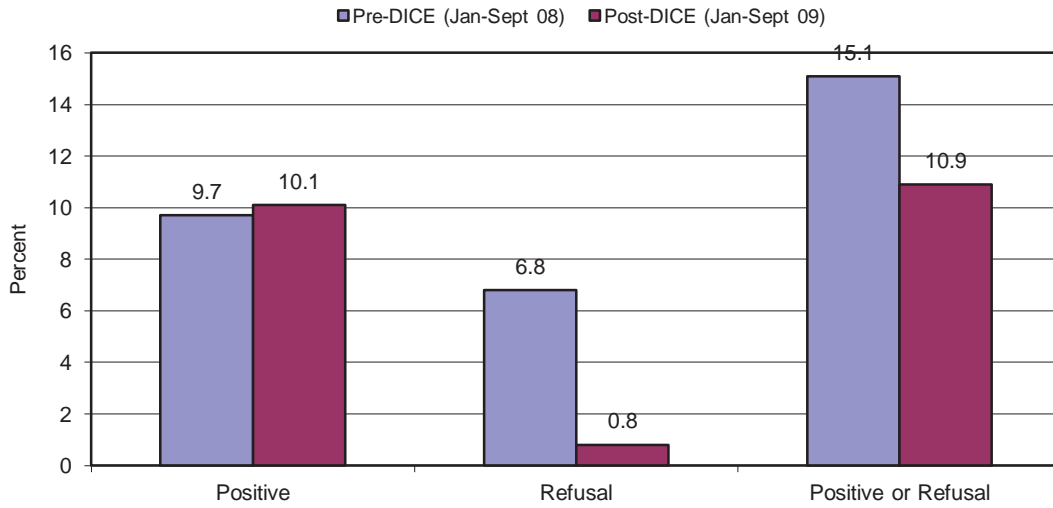


Figure A- 4. Percentage of random urinalysis tests resulting in positive results per drug, pre- to post-DICE implementation: Millhaven Institution

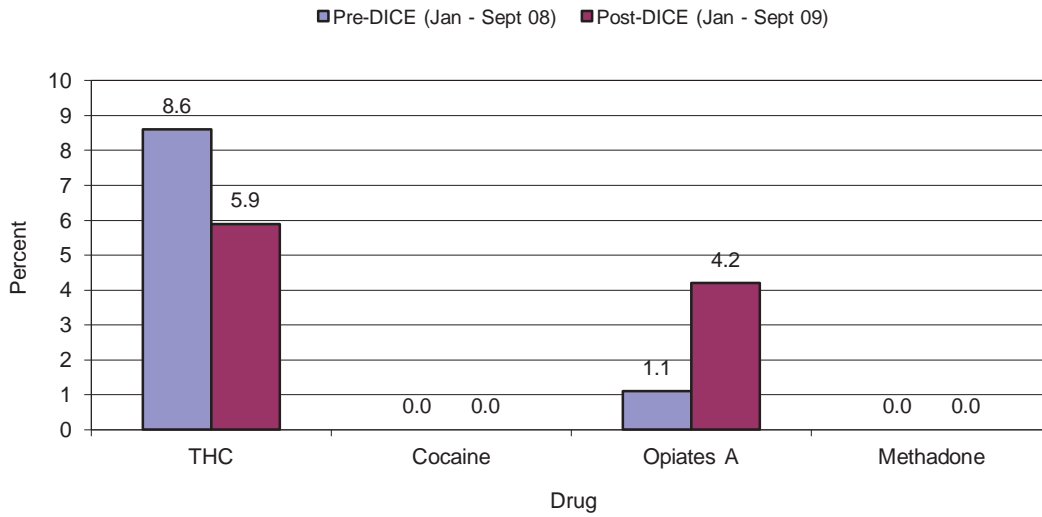


Figure A- 5. Average monthly number of institutional incidents, by type of incident, pre- to post-DICE implementation: Millhaven Institution

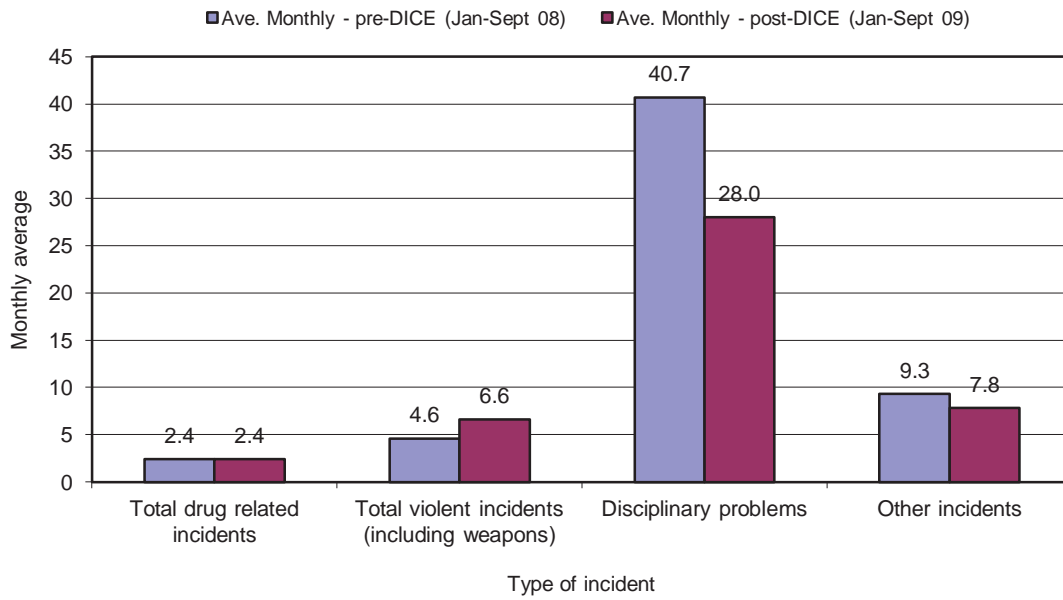


Table A- 3

Average monthly number of institutional incidents by type of incident, pre- and post-DICE:

Millhaven Institution

Type of incident	Pre-DICE Average (Total)	Post-DICE Average (Total)
Drug-related incidents		
Possess. Contraband/Unauth. item - drugs	2.3 (21)	2.1 (19)
Possess Contraband/Unauth. item - drug paraphernalia	0.0 (0)	0.3 (3)
Under influence	0.1 (1)	0.0 (0)
Violent incidents		
Fights/ Assaults	2.6 (23)	3.6 (32)
Poss. Contraband/Unauth. item – weapon	2.0 (18)	3.0 (27)
Disciplinary problems	40.7 (366)	28.0 (252)
Other incidents		
Possess Contraband/Unauth. item - tobacco	2.8 (25)	0.1 (1)
Possess Contraband/Unauth. item - other	5.8 (52)	7.4 (67)
Transport contraband	0.0 (0)	0.0 (0)
Protective custody required	0.8 (7)	0.2 (2)

Table A- 4

Average monthly number of disciplinary charges, by type of charge, pre- to post-DICE implementation: Millhaven Institution

Type of Disciplinary Charge	Pre-DICE Average (Total)	Post-DICE Average (Total)
Total Minor Charges	12.1 (109)	27.9 (251)
Total Serious Charges	10.3 (93)	9.2 (83)
Total Charges	22.4 (202)	37.1 (334)
Possession of contraband/ unauthorized item	5.2 (47)	8.2 (74)
Disobey order	3.1 (28)	8.2 (74)
Disobeys rule	7.8 (70)	10.1 (91)
Disrespectful to staff/Disrespectful to provoke violence	1.3 (12)	1.4 (13)
Fights/Assaults	1.7 (15)	2.2 (20)
Takes intoxicant in to body/fails urine sample	1.4 (13)	1.0 (9)
Other*	1.9 (17)	6.6 (59)

* Other includes the following types of charges: prohibited area, damage/destroy, theft, possession of stolen property, create/participate in disturbance, create/participate to jeopardize security, escape/assist escape, offer/give/accept bribe, refuses/leaves work, engages in gambling, assists/attempts to assist in any disciplinary offence

Figure A- 6. Total number of visits, pre- to post-DICE implementation: Millhaven Institution

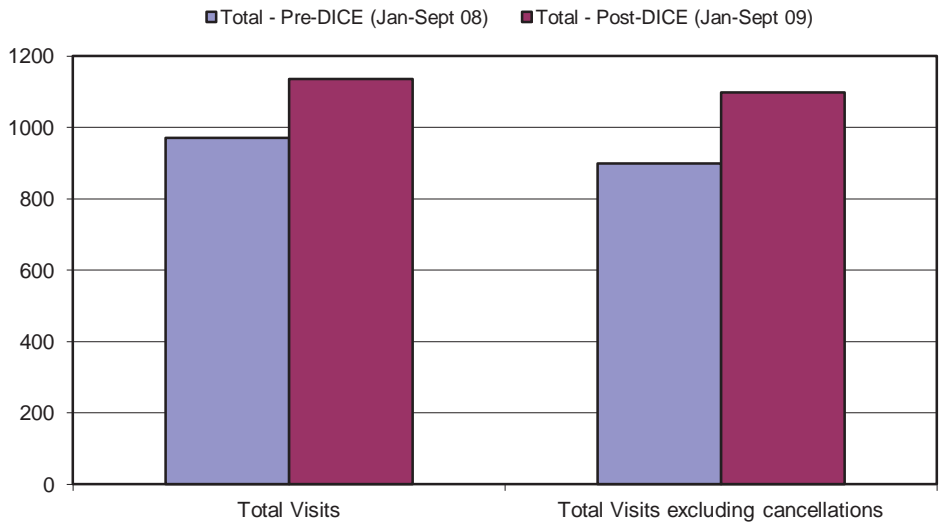


Figure A- 7. Percentage of visits resulting in specific actions, pre- to post-DICE implementation: Millhaven Institution

