

Substance Abuse and Incarcerated Offenders in Canada

Offenders enter Canada's correctional system with a variety of criminogenic needs. One of the highest correlating needs associated with criminal activity is drug and alcohol abuse. In fact, three quarters of Canadian offenders in federal correctional institutions have substance abuse issues (Statistics Canada, 2015). To provide an in depth understanding of offenders' needs regarding substance abuse in a prison setting, an analysis of incarcerated offenders' relationship with drugs and alcohol is outlined in the following paragraphs. In addition, various programs will be considered which aim to curb drug and alcohol abuse.

For the purposes of the following blog, a substance-abusing offender describes any accused person who is dependent on alcohol and/or drugs. Commonly cited issues associated with incarcerated substance-abusing offenders include the institutional environment, drug access, healthcare, emotional trauma, ethnicity, and gender. The needs and problems resulting from the above issues will each be explored in turn.

The prison environment is described as particularly harmful for substance abusing offenders due to the highly regulated and controlled custodial atmosphere. Professor James McIntosh observed that the institutional environment can lead to an aggravating desire for the use of abusive substances due to "boredom or the pain caused by being separated from significant others" (McIntosh & Saville, 2006). Moreover, McIntosh points out that treatment programming within a prison is generally non-conducive with the therapeutic intentions and rehabilitation is limited as a result. Overall, McIntosh argues for a less controlled atmosphere to better suite drug addicted offenders needs (McIntosh & Saville, 2006).

A leading problem in institutional settings for drug and/or alcohol abusing offenders is the in-house access to abusive substances. A Quebec study of 317 prisoners from federal institutions found that 33% had used alcohol and/or drugs while in custody (Walter, 2017). The availability of substances disallowed in prisons is described as not only a negative opportunity for substance dependent offenders, but most problematically a hurdle for inmates seeking substance abuse treatment (McIntosh & Saville, 2006). In response to in house substance temptations, Canadian Correctional services implement measures including random cell and facility searches, drug detection dogs, closed circuit monitoring, drug detection technologies, mandatory random urinalysis testing, and unfortunately further limitations on what prisoners are able to receive (like books for example) (Walter, 2017). Furthermore, a specific risk associated with substance abuse in prison is injection. When drug users are sharing needles or syringes, there can be significant health risks. For example, inmates in Canadian federal corrections institutions are ten times more likely than the public to contract HIV/AIDS and 20 times more likely to contract hepatitis

C (Burriss & Donoghoe, 2006).

Offenders who are physically dependent on substances often have serious health needs while in custody. An Australian study found that easing offenders off substances meets their immediate health demands and prepares them for release (Larney, Zador, Sindicich, & Dolan, 2017). The study refers to an existing opioid substitution program that uses methadone to meet cravings, yet not induce the high associated with drugs like heroin or oxycodone (Larney, Zador, Sindicich, & Dolan, 2017). The program is said to not only reduce risk of overdose upon release, but also limit contamination from needles and syringes (Larney, Zador, Sindicich, & Dolan, 2017). Canada's involvement with healthcare in prisons varies across the nation as provinces and territories' prisons provide health services through different methods. For example, all of Alberta's prisons receive health care services provincially, Ontario's prisons according to the government responsible for corrections, and B.C. prisons hire private healthcare (Kouyoumdjian et al., 2016). Nevertheless, the "Corrections and Conditional Release Act" outlines basic standard healthcare regulations for offenders in Canada (Kouyoumdjian et al., 2016).

A 2004 study of incarcerated drug-addicted males identified offenders' need for emotional support (Burger et al., 2011). Many of the offenders were said to rely on substances as a coping mechanism to deal with emotional issues, which in turn are said to be a factor leading to criminal involvement (Burger et al., 2011). The study tested to see whether group therapy, work-integration-training, or dog assisted group training would have better effects on the male drug-addicted offenders. The study found that the dog-assisted group training was the most effective as "dogs can help us in perceiving and coping with different emotions" and concluded that meeting addicts' emotional needs was a primary tool to reduce addiction and criminal behavior (Burger et al., 2011, p. 79).

Aboriginal offenders represent a particularly at-risk group of substance abusers in custody. Above 90% of Canadian male Aboriginal offenders in federal custody are cited as having substance abuse issues that are assessed to require programming (Kunic, Varis, & Correctional Service Canada, 2011). As a result, the Correctional Service of Canada has developed an Aboriginal Offender Substance Abuse Program (AOSAP). The first version was a 31-session program in 2004 and a third program in 2006 offered 65 sessions (Kunic, Varis, & Correctional Service Canada, 2011). The AOSAP incorporates Aboriginal tradition as an essential element of their programming, including traditional ceremonies, incorporating connections with nature, establishing a healing connection, and working alongside others to bring healing in what is referred to as a "holistic model of recovery" (Kunic, Varis, & Correctional Service Canada, 2011, p. 14). Furthermore, an Aboriginal corrections program officer and spiritual advisor or aboriginal elder delivers the program. The AOSAP program was found to not only be more effective than no

programming, but also more effective than non-cultural National Substance Abuse Programs (NSAP). The latter version of the AOSAP has been recorded as having a 5% recidivism rate from program participants (Kunic, Varis, & Correctional Service Canada, 2011). The NSAP program participants on the other hand have a 20% rate of recidivism (Kunic, Varis, & Correctional Service Canada, 2011).

Women offenders entering custody also represent a disproportionately substance abusing group. In fact, 80% of Canadian females in federal custody are said to have substance abuse issues (Matheson et al., 2008). A Canadian report also states that abusing substances was directly responsible for education, employment, and family issues upon re-entry (release from custody) (Matheson et al., 2008). Further, Canadian female offenders are more likely to be dependent on hard drugs compared to their male counterparts. The most common hard drugs include cocaine, heroine, barbiturates, and amphetamines (Graves, Thomas, & Weekes, 2004). In response, the Correctional Services of Canada developed gender responsive programming catered directly to female offenders dealing with substance abuse in 2003 (Matheson et al., 2008). Woman Offender Substance Abuse Programs (WOSAP) offer three modules in institutions. The three modules are Engagement and Education, Intensive Therapeutic Treatment, and Relapse Prevention and Maintenance (Matheson et al., 2008). Furthermore, WOSAP offers a community relapse and prevention module offered for women under supervision in the community. WOSAP's modules incorporate gender responsive content, staffing, and culture. The programming is available in five federal women's institutions and an aboriginal healing center in addition to community sites across Canada (Matheson et al., 2008).

In summary, substance abusing offenders who are imprisoned represent a demographic with significant needs. Therefore, the rehabilitative aspect of prisons would likely do well to focus on drug and alcohol abuse to better serve the prison population as well as society in general by minimizing a significant criminogenic need.

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SECONDARY MATERIAL

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