



# DEBATES OF THE SENATE

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## CORRECTIONS AND CONDITIONAL RELEASE ACT

Bill to Amend—Second Reading of Bill C-12

Speech by:

The Honourable Larry W. Campbell

Thursday, May 28, 2015

## THE SENATE

Thursday, May 28, 2015

### CORRECTIONS AND CONDITIONAL RELEASE ACT

#### BILL TO AMEND—SECOND READING

On the Order:

Resuming debate on the motion of the Honourable Senator McInnis, seconded by the Honourable Senator McIntyre, for the second reading of Bill C-12, An Act to amend the Corrections and Conditional Release Act.

**Hon. Larry W. Campbell:** Honourable senators, once again I find myself defending those who are considered in parts of society to be indefensible. I am, of course, referring to those persons who are addicted to drugs, be it street, prescription or alcohol. I assume that all reasonable people accept the scientific fact that addictions are medical conditions.

Let's pretend I'm an addict. I have been called a lot worse. I am sentenced to prison for a crime. I remain an addict. Why would any reasonable person believe that when I go through the prison gate, my addiction will go into remission? Why would any person believe that when 10,000 of the 15,000 people who are incarcerated committed their offences while under the influence of alcohol or drugs? The fact is that many of these people who committed these offences not only are addicted but are suffering from a mental illness.

There are two issues that have to be considered with this bill. The first is the issue of substances in prisons. The second is treatments for addictions.

I have read Senator McInnis' speech. It was, as always, compelling, accurate and sensible. I would ask, however, where the figure that almost 95 per cent of offenders who are seeking rehabilitation in our facilities are being provided services came from. In fact, the treatment programs in the prison systems have been reduced. From the Correctional Investigator, we learned that the opiate substitute therapy program, which is normally associated with methadone, has been cut by 10 per cent. In fact, 5.3 per cent of the incarcerated population was participating in this program, with great success. So, while the population increases, the programming decreases.

As part of the Economic Action Plan of 2008 that was set up while we were in the throes of a major depression, \$122 million over five years was allocated to new measures to control smuggling. There was an expansion of drug detector dog teams. There was a hiring of new security intelligence officers, which always seemed to be a bit oxymoronic to me. There was new detection equipment and more stringent search standards.

I have no idea what this has to do with an economic action plan, but how did this work out? Both the Correctional Investigator and the commissioner of the CSC advised in their reports that the results appear mixed and somewhat distorted. Yes, there is an increase in the amount of drugs seized. Random urinalysis tests administered have shown a decline in positives. However, with all numbers, statistics and figures, you have to really dig down to see what you have. After correcting for the

removal of prescription drugs, which were prescribed while in prison, the rate of positives remained unchanged over the past decade, despite increased interdiction efforts.

It seems to come as a surprise that this is happening, but it shouldn't, because this is the government. It refused to consider harm reduction as a method of dealing with addiction and continued to spend money on interdiction.

Senator McInnis speaks of the safety of the community and the correctional officers, and of course this has to be our concern. What of the safety of the inmates that I would remind everyone are in our care? I know — they're addicts. They're bad people and they must be punished.

Similarly put, interdiction, drug testing and other efforts are consistently stymied by the addict population. One of the things that I found in my dealings with the addict population over the years, and the thing that sometimes I'm most sad about, is the loss of the intelligence that these people have. Imagine if they could just apply their intelligence to something other than drugs.

It comes as a surprise that a still was found in a prison. It may surprise you even more that in one prison they had a meth lab running inside the prison.

A prison is a living, breathing entity. It is not something that sits in isolation from the rest of the community. Goods and services come and go. People come and go. People have various ideas of what is right or wrong. People have a lack of morality in some cases when it comes to bringing drugs in.

It should not surprise you that drugs are in prisons. It simply is beyond comprehension that you believe that you can stop this.

There are prisons in the United States that are considered super max prisons. People are in cells 23.5 hours a day. They see no one. They talk to no one. Their cell is a room with a huge Plexiglas window that is open to the outside. Yet, drugs get in there and people who are in these situations are still able to get them.

• (1450)

Would it not be more appropriate to ensure that treatment is available when the addict needs it? Would it not be appropriate to understand that somebody coming in addicted and in a situation where they have stark options should be afforded the option to have treatment and to the very least come out of prison in a state of remission? Make no mistake here, honourable senators, nobody is cured of addictions; nobody is cured of alcoholism. It will always be there and you will always just be in remission. Would it not make our prisons a safer place, if addictions were treated as a disease and not as a criminal problem?

This bill, like so many others, does not address a problem; it exacerbates an existing problem. If we do not stop this kind of thinking, then we are doomed to see the same results over and over again.

Given this bill and the content, I simply cannot support it. Thank you.