

Risks Inside and Beyond Institutional Walls:
Organisational Responses to Substance Use in Canadian
Federal Prisons

by

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Abstract

My dissertation examines substance abuse policy and related practices within Canadian federal prisons. I triangulated across three data sources: 16 interviews with former Correctional Service of Canada (CSC) senior administrative officials, former frontline staff, and external stakeholders; publicly available CSC documents; and testimony from a relevant House of Commons Standing Committee study. Thematic analysis was used to examine themes of interest and emergent themes. I attempted to interview current CSC employees, but access was denied. I turn my access experience into a case study and use reputational risk as a conceptual tool, whereby my proposed research is interpreted as a risk to be managed from the organisation's point of view. I view CSC's enhanced drug interdiction response through an organisational risk management lens and examine "unintended", negative effects that have resulted. Five key themes emerged: 1) continued efforts by offenders to bring substances into prisons; 2) climate of tensions and violence; 3) offenders switching substances; 4) health-related harms; and 5) culture of distrusting visitors. I thread through my analysis two divergent framings – a dominant, safety-reaffirming framing versus one that challenges enhanced interdiction. I provide an in-depth account of political barriers that prevent implementation of prison-based harm reduction programs. Four interrelated issues are central to the politics: 1) a narrower definition of harm reduction in

corrections; 2) the Conservative government with a tough-on-crime agenda; 3) strong union opposition; and 4) stakeholder perceptions of ongoing constraints. Contributing knowledge as an external researcher is made difficult by an overprotective organisation with formal research access that appears to favour certain kinds of research over potentially critical research. A downside of such protectionism is the curtailment of studying innovative approaches. Viewing CSC as a complex organisation reveals how embedded practices and cultures are resistant to change, even when the traditional response (i.e., zero tolerance) has adverse effects. CSC could be at an impasse in terms of overcoming political and operational logics that align to oppose in-prison harm reduction services. Despite a highly challenging policy environment, future researchers can move forward by asking new questions and devising strategic ways of entering the political-operational dialogue.

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Chapter 1 Introduction

Canada is experiencing unique moments in its drug policy history and criminal justice reform, making now a prudent time to investigate correctional approaches to managing substance use. Historical trends in Canadian drug policy have shown that “alternatives have to be powerfully persuasive in their efficacy as well as financially attractive” (Giffen, Endicott, & Lambert, 1991, p. 361) to overcome periods of competing policy goals and practices that make the implementation of alternative approaches to substance abuse management difficult. This study focuses on the framing and organisational dynamics of substance abuse management in Canadian federal prisons; it does not offer an evaluation or prescriptive politics that dictate how correctional authorities should more “effectively” manage offenders. The scholarship that examines how organisations are increasingly preoccupied with risks to their reputation (Power, 2004, 2007) can be used to show how such risks are understood and (re)organise organisational practices, and how organisational cultures play a role in shaping on-the-ground practices that can lead to adverse effects (Hutter & Power, 2005; Vaughan 1996, 1999). Using this work, I study these issues and the multifaceted barriers to organisational acceptance of new approaches – in this case, prison-based harm reduction programs. My work creates new space for scholarly and policy discussions about the in-prison management of substance use and advances the organisational risk management literature by establishing its relevance to criminal justice organisations.

The Correctional Service of Canada (CSC) is different from the corporations typically studied by scholars interested in organisational risk management, but there are some commonalities at the outset. CSC is not competitive in the same profit-driven ways as corporations, though as noted by Vaughan (1999), all organisations compete for scarce resources to help them attain their goals. CSC operates under government expenditure pressures and must continuously monitor its capital and costs. New programs are often costly to establish. Nonetheless, thinking beyond the ever-present organisational concerns with resources, we may ask how risk is perceived and managed within CSC institutions – similar to the questions about risk management that have been asked regarding other organisations. There are important nuances about how CSC frames substance abuse and the level of consensus regarding this framing within the organisation.

Discrepancies exist between, for example, what is contained in official policies and reports compared to the practices and opinions of correctional staff; discrepancies that senior administrators may or may not be unaware of, and that could potentially signal shifts in how people who use substances are managed “on the ground” inside federal institutions.

CSC experiences considerable media and legal scrutiny. To maintain legitimacy, the organisation must appear to be fulfilling its mission of keeping communities and its institutions safe.¹ Perhaps less transparent than other types of organisations due to, in part, the physical infrastructure of prisons, as a government agency CSC needs to publicly respond to major incidents that garner attention outside prison walls. High-profile deaths in custody illustrate this point and generate questions about how the organisation manages its own “reputational risk” (see Power 2004, 2007). A notable example is the case of Ashley Smith, a young woman who died by suicide while in administrative segregation. Official testimony and reports identified a range of contributing individual and system failures including overreliance on security measures and misapplication of policies, failure to make concrete mental health plans, poor communication and absence of coordination at all institutional levels (Sapers, 2008). Although recommendations target these factors² and greater accountability and transparency seem evident,³ ongoing and external monitoring is required to determine how the organisation reacts to change and operates to protect its reputation in the wake of future incidents, and whether any changes will endure. I examine a different yet important and sensitive policy realm in corrections – i.e., substance abuse – that offers the opportunity to understand organisational learning and policy modification, or inertia, after adverse incidents.

The following discussion traces relevant substance abuse policy in Canadian federal prisons and current institutional practices of regulating offender substance use. To provide a context for the ensuing chapters where my data are presented and analysed, I present an overview of three major drug policy regimes – prohibition, treatment, and harm reduction – that have been covered extensively in the literature. I illustrate how these regimes are relevant to prison environments

¹ Correctional Service of Canada mission statement: www.csc-scc.gc.ca/acts-and-regulations/001-cd-eng.shtml

² Backgrounder: Correctional Investigator’s Assessment of the Correctional Service of Canada’s Progress in Responding to Deaths in Custody: www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20100908info-eng.aspx

³ Response from the Correctional Service of Canada: www.csc-scc.gc.ca/text/pblct/rocidcs/grid2-eng.shtml

and the overlap between them in terms of principles and practice. Finally, I discuss my methodology. My three substantive chapters were prepared as manuscripts for journal submission and each contains a brief methods section to allow enough room for detailed, integrated data analysis and discussion. This thesis contributes to the literature by teasing out the organisational tensions, primarily operational and political concerns, around managing offender substance use inside federal prisons. Although security and rehabilitation will likely always be in tension within prisons, I detail how ongoing organisational processes (including the research access process itself) are factors behind how offender substance use is known and regulated, policy changes that may or may not happen over time, and why seemingly evidence-based approaches are not, due to political barriers, readily transferable to corrections. Examining the correctional system is therefore important as it provides implications for other areas within drug policy and criminal justice.

1 Drug policy regimes and why they matter for corrections

The social scientific literature on substance use and drug policy is wide-ranging and encompasses work from criminology, sociology, public health, and other fields. This diverse literature provides an overview of how drug policy has evolved, namely policy directed at illicit drug use. Reviews of the substance use literature have typically focused on specific empirical topics such as the nature of the relationship between drugs and crime (Bennett, Holloway, & Farrington, 2008; Chaiken & Chaiken, 1990; Harrison, 1992; Parker & Auerhahn, 1998; Seddon, 2000) and the effectiveness of interventions (e.g., Dixon & Coffin, 1999; Lines et al., 2006; Strang et al., 2012; Wild, Roberts, & Cooper, 2002). These reviews contain valuable lessons for the refinement and generation of drug policy, albeit for organisations that are receptive to new evidence. Other reviews typically offer summaries and/or assessments of a particular drug policy system with little comparison of different policy regimes (Boland, 2008; Hawks & Lenton, 1995; MacCoun & Reuter, 2001; Ritter & Cameron, 2006; Weisner, 1992).

A comprehensive empirical and theoretical inquiry is required to understand how we conceptualise and regulate *people* who use substances. Drug policy rarely corresponds, in any clear and coherent way, to what experts know about the pharmacological properties and the magnitude of risks and harms associated with different substances (e.g., Nutt, King, Saulsbury,

& Blakemore, 2007). Policy often develops from and reproduces pre-determined views of people who use substances. How we think about substance use and its regulation has substantially expanded over time, but (as outlined below) prohibition remains the dominant approach. Even where other approaches are debated and adopted, often they are modified to cooperate with prohibition and ideological conflict emerges from competing goals and framings about how to respond to the larger, social problem of substance abuse. Previous work has examined criminal justice areas that manage people who use substances (e.g., drug treatment courts, correctional substance use treatment) and how seemingly divergent and contradictory goals, like security versus rehabilitation, intersect (e.g., Fischer, 2003; Kolind, Frank, & Dahl, 2010; Moore, 2011). This combination of principles and practices can also render it difficult to sketch a tidy spectrum of drug policy over time. Corrections is uniquely constrained by the context of punishment as prisons are reserved for society's "wrongdoers" and set strict behavioural expectations. Harm reduction has a public health mandate and conceptualises substance use and best practice quite differently. My thesis predominantly examines the conflict that emerges between these two approaches and how CSC manages substance abuse, including its rejection of certain harm reduction programs.

1.1 Prohibitionism and criminalisation

People who use drugs have not always been viewed as threats or social problems; the so-called "dope fiend" (Lindesmith, 1940) did not always exist. In Canada and the United States, the introduction of drug laws at the turn of the twentieth century substantially transformed the regulation of psychoactive substances by criminalising drug use, possession, and selling. "Prohibitionism," described by Erickson (1992) as "the array of laws, criminal justice practices and social evaluations that serve to suppress particular forms of drugs, forbidding their use, production, and sale" (pp. 239-240), has since survived as the dominant drug policy regime in North America. American prohibitionism dates as far back as an 1875 anti-opium den ordinance in San Francisco and its first federal drug law, the Harrison Narcotics Act of 1914 (Reinarman, 2003). During the early twentieth century, prohibitionism reached a peak against a substance that is regularly consumed today – alcohol (Gusfield, 1996). Temperance movements on both sides of the U.S.-Canada border failed to secure enduring legal and cultural change regarding the repressive control of alcohol, but federal and state drug laws proliferated and often became increasingly punitive at different times over the course of the twentieth century. The

establishment of the former Federal Bureau of Narcotics (FBN) helped institutionalise American drug prohibition, notably with the mobilisation of aggressive campaigns in the 1930s that led to the criminalisation of marijuana use (Becker, 1963). Over time, greater numbers of political players and agencies became actively involved in the suppression of drugs, perhaps most pronounced and most studied in relation to the widespread war on drugs campaign during the mid-late 1980s and early 1990s (Reinarman & Levine, 1997). Scholars have identified the modern war on drugs as one of the driving forces behind the upsurge in incarceration, which has led to massive growth of American prison populations since 1980 (e.g., Blumstein & Beck, 1999; Drucker, 2002; Harrison, 2001). It is also well known that the extensive U.S. war on drugs and the prison complex have had disproportionate impacts on visible minorities, especially African Americans and Hispanics, and poor communities (e.g., Beckett, Nyrop, & Pflingst, 2006; Bourgois, 2003). Summarising the American experience, social constructionists Reinarman and Levine (1997) stated that prohibition “is truly a policy of the twentieth century as a whole, and it has thus far survived intact the huge increase in non-problematic middle-class marijuana use in the 1960s and 1970s and then grown even larger and more punitive” (p. 328). This commitment to prohibitionism has not been exclusive to the U.S.; the commitment has been adopted by countries globally (Bullington, Böllinger, & Shelley, 2004), and enshrined in international conventions on illicit drugs (Room & Reuter, 2012).

Compared to literature on the U.S. experience, fewer scholars have examined the war on drugs in the Canadian context. Canada has upheld its own parallel tradition of prohibitionism (Alexander, 1990; Boyd, 1991; Erickson, 1992), though it would be misguided to ignore differences in the trajectory of Canadian drug policy compared to that of the U.S. The initial pieces of federal Canadian legislation – the *Opium Act* of 1908 and, its replacement, the *Opium and Drug Act* of 1911 – were limited in their offences and coverage of drugs, but nonetheless marked the beginning of the criminalisation of people who use drugs (Giffen et al., 1991). During the 1920s, a number of severe legal amendments were added at the push from the Royal Canadian Mounted Police and the Narcotic Division, the two chief branches in the centralised drug enforcement network at the time (Giffen et al., 1991). This system of control remained nearly uncontested until the 1950s, a time that witnessed new issues emerge in drug treatment and corresponding legislative changes that eventually led to the *Narcotic Control Act* of 1961 (Giffen et al., 1991). Over the course of the 1960s and well into the 1980s, public and political

support for prohibition seemed to decline as marijuana and other drug use became more common among the youthful middle class and as more diverse vocal interest groups emerged (Erickson, 1992). Despite the changes in support, far more legislative reforms were proposed and debated compared to what had actually been proclaimed during this phase in Canadian drug policy, a period that has been described as legislative “inertia” and “malign neglect” (Erickson, 1980; Giffen et al., 1991; Giffen & Lambert, 1988). Examples of ambivalent reform have included the preservation of extensive police powers of search, arrest, and seizure for drug offences in the face of the protections introduced under the *Charter of Rights and Freedoms* (Solomon, 1988) and the launch of Canada’s Drug Strategy which remained dormant in terms of redirecting federal drug policy despite holding promise for new approaches (Fischer, 1997). During the 1980s, the Canadian government followed some of the conservative political manoeuvring tactics that characterised the American drug war, but according to Jensen and Gerber (1993) the government did not assemble as extensive a social battle against drugs as did our neighbouring nation. Crucially, Canada has not experienced the kind of imprisonment boom that has been documented in the U.S. In short, the Canadian commitment to prohibition during the twentieth century may have waxed and waned somewhat more than that of the U.S., at least at the federal level. Nevertheless, there has been no overhaul of the system that criminalises drug use.

Now during the early twenty-first century, commentators are asking whether Canada has turned to punitive drug policy that is similar to where the U.S. was a few decades ago. As mentioned, the enforcement approach to drugs never disappeared or seemed in queue for legislative overhaul. By introducing the National Anti-Drug Strategy⁴ the Conservative federal government upheld law enforcement as the dominant approach to tackling drugs, along with the pillars of prevention and treatment, while eliminating harm reduction. In terms of federal drug strategy funding in Canada, the large majority goes towards enforcement instead of the other pillars (DeBeck, Wood, Montaner, & Kerr, 2009). This renewed commitment to enforcement came despite warning signs of correctional overpopulation from the U.S. A relevant event in recent years includes the passage of an omnibus crime bill that stipulates stiffer sentences for certain drug offences, including offences involving cannabis production.⁵ This legislation has been

⁴ Canada’s National Anti-Drug Strategy: www.nationalantidrugstrategy.gc.ca/

⁵ Backgrounder: *Safe Streets & Communities Act*: www.justice.gc.ca/eng/news-nouv/nr-cp/2012/doc_32713.html

regarded as having the potential to bring more drug offenders into Canadian prisons (Heffner & Moore, 2013). Also worth noting are the unsuccessful attempts by the federal government to close the supervised injection facility (SIF), Insite, in Vancouver. Notwithstanding a ruling from the Supreme Court of Canada that found that it would be unconstitutional to deny people who use drugs access to that service,⁶ the federal government recently proposed a long list of requirements that could make it more difficult for other communities to open SIFs.⁷ Putting these pieces together, Canadian criminal justice and drug policy are undergoing a unique political moment where there is reenergised focus on drug enforcement. Although it is speculative to say whether these changes will play out and impact corrections in the same way the war on drugs played out in the U.S., now is an important time to be studying these issues. Again, I examine a piece of the criminal justice system in Canada, federal corrections, where prohibitionism is strongly articulated and enforced. In addition to contributing knowledge relevant for the Canadian context, I hope that elements of my work will be taken up by other jurisdictions that may undergo broad criminal justice and drug policy shifts in the near future.

Prohibitionism, especially its ramped-up version in drug-war campaigns, is based on what are often tightly held moral beliefs and political objectives rather than the actual level of risks from drug use – although illicit drug use is framed as dangerous and dependence-producing under this perspective. Steadfast prohibition of anything starts with beliefs about the object or behaviour being prohibited as negative, harmful, wrong, or even evil. Due to various effects on the brain, body, and, consequently, behaviour, psychoactive substances have readily been viewed as having intrinsic properties that overwhelm individual control and lead to dangers like addiction and crime (Reinarman & Levine, 1997). This belief in “pharmacological determinism” (Reinarman & Levine, 1997) has propelled much prohibitionist policy despite often being greatly exaggerated. I found – and articulate in chapter 3 – that there is a dominant *correctional framing* that positions substance use as intolerably risky for prisons, especially for staff, and this framing was closely tied to concerns about institutional safety and security. However, this framing did not always explicitly express the basic moral or vice perspective of drug use. In the prison

⁶ Supreme Court of Canada judgment in *Canada (Attorney General) v. PHS Community Services Society*, 2011 SCC 44, [2011] 3 S.C.R. 134: <http://scc.lexum.org/decisia-scc-csc/scc-csc/scc-csc/en/item/7960/index.do>

⁷ Toronto Medical Officer of Health recommendations in response to Bill C-65: www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59886.pdf

environment, licit substances like tobacco and alcohol were framed as risky in ways that they are not in the community; these substances were, like illicit drugs, viewed as destabilising to the prison environment. In my chapters, I examine the emphasis CSC places on operational and safety/security concerns instead of traditional moral framings of drug use, though I will explicate the moral narrative further below. However, moralistic views (i.e., drug is wrong) remain influential in corrections. Such views underlie the wider politics that shape criminal justice and correctional priorities. Disapproving and stigmatising views of people who use drugs, particularly those at the street level and who break other laws, are entrenched in North American criminal justice systems, and this legacy surely allows punitive responses to continue to prevail. For stakeholders who espoused the dominant correctional framing, the desired outcome remained the same as the moral or vice perspective – that illicit drug and alcohol use should remain strictly prohibited inside prisons.

In his foundational work in the sociology of deviance, Becker (1963) argued that deviance is not a static quality, but rather is the outcome of social processes and negotiated rules.

We must see deviance and the outsiders who personify the abstract conception, as a consequence of a process of interaction between people, some of whom in the service of their own interests make and enforce rules which catch others who, in the service of their own interests, have committed acts which are labeled deviant (p. 163).

Becker opened terrain for theories to develop that could address both consensual and ambiguous situations, including many drug-using situations, which involve people making judgments of behaviour. The construction of deviance cannot be divorced from social and moral dialogues that define what constitutes desirable and undesirable behaviours. Value judgments about what is right and wrong are deeply and culturally ingrained. As Becker identified, rule creation has often involved a degree of “moral enterprise.” He illustrated this point by discussing the passage of the *Marijuana Tax Act* of 1937 in the U.S. and how the FBN, led by a crusading “moral entrepreneur” at the time, overcame public indifference towards marijuana by running a heavily moralised campaign focused on drug-related dangers. Prominent features of this campaign were scare stories of “lethal weed” that turned law-abiding citizens into pleasure-seeking criminals.

Subsequent social constructionist accounts of other drug scares in the U.S. discussed similar use of powerful imagery and rhetorical devices (e.g., pronouncement of “war” or “epidemic”) as part of the manufacturing of drug problems by varied authorities (Jenkins, 1994; Jensen & Gerber,

1993; Reinerman, 2003; Reinerman & Levine, 1997, 2004). Social constructionists view social problems as highly contested territory, as *claims* that situations, series of events, and/or a group(s) of people represent trouble; further, social problems are seen as “owned” by certain groups possessing the cultural authority and interests to turn a given condition into a cause and the resources to facilitate action (Gusfield, 1996). According to Goode and Ben-Yehuda (1994), framing drug issues as scares and “moral panics” should not disqualify rational discussions about drug policy reform, discussions that should include cautious examination of drug-related harms. The work by Reinerman and Levine (1997) and Reinerman (2003) on the crack cocaine scare in the U.S. during the late 1980s to early 1990s is a nice illustration of the major gaps between drug-related epidemiological evidence, national media stories (e.g., coverage about “crack-related murders”, “crack babies”), and the intensified focus on crack cocaine for politicians and lawmakers. In efforts to magnify and dramatise the crack cocaine issue, the media and politicians rhetorically and visually positioned the drug as a threat to the wider social fabric and simultaneously linked its use to inner-city, racial minority youth. According to Reinerman & Levine, this tactic resonated with the public and conveniently scapegoated crack as a “real” social problem instead of inviting debate about social-structural issues like poverty, homelessness, and systemic racism. Other scholars have shown compelling connections between enforcement in relation to this specific drug and U.S. imprisonment growth, highlighting, in particular, sentencing disparities (crack cocaine versus powder cocaine) and disproportionate impacts on racial minorities (e.g., Duster, 1997; Inciardi, Surratt, & Kurtz, 2007; Provine, 2007). According to the work noted here, prohibitionism is not always rational or productive policy and, in the prison context, the rationale behind strict drug interdiction can be questioned in light of adverse effects – a framing that I explore in chapter 3. The social constructionist framework has enlarged our understanding of how disproportionate alarm, in relation to the actual threat of a situation, can be generated and why potentially misguided, strict, and/or punitive policies follow. This literature can be used to explain how an organisation like CSC produces its own construction of substance abuse and how that framing leads to highly selective action (i.e., drug interdiction as the primary response).

Many other examples of moral narratives fastened to drug-related behaviour and social problems have been documented in the media and literature, such as former U.S. President Ronald Reagan’s assertion that “there is no moral middle ground” when he re-announced the war on

drugs (Erickson, 1992, p. 248) and Canadian Prime Minister Stephen Harper's warnings that involvement with drugs will lead to prison and addiction that will result in "a short and miserable life."⁸ Moralising fosters legitimacy for anti-drug campaigns in the public eye and justifies repressive, punitive sanctions for people who use drugs. Political-moral overtones were considered in chapter 4, especially in relation to the data I had about suppression of positive evidence regarding prison-based harm reduction initiatives. I was also reminded of Duster's (1970) arguments about the fluid, dynamic relationship between law and morality, and Giffen et al.'s (1991) suggestion that neither "naïve versions" of moral consensus nor class conflict have adequately explained the origins and amendments to prohibitionist drug laws. If moral consensus has not always been a prerequisite for changes in the legal response to drug use, perhaps moral consensus is likewise not required to change the dominant correctional response. On the one hand, this is problematic when we see that it is possible for only a few individuals with political powers (e.g., Ministers) to stop in-prison harm reduction programming from advancing. On the other, I prefer to think that the room for moral diversity means that more optimistic policy discussions about prison-based harm reduction will eventually occur, provided we determine more strategic entrances to having this dialogue with corrections (e.g., engagement with frontline staff concerns about institutional safety).

Unlike previous work, my dissertation examines how a correctional organisation manages substance abuse by studying the more localised, nuanced politics of risk that guide CSC. Corrections already has its own criminogenic risk/need framing of substance abuse (more detail on that below, under the first subsection of methodology) that accepts certain policy responses (i.e., responses that will eliminate drugs and drug use) and denies other responses (i.e., those that would permit safer drug use). Given that CSC manages convicted and sentenced offenders, the organisation deals with the most criminalised people who use substances, those whose basic liberties and rights (e.g., mobility, privacy, access to primary healthcare) are severely restricted upon entering federal custody. Before saying more about the drug policy regime (i.e., harm reduction) that often gets denied by corrections' focus on prohibition and enforcement, next I discuss the socio-historical context of substance abuse treatment. While correctional substance

⁸ CBC news story link: www.cbc.ca/news/canada/story/2007/10/04/drug-strategy.html

abuse treatment deserves critical, in-depth study, in my dissertation I chose to focus on the lesser-studied effects of in-prison drug interdiction and harm reduction in the hopes of making some newer contributions to the literature.

1.2 Treatment and medicalisation

People who use substances are often conceived of as “patients” because addiction has also been popularly framed as a “disease” (e.g., Leshner, 1998; McLellan, Lewis, O’Brien, & Kleber, 2000; Meyer, 1996). As patients, people who use substances receive clinical attention in the form of numerous treatment modalities such as counselling and psychotherapy, detoxification, and substitution therapy (e.g., methadone maintenance for people who use opiates). One might expect conceptualising addiction as an illness would prompt sympathy towards those “afflicted,” but oftentimes this does not occur due to several shared beliefs and goals between the criminalisation and medicalisation of people who use substances. Historically, medical views of addiction have been part of debates concerning choice and morality (May, 2001; Reinerman, 2005; Valverde, 1998). The very term “addict” is loaded with a set of questions and assumptions about personal motivation and competence within doctor-patient settings, constituting people who use substances as troublesome individuals (May, 2001). According to May, addiction presents medical experts with an unusual disease, as the solution seems to ultimately rest with the will and self-regulatory behaviours of the patient. With a much broader focus on the theoretical implications for governance, Valverde (1998) described alcoholism as a “disease of the will,” a special ailment problematised on the basis that it appears to disrupt volition. Although empirical research has offered explanations of the ways in which substances impair the ability to make choices (e.g., Samaha & Robinson, 2005; Vuchinich & Tucker, 1988; Weiss, 2005), many including healthcare providers still regard addiction as a special type of illness that begins and persists on the basis of choice – similar to those who view drug use as vice (i.e., a bad choice). This combination of the notions of disease and choice has continued, in part, because physicians have been unable to convincingly establish the line that divides individual susceptibility to substance use from culpability (May, 2001). Similar to May’s observations, Room (2005) suggested that the vice and illness models of addiction are closely aligned because people who accept that alcoholism is a disease, for example, are just as willing to accept that it is also a sign of moral weakness. Out of a list of eighteen different conditions, “alcoholism” and “drug addiction” ranked near the top in terms of most social disapproval and stigma as reported

by key informants from fourteen countries in a study by the World Health Organization (Room, 2005). Even when people enter treatment, this does not alter negative perceptions of them. Bourgois (2000) found that for marginalised individuals receiving methadone maintenance for heroin addiction, the shift in language from “dope” to “medication” changed little in terms of the stigma, repressive control, and encounters with the criminal justice system that users experienced. Thus when rehabilitative effort is undertaken, people who use substances have still been regarded with disdain that may reinforce, instead of diminish, the use of more traditional, coercive forms of regulation.

In the community, treatment success is often measured in terms of program completion and cessation of substance use (Reisinger, Bush, Colom, Agar, & Battjes, 2003), goals typically framed as contingent on personal ability to adhere to rules and build “willpower”. These abstinent-oriented rehabilitative goals are shared by the criminal justice system, rendering substance abuse treatment compatible with more coercive forms of regulation, granted that some setting-appropriate modifications are made in treatment program delivery (Bourgois, 2000; Duke, 2006; Fischer, 2003; Harrison, 2001; Jensen & Kane, 2012; Kolind et al., 2010). For people who use substances and encounter the criminal justice system, treatment “success” is also measured in terms of criminal justice outcomes, primarily recidivism, that may or may not be connected to their substance use (e.g., Chanhathasilpa, MacKenzie, & Hickman, 2000; Perry et al., 2009). Drug treatment courts provide salient examples of the relationship between substance abuse treatment and punishment. These special courts offer drug-addicted offenders the option to receive supervised programming and often simultaneously retain the threat of formal sanctions, including imprisonment, for those who fail to adhere to treatment (Fischer, 2003; King & Pasquarella, 2009). It has been argued that drug treatment courts operate according to a contradictory set of principles through terms like “therapeutic jurisprudence” (Fischer, 2003). The general absence of social scientific theorising about how drug treatment court programs actually lead to behaviour change raises questions about this seeming “black box” enterprise and how to productively modify programs (DeVall, Gregory, & Hartmann, 2012).

Gowan and Whetstone (2012) described treatment facilities connected to the courts, probation, and parole as “strong-arm rehab” and identified “rehabilitation emphasizing long residential stays, high structure, mutual surveillance, and an intense process of character reform” (p. 70). In the facility these authors studied, the criminal status of all residents was always apparent

through, for instance, mandatory “criminal behaviour” classes and frequent use of the phrase “criminal addicts”. Failure to complete substance abuse treatment can result in lengthier stays in custody via not becoming eligible for early release or parole and/or creating an unfavourable perception among parole decision makers. Another similarity between how people who use substances are criminalised and medicalised is the diversion of attention away from the social-structural problems that lead to substance use. Whenever issues are constructed as medical problems, focus typically lands squarely on the individual as someone to be treated or cured (Gusfield, 1996) and the context of broader inequalities gets neglected. The perception of people who use substances as uncooperative and unreliable can extend to seeing them as unworthy recipients of social assistance programs (May, 2001).

Medicalisation provides an important counter framing and legitimises clinical strategies or treatment for dealing with substance use, but when treatment enters the criminal justice system it is difficult to keep it separate from the system’s traditional enforcement and coercive response. Although I recognise that many individuals have benefitted from engaging in varied treatment programs, I am studying how different conceptualisations of people who use substances overlap, to identify the divergent and conflicting principles like punishment and rehabilitative care that inform substance abuse services. Considerable research has examined substance treatment in correctional settings (e.g., Cropsey, Villalobos, & St. Clair, 2005; Dolan & Wodak, 1996; Harrison, 2001; Jensen & Kane, 2012; Kothari, Marsden, & Strang, 2002; Malinowski, 2003; Pearson & Lipton, 1999; Smith-Rohrberg, Bruce, & Altice, 2004; Stallwitz & Stöver, 2007). This body of work has been largely evaluative, with a focus on “what works” (cf. Lynch, 2000; Martinson, 1974; Ward & Maruna, 2007) with drug-using offenders in prison, rather than taking more critical approaches. The trend to evaluate prison-based substance abuse treatment fits with CSC’s dominant risk/need paradigm (again, discussed below). Evaluative studies, preferably with quantifiable outcomes, have the potential to demonstrate reduction of criminogenic risk/needs (Andrew & Bonta, 2006). More critical, qualitative research would examine offender substance abuse and the correctional response from different theoretical lenses, unpack patterns without necessarily arriving at normative or prescriptive conclusions, and may reveal complex issues associated with the correctional response that would require organisational change or challenge the status quo (see Power, 2004, 2007). For these reasons, a correctional organisation like CSC would be hesitant to grant access to external researchers who may appear critical – a

theme I explore in detail in chapter 2. There may be greater hesitation if the external researcher appears favourable to examining importation of new approaches. Next I will address harm reduction and why it is an *uncomfortable* fit with the correctional paradigm.

1.3 Harm reduction

The policy realm of harm reduction (also commonly known as “harm minimisation”) has been a response to the consequences of prohibitionist drug control and the emergence of public health crises (e.g., HIV) that have been empirically linked to drug use. Broadly speaking, the harm reduction model positions the goals of supply reduction and use cessation as impractical and sometimes undesirable, especially in the short term (Erickson, Riley, Cheung, & O’Hare, 1997). Proponents argue that to accept this model involves recognising certain “realities” of substance use including the condition that non-medical use of psychoactive substances will inevitably occur in any society where there is access to substances, the belief that drug use can be eliminated is a “utopian” ideal, and that users are integral members of the larger community (Des Jarlais, 1995). These beliefs clearly diverge from prohibitionist logics embedded in notions of deviance and morality, and from the correctional risk-based logic behind zero-tolerance in prisons. In the formative years of harm reduction, the 1980s and mid-1990s, there was uncertainty and fragmentation around its defining principles (Des Jarlais, 1995; Erickson et al., 1997). Consensus about basic tenets of the approach seems to have increased over time, as evidenced by international definitions like the position statement from the International Harm Reduction Association (now Harm Reduction International; 2010) that outlines the principles of harm reduction as “based on a strong commitment to public health and human rights.” In setting out policy direction, harm reductionists have distanced themselves from coming up with additional definitions of drug use and users “to avoid falling into the snares of moral, legal, and medical-reductionist biases exhibited by other approaches” (Erickson et al., 1997, p. 6). This distancing from other approaches has involved the adoption of “value-neutral” views, a focus on realisable goals via pragmatic and client-centred strategies, and respect for basic human rights (cf. Erickson et al., 1997; O’Malley, 2004).

Given its basic principles, harm reduction is incompatible with sending people through the court system, to prison, or otherwise into forced treatment as a way of reforming their substance-using

behaviour.⁹ Legislators, law enforcement, and treatment authorities have all claimed that they are in the business of reducing drug-related harm through use reduction (Caulkins & Reuter 1997). Harm reductionists may view use-reduction goals as limited, though they do not necessarily exclude abstinence-oriented policies from the harm reduction spectrum. Lenton and Single (1998) suggested that only strategies where the “primary goal is the reduction of drug-related harm rather than drug use *per se*” (p. 216) should be labelled as harm reduction. Methadone maintenance treatment represents an example of treatment-oriented harm reduction since it involves use of an opioid substitute – and CSC has adopted this as part of its substance abuse programming (CSC, 2003). Nonetheless, abstinence-oriented programs should incorporate alternative strategies that lower the risk of harms for those who decide to continue using, if programs are to be fairly called harm reduction (Lenton & Single, 1998); that is, people who use substances ought to be provided with information about drug-related risk behaviours and strategies they can employ to achieve safer drug use, if they so choose. The respect for individual choice brings forth the need for a continuum of policies and programs that deal with substance use at all different stages. However, under the zero-tolerance regime of corrections (more on this under the description of CSC below), continued use is not permitted and this automatically closes the door on “safer use” or “lower-risk use” strategies. In addition, harm reduction programs are not supposed to be implemented in a coercive way. Whereas in the prison environment, adherence to programs is expected and disciplinary action results when there is a failure of compliance or, of course, rule breaking.

In the community, the harm reduction paradigm has led to a range of evidence-based, innovative services that include heroin maintenance programs, needle and syringe programs (NSPs), and SIFs. Research has demonstrated that these programs achieve numerous health and social benefits, such as reduced risk behaviours like needle sharing, for people who use drugs and their communities (e.g., Dolan et al., 2000; Strike et al., 2013; Wodak & Cooney, 2005). In comparison to Canada, other countries, notably in Europe, have had longer and more receptive histories involving harm reduction policies and programs (Böllinger, 2004; Bullington et al.,

⁹ This statement primarily refers to substance use-related offences, including possession of drugs and drug paraphernalia. Of course, some people who use substances commit other criminal offences, including serious offences, which harm reductionists would concede require criminal justice intervention. There are literatures on harm reduction in the context of broad drug policy reform (i.e., decriminalisation and legalisation), but they are beyond the scope of the present work.

2004; Buruma, 2007; Franzkowiak, 2002; Greenwald, 2009; Leuw & Marshall, 1994). For example, in the Netherlands harm reduction has been a core concept that has guided drug policy and implementation of a network of initiatives including the decriminalisation of cannabis and other “soft drugs”, and widespread availability of low-threshold methadone prescription and NSPs (Leuw & Marshall, 1994). Criminal sanctions for drug-related offences have tended to be reserved for Dutch traffickers (Buruma, 2007). As another example, Germany has seen a mixture of developments in policy and program experimentation. German primary drug prevention policies originally centred on deterrence and repression, but expanded considerably since the 1970s to include greater skill development, health promotion, and harm reduction components (Franzkowiak, 2002). The encouragement of “risk-taking competence,” a set of skills that involves making well-informed decisions, has become a policy objective with the same degree of importance as abstinence (Franzkowiak, 2002). Germany has upheld the criminalisation of drugs to deal with supply reduction (i.e., harsh punishment for traffickers) and treatment as the primary response for drug-addicted offenders, but strategies like heroin-dispensing programs and SIFs have been increasingly implemented (Böllinger, 2004). These programs have at times been met with resistance from lawmakers and the general public (Böllinger, 2004), reminders that full-scale change in drug policy requires broad social acceptance. In comparison, it is telling that Canada’s current National Anti-Drug Strategy, launched by the federal Conservative government in 2007, omits harm reduction. Again, a large majority of federal drug strategy monies continues to be invested in enforcement only (DeBeck et al., 2009). We could situate the uneven landscape of support for harm reduction within the longer history of proposed changes and unmet promises in Canadian drug policy reform, mentioned earlier (e.g., Fischer, 1997; Giffen et al., 1991). When it comes to the prison context, once again other countries have shown greater willingness to extend the reach of harm reduction, including prison-based needle and syringe programs (PNSPs), into correctional facilities (Lines et al., 2006; Stöver, 2002). Similar to the literature on substance abuse treatment in corrections, the literature on such harm reduction initiatives has been concerned with evaluating program effectiveness (Dolan, Rutter, & Wodak, 2003; Lines et al., 2006; Lines, Jürgens, Betteridge, & Stöver, 2005; Stöver & Nelles, 2003) as well as building the case for implementing programs to address health issues like the increased risk of HIV and hepatitis C transmission among prisoners (Chu & Elliott, 2009; Macalino et al., 2004; Niveau, 2006). This body of work has identified a number of barriers to establishing harm reduction services in prisons, including resistance from

correctional staff, but an in-depth, critical account of the politics behind such challenges is missing.

It has been argued that harm reduction re-conceptualised or reframed “addicts” and “patients” into newly empowered, responsible, choice-making “clients” (see O’Malley, 2004). Critiques aimed at the conceptual basis of harm reduction have suggested that programs attempt to regulate people who use drugs based on targeted, security-oriented risk management logics and, therefore, may not be as neutral or benevolent as proponents put forth (cf. Fischer, Turnbull, Poland, & Haydon, 2004; O’Malley, 2004; Quirion, 2003). According to O’Malley (2004), harm reduction strategies seek to disrupt and substitute the law’s moral grip on people who use drugs with “amoral, pragmatist technolog[ies]” that aim to give them a sense of empowerment and transform them into their own “sovereign consumer[s] of risk” (p. 166). However, the practical choices harm reduction offers to people who use drugs create new, and possibly quite insidious, techniques of risk-based regulation. O’Malley (2004) argued that regulating people through choice rather than coercion has not come about for humanitarian reasons, but has emerged because repressive and compulsory strategies, like the war on drugs, have failed. The appeal in allowing people the freedom to make their own drug-taking decisions is that such permission could lead to more effective regulation, a form of self-regulation that can now be spread to *all* people who use drugs. O’Malley (2004) identified that this shift involves shaping “freedom” (or “strategic moralisation”) in such a way that it is realigned with the wills of policymakers, medical practitioners, educators, and the experts who define drug-related risks on the basis of technical (e.g., epidemiologic) information. Under this view, the appearance of drug-taking freedom coupled with the technical nature of the risks that people who use drugs are now advised to avoid have made harm reduction a drug policy approach that is difficult to contest. Whether or not this type of critique is applicable to harm reduction as practiced within prisons remains to be demonstrated in the Canadian context, though this is in part due to the lack of harm reduction programs currently in Canadian prisons (i.e., there has not been as much opportunity to study this yet – except with examples like bleach provision, which I note in chapter 4). As convergence between treatment and punishment has been observed (e.g., Fischer, 2003; Gowan & Whetstone, 2012; Kolind et al., 2010), are there also ways in which harm reduction and punishment intersect in discourse and practice? Does harm reduction become something else, perhaps even exercised in a punitive manner, when it enters the prison environment? Harm reduction supporters and

correctional authorities frame and prioritise the risks posed by substance use in very different ways (e.g., public health versus public safety; individual health risks versus criminogenic risk/need). There are operational concerns unique to the prison environment itself (e.g., concerns that needles will be used as weapons against staff) along with conservative political barriers from the outset – again, these are issues I take up in chapter 4.

Before moving to each chapter in turn, I conclude this introduction with a note about terminology selection and a detailed narrative of my methods.

2 Note about key concepts and terms

Within my thesis, different conceptions of “risk” are evident. In the organisational risk management scholarship (Hutter & Power, 2005; Power, 2004, 2007; Vaughan, 1996, 1999), risk is a fluid concept. Risk management is a socially constructed and transformable process, and of central concern is how organisational definitions of risk and various responses to risk are contingent on organisational processes, internal cultures, and external requests such as public demands for accountability when things “go wrong”. I conceptualise risk similarly, as representing a threat to the organisation, specifically its reputation, *and* as behaviours or activities (e.g., offender substance use in prison, violence associated with the in-prison drug trade) that the organisation needs to manage. I also agree – consistent with other contemporary risk literature – that the risk concept has multiple meanings (Garland, 2003) and that risk knowledges can be selected, reframed, and reassembled to suit institutional contexts (e.g., Douglas, & Wildavsky, 1982; Hannah-Moffat, 2004a; Maurutto & Hannah-Moffat, 2006). In their critique of an assessment tool for supervision and treatment decisions for offenders, Maurutto and Hannah-Moffat (2004) noted that risk technologies are “constantly being reinvented, retrofitted and reassembled in response to institutional agendas” (p. 440), allowing multiple penal logics and forms of governance to operate alongside each other. Similarly, I show how different understandings of risk are used in the correctional context. In my study, CSC positions the risks associated with substance use within a criminogenic risk/need framing (e.g., Andrews & Bonta, 2006) and there are also related, overriding concerns that substance use creates risks to institutional safety and security.

Authors seldom explain or clarify how they define and conceptualise drug use and drug-related problems. Explanation is important because the literature includes varied terms (i.e., “misuse”,

“abuse”, “dependency”, and “addiction”). Although I often refer to “drug use”, particularly when citing literature that focuses on illicit drug use, I prefer “substance use” and “substance abuse” to refer to a broad spectrum of psychoactive substances (including illicit drugs, pharmaceuticals, and alcohol) and substance-taking behaviours (including poly-substance use or combinations of licit and illicit drugs). Further, I have tried to stay consistent with CSC’s language. CSC favours the term “substance abuse” as it appears in the name of its institutional programs and policies that are directed at illicit drugs, non-prescribed and non-approved pharmaceuticals, and alcohol – all of which are prohibited inside federal institutions. When referring to users, I prefer terms that highlight *people*, hence I select “people who use substances”, “people who use drugs”, and so on. This language aims to avoid essentialising people on the basis of their substance use. The emergence of harm reduction advocacy and policy have helped shift the lexicon by promoting more neutral and humanising terms over morally-laden and stigmatising terms like “addict” (O’Malley, 2004).

Perhaps out of step with my preference to use language that recognises people who use substances as people first, I employ the term “offender” in my chapters. This term is not without problematic and moral connotations. Using “people who are incarcerated” could overcome this issue, though at the time of writing that phrase had yet to catch on in the criminological and sociological literature. Compared to “offender”, the term “prisoner” better highlights the fact that I am referring to people housed *within* institutions. Also, “prisoner” is often used in research and advocacy writing on prisoner rights and prisoner health (e.g., Chu & Elliott, 2009; World Health Organization, 2005). Although I mainly focus on institutional policy and programming, at times there may be reference to people who have been released, under supervision in the community, and/or were formerly under supervision, and in such cases “offender” may be more suitable than “prisoner”. This language choice also stays consistent with CSC language that frequently adopts “offender” when referring to a member of the federally incarcerated population. I avoid the term “inmate” because that term is less accurate – as it may apply to other people who are institutionalised (e.g., in secure hospital settings) – and is widely regarded as outdated and/or derogatory. Nevertheless, “inmate” is still used by CSC personnel and others, and frequently appeared in my data.

Lastly, I sometimes use the term “regulation” (as I have in this introduction) and characterise it as a flexible concept that can refer to macro- and micro-level rules and practices, and multi-

directional processes of behavioural management. Regulation can take numerous forms, it does not have to be formal or coercive; thus, the term widely encompasses, for example, legislation and law enforcement, correctional rules and practices, and self-monitoring. Although “regulation” has certain legal and economic meanings, I tend to select it as a more neutral alternative to other commonly used concepts such as “social control” and “governance.” In criminology and sociology, “social control” has longstanding roots in social control theories (e.g., Gottfredson & Hirschi, 1990; Hirschi, 1969). These theories have been influential in framing investigations of the relationships among major institutions of socialisation, such as family and school, and deviant or delinquent behaviours (e.g., Sampson & Laub, 1993). The concept of “governance” has gained increasing attention in the social and political sciences over the last twenty years and has often been, sometimes erroneously, used interchangeably with “government” (Kooiman, 2003) or combined with notions of “sovereignty” (see Foucault, 1977; Singer & Weir, 2008). The intermingling of terms has connected governance with imageries of state authority, the most obvious form of top-down control. While none of the concepts mentioned here have fixed meanings, and each could potentially be applied in my study, the term “regulation” has, arguably, fewer connotations that might narrow or confuse its meaning for the reader. Regulation subsumes a variety of control mechanisms and processes, can occur in different directions, and is not restricted to a particular realm of theorising. The term, therefore, is appropriate for discussing the diverse array of perspectives and strategies that have targeted people who use substances.

3 Methodology

I focus on the Correctional Service of Canada (CSC), Canada’s federal correctional organisation that administers sentences of two years or more, because this system offers opportunity to examine correctional substance abuse policy and programming, plus the dynamics and politics of organisational risk management. CSC supervises thousands of offenders; for example, on an average day in 2010-2011, CSC managed 14,200 incarcerated offenders and 8,600 in communities across Canada (CSC, 2011). A majority of federal offenders have substance abuse issues (Grant, Kunic, MacPherson, McKeown, & Hansen, 2003). CSC’s mission states that the organisation “contributes to public safety by actively encouraging and assisting offenders to

become law-abiding citizens, while exercising reasonable, safe, secure and humane control”.¹⁰ Thus, safety and security are at the forefront of organisational commitments.

CSC employs various detection and enforcement measures for surveillance of drug use and to curb the flow of substances into its institutions, including physical and cell searches, drug detector dogs, ion scanners, urinalysis, and security intelligence personnel (CSC Review Panel, 2007; Rodrigue, 2008). In a 2007 report by the Correctional Service of Canada Review Panel, eliminating drugs from federal prisons was identified as one of five key areas in need of enhancement. In 2008, \$120 million in funding over five years was granted for enhancing the system’s drug interdiction capabilities (Office of the Correctional Investigator, 2012). Given this generous amount of funding and that CSC is a publicly accountable organisation, it is important for CSC to at least *appear* effective in its interdiction enhancements. The CSC Review Panel argued that the presence of drugs within institutions “destroys any hope of providing a safe and secure environment where offenders can focus on rehabilitation” (2007, p. 27). This claim illustrates a steadfast zero-tolerance stance, directly linked to institutional safety and security concerns. CSC’s National Drug Strategy (Commissioner’s Directive 585) is aligned with the same focus, as the policy objective declares, “A safe, drug-free institutional environment is a fundamental condition for the success of the reintegration of inmates into society as law-abiding citizens.”¹¹ Despite what appears to be obvious safety and security dominance in federal corrections, it is important and timely to examine: a) CSC’s interdiction policy and practice in depth to see what effects they are having, and b) openness versus reluctance or barriers to implementing alternative ways of addressing substance use. In addition to making new connections for the organisational risk management literature, this work provides strategic knowledge about the operation of correctional substance abuse practices and related policy-making.

Influenced by work from the third generation of risk assessment (e.g., Andrews & Bonta, 2002, 2006), CSC uses a criminogenic risk/need framework that pervades offender assessment and rehabilitation (Hannah-Moffat, 2005). Under this framework, substance use is considered a dynamic and, subject to programming, changeable risk/need factor that is related to criminal

¹⁰ Correctional Service of Canada mission statement: www.csc-scc.gc.ca/acts-and-regulations/001-cd-eng.shtml

¹¹ Commissioner’s Directive 585, National Drug Strategy: www.csc-scc.gc.ca/text/plcy/cdshmt/585-cde-eng.shtml

behaviour (Andrews & Bonta, 2002, 2006). This risk framing arguably has more positive connotations when considering it in the context of treatment (i.e., the belief that people can change). Nonetheless, substance abuse is positioned as a risk that needs to be managed because of its link to criminal offending; it represents an intolerable risk under zero-tolerance policy. Interdiction is not the only arm of CSC's approach. CSC has developed, provided to offenders, and researched outcomes from a number of correctional substance abuse treatment programs, including a high-intensity substance abuse program, women- and Aboriginal-specific substance abuse programming, and methadone maintenance treatment (Delnef, 2001; Grant, 2003). The organisation has thus also been responsive, in line with the substance abuse risk/need framing, when it comes to provision of treatment to reduce individual demand and increase motivation to abstain from substance use.

Although there is wide discourse and practice space for harm reduction in prisons, even a quick perusal of CSC's Drug Strategy and relevant public reports reveals that this approach receives little mention by corrections. The lack of discussion regarding harm reduction is, within the policy and risk/framing context noted here, unremarkable. That is, if the main objectives of policy and programming are to stop people from using substances altogether and diminish this criminogenic risk/need domain as much as possible, then there is an obvious disconnect with harm reduction. If policy and practice aims included more emphasis on reducing varied drug-related harms (including injection-related and other health harms), then we might expect more recognition and implementation of harm reduction from CSC. If we do not unpack CSC policies and practices, we could miss subtle yet important shifts toward organisational acceptance of alternative approaches to managing substance use. Empirical evidence and advocacy efforts have not persuaded CSC to implement certain harm reduction services or reconsider its reliance on strict enforcement strategies. As I note near the end of chapter 4, more strategic dialogue with CSC needs to occur whereby the arguments in support of harm reduction could perhaps more forcefully engage with the organisation's concerns and priorities.

3.1 Interviews

My research captures the insights of people with experience and expertise with CSC practice, policymaking, and research on the management of substance use in prison. I used a purposive sampling procedure to recruit knowledgeable participants. Purposive sampling involves the

researcher employing their judgment to select participants according to a known characteristic (May, 1997). Researcher bias is a potential drawback of this approach, but it is likely to interfere when subjective judgments about participant selection are not acknowledged or well informed. I sought advice about the kinds of participants to interview. My thesis committee used their professional networks to assist me in locating people who had worked for CSC, had years of experience in criminal justice or corrections, and likely had relevant knowledge for my research. Once I began contacting people who worked in and around federal corrections, I asked them to provide names of others who might participate in my study. There was considerable consistency or agreement in the recommendations of individuals (and, in a few cases, agencies) to contact. Although the possibility of selection bias cannot be completely eliminated, I ensured that I recruited an appropriate range of key stakeholders who could speak to my primary research interests. Miles and Huberman (1994) provided a “checklist” of six criteria to evaluate qualitative sampling that included asking whether the sampling strategy: is appropriate for the research questions; will enable phenomena of interest to appear; is feasible and ethical. My sampling strategy met these criteria. Triangulating across other data sources that I detail below enhanced the analytic generalisability of interview findings.

Between September 2010 and January 2012, I conducted 16 interviews with former CSC senior administrative officials, former CSC frontline staff, and external stakeholders – the latter worked for other organisations and possessed relevant knowledge of CSC policy and programs. As formal, institutional access to current CSC employees was denied, I approached individuals who had left or retired from the organisation.¹² Among participants with work experience as correctional officers or program staff were several individuals who moved into non-frontline positions during their careers. These participants spoke about their experiences of working with offenders inside federal institutions to such an extent that I refer to them as former frontline staff when attributing quotes.

¹² Some participants’ former affiliation with CSC might raise concern about whether their views were skewed or represent “disgruntled” perspectives on the organisation. It is also impossible to completely eliminate this potential. I approached individuals who had worked for CSC for varying lengths of time (including many years of service) and, again, were recommended to me as well-informed individuals. When faced with access barriers, other researchers have commonly turned to people who have left organisations or various social networks (see articles in *Canadian Journal of Law and Society*, Volume 26, Number 3, 2011). While the concern is valid, it is important to note that much social scientific knowledge is generated in this way, by approaching participants “after the fact”, so to speak.

All potential participants were emailed a short description of the research and asked if they would be interested in participating in a one-on-one, confidential interview. The email also asked, if they were uninterested in participating, for recommendations for other interviewees. Referred contacts were solicited in the same way. Some contacts could not be reached or did not respond; however, I am confident that this did not compromise data collection as the final sample was comprised of highly knowledgeable and experienced individuals and thematic saturation was evident when analysing the interview data.

All participants provided written consent, though a few provided verbal consent “on the record” before sending me their signed consent forms. Consent forms explicitly asked for permission to tape-record and transcribe the contents of the interviews. Consent forms were not linkable to the interview data and only I had access to the consent forms and raw interview data. No one refused to participate or withdrew their participation. No compensation was offered or provided to study participation. I conducted all interviews in person or by telephone, depending on participant location and/or preference, and the interviews typically lasted between 40 and 60 minutes.

I used a semi-structured interview format. (Please refer to Appendices A and B for sample interview guides.) Most questions were pre-determined, but I also asked unscripted, follow-up questions for participants to clarify and elaborate on their responses. Semi-structured interviews allow interviewers to engage participants in a conversation and explore meanings of concepts in greater depth compared to standardised interviews, while retaining more structure and control of content compared to unstructured or focused interviews (May, 1997). Initial interviews were instrumental in terms of interview guide development. Interview questions were designed based on predetermined dimensions or topics that included: CSC’s policies, programs, and operating procedures regarding substance use; whether policies and practices changed over time and, if so, how and why; what, if any, disparities and tensions exist between formal policies and the responses of correctional and program staff; indicators of “success” regarding correctional substance abuse programming; and alternative approaches to substance abuse (e.g., harm reduction) and perceived willingness of CSC to implement new approaches. Nearly every interview began with a general question about occupational history and experience related to CSC. Immediately after the first five interviews, participants were asked to provide feedback on the questions and to suggest specific CSC policies and practices that I should ask about with

future participants. I recorded all suggestions and incorporated the feedback into the interview protocol as new questions and prompts. I developed questions that did not rely on pre-existing hypotheses, but would elicit rich descriptions of CSC substance abuse policies and program implementation. I typed and verified for accuracy all interview transcripts.

3.2 CSC documents

I intended to focus on publicly available, CSC-produced documents. Documents can offer a wealth of information about an organisation's priorities and, if examined across time, shifts in priorities (Noaks & Wincup, 2004). Pursuing documentary analysis presents a feasible method to gaining information from a hard-to-access organisation. As Noaks and Wincup (2004) explained:

Documentary evidence can be particularly functional for social researchers in facilitating access to organizational cultures and related representations of them. Official reports will typically be available to researchers (increasingly on the Internet) and provide an important perspective on how the organization or group chooses to manage its public representation. (p. 109)

Further, public documents are important resources for understanding how the organisation manages its reputation. This method conceptualises documents not as direct reflections of reality but "as representative of the practical requirements for which they were constructed" (May, 1997, p. 163). Adopting this perspective opens the possibility for textual documents to be interpreted as having multiple and perhaps implicit meanings. Practically, publicly available documents also provide a valuable source of information given time constraints and access barriers to restricted or hidden documents.

To understand the history of how CSC addresses substance use, I collected relevant reports that were available online. At the time, CSC's website did not offer a search engine for its Research Branch publications. I scrolled through all research resources and selected any titles that contained keywords including "drug(s)", "alcohol", "substance (ab)use", "contraband", "treatment" and "programming". CSC published a variety of documents that contained information on how the organisation manages substance abuse, particularly descriptions and evaluations of correctional substance abuse programming. I collected 24 CSC research reports and 16 mixed research summaries about substance abuse or a substance abuse-related topic (e.g., HIV infection in prisons). The research summaries were categorised on CSC's website as

*Research at a Glance, Research Review, Emerging Research Results, and Research Snippets.*¹³ I collected 27 articles that were about substance abuse or a related topic from CSC's *FORUM on Corrections Research* publication (online issues dated back to 1989) and 3 entire issues of the publication that were dedicated to substance abuse. I also reviewed the available CSC media releases on contraband seizures, Commissioner's Directives, Commissioner's speeches, and articles on other topics such as correctional programming and staffing issues to better understand organisational process, practices, and glean relevant rhetoric on substance abuse.

Scott (1990) provides four criteria for assessing the quality of documentary sources: authenticity, credibility, representativeness, and meaning. *Authenticity* invokes questions about authorship and genuineness. *Credibility* involves consideration of the sincerity and accuracy of the contents of a document and some appraisal of why the author(s) produced the document. Regarding official documents, Scott noted, "the author may have little choice or discretion, as production of the documents may be a requirement of the official position held" (1990, p. 22) and that such documents are often rooted in political interest. *Representativeness* concerns whether document selection has provided a typical (or, in some cases, atypical) depiction of an issue or perspective on a topic (May, 1997; Noaks & Wincup, 2004). Document availability and survival are components of judging representativeness. Finally, *meaning* refers to literal and interpretative understandings of what a document contains; clear and comprehensible writing style aids interpretation, though different audiences could read the same document differently. Researchers should thus consider the interests of different audiences (e.g., general public, in-house practitioners) when reading documents.

I was satisfied that the public documents collected were authentic because they were obtained from an official federal government website. Although I may not have been able to collect *all* CSC-produced documents about substance abuse, I gathered all substance abuse-related research publications available online and periodically checked for any new releases up to December 2012. I also asked all research participants about what they considered to be "key" CSC documents on substance abuse and if they had copies or other useful documents that they would share with me. These inquiries produced a range of documents that were not in the public

¹³ Correctional Service of Canada's Research Summaries (Research at a Glance is no longer included): www.csc-scc.gc.ca/text/rsrch/smmrs/smmrs-eng.shtml

domain, including CSC’s opioid substitution treatment (OST) guidelines and CSC’s Drug Formulary. Contacts also directed me to a CSC audit of its drug interdiction measures and relevant external agency reports, presentations, and journal articles. Several study contacts and participants mentioned two CSC reports that would be of interest in terms of harm reduction recommendations – one on PNSPs and one on the evaluation of CSC’s cancelled safer tattooing program. I was advised to try to locate draft or early copies of these reports that were allegedly “buried” and contained recommendations different than the publicly available versions. I obtained part of the report on PNSPs along with Briefing Notes to the Commissioner and was given an opportunity to compare draft and final copies of the safer tattooing report – materials obtained through others’ *Access to Information and Privacy* (ATIP) requests. This informal process of asking contacts to suggest documentation is common for researchers facing access barriers, albeit outcomes from this kind of process could be inconsistent (Spivakovsky, 2011). Taken together, collecting all of these documents enabled me to trace over time CSC’s politics-infused talk regarding substance abuse. The few ATIP-obtained reports verified one of the issues that I discuss in chapter 4 – suppression of positive evidence regarding in-prison harm reduction programs.

Submitting ATIP requests can result in retrieving classified or otherwise hard-to-find documents, including documents that reveal “backstage” government or organisational processes (Walby & Larsen, 2011). However, ATIP requests do not always lead to identifying or receiving the information sought (e.g., when heavily redacted documents are returned) and sometimes involves long delays and mounting fees. I opted not to prepare ATIP requests during the course of my research because I was concurrently engaged in what could have been a time-consuming process of trying to secure access to current CSC personnel. As my study began in a more exploratory manner and much of my contact was with former CSC personnel, it would have been difficult early in the process to specify documents – and specification facilitates ATIP requests. Nevertheless, using ATIP can “get at the texts behind the rhetoric, as well as the texts used in coordinating government practices” (Walby & Larsen, 2011, p. 626) and, time permitting, could have served as a useful strategy for obtaining data to compare to the publicly available documents. When reviewing the few ATIP-obtained documents that were shared with me, I noticed redacted text. Sometimes what is taken out of or intentionally removed from documents can be just as interesting to speculate about as the content left in documents.

3.3 Standing Committee on Public Safety and National Security study transcripts

In September 2011, the House of Commons Standing Committee on Public Safety and National Security (a Canadian House of Commons committee that reviews policy and programs of public safety agencies, hereinafter referred to as the Standing Committee) undertook a study of drugs and alcohol in prisons. The Standing Committee held ten public hearings between September 29th and December 8th, 2011. Evidence was heard from representatives from numerous Canadian agencies including CSC, the Union of Canadian Correctional Officers, the Canadian Association of Elizabeth Fry Societies, the John Howard Society of Canada, Prison Fellowship Canada, the Office of the Correctional Investigator, the Centre for Addiction and Mental Health, the Canadian HIV/AIDS Legal Network, and the Prisoners with HIV/AIDS Support Action Network. Various individuals who had work experience in corrections or policing also gave evidence at the hearings. Audio recordings and transcripts from the proceedings were available online¹⁴ and all ten hearing transcripts were examined alongside my interview transcripts and CSC documents. The Standing Committee testimony was used because it discusses the institutional management of substance use, including topics that I did not specifically ask about in my interview protocol (e.g., how drugs and alcohol enter prisons). The transcripts included testimony from senior administrators, including the Commissioner of CSC, and officials from correctional institutions who were employed by CSC at the time – perspectives I would not have been able to access with interviews given CSC’s denial of my research proposal. In addition, the Standing Committee study resulted in a report with a list of recommendations (Standing Committee on Public Safety and National Security, 2012). I wanted to take an in-depth look at the testimony and consider whether it matched up with the report’s policy recommendations. In chapter 3, I discuss the report recommendations in light of my findings regarding unintended effects occurring from enhanced drug interdiction measures.

3.4 Analysis

All interview transcripts, CSC documents, and Standing Committee Study transcripts were uploaded to NVivo 9 qualitative software for data storage, organisation, and coding. Thematic

¹⁴ Parliament of Canada website: www.parl.gc.ca/

analysis followed steps similar to those found in standard qualitative research guides (e.g., Corbin & Strauss, 2008; Creswell, 1998; Rubin & Rubin, 2005) and entailed close reading of documents, keeping thematic and comparative memos, and coding all text materials based on themes related to drug interdiction, harm reduction, and politics that emerged from the data. To examine themes across data sources, I ran NVivo searches and queries involving keywords related to interdiction efforts (e.g., “zero-tolerance”, “urinalysis”, “ion scan*”) and related issues (e.g., “violence”, “harm”, “needle*”), keywords related to harm reduction (e.g., “harm”, “needle*”, “tattoo*”, “infection*”), and politics/political actors (e.g., “minister*”). For the study on drug interdiction and its effects, I initially focused analysis on stakeholder responses about CSC interdiction efforts and their perceived efficacy of these efforts. For the study on harm reduction and politics, my analysis focused on stakeholder perceptions of CSC’s willingness and barriers to establishing in-prison harm reduction. Although I did not specifically ask questions about CSC approval for research projects, several participants shared stories about the access process and their perceptions of CSC research related to substance abuse and other topics. These became secondary themes of interest and were coded, along with my own experience of trying to secure CSC approval to conduct interviews with current staff.

3.5 CSC approval process

To understand the on-the-ground application of substance abuse policy and programming within federal institutions, I initially planned to interview between 30 and 40 current CSC correctional officers and addictions program staff. Throughout 2010 and 2011, I approached CSC and Addictions Research Centre (ARC) senior personnel – namely, individuals who develop policy, programs, and conduct research related to substance abuse – as knowledgeable key informants to gain familiarity with the organisation and key issues related to substance abuse. CSC established ARC in 1999 – and its facility located in Prince Edward Island officially opened in 2001 – to conduct research on addiction-related issues in corrections and provide relevant training opportunities for researchers (Grant, 2001). ARC’s projects over the years have included evaluations of CSC’s substance abuse treatment programs, redesign of correctional substance abuse assessment, investigations of substance use profiles and trends among offender populations, and identification of needs among Aboriginal offenders (CSC, 2010). These projects have at times been conducted in partnership with other CSC sectors or government

departments, non-governmental agencies (including community and health services), and academics.

In autumn 2010, I learned that all research involving CSC requires a formal application and organisational approval. After initiating the process with one of CSC's regional research branches, I gained valuable preliminary feedback on my proposal, but was later advised that research that might involve multiple regions would need approval from the National Headquarters (NHQ) Research Branch. Subsequently, I applied for research approval from NHQ and corresponded with ARC throughout the summer of 2011. My application was denied. Upon my request, I received a bulleted list of comments from the internal committee that reviewed my proposal, but was not offered opportunity to reapply. I requested that the Reintegration Programs Branch share substance abuse program manuals, but this request was also denied. Fortunately, my wait time from application submission until final decision was relatively short (i.e., several months). An important lesson from access negotiations with corrections here and elsewhere (e.g., Noaks & Wincup, 2004) is that researchers need to be ready to adapt if their applications are denied to ensure that their research can continue, albeit perhaps according to a modified plan. In chapter 2, I offer a much more detailed look at CSC/ARC correspondence with me, as the potential external researcher, situating the experience as a case study about access and reputational risk management.

My research plan as detailed above, involved triangulating across three different sources of data (interviews, CSC documents, and relevant public testimony). Rich, competing narratives emerged and thus I was satisfied that this approach gave as complete a picture as possible of the issues that I was most interested in studying, especially given time and institutional access constraints.

4 Thesis roadmap

The following chapters build on the abovementioned themes and literature. In chapter 2, I position my research access experience with CSC as a case study through a reputational risk management lens, supplemented by interview data. I analyse how CSC might interpret external research on substance abuse, a sensitive policy topic, as a risk in itself to be managed. This process essentially shuts out critical research on correctional substance abuse programming and policy and that could potentially reveal challenging practice issues. Examples of difficult

practice issues are the unintended, negative effects from the organisation's enhanced drug interdiction response – and this is my focus in chapter 3. In that chapter, I triangulate across three data sources, and consider a broader organisational risk management lens that is concerned with how organisational cultures and practices define risk, to examine five key effects that enhanced interdiction measures are having on offenders, visitors, and staff. Given adverse effects, including sustained and harmful substance use in prison, there is room for serious debate about implementing within CSC institutions harm reduction services, like PNSPs and safer tattooing programs. In chapter 4, I again analyse three data sources and examine the political and operational barriers that are intertwined to keep these harm reduction services out of corrections. These barriers involve some hidden processes, like evidence suppression by the organisation, that create an extra-challenging substance abuse policy environment, albeit this fits with broader, current trends in Canadian drug policy. CSC is at a crossroads, but it may be possible for seemingly opposing forces to work together to improve policy if both sides are less rigid about their framings of substance use problems and more cognizant of the organisational barriers in place.

Chapter 2

Barriers to Research Access as Reputational Risk Management: A Case Study of Attempting to Penetrate Canadian Federal Corrections

Gaining access to criminal justice organisations, especially corrections, has often been treated as a methodological issue, a process that unfolds in a series of steps as researchers establish rapport and obtain permission to recruit participants or examine agency-produced data (e.g., King & Liebling, 2008; Noaks & Wincup, 2004; Patenaude, 2004; Trulson, Marquart, & Mullings, 2004). A rapport-building step involves approaching “gatekeepers”, those who have the power to grant or refuse access to people or activities (Burgess, 1984). While identifying the methodological issues and offering practical solutions are important contributions to the criminological literature, “negotiating a way in” (Mopas & Turnbull, 2011) presents more than administrative hurdles. Many criminal justice organisations, including the Correctional Service of Canada (CSC), have formalised access by establishing their own research branches that review proposals from academic researchers (Hannah-Moffat, 2011). Beyond the practical angle, research access protocols are worthy of study, as they may reveal information about how organisations “think”, present themselves, and insulate themselves from public scrutiny.

I attempted to access CSC employees for doctoral research on in-prison substance abuse programming and policy, but access was denied. Consequently, in this chapter I turn my access experience into a case study in which correspondence with CSC is treated as a unique source of data in itself. I examine reputational risk management (Power 2004, 2007) as a conceptual tool of analysis, whereby my research proposal is interpreted as a risk to be managed from the organisation’s point of view. A second source of data, interviews with former and current correctional system informants, supplements the analysis.

5 Methods

In addition to the case study detailed below, I draw on a purposive sample of participants with expertise on relevant CSC practice, policymaking, and research – expertise possessed by a relatively small number of people. Key informants with years of experience in criminal justice or corrections were asked for interviewee recommendations. There was considerable agreement

about individuals (and, in a few cases, agencies) that had relevant knowledge for this research. Miles and Huberman (1994) provided a “checklist” of six criteria to evaluate qualitative sampling that included asking whether the sampling strategy: is appropriate for the research questions; will enable phenomena of interest to appear; is feasible and ethical. My purposive sampling strategy met these criteria.

Between September 2010 and January 2012, I conducted a total of 16 interviews with former CSC senior administrative officials, former CSC frontline staff, and external stakeholders. Some participants had work experience as correctional officers or programming staff. Semi-structured interviews allow for a conversational format and enable researchers to explore meanings of concepts in greater depth compared to standardised interviews, yet retain more structure and control of content compared to unstructured or focused interviews (May, 1997). Initial interviewees were asked to suggest specific organisational policies or practices to ask about with future participants and I incorporated their feedback into the set of interview questions. NVivo 9 software was used to facilitate data analysis. Thematic analysis followed steps outlined in standard qualitative analysis guides (e.g., Corbin & Strauss, 2008) and involved close reading of transcripts and coding based on emerging themes of interest. Although I did not specifically ask about CSC approval for research projects, several participants shared stories about the access process and perceptions of CSC research on substance abuse and other topics.

6 Reputational risk management

Organisations vary widely in size, type, and indicators of success. Organisations can be viewed anthropomorphically, as homogenous whole entities identified by an external face; alternatively or concurrently, organisations can be viewed as comprised of many differentiated parts (Hutter, 2005). How we choose to see an organisation has implications for how we know and understand organisational behaviour. Viewing an organisation holistically can conceal many activities on the inside (Hutter, 2005). Within an organisation, various actors – such as frontline workers, managers, departmental and regional heads, legal advisors, in-house researchers, and policymakers – engage in their respective cultural routines, which may or may not involve information sharing and consensus regarding how to anticipate and respond to problems (Vaughan, 1996). Therefore when it comes to managing risks, organisations, particularly larger ones, need to balance multiple internal barriers and conflicts. There are countless potential

“encounters with risk” (Hutter & Power, 2005) that organisations may confront, ranging from brief moments that fail to garner much attention to events that have highly noticeable effects that prompt major organisational change. A significant portion of the organisational risk management literature, and the theoretical contributions highlighted here in particular, has emerged from scholarly examination of operations, auditing procedures, and crisis management experiences within large corporations and financial institutions. The relevance of this work in the context of criminal justice organisations is uncultivated scholarly territory.

For Power (2004, 2007), our social world is not only preoccupied with risk, but *all* risk is becoming increasingly framed as manageable. He argues that an ambitious “risk management of everything” agenda is having far-reaching impacts on how organisations design their operations, including the proliferation of internal control systems. One of the defining features of risk management saturation is growing organisational preoccupation with managing external relationships. As Power (2007) succinctly states, “More is now expected of organisations; risks must be managed and must be seen to be managed” (p. 196). Media-rich environments along with public appetite for transparency feed into organisations’ concerns about the external world (Backer, 2001). Although much organisational activity is not readily made transparent to the outside, when activity does catch external attention many people can be made aware of it in rapid time, courtesy of modern technology. In highly legalistic environments (see Sitkin & Bies, 1994), organisations are expected to make their actions appear visible, auditable, and justifiable in order to maintain legitimacy. Power (2007) explores in detail corporate sensibilities and anxieties regarding potential gaps between public expectations and actual risk management performance. To prevent gaps, reputational risk comes to take on greater importance than the primary risks (e.g., health and safety in the workplace, bankruptcy, or, specifically in the present case, substance abuse among offenders) that organisations must always monitor. Although as Power (2007) also suggests, the boundaries between primary and reputational categories of risk – and the strategies devised to manage these risks – are becoming increasingly blurred.

Scholars have provided compelling arguments that risks are not objective facts, but are socially constructed phenomena (cf. Douglas & Wildavsky, 1982; Hiltgartner, 1992). Reputational risk – with reputation being an “intangible asset” for organisations – has been described as “the ‘purest’ of socially constructed risks” (Power, Scheytt, Soin, & Sahlin, 2009, p. 310). This type of risk, similar to more tangible risks, becomes instrumentalised through metrics and rankings developed

by external bodies as, for example, Power et al. (2009) examined in the context of English universities. These calculations are consistent with a contemporary risk management ethos that places “trust in numbers” (Power, 2004) and amplifies incentives for organisations to be concerned about reputation. Reputational risk thus guides both public and private sector organisations to become extra cautious in order to avoid external perceptions of illegitimacy via strategies like expanding corporate social responsibility agendas, implementing specialised risk management positions (such as chief risk officers), and increasing the use of standardised protocols, checklists and “box-ticking”, disclaimers, and small print (Power, 2004, 2007). In this way, reputational risk becomes much more than an abstract risk to be managed; it becomes a deeply internalised “logic of organising” (Power et al., 2009). An example of such logic in action comes from a study of policing and risk that documented how police, under constant internal and external pressures to provide knowledge, continually try to refine their communication formats (Ericson & Haggerty, 1997). With awareness that offence classifications and counts affect the appearance of efficiency and, ultimately, organisational access to resources, police try to negotiate how they work within reporting systems that rely on use of multiple, routine forms.

Paradoxically, increased efforts to protect reputation can have adverse consequences for organisations. Power (2004, 2007) provides a number of examples of corporate over-defensiveness. While risk management is promoted as increasing organisational efficiency and legitimacy, *too much* risk management narrows the ability to see beyond pre-defined risk categories and curtails development of rational, effective solutions to new problems in the future. Too much risk management contributes to organisational cultures of blame and fear that weaken willingness to experiment with solutions or critique accepted ways of doing things; therefore, complex solutions and long-term goals get dismissed in favour of more pragmatic solutions that can be readily, quantifiably measured. However, despite taking precautions, reputation naturally remains subject to dynamic social forces and fluctuations. Power and colleagues invite further theoretical and empirical study to unpack reputational risk management processes at work in different fields, study that will help inform how organisations can intelligently cope with some degree of failure or mistake and boldly experiment with risk management strategies.

The next section will provide a brief context regarding substance abuse as a priority area for CSC. From there, the focus is a case study in reputational risk management where I draw on the

access process and use interviews with key stakeholders to supplement and validate my analysis of that process.

7 Substance abuse: correctional priority and sensitive topic

Substance abuse is a major area of concern for CSC, Canada's federal correctional agency that supervises offenders sentenced to two years or more. CSC documents often cite the statistic that approximately 80 percent of federal offenders have substance use problems (Grant, Kunic, MacPherson, McKeown, & Hansen, 2003). In federal corrections, substance abuse is regarded as a criminogenic need area – a domain that contributes to criminal offending – and this framing is based on empirical evidence (Andrews & Bonta, 2006). Substance abuse is thus an important primary risk to be managed by CSC, an organisation tasked with maintaining secure custody and safely returning offenders to communities.¹⁵ CSC established in 1999 and officially opened in 2001 an Addictions Research Centre (ARC), located in Prince Edward Island (PEI), to conduct research on addiction-related issues in corrections and provide relevant training opportunities for researchers (Grant, 2001). ARC's varied projects have included evaluations of CSC's substance abuse treatment programs, redesign of substance abuse assessment procedures, investigations of substance use profiles and trends among offender populations, and identification of needs among Aboriginal offenders (CSC, 2010) – projects that have sometimes been conducted in partnership with other CSC sectors or government departments, non-governmental agencies (including community and health services), and academics. According to its role statement, ARC was “committed to enhancing corrections policy, programming and management practices on substance abuse through the creation and dissemination of knowledge and expertise” (Grant, 2001, p. 30). Even a quick perusal through CSC/ARC reports on substance abuse (e.g., Gobeil, 2009; Grant et al., 2003; MacPherson, 2004) will readily show stated commitment to evidence-based understanding of offender addictions and enhancement of institutional responses.

While substance use issues are prevalent among federal offenders, non-prescribed psychoactive substances are strictly prohibited inside all CSC institutions. Disclosure that proscribed

¹⁵ Correctional Service of Canada Mission Statement: www.csc-scc.gc.ca/hist/mission-eng.shtml

substances enter institutions and a strong commitment to zero-tolerance enforcement can be found in the 2007 *A Roadmap to Strengthening Public Safety* report by the CSC Review Panel. The *Roadmap*, which sparked the development and implementation of CSC's Transformation Agenda,¹⁶ lists "eliminating drugs from prison" as one of five key areas to be enhanced in order for the organisation to provide "greater public safety results to Canadians" (2007, p. vi). In 2008, the Minister of Public Safety announced that \$120 million would be invested over five years to support CSC's anti-drug efforts, including expenditures on security and detection technologies (Office of the Correctional Investigator, 2012). In short, CSC's drug interdiction arm is well funded. Given oversight of public spending, generous funding places additional pressure on CSC to appear responsive to substance abuse, measure the strength of its response, and be accountable. Within this space of responsiveness, gaps between expectations and actual organisational performance can occur, making substance abuse a potential source of reputational risk and therefore a sensitive organisational priority. A recent study on drugs and alcohol in federal prisons, undertaken by a Canadian House of Commons committee that reviews policy and programs of public safety agencies, nicely illustrates the political and public interest in how CSC manages what is framed as "an alarming problem" (Standing Committee on Public Safety and National Security, 2012).

8 Access as a case study: signs of reputational risk management

I first contacted ARC in late 2009 and was advised that ARC co-hosted a National Summer Institute on Addictions. In July 2010, I attended the sixth Institute in PEI. I met other attendees, including ARC senior personnel, and explained that I hoped to learn from CSC employees what approaches to substance abuse are perceived to be working, what gaps may exist between official protocol and actual practice, and perceived organisational willingness to explore alternative approaches. I was invited to visit ARC's facility after the event where I learned that ARC housed an extensive body of archival data. During this visit, I also received encouragement from other researchers to pursue my research that would examine CSC's responses to substance abuse. I became formally engaged in CSC's research application process in autumn 2010.

¹⁶ Correctional Service of Canada Transformation Agenda: www.csc-scc.gc.ca/about-us/006-0009-eng.shtml

In October 2010, I received an email from CSC's Prairie Region regarding a preliminary interview request I made that had been forwarded. The email stated that, "Research is a carefully monitored activity within CSC" and advised that I must submit a formal research application and go through the review process "which can take a number of months." This was an early indication that correctional staff is instructed to seek approval before participating in research and to immediately escalate any requests. The email included as attachments CSC Commissioner's Directive (CD) on research, accompanying Guidelines, and the Prairie Region Research Application. CD 009 outlined the objective "to conduct research in support of correctional policies and practices that reduce reoffending", while the Guidelines defined research as "the systematic, controlled investigation into a subject to provide an organized body of knowledge." These statements draw boundaries around the types of investigations that are permitted. I immediately considered how I might try to work within or around the confines of the organisation's stated policy objective and definition of research, meaning that these statements started to frame my research from the outset.

I submitted a research application to the Prairie Region headquarters in January 2011. The application form indicated that the approval process normally takes approximately six to eight weeks, with a potentially longer timeframe for research pertaining to staff. Fortunately, three weeks later I received preliminary reviewer feedback on my application. The reviewers requested more detail about participants and my recruitment strategy, more discussion of what the literature review shows in substance use trends, and whether my focus would be CSC's "core" substance abuse programming or would include other types of interventions (e.g., Alcoholics Anonymous groups, chaplain assistance). The reviewers suggested that I consider speaking with security intelligence officers to explore organised crime and gang presence within prisons as challenges to how CSC delivers substance abuse interventions. The reviewers further commented that it would be interesting to compare current approaches across institutional security levels and asked if I would offer recommendations as to how CSC can better meet the needs of high-security offenders. I interpreted these suggestions as the reviewers taking steps to (re)frame my proposal in line with organisational priorities given that organised crime and gangs have become major concerns for CSC and, with a "changing offender profile", delivery of intensive interventions to "high-risk/high-need offenders" is organisationally important (CSC Review Panel, 2007).

While revising my application, concurrent correspondence with the regional office and the Research Branch at National Headquarters (NHQ) revealed that proposals with a national scope must be submitted to the Research Branch. Since I was planning to approach staff across regions, I decided to tailor my application for NHQ and my file in the Prairies was closed accordingly. A comment I received from the regional office foreshadowed later comments, discussed below, that I received about my proposal; it was a remark that I should not expect to hear about regional variation in how substance abuse programming is implemented because all programs must be implemented in a “standard” way in all institutions across the country. Top-down standardised rules and practices facilitate appearance of decision-making coordination across an organisation (Vaughan, 2005). Stating that program implementation should be the same in all institutions gives an impression of policy and operational consistency; an impression that, if agreed to, may restrict asking questions about regional or institutional variation in practice.

The Research Branch provided me with a new application template and a list of research proposal assessment criteria employed by CSC. Assessment criteria are of course standard in research, but assessment is also a crucial part of risk management as it lends an official, quality-assurance gloss to decision-making which in turn can be helpful to an organisation when faced with audit or external demands for transparency. Some assessment criteria were fairly standard appraisal criteria one finds in research grant and ethics protocols (e.g., methodological quality, researcher qualifications). Other criteria were more specific to organisational operation and efficiency (e.g., contribution to the achievement of CSC’s mission statement and priorities, level of disruption to implementing correctional objectives, anticipated benefits, and “value for money”). Above the signature line, the research application stated that:

Once a proposal has been approved, where necessary a written agreement between Correctional Service Canada and the researchers shall be drawn up. The written agreement shall comply with the “Privacy Act Use and Disclosure Code, National Parole Board/Correctional Service Canada”, and in addition shall include items from CSC Commissioner’s Directive 009 (Research).

The “written agreement” component meshes with organisational strategies to reduce and manage risk from external observers (i.e., researchers in this instance). Such written agreement could potentially play a role in shaping the content of research findings ahead of time if certain restrictions were stipulated by the organisation. The above wording reminds the researcher who

is applying to keep in mind compliance with the CD on research which, again, frames what research should do.

In May 2011, I submitted an application to the Research Branch and was promptly informed that my proposal would be presented to an internal review committee. I was also advised that ARC could provide current and historical background suitable for my research and was asked if I had resources to support another visit to PEI. At this stage, I began to view my application as unproblematic and thought that ARC was being rather facilitative. I then received from ARC a series of suggested responses for the review committee template that included my agreement regarding: close coordination with ARC; no use of personal identifiers; forwarding copies of all reports that would result from my research to the Research Branch “for information purposes”; and sharing my findings “service-wide through research publications accessible on the Infonet and Internet”. These suggested responses – directly in line with the CD on research as well – again highlight an organisational strategy that seeks some degree of control over external research. Hoping to move my application along, I agreed to the suggestions, though asked for clarification regarding timelines and CSC review prior to publication. I was advised that I would have latitude to publish and present my research findings.

During summer 2011, the application review committee requested to see all interview questions and more detail regarding how I would contact correctional staff. I provided sample questions under each identified topic area (e.g., substance abuse programming available in institutions). I explained that my questionnaire would be flexible (i.e., not necessarily following a predefined order), but focused on the identified topic areas. I provided additional detail regarding how I would recruit participants and select institutions. After providing the sample questions and further explanation, I was again asked to send a complete semi-structured interview, though this time the request acknowledged that I may ask probing questions that build upon interviewee responses. I expanded upon my sample questions and sent two full interview protocols. Given that the application would have stalled had I not completed these steps, doing so was a necessary part of negotiating formal access and further shaped what my proposed research would be able to explore.

In August 2011, I received email notice that CSC would not support my proposal and that message included:

It is important for you to know that requesting feedback from within the organization is becoming more and more the practice for our Branch as we aim to ensure that we undertake and support applied research that is viewed as relevant to the operations of the Service.

To fully understand the decision and determine if I could revise my proposal, I requested detailed feedback from the review committee. I received a bulleted list of points in the body of an email. This list further reveals organisational concerns that align with scholarly observations of reputational risk management and illustrates how CSC maintains stringent control over research.

The review committee comments focused on my research questions and qualitative interview methodology. My proposal outlined six research questions, the first five of which asked about: substance abuse-related policies and procedures; how these policies and procedures may have changed over time; the range of institutional substance abuse programming offered and models that programming is based on; the goals of substance abuse programming and how offender progress is monitored; and how substance abuse programming tries to minimise risk of reoffending. The feedback I received indicated that use of interviews to address these questions would not be “necessary or appropriate” given that:

[...]all materials related to policies for programs are found on our Internet site, specifically Commissioner’s Directives 700 and 726 as well as several other Commissioner’s Directives related to assessments. Additional detailed information on CSC programs can be found in the program manuals. The Service is able to provide these manuals to members of the public under certain circumstances but require individuals to sign a non-disclosure agreement protecting the intellectual property of the program materials.

I initially interpreted this response as telling me that asking the questions I pitched can attain no new knowledge, which I found puzzling. How could *all* possible information regarding the organisation’s substance abuse programming be available on the website and in the relevant program manuals? What about, for example, emerging challenges and changes in practice? Closer consideration in light of reputational risk management can help unpack how statements like the one above demonstrate falling back to official policy (i.e., more CDs) as a way to legitimate and insulate the organisation’s decision. While stating that it is possible for more detailed information to be shared via access to the program manuals, it is simultaneously made clear that there are limits on sharing with the vague phrase “under certain circumstances” and a reference to signing a(nother) written agreement.

My sixth research question asked about staff perceptions and roles; essentially, whether CSC program personnel have observed any difference in the behaviours and attitudes of offenders participating in substance abuse programming, and the roles that non-program personnel play in the treatment and management of offender substance abuse. This research question was cited as “problematic” because:

CSC currently uses a variety of actuarial tools to assess change and the impact of a program, which have been demonstrated to be more effective than clinical assessment. Accordingly, the basis for asking for opinions is not supported by research.

Use of actuarial tools – consistent with CSC evaluations of substance abuse programming (e.g., Gendreau & Goggin, 1991; Matheson, Doherty & Grant, 2009; Kunic & Varis, 2010) – readily fits with risk management that relies on quantitative data and the sort of “trust in numbers” Power (2004) described. Quantification also suits the Guidelines that define research as “systematic, controlled investigation”. Rooted in a history of correctional research that supports actuarial over clinical indicators of change and prediction of risk (Andrews & Bonta, 2006; Hannah-Moffat, 2004b), such a quantitative scheme inherently leaves little space for “opinions”. From a qualitative research perspective, asking for opinions is a useful way to learn new information; in this case, new information could be obtained about offender substance use and related challenges to program implementation. From a risk management perspective, however, opinions are unpredictable, subjective, and much harder to manage than more static information. My proposing to ask for staff perceptions could have been viewed as a risk, as potentially opening a door to new problems or criticisms that would demand organisational attention and modification of the status quo. By taking such questions off the table, the organisation limits the kind of knowledge that research can produce. Perhaps I was subject to this in part given that my topic of study, substance abuse, is a sensitive policy area in federal corrections, as noted earlier.

Similarly, I received comments about my proposed interview questions that would focus on participants’ understanding of how CSC’s substance abuse programs have been implemented within institutions. This line of questioning was deemed “problematic because it should essentially be answered ‘according to the policy’ and the Annual Program Plan. As a result, this question will not be able to answer any of the research questions.” This comment was also applied to my proposed interview questions about observed gaps or tensions between policies and practices of frontline staff, opportunities for interaction between senior personnel and

frontline staff regarding substance abuse policy and programming, and knowledge about alternative approaches (e.g., harm reduction) for managing offenders who have substance use problems. These comments are as telling about standardised rules and procedures as the comments received during my earlier correspondence with the Prairie Region. The organisation already has its preferred answers regarding substance abuse program implementation (i.e., *must* be according to policy across federal institutions) and, by stating this, rigid boundaries are drawn around the types of questions that researchers are permitted to ask.

The review committee flagged other issues including sampling and clarification of substance abuse interventions that were of primary interest. Regarding sampling, I broadly described my proposed sample so as not to exclude any personnel who may have relevant knowledge. I was advised that the terms “non-program” staff and “senior employees” were vague and that more detail was needed on who would be interviewed. From a risk management lens, additional detail about potential interviewees better assists CSC to control the sharing of organisational information. As well, the comments suggested that I “plan to ensure that the structure and nature of questions asked in the interviews are consistent with interviewees’ responsibilities and expertise.” While entirely fair comments, from a methodological standpoint initial flexibility in sampling frame assists the researcher to become acquainted with different organisational actors’ knowledge and learn how to draw out relevant points of interest. I noted the need for this flexibility in my proposal. However, the comments indicated that external researchers must have, “All research goals, research questions and interview questions” finalised in advance of seeking CSC approval. To understand the on-the-ground application of in-prison substance abuse policy and programming, I proposed to interview between 30 and 40 current CSC correctional officers and addictions program staff. This sample size range seemed manageable for qualitative interviews and surpassed the upper end of sample sizes of 15 to 30 that have been recommended for reaching thematic saturation (Creswell, 1998, 2002). My proposed sample was deemed “too small” and the reviewers questioned whether the proposed qualitative method was appropriate as it appeared to them that I “intend[ed] to generalize the results to CSC’s substance abuse programs”, though I had not indicated that I would make such generalisations. Finally, the reviewers questioned how my research would benefit the organisation in a comment that stated “the benefits to the Correctional Service of Canada are not clearly articulated.” Noted earlier, CSC’s research assessment criteria include “value for money”. Although this was not

made explicit, I suspect that my proposed research was viewed as not meeting this criterion as concrete or financial benefits from qualitative investigations into practice and process are hard to predict or clearly define from the outset.

After reading the comments, I wondered if approaching correctional staff for their perceptions was of greatest concern to the organisation. I inquired about modifying my proposal to approach only personnel in the addictions-related research, evaluation, and policy domains at CSC, including people at NHQ. I expressed a strong, continued interest in learning about correctional substance abuse programming development and what factors influence program changes. I was advised that speaking with relevant staff in these areas would require approval from the research review committee. In terms of other sources, while the CSC website is public, access to program manuals, as noted above, is at the discretion of the organisation. I followed up with my request to view CSC's substance abuse program manuals and was advised to contact the Offender Programs and Reintegration Branch regarding permission as that branch would be "responsible for developing, implementing and managing all correctional" interventions. Permission to view the manuals was denied. Finally, I requested samples of successful proposals submitted to ARC by external researchers, but never received a response to this inquiry. Despite initially positive indications that my research application would be facilitated, it became evident through follow-up communication with ARC that my proposal would not be granted opportunity for reapplication.

Overall, my access experience reflects a number of organised reputational risk management practices as theorised by Power and colleagues. In the next section, I use interview data as an empirical referent for these practices that shape research access to corrections.

9 Stakeholder insights on CSC research and (non)transparency

Several interviewees commented on how CSC research in general, including research on substance abuse programming, has become increasingly "in-house" and insular over time. Interviewees with longer occupational histories drew comparisons between past and current times that suggested that the way CSC conducts research has changed. Those with knowledge of how the organisation operated in the 1980s and 1990s believed that, in the past, CSC had more extensive and open partnerships with external agencies and researchers, and engaged in more

sharing of knowledge about programming via research forums. A few noted ongoing research sharing and partnerships that occur today; activities that at least provide an appearance of openness to external research and perspectives.

[T]here is an exchange[...]CSC has a good training syllabus, they're active recruiters. They've had national symposiums on mental health and corrections and addictions[...]they support the Addictions Research Centre. They've done partnership programs with the Canadian Centre on Substance Abuse. (External stakeholder #2)

I know that CSC at one time was holding research forums[...]now this is going back probably to around 1989, '90, '91, when the Research Branch occasionally would have a research forum[...]and they would invite frontline staff – well, frontline at the sort of the manager level, perhaps director level – from across the country to these research forums to kind of share information from the research findings in a particular area[...]they used to have actual conferences to share those, but I don't think those have been held for a while now. (External stakeholder #5)

Oh, it [*research*] has become completely in-house and quite irrelevant actually[...]the research now is really more to[...]try to support the policies of the prison service. You know, it's not really research that's done to challenge what the prison service is doing[...]so I think that's completely changed. But again, that's also related to the fact that we're living in a different political kind of environment as well, right. I mean, I always felt every report[...]every research report that came out of the research department at the time was completely left uncensored. There was never any, you know, never any sort of attempt to muzzle in any way, but that's just not the case now. (Former senior administrative official #2)

Similar to the quote above, many interviewees indicated that contemporary CSC research must fit a broader policy agenda; otherwise, the current political environment stifles it. These interviewees reported that research proposals perceived by CSC as incongruent with or as challenging the organisational agenda and dominant politics will likely be denied approval. These and other comments show that external researchers seeking approval for research that may in any way contribute to critical scholarship on corrections would be disadvantaged. As discussed above, strategies that protect an organisation from external critique and help preserve accepted ways of doing things are well described in the reputational risk management literature. Part of my contribution is linking these strategies of organisational protectionism to impacts on wider knowledge production. The real-life situation for researchers was described as rife with access barriers.

I've talked to so many community-based researchers who have had like research approved by their funder and by a research ethics board and at the last minute just denied by CSC. (External stakeholder #3)

Well, that's why there isn't any research being done on federal corrections. I mean, that's the real tragedy. Except they do their own psychological research, you know, relating to their programs and that's it. You know, there's nothing else that analyses corrections and correctional policy from, with any reasonable access to the system and that, to me, is just absolutely tragic. It's really a very secret world and one that you would think they would want to encourage that kind of research by others, but they don't. They haven't for a very long time. (External stakeholder #7)

The first excerpt demonstrates a potential strategy (i.e., denial of research applications “last minute”) that could augment the access barriers experienced by researchers (i.e., not enough time to complete a project or design a new proposal). The second quote notes that access barriers have the “tragic” effect of preventing external researchers from studying corrections. What happens is that the same kinds of research (i.e., psychological-type research on programs) get (re)produced, while opportunities are closed for innovative research or new areas of study.

Access barriers to CSC information also shape how research findings are released. Interviewees discussed instances of non-transparency and stringent control over research findings. Several interviewees provided examples of reports that would have been of interest to my research – in particular, one on prison-based needle and syringe programs and another on CSC's cancelled pilot “safer tattooing” project. The original versions of these reports purportedly contained positive endorsements for harm reduction programming, but interviewees stated that the originals had disappeared and that report recommendations were heavily edited prior to release. Difficulty accessing those materials through *Access to Information and Privacy* (ATIP) requests was also noted, as the government vets ATIP requests. Given the policy leanings of the Conservative federal government in place at the time of this study, interviewees explained that outsiders would be hard-pressed to obtain contradictory evidence from CSC. Other relevant examples were provided.

In the context of discussing a document that may need ATIP request I suspect they'll [*CSC will*] be happy to hand you the results of all of their assessments and all of their research that supports what they're doing, but they're going to be very reluctant to give you what kind of, you know, I've said this before. You can demonstrate almost anything through research if you aim – it depends on how you're aiming it. They will not want anything that's going to undermine their public stated result. (Former frontline staff #4)

And so those reports [*CSC research reports*] don't reflect reality[...]they don't report on incidence of HIV inside prisons. How many people get infected inside, nobody knows because they don't release those reports. And if they do it, they are not accurate[...]and also that if they come out with the truth, um, that too will have serious consequences for them, right, because people are getting infected inside all the time, every day. (External stakeholder #1)

Consistent with examples in the reputational risk management literature, the above examples were linked to organisational concerns about public perceptions and preferences for research that supports, rather than questions, what the organisation is doing. It also seems there is a tendency to reduce information sharing once a given issue, from the perspective of CSC, appears to have been addressed.

Various concerns were raised about the control or ownership that CSC takes over research, including instances when external researchers are permitted access. One interviewee spoke from experience about research conducted in federal prisons "independent of CSC", having observed the organisation attempt to "sit on the results". Others noted that restrictions are placed on what researchers can do with data they collected.

I just think it's so hard to do any research with corrections now. It always was hard, but now it's worse than ever and it's very difficult to get information. It's very difficult to keep information. It's very difficult to get the permission for anything and when you do then they own it. And then you find yourself in situations where you've done your work and then you can't use it. (External stakeholder #7)

As I learned from my access experience, written agreements are one tool for implementing such restrictions.

Some interviewees also mentioned that staff, frontline staff in particular, represent a difficult-to-access group. I was told that frontline staff has little contact with researchers and policymakers within the organisation, even when it comes to internal research, though lack of interaction was typically attributed to CSC's hierarchical structure. Interviewees perceived that frontline staff would have a considerable amount of useful information to share about substance abuse programming, and numerous other matters, but that sharing is limited because opportunities for interaction are greatly limited.

It's a top-down organisation and Ottawa feels that if anybody has any questions, Ottawa provides the answers and the people on the ground who are actually doing the work are not supposed to have any input into that. And so, yeah, it's not a happy environment in

which to get information out of people[...]The policy guys will pussyfoot around and not tell you very much, but the nurses and the docs on the frontline have some very strong opinions about what needs to be done and isn't getting done. (External stakeholder #4)

[Y]ou ask a frontline parole officer or a program person, a program deliverer, someone who delivers a program, if they've ever had any kind of input in terms of the Addictions Research Centre in PEI. Not a chance[...]there's a huge disconnect and the frontline person delivering the program or the frontline correctional officer or the frontline parole officer whatever, they're not engaged in that[...]It's just basically, you know, "Here's the policy" and there's very little input from the people at the bottom. (Former frontline staff #6)

These views are congruent with a larger organisational strategy that seeks to minimise disruption to routine operations and institutionally accepted policy.

Finally, a few interviewees added how CSC's research process has led the organisation to narrowly look inward when it comes to evaluating its own programs and identifying topics of study. Access barriers have come to deter external researchers from even trying – noted in an earlier quote as well – and have stifled creativity among in-house researchers.

We've benefitted as much as we can from in-house [*research*]. It's time now to renew the cycle, start from fresh. In terms of the research, I would stop looking inside and going outside[...]researching what exists elsewhere. (Former senior administrative official #1)

I mean, for one thing the creative juices aren't there anymore[...]to do creative research that can have an impact in changing policy or changing practice. I mean, that's just not the, that's just not what's being asked for anymore, right. So what you do is you do research that sort of documents[...]the profile of the population and[...]the kind of problems that you're dealing with so that you can try to get more funds from treasury boards, you know, that kind of stuff. It's more statistical research than it is true research. (Former senior administrative official #2)

These comments align with Power and colleagues' suggestions regarding how overprotective reputational risk management ultimately narrows an organisation's willingness to see beyond standard ways of doing things and to find new solutions to problems.

In sum, I sought to conduct qualitative research on how Canada's federal correctional system responds to substance abuse, a correctional priority area, inside its prisons. I positioned my access experience as a case study of reputational risk management (Power 2004, 2007). Insights from varied stakeholders who participated in interviews complement my analysis and reveal unique concerns about wide-reaching consequences that may stem from CSC's research access

barriers. This study helps authenticate the relevance of reputational risk to criminal justice organisations, a field outside of the previously studied corporate and financial sectors.

10 Other considerations

Goodman (2011) notes that conducting research involving correctional facilities is a “messy business” and securing access is sometimes achieved via “some admixture of fortuitousness, a willingness to compromise, and capitalizing on pre-existing opportunities” (p. 600). In terms of methodology, gaining access to corrections is often time-consuming, unpredictable, and capable of diverting a study from its original plan. From a broader perspective, access barriers determine and reproduce certain scholarly knowledge about corrections. If researchers must resort to collecting data from, for example, a handful of jurisdictions or institutions that regularly permit access, over time the impacts, such as limited insights and generalisations, may spread to the “the overall character and depth of socio-legal scholarship” (Spivakovsky, 2011, p. 610). Hannah-Moffat (2011) argues that obtaining approval from institutional review branches has become increasingly difficult for critical scholars “who challenge the assumptions underpinning hegemonic correctional approaches, or whose research may bring the system into disrepute” (p. 446). Even though in many cases applicants have already obtained ethics approval from their own departments or universities, criminal justice research branches appear to deny critical scholars access by citing various concerns with methodology and research questions, and/or claiming that the proposed research would create a “resource issue” (Hannah-Moffat, 2011). My access experience, including the comments I received regarding my application to the national Research Branch, followed a similar pattern. Once the decision came from CSC, it was final, without opportunity to negotiate my methods or interview questions. Although it is impossible to determine whether I would have gained access had I approached my research differently, the way that CSC frames research (i.e., in CDs and Guidelines) and the correspondence I had throughout the process give the impression that quantitative research that demonstrates “value for money” (see also Walters, 2003) has a much better chance of success than qualitative research that aims for nuanced understandings and draws attention to potential variations in institutional practice.

Readers may wonder if submitting ATIP requests would be a viable route to learn more about CSC substance abuse programming in the face of ongoing access barriers. ATIP requests can

result in retrieving classified information or hard-to-find documents, including documents that reveal “backstage” government or organisational processes (Walby & Larsen, 2011). I opted not to prepare ATIP requests during the course of this research because I was engaged in what could have turned into an even more time-consuming process of trying to secure access to CSC personnel. ATIP can potentially involve long delays and mounting fees, and requests do not always lead to identifying or receiving the information sought (e.g., sometimes heavily redacted documents are returned). As my research began in a rather exploratory manner and much of my contact was with former CSC personnel, it would have been difficult early on in the process to specify documents in enough detail to facilitate ATIP requests. Nevertheless, employing ATIP can “get at the texts behind the rhetoric, as well as the texts used in coordinating government practices” (Walby & Larsen, 2011, p. 626) and, had time permitted, could have served as a useful method for obtaining additional information.

For many reasons, CSC and other correctional agencies are entitled to carefully monitor any and all research activity that might involve them. What is troubling is that this monitoring may be done to insulate the organisation’s policy and programming from outsider criticism, especially troubling since CSC is a publicly accountable government agency. That said, external criticism can damage organisational reputation and, in turn, legitimacy and access to resources. Power (2004, 2007) provides several examples of corporate scandals and disasters (e.g., financial mishandling, environmental harm) that have caused irreparable reputational damage. CSC is certainly not immune to reputational damage, powerfully seen from a controversial, highly-publicised case of death in custody which raised allegations of rights violations and failure to effectively and humanely address offender mental health needs (Canadian Association of Elizabeth Fry Societies, 2009; Office of the Correctional Investigator, 2012). Clamping down on external research access affords some protection from discovery of practices or incidents that may threaten reputation, but a serious potential downside of this strategy is curtailment of innovation, as some interviewees noted. Finding ways out of this overprotective cycle is challenging because reputation is inherently unmanageable (Power, 2007) and thus reputational risk is ever-present for organisations.

Although most analyses of reputational risk management have examined corporations and financial organisations, I studied a criminal justice organisation. Insights from the work of Power and colleagues are relevant for public agencies, but there are likely political and social

differences between categories of organisations that contribute to unique concerns for reputation management. For example, at the time of writing, Canada was experiencing new tough-on-crime legislation,¹⁷ including tougher penalties for drug offences, and public concerns about government transparency and information sharing.¹⁸ It ought to be noted that reputational risk is one facet, albeit a key facet, of Power's work on organisational risk management. It would be fruitful to study in depth how other, related organisational risk management elements like internal control systems and auditing may or may not apply to criminal justice agencies. Lastly, there have been other internal changes within CSC specific to research on substance abuse. In June 2012, the Government of Canada announced that CSC would be "consolidating addictions research activities" and ARC would be closing.¹⁹ Subsequently, I contacted ARC about the status of research projects that were underway or planned. Their response indicated uncertainty about which projects would continue during the consolidation; all ARC staff received letters and would be unemployed by April 2014 unless willing to move. It is possible that this major change was known by some senior personnel during my contact with ARC and had an impact on openness to new research proposals. The dismantling of a dedicated correctional research facility raises important questions about the future of substance abuse-related research in federal prisons. With the national Research Branch taking over substance abuse research, future researchers may encounter even greater organisational oversight and control – though this is speculative and perhaps worthy of study. My account of access presented through a lens of reputational risk management opens new reflexive space for these and other researchers interested in hard-to-access organisations.

¹⁷ Backgrounder to the *Safe Streets & Communities Act*: www.justice.gc.ca/eng/news-nouv/nr-cp/2011/doc_32637.html

¹⁸ For example, CBC news story: www.cbc.ca/news/politics/story/2013/02/09/access-information-legault.html

¹⁹ News release: www.publicsafety.gc.ca/media/nr/2012/nr20120627-1-eng.aspx

Chapter 3

The Elusive Goal of Drug-Free Prisons: Unintended Effects of Enhancing Drug Interdiction Inside Canadian Federal Institutions

There are many possible “encounters with risk” (Hutter & Power, 2005) that organisations confront, encounters that are socially constructed and highly organised. These encounters can be brief and fail to capture much attention. Alternatively, these encounters can have noticeable effects and, if action is taken, result in organisational change. Sudden mistakes, misconduct, and even crises often have traceable histories that involve the interplay of wider environments (e.g., resources), organisational characteristics (e.g., protocols and everyday tasks), and the cognition and choices of individuals within organisations (Vaughan, 1996, 1999). From this perspective, risk is not simply the likelihood that an adverse event, such as prohibited substance use in prison, will happen; risk is a constructed and organised space where decisions are constantly made about future events.

We may view organisations as homogenous entities and Vaughan (1999) has noted that we have traditionally viewed organisational cultures “unidimensionally” whereby employees are socialised into the same group norms. However, organisations, particularly larger ones, contain various levels and actors who engage in their own cultural routines. Viewing organisations in a holistic manner can conceal many inside activities and conflicts, and thus give false impressions about the level of internal agreement regarding how to anticipate and respond to problems (Hutter, 2005; Vaughan, 1996). For this reason, we may learn more about organisations when we view them as comprised of various components and cultures. We can also learn much about risk management by investigating how encounters with risk “go wrong” in organisational settings and how organisations ritually define and manage mistakes (Power, 2007; Vaughan, 1996; 2005). Criminal justice settings, including correctional institutions, have been understudied under this framework. Literature on substance abuse and correctional settings has illuminated tensions between security and control versus rehabilitative goals (e.g., Gowan & Whetstone, 2012; Kolind, Frank, & Dahl, 2010; see also Lynch, 2000), but has tended to omit what could be an important layer to these tensions – the organisational politics of risk. Cohn (1973) noted that failures of correctional management are typically treated as failures of clients, not as problems with organisational policies. A few studies of correctional substance abuse

treatment services that have considered organisational characteristics (see articles in Taxman, Henderson, & Belenko, 2009) have not delved into the deeper organisational cultures. Other scholars have produced more general theories regarding cultures of crime control and criminal justice (e.g., Garland, 2001), but again the organisational politics of risk has not been used as a major lens of analysis and specific or local issues have not been the focus. Given an opening to contribute new knowledge, I view correctional responses to substance abuse through an organisational risk management lens. My study focuses on the Correctional Service of Canada's (CSC) enhanced drug interdiction response. My study was not evaluative; instead, I sought to understand what, if any, unintended effects have resulted from CSC's drug interdiction enhancements and to draw out the framing(s) of these effects from different players internal and external to this correctional organisation.

CSC operates the Canadian federal prison system and manages the custody and reintegration of offenders sentenced to two years or more. On an average day in 2010-2011, CSC managed 14,200 incarcerated offenders and 8,600 in the community (CSC, 2011). A majority of federal offenders have alcohol and/or other drug problems (Grant, Kunic, MacPherson, McKeown, & Hansen, 2003). In 2007, the organisation began a Transformation Agenda in its key goals and performance criteria which included, among other priorities, a zero-tolerance approach to drugs inside institutions (CSC Review Panel, 2007). CSC's National Drug Strategy policy objective declares that drug and alcohol use will not be tolerated in institutions and that, "A safe, drug-free institutional environment is a fundamental condition for the success of the reintegration of inmates into society as law-abiding citizens."²⁰ In 2008, \$120 million in funding over five years was granted for enhancing the system's drug interdiction capabilities through strategies such as increased security intelligence personnel and drug-detection technologies like ion scanners (Office of the Correctional Investigator, 2012). Given the task of managing a large offender population with substance abuse issues and the amount of funding CSC has received to meet this challenge, it is important for the organisation to, at a minimum, *appear* highly responsive and in control of the situation. There is also a political component when one considers that, outside corrections, Canada's *National Anti-Drug Strategy* is focused on prevention, treatment, and

²⁰ Commissioner's Directive 585, National Drug Strategy: www.csc-scc.gc.ca/text/plcy/cdshtm/585-cde-eng.shtml

enforcement aimed at “getting tough on drug dealers and producers who threaten the safety of our youth and communities.”²¹ From the outset, it is clear that the drug enforcement policy piece is connected to and justified on the basis of security and safety concerns. This justification is integral to how I present CSC’s dominant organisational culture –a culture where the official norms are based on commitment to maintaining institutional safety above all else.

In discussing her studies about organisational mistakes and disaster, Vaughan (2005) prompted readers to ask:

When technologies of control are imported, what kinds of re-organization ensue, how do they mesh or not mesh with existing strategies, and what might be the unanticipated consequences at the social psychological level for people with the responsibility for interpreting anomalies? (p. 63)

Making the case for the “dark side of organisations” to be a legitimate field of study, Vaughan (1999) defined organisational deviance as events or activities produced by an organisation that stray “from both formal design goals and normative standards or expectations, either in the fact of its occurrence or in its consequences, and produces a suboptimal outcome” (p. 273). These insights are useful to an analysis of an organisation’s protocols and operations. I build on this approach to examine CSC’s strategies to keep drugs out of prisons, specifically attuned to differences between on-the-ground practices versus the dominant policy objectives.

11 Methods

To give as complete a picture as possible, I triangulate across three major sources of data: interviews, CSC documents, and relevant public testimony. I sought formal, institutional access to interview current CSC correctional officers, addictions program staff, and senior personnel. CSC denied access. (For a detailed account of the access experience, please refer to chapter 1.) Between September 2010 and January 2012, I conducted 16 one-on-one interviews with former CSC senior administrative officials, former CSC frontline staff, and external stakeholders who

²¹ Canada’s National Anti-Drug Strategy: www.nationalantidrugstrategy.gc.ca

worked for other organisations. I used a purposive sampling²² strategy to recruit participants because my research questions required insights from a relatively limited number of people who have experience and expertise related to relevant CSC practice, policymaking, and research.

I used a semi-structured interview format whereby most questions were predetermined and then unscripted follow-up questions asked participants to clarify or elaborate on their responses.²³ Interview question topics included: knowledge of any modifications made to CSC's substance abuse policies and programs over time; experiences with or observing implementation of substance abuse policies and programs, and working with federal offenders who have drug and alcohol issues; any observed gaps between on-the-ground practices and policies; any experience with or observed engagement/communication between frontline correctional staff and other personnel (i.e., researchers, policymakers, senior management) regarding substance abuse issues. I prepared and verified all interview transcripts.

Textual documents can be interpreted for different and unstated meanings when documents are conceptualised not as direct reflections of reality but “as representative of the practical requirements for which they were constructed” (May, 1997, p. 163). Internally produced documents can offer a wealth of information about an organisation's priorities and shifts in priorities (Noaks & Wincup, 2004). While restricted or classified documents may be of interest, publicly available documents provide a more feasible source of information given access constraints. A variety of documents and reports, including program evaluations, that contain information on how the organisation manages substance abuse were available online. All research resources on CSC's website that included keywords in the title – including “drug(s)”, “alcohol”, “substance (ab)use”, “contraband”, “treatment” and “programming” – were reviewed and retained for analysis if relevant. I collected 24 CSC research reports and 16 mixed research summaries on substance abuse or a substance abuse-related topic (e.g., blood-borne infection transmission). The research summaries were categorised on CSC's website as *Research at a*

²² Researcher bias is a potential drawback of purposive sampling, but this is more likely to interfere when subjective judgments about participant selection are not acknowledged or well informed. Knowledgeable key informants were approached for potential interviewee suggestions. I observed consistency with the recommendations of who to speak to and, in some cases, agencies.

²³ Initial interviewees gave feedback regarding specific policies and practices that should be asked about with future interviewees – feedback that I incorporated into my interview questions.

*Glance, Research Review, Emerging Research Results, and Research Snippets.*²⁴ I also collected 27 articles from CSC’s FORUM on Corrections Research publication and 3 entire issues of FORUM dedicated to substance abuse.

I collected all substance abuse-related research publications available online at the time of the interviews and periodically checked for any new releases up to December 2012. I asked all contacts and interviewees about what they considered to be “key” CSC documents on substance abuse and whether they had copies that they would be willing to share. Asking contacts to suggest documentation is common for researchers facing access barriers (Spivakovsky, 2011). These inquiries resulted in acquiring various documents that could not be located in the public domain including opioid substitution treatment guidelines, CSC’s Drug Formulary, and report excerpts that had been obtained through *Access to Information and Privacy* requests. Contacts also directed me to a CSC audit of its drug interdiction measures and relevant external agency reports, presentations, and journal articles. Several interviewees mentioned two CSC reports of interest in terms of harm reduction recommendations – one on prison-based needle and syringe programs (PNSPs) and an evaluation of CSC’s cancelled safer tattooing program. I was advised to try to locate draft or early copies of these reports that were allegedly “buried” and contained recommendations different than those found in publicly available versions. I obtained excerpts from the PNSP report, with accompanying Briefing Notes to the Commissioner, and was given an opportunity to compare draft and final copies of the safer tattooing report.

In September 2011, the Standing Committee on Public Safety and National Security – a Canadian House of Commons committee – undertook a study of drugs and alcohol in prisons. Ten hearings were held as part of this study between September 29th and December 8th, 2011. Evidence was heard from representatives from numerous Canadian agencies including CSC, the Union of Canadian Correctional Officers (UCCO), the Canadian Association of Elizabeth Fry Societies, the John Howard Society of Canada, Prison Fellowship Canada, the Office of the Correctional Investigator (OCI), the Centre for Addiction and Mental Health, the Canadian HIV/AIDS Legal Network, and the Prisoners with HIV/AIDS Support Action Network. Various individuals who had worked in corrections or policing gave evidence at the hearings. Audio

²⁴ Correctional Service of Canada’s Research Summaries (Research at a Glance is no longer included): www.csc-scc.gc.ca/text/rsrch/smmrs/smmrs-eng.shtml

recordings and transcripts from the proceedings were available online.²⁵ Transcripts were examined because they contained discussion of relevant and timely issues regarding institutional management of substance use, including topics that were not covered in my interview protocol (e.g., how banned substances enter federal institutions). Transcripts contained testimony from senior administrators, including the Commissioner of CSC, and others who were employed by CSC at the time, individuals whose perspectives I would not have accessed because of the organisation's denial of my application to interview current personnel. A report with a list of recommendations resulted from the study (Standing Committee on Public Safety and National Security, 2012). I provide an in-depth look at the testimony and a basis for questioning the report's recommendations.

I used NVivo 9 qualitative software for all data storage, organisation, and coding. My thematic analysis was similar to approaches found in standard qualitative research guides (e.g., Corbin & Strauss, 2008) as it entailed close reading of all material and coding based on themes that emerged from the data. To extract relevant material across data sources, I searched documents for keywords related to drug interdiction efforts (e.g., “zero-tolerance”, “urinalysis”, “ion scan*”) and related issues (e.g., “violence”, “harm”). Five key themes emerged from my analysis of the data: 1) continued, creative efforts by offenders to bring in substances; 2) climate of tensions and violence; 3) switch to other substances; 4) health-related harms; and 5) culture of distrusting visitors. I analyse each of these themes in turn as unintended effects that result from enhanced drug interdiction inside federal prisons. I characterise these effects as unintended because they are described across data as negative, unpleasant, and/or destabilising to the correctional environment. Initially, I thought that “unexpected” would be an appropriate descriptor until it became apparent that these effects were sometimes expected or viewed as predictable outcomes from CSC's policies and procedures. When I started to understand the impacts further, I revisited the data for closer reading and coding of related themes. I then examined different framings of the issues that I thread through the five key themes – a dominant correctional (and organisationally acceptable), safety-reaffirming framing versus a framing that questions and challenges the drug interdiction status quo.

²⁵ Parliament of Canada website: www.parl.gc.ca

12 Major effects from enhanced interdiction

12.1 Continued and creative efforts by offenders to bring in substances

An oft-mentioned effect from enhanced interdiction strategies was that offenders have continued to develop new and creative ways of getting substances inside federal prisons. Current and former CSC personnel and external stakeholders explained that offenders have devised many adaptations to circumvent prison security. Testimony from several Standing Committee study speakers provided detail about smuggling methods that have been tried in and around federal institutions including offenders (re-)entering prisons with drugs hidden in body cavities, visitors passing contraband to offenders, and perimeter “throw-over” schemes involving drugs concealed in items as varied as tennis balls, arrows, and dead birds. Although there was general agreement that efforts to keep drugs out cannot completely outpace such innovation, the framing of these issues differed. The following provide examples of the dominant *correctional* framing:

Inmates themselves may try to smuggle drugs back inside when returning from temporary absences. We have also seen offenders purposefully seek suspension and return from remand after they were able to acquire drugs on the street[...]we also see drugs introduced by throw-overs and hidden in the vehicles that come on our grounds. We have also seen contraband stashed in produce entering our kitchen. Inmates are very innovative, but it is my job, and that of every member of Drumheller’s [*a medium-security institution*] staff, to stay on top of the problem and use all of the resources at our disposal to keep drugs out. (Security Intelligence Officer, Evidence, October 27, 2011)

They [*offenders*] are so creative[...]have all day to think about this stuff[...]They used to take tennis balls, slice them open, pack the drugs in[...]how do you track that, unless you got a camera on every fucking square inch of the institution?[...]We had drug smuggling in children’s diapers[...]that’s as low as it gets, right[...]It’s just a constant, constant struggle. We’re getting better at it. Sure, we’re doing things now where we’ve got two drug dogs at institutions. SIOs [*security intelligence officers*], we’re ramping that up. (Interview, former frontline staff #6)

These excerpts position offenders (and visitors, a group discussed in more detail below) as the major route for drugs coming into prisons. The “constant struggle” remark suggests an almost never-ending battle for prison authorities. Interdiction activities were regarded as appropriate “to stay on top of the problem” and the organisation is “getting better at” this response. This framing *reaffirms* the need for intensification of the security response (e.g., searches, drug dogs)

by positioning the offender as untrustworthy, positioning that is consistent with literature that documents how prisoners are often perceived by prison staff (e.g., Farkas, 1997; Page, 2011a).

An alternative framing is evident from the following:

It doesn't matter what they [CSC] put in place to stop people[...]until they figure out a way to address the demand for it [substances] or the craving for it, they're not going to be successful[...]inmates will always find a way to make it around these rules. Narcotics will never be eliminated from the institution; they may change over time based on what's being focused on[...]these guys are inventing their own stuff now. The anti-smoking or the patches that they were using at one point to help a person quit smoking[...]they started smuggling those into the institution for God's sake because all of a sudden that's a supply of nicotine. (Interview, former frontline staff #4)

Demand for drugs has always been present in prison. The reality is that in a prison setting, there are ever more ingenious and adaptive methods to smuggle, move, and conceal contraband. Short of completely banning all visits and all interaction with the outside world, and the imposition of extraordinarily intrusive workplace rules, the idea of a drug-free prison remains commendable in theory but highly improbable in reality. (Correctional Investigator, Evidence, October 6, 2011)

These comments repeat that, despite enforcement efforts, people continue to invent new ways of moving substances through prisons. However, instead of upholding the zero-tolerance goal and faith that it can be achieved by increasing interdiction measures, there is a framing here that *questions* the feasibility of that goal. These and other stakeholders considered approaches that reduce “demand” for substances, such as treatment, as better options than opting for stricter supply-reduction approaches.

12.2 Climate of tensions and violence

The relationship between drugs and violence is complex and different pathways to drug-related violence have been theorised, including Goldstein's (1985) well-known tripartite framework. According to Goldstein, drug-related violence includes: psychopharmacological violence that stems from the direct (e.g., stimulation) and indirect (e.g., withdrawal symptoms) effects of drugs; economic-compulsive violence that stems from the gaps between motivation to obtain drugs coupled with drug prices that some users cannot afford; and systemic violence associated with the conditions (e.g., gang activity) of the illicit drug market, where legal conflict resolution is unavailable. In their review of the literature, Parker and Auerhahn (1998) argued that empirical work based on Goldstein's model had not adequately explained the ways in which

violent incidents have been classified as one type or another, nor have studies examined the precise mechanisms by which violence is related to drugs. Parker and Auerhahn concluded that the research base has been fragmented and unable to establish clear linkages between illicit drugs and violent crime, though the association between alcohol and violence has been shown to be quite robust. The drugs-violence relationship, as situated in correctional settings, was a common theme in my data; and how the relationship is understood is especially important for justifying interventions that are promised to enhance safety.

CSC readily acknowledged violence within its institutions.

It is a well-known fact that in Canada, as well as in other jurisdictions, much of the violence that occurs within institutional walls is directly related to drugs. Instances of violence destabilize our institutions and put my great staff at risk. This instability also limits our ability to manage a complex and diverse offender population, which in turn limits our ability to effectively prepare offenders to be released into society as productive, law-abiding citizens. (Commissioner of CSC, Evidence, September 29, 2011)

This quote – from the organisation’s top authority – exemplifies the dominant correctional stance regarding drug-related violence in prisons and delivers a strong message about the need to control the violence to protect correctional staff and the wider public.

Keeping this safety messaging at the forefront, CSC has documented some nuances of the drugs-violence connection. As an example of the belief in the psychopharmacological pathway, when asked about the best strategies to reduce in-prison violence, a correctional officer who appeared as an individual told the Standing Committee: “Keep drugs and alcohol and all that out of the prisons. If people are not intoxicated[...]Their thinking capacity is a lot better. They make proper choices.” (Evidence, November 1, 2011) CSC reports that noted that intoxication is a problem – especially inside prisons and for offenders whose crimes were committed while under the influence – tended to add that available evidence has suggested stronger links between alcohol and violence compared to other drugs, and the drugs that people are typically caught having consumed in prison (e.g., marijuana, opiates) do not tend to invoke violent reactions (e.g., Brochu et al., 2001; MacPherson, 2004). Several study informants noted that certain drugs, like marijuana, can have a potentially desirable, calming effect on incarcerated offenders, including an interviewee who suggested that “if everyone in the institution was smoking marijuana I doubt it would be a very violent situation.” (former frontline staff #4) There is a potential contradiction here that future research should study. That is, it could be possible that within institutions,

despite hegemonic zero-tolerance policy, frontline staff are more concerned about eliminating offender substance use that is perceived as linked to violence (e.g., use of alcohol, stimulants) and less concerned about (and perhaps do not enforce deterrence and prevention as strongly in relation to) substance use that may reduce the risk of violent behaviour. This would be an interesting avenue to empirically explore regarding on-the-ground correctional culture or attitude change.

More frequently, I noticed that discussions of violence centred on the interplay between the in-prison drug trade and interdiction efforts. The framing that challenges enhanced drug interdiction often came through in these discussions. It was generally recognised that disruption to the prison drug supply leads to offender unrest. According to external stakeholders who adopted the more questioning frame, tensions and violence are unlikely to dissipate if CSC continues to build up interdiction measures, especially at the exclusion of other approaches.

What you will be doing is reducing the supply without necessarily reducing the demand, if you're only concentrating on the interdiction side, which will lead to perhaps greater inmate unrest and more violence in the prisons. So I think we need to be careful about how this is being approached. (Executive Director of John Howard Society of Canada, Evidence, October 4, 2011)

CSC tries to[...]by coming up with new means all the time, to look like they're cracking down, but of course, I mean, there's still drugs in the institutions. In fact, sometimes it makes it worse, all this enforcement. It just means that there is more and more violence associated with the drug trade in prison. (Interview, external stakeholder #7)

Again, not only are increased interdiction measures failing to keep all drugs out of prisons, but enforcement is *contributing* to the violence associated with the in-prison drug trade.

To enhance the reader's understanding of the issues, it is important to note that unrest is not just simply about lack of access to substances, as explained during the Standing Committee study and in an interview:

When we seize drugs, some inmates aren't happy about it. It isn't simply a matter of addiction; there's also the matter of trafficking. When they aren't happy, how do they react? They react by taking revenge on the staff. The connection isn't as automatic as that. It isn't because there are fewer drugs that there will be fewer incidents. The stricter we are and the more we fight this problem, the more unhappy they'll be, the less they will like it and the more they will try to resort to intimidation. These are criminal organizations. I can't make a correlation between seizing drugs with various tools and the decrease in violence. People aren't happy when there aren't any more drugs. They'll

try something else and they'll put pressure on the staff. (National President of UCCO, Evidence, September 29, 2011)

The quote above again shows a familiar dynamic of pitting offenders against correctional staff, whereby “criminal(s)” take revenge or apply pressure to staff when drugs are in short supply.

Because of the attention corrections is paying to the drug subculture right now anyone who's still involved in it is a potential target on any given day. So guys could find themselves taken out of population very quickly under suspicion that they're involved and if they just happen to get somebody who is involved and they end up in segregation, all of the transactions that were to take place with that guy have now defaulted. So all of a sudden this guy – yes, he was involved in the drug subculture – but now you've just made him a target because he's in seg [*segregation*]. He can't finish the deal. Wherever the drugs went, they're now gone, they've been flushed or they've been thrown out or whatever. The money that's been spent or changed hands or the goods that have changed hands [...] all of this stuff now is in a collection state where people have paid, haven't received their goods. They're upset. They're going to go after this guy when he gets back out unless he can make good on what the original deal was. (Interview, former frontline staff #4)

The above quote, while referring to offender-on-offender violence, shows how correctional discipline like segregation – which could be applied to disrupt the drug trade and to be punitive, at the same time – can also decrease prison safety. Across the data were statements that a substantial amount of violence observed within federal prisons is directly linked to the drug trade, characterised by organised or gang control tactics of intimidation and debts. Several interviewees, notably former correctional staff, explained how “vulnerable” offenders, including those with mental health issues, have been disproportionately affected by drug-trade violence; these offenders are sometimes pressured to smuggle in drugs and/or “muscle” for their prescribed pharmaceuticals when the in-prison illicit drug supply is disrupted.

Although interdiction and disciplinary measures should dissuade smuggling attempts, the in-prison market value of scarce substances is high and that means incentives are high. An example that surfaced many times and illustrates this point is CSC's total smoking ban. Implemented in 2008,²⁶ the smoking ban created a major underground economy. Prices of tobacco rose dramatically, with reports of pouches of tobacco worth hundreds of dollars inside prisons. This

²⁶ Public Safety Canada news release: www.securitepublique.gc.ca/media/nr/2008/nr20080505-1-eng.aspx

high value increased the incentive to smuggle in a substance that is readily available and widely consumed in the community, making it less risky than illicit drugs.

[I]f you're caught with tobacco outside that's fine and if you're caught pushing it through the inside as a guard or as an employee that might get you fired, but it's unlikely to get you prosecuted[...]yeah, there are subtle changes in what goes on[...]the ban of tobacco caused a lot of tension in the system, but it's now available on a limited scale because of the black market. The drug business in the prisons is a nasty business because people sell drugs, people get into debt. Getting into debt in prison, particularly in the maximum security prisons, is a very dangerous thing to have happen to you. So there's lots of tensions around the whole drug business and the less drugs there is, the higher the tensions. (Interview, external stakeholder #4)

Thus, the trade of a licit substance, now contraband inside prisons, has become part of the in-prison drug trade and associated with tensions and violence. During the Standing Committee study, questions were raised about whether reintroducing tobacco into institutions would lessen tensions by reducing its currency value. The official correctional perspective, espoused by the Commissioner, was that enforcement should remain in place.

[A]s a result of our implementing a tobacco ban within our federal penitentiaries, tobacco has taken on a much higher value within our penitentiaries[...]We now have a few staff who are being enticed by offers of money to bring tobacco into our institutions[...]We're finding that individuals are being offered – not just staff, but family members, other people in the community – anywhere from \$200 to \$2,000 to bring in a pouch of tobacco[...]So people are being enticed. They think the worst they're going to get is a slap on the hand. It's just a little bit of money. Who's going to know the difference? Unfortunately, for us it's a slippery slope – people get hooked by bringing tobacco into the institutions. The next thing is that within the package there are a couple of pills, a few containers of hash oil. But don't worry: it's just one package of tobacco and one package of drugs. But the next thing you know, we have violent incidents. (Commissioner of CSC, Evidence, September 29, 2011)

Framing the tobacco trade as “a slippery slope” to trading in other, illicit drugs and making the connection to the violence associated with the drug trade again supports a vigilant stance on the importance of interdiction.

Also of note from the Commissioner's message in this instance is an uncommon acknowledgement from CSC – the role that staff plays in bringing substances into institutions. The Commissioner maintained during his testimony that very few staff members have been dismissed for such activity. In the 2006 audit of CSC's drug interdiction measures were a number of redacted lines under a section on searching staff. The document suggested that while

“staff being compromised” represents an ongoing problem, “it is important that CSC utilizes available searching techniques on staff members including the drug interdiction tools” (CSC, 2006, p. 13). The audit team sought from National Headquarters data on staff introducing drugs into prisons, but did not receive information and were advised that “this is a rare and irregular occurrence” (CSC, 2006, p. 13). It was notable how little attention this issue received overall in the testimony and CSC documents, though perhaps this is unsurprising. Silence around the role of staff is congruent with primary risk management aimed at *offenders* and drug interdiction measures that together represent a concrete response justifiable on the basis of safety and security. How to deal with “enticed” or “compromised” correctional staff summons new issues and, potentially, more unmanageable elements; taking on this issue would involve confronting deviant staff behaviour and possibly, at a deeper and more problematic level for the organisation, cultural *acceptance* of deviant staff behaviours and reciprocal staff-offender relationships. These are challenging risks to manage, embedded within the daily operational life of the institutions, similar to Vaughan’s (1999) discussion of “routine nonconformity”. According to Vaughan, routine nonconformity is influenced by aspects of the organisational environment, organisational characteristics (including formal policy), and the cognition of the actors involved. One type of nonconformity is, most apt here, misconduct which can have unanticipated and even harmful effects. Exposure of staff involved in the prison drug trade (or, worse, “normative support” for staff wrongdoing – see again Vaughan) could also pose a threat beyond institutional safety and stability – it could threaten the organisation’s reputation, ultimately leading to scandal (see Power, 2004, 2007). Considering the sensitivity of the topic, I refrained from asking interview questions about staff involvement in the prison drug trade. Nonetheless, a few interviewees mentioned that staff involvement has been an issue that does not get talked about by corrections and, by not getting talked about, remains an area that is not adequately tackled by enforcement. Overall, unpacking the tensions-and-violence effect from enhanced drug interdiction reveals key differences in how the problem of in-prison substance use is framed. New issues that involve correctional cultures (i.e., staff perceptions of intolerable versus permissible substance use, staff involvement in the prison drug trade) would be worthy of study, but are silenced by the dominant correctional framing of in-prison substance abuse.

12.3 Switch to other substances

Several stakeholders explained that when the supply of drugs entering prisons is interrupted some offenders use other substances – ranging from jail-made alcohol or “brew” to diverted pharmaceuticals to other illicit drugs – that are readily available in the interim. In addition, some spoke about an unintended effect of increased use of urinalysis and the associated policy of random testing – offenders switching from their preferred substances to “harder” or more harmful drugs, including cocaine and injectable opiates. External stakeholders, in interviews and during the Standing Committee study, discussed this effect while applying the frame that questions enhanced drug interdiction.

They [CSC] introduced a policy of random urine testing which meant they could fish a guy out of the yard, make him pass a urine specimen, and then analyse it for drugs. And this had a very[...]interesting effect because what it meant was if you were a smoker of marijuana, your urine would be contaminated for up to two weeks after you had used. Whereas if you used cocaine or morphine it was gone within twenty-four hours, max. In fact, cocaine’s rather quicker. And one of the interesting things[...]from ’94 to ’98[...]twelve percent of the inmates had injected drugs. By 1998 that figure had risen to twenty-four percent or twenty-five percent, it had doubled. And my impression was – and it was supported by talking to a lot of inmates – that guys who had been happily smoking marijuana[...]had to shift because it simply wasn’t safe, the risk of getting picked up on a random urinalysis was too high and so they would either stop or switch to harder drugs. (Interview, external stakeholder #4)

This example is interesting in light of the earlier mention about the associations between certain drugs and violence. If random urinalysis were leading some offenders to use drugs more likely to produce aggressive behaviours than, say, marijuana, this would clearly be an unfavourable and unanticipated outcome that goes against the goal of maintaining institutional security.

Coming from the dominant correctional perspective, CSC challenged the existence of this effect by asserting that random urine testing has been an important detection tool and deterrent for offenders, plus a key indicator of success of the organisation’s interdiction measures: “One of the positive outcomes that indicates to me that we’re having an impact is that we’ve seen an improvement in our urinalysis results; there are fewer positives and substantially fewer refusals.” (Acting Assistant Deputy Commissioner, Corporate Services, Ontario, CSC, Evidence, October 6, 2011) The Commissioner was questioned during the Standing Committee study about the decline in positive urine tests on the basis that the percentage decreases he cited were the result of removing prescription drugs from test result statistics. The Commissioner was adamant that

the decline in positive tests represents movement in the “right direction” due to effective interdiction.

Consistent with the correctional position were CSC articles and reports that acknowledged, for example, a “belief that offenders ‘switch’ their drug of choice to avoid detection” yet added “the data does not support this idea” (MacPherson, 2004, p. 26). CSC reports cited positive-test rates for tetrahydrocannabinol (THC), the active ingredient in cannabis, as evidence to challenge this “belief” associated with “inmates and outside groups”.

Evidence of changing use patterns would be found if there was an increase in the percentage of samples testing positive for opiates or cocaine over the testing period, accompanied by a decrease in the percentage of samples testing positive for THC. However, there was no increase in the percentage of samples testing positive for opiates or cocaine since 1996, while a slight increase in the percentage of samples testing positive for THC was found. (MacPherson, 2001, p. 56)

While some inmates and outside groups suggest that the urinalysis program has driven inmates from soft drugs to harder drugs, this has not been evidenced in the random testing results where 49% of the positive tests continue to demonstrate THC use. (McVie, 2001, p. 8)

CSC material that dismissed the claim that some offenders switch to harder drugs when subject to the urinalysis program also noted other challenges with urinalysis including limitations associated with interpretation of positive and negative tests (MacPherson, 2004). Difficulties of interpretation arise when a positive test result might be due to legitimate, prescription drug use (MacPherson & Fraser, 2006).

During the Standing Committee Study, a few commented that once an offender has a positive test, even in instances when the result may be caused by prescribed medications, it is often legally difficult for the offender to challenge the test result. Several interviewees mentioned how testing positive for drugs leads to a punitive, rather than a rehabilitative, response.

[I]f an inmate tests positive[...]he may lose his visits, he may lose his work, he may lose, you know, all of those consequences, but he may not be put into programming to address his area of need. So to me that’s certainly a gap[...]It’s being addressed in a more punitive manner which is not helpful long term. (Interview, former frontline staff #5)

It was mentioned in other testimony and during interviews that the rate of positive tests has remained stable over recent years, as a way of casting doubt on the effectiveness of the random urinalysis program.

This unintended effect associated with detecting drug consumption obviously remains an area of controversy. From an organisational risk management perspective, this purported effect demonstrates the importance of data interpretation. Urine testing is a technological tool of detecting a risk (i.e., drug use) that needs to be monitored and test-result statistics are a way of reporting and monitoring the risk, but these seem embedded in organisational rituals of defining and removing errors (Vaughan, 2005). It is important to consider this example because it should be part of an evaluation of CSC's drug interdiction response – and positive test results are “misses” in terms of effective drug interdiction (i.e., total elimination of drug use has not been achieved). However, CSC authorities reinterpret the data, focusing on the (apparently debatable) decreases in positive tests and calling this evidence of effective drug interdiction. This is a key organisational strategy that once again justifies enhancing use of an enforcement tool.

12.4 Health-related harms

Injection drug use can lead to numerous health problems including abscesses, vein damage, and transmission of blood-borne pathogens like HIV and hepatitis C when injection equipment is shared or reused, and the risks of these harms are amplified when people who use drugs do not have access to sterile equipment (Strike et al., 2013). Health-related harms associated with injection drug use and other drug consumption inside prisons are well-documented in the public health literature (Jürgens, 2006; Lines, Jürgens, Betteridge, & Stöver, 2005; World Health Organization, 2005). A number of Standing Committee speakers and interviewees contributed insight into how strict enforcement measures, coupled with lack of harm reduction services, contribute to these harms.

One of the things the guards are always proud about is, ‘We did a cell search last night and we found two syringes’ and that always gives me a bad feeling because you may only have three or four syringes on a range and if you take two of them away what you do is you double the usage of the others which are being shared[...]so you actually heighten the risk of transmission by confiscating syringes[...]there’s a lot of problems around the availability of injection equipment which is usually either an insulin syringe which has been stolen from somewhere or they actually make their own syringes out of ballpoint

pens and odd things and these are horrible implements. (Interview, external stakeholder #4)

Some external stakeholders suggested that PNSPs – established in varying formats in prisons in other countries (Lines et al., 2005, 2006) – should be implemented within Canadian federal institutions. It is important to highlight that the underlying framing here comes from a public health/harm reduction-informed perspective (outlined further in chapter 3) that positions the risks as health risks. A very different correctional framing regarding prison-based needle distribution emerged, where the greater risks of concern were in relation to institutional security and, in terms of health risks, where staff health was prioritised over offender health.

During the Standing Committee study, the Correctional Investigator addressed a common concern about needles that has often been raised by corrections. He tried to position PNSPs as a way of protecting health *and* as potential enhancement to staff safety.

On safety, I've spent a lot of my adult life going in and out of prisons and jails in Canada and other places, and I can tell you that what correctional officers and other staff tell me they're more concerned about is not the presence or absence of needles, particularly when there's a needle exchange. What they're worried about is the random placement of secreted needles when they're doing searches. In fact, European studies have indicated that institutions are more safe with needle exchange and less safe without needle exchange, just for that reason. It's easier to hurt yourself accidentally coming across a secreted needle than you are in a situation where it's in an identified place. (Correctional Investigator, Evidence, December 6, 2011)

In stark contrast to the above, the dominant correctional framing strongly dismissed the idea of implementing PNSPs by countering that any needles in the hands of offenders would present uncontrollable safety problems.

The idea of providing needles within prison makes no sense at all. Invariably what will happen is that the needles will be misused. They'll be used as weapons. Large numbers of needles will go missing. It will just create havoc; it will just create security problems within the facility[...]it would be a failure to try to introduce something like that into our prisons. (Former correctional officer, appeared as an individual, Evidence, October 6, 2011)

In addition, it was evident from those who provided the dominant correctional perspective that safer drug use measures like PNSPs directly contradict the goal of drug-free prisons. Adherence to this goal automatically restricts any discussion of the possibility of alternative measures like

harm reduction. (I take up this discussion, namely the political barriers and aligned operational concerns, in detail in chapter 3).

CSC has acknowledged that injection drug use has been an issue within its institutions and has reported that self-reported rates of HIV and hepatitis C infection are approximately 15 and 39 times higher among offenders compared to the general population, respectively (e.g., Zakaria, Thompson, Jarvis, & Borgatta, 2010). What the organisation has not acknowledged in the same manner as external stakeholders is that enhancing efforts to keep drugs out of prisons contribute to risk behaviours (e.g., needle sharing and reuse) that endanger offender health and safety. Again, this is where there is a significant gap in the framing of the relevant issues. As an example, in a report about a survey of offender risk behaviours it was indicated that there was a lower prevalence of injecting for both male and female offenders in prison compared to the community (Zakaria et al., 2010) – an unsurprising finding due to lack of drug availability and greater surveillance in prison. Troubling from a public health perspective, the report also stated that those who injected in prison did not necessarily inject during their previous six months in the community and men did not exhibit consistent declines in their needle-sharing practices (i.e., use of a needle after someone else used it) in prison. For offenders who reported injecting in the community and in prison, approximately 50% of sharing behaviour in prison “appeared to be specific to the prison environment” (Zakaria et al., 2010, p. 20). This report briefly suggested that reduced access to needles plays a role in needle-sharing behaviours, but did not discuss other measures alternative to the dominant enforcement strategy. This is another unique way that the dominant correctional framing produces an unintended effect (i.e., health-related harms), by closing off organisational willingness to explore or pilot a public health program for offenders.

This effect also illustrates corrections positioning offenders against staff; while health, safety, and security are important for *all* inside institutions, needles were perceived by correctional authorities, first and foremost, as posing intolerable risks to staff. Offenders were once again viewed as untrustworthy, deemed likely to misuse harm reduction equipment and, ultimately, engage in violence. Other examples of how zero-tolerance policy interferes with offenders’ ability to reduce health-related harms that were mentioned by a few interviewees included CSC discontinuing an external agency’s harm reduction magazine for prisoners that contained information on safer injecting and tattooing practices, and security personnel disrupting access to bleach which some offenders use to clean injecting equipment.

12.5 Culture of distrusting visitors

According to Standing Committee study speakers and interviewees, enhanced security measures at entrances including ion scanner machines, dog detector dogs, and physical searches (including the use of strip searches) have increasingly deterred visitors from coming to federal institutions. Those who adopted the more questioning frame tended to say that search and detection procedures can be invasive and stigmatising experiences for people trying to visit friends or relatives in prison. It was noted that visitors, like offenders, have been treated by corrections with suspicion and distrust.

With the men's prisons the intimidation factor of having to move through a prison system in itself is going to be a bit debilitating. It's a frightening place with lots of people and strange gates and various things. So adding other interdiction requirements could be a negative factor for visitors[...]the X-ray machines and various things that we're all used to[...]we expect them in the airport or whatever. But anything that is more intrusive, especially for children or young women, could be a bit of a deterrent. (Chief Executive Officer of Prison Fellowship Canada, Evidence, October 4, 2011)

They're [CSC is] approaching people with the assumption that they're lugging drugs[...]they don't actually determine that you have drugs on you, they just, that you had some kind of contact with them and on that basis you're being prohibited from going into the institution, not because you're likely to be trading in drugs, but for some more nefarious notion that if you had contact with drugs in some way that you somehow don't deserve to visit your family. So you've got this[...]tyrannical system of using machines that aren't qualified in the sense of demonstrating their reliance in the field[...]If you have a spouse that's consistently setting off this machine[...]to the point where they don't visit anymore because they realise that with this happening they are really shooting down their husband or boyfriend's chances of ever being released on parole. Serious consequences[...]when you're doing life. (Interview, external stakeholder #7)

Part of the embarrassment and stigma for visitors stems from a technical problem inherent with the ion scanners and drug dogs – false positives. Those concerned about the assumptions security staff make regarding visitors explained that a positive result from an ion scan or dog does not necessarily mean that someone is carrying drugs or has any intention to bring drugs into the prison; the positive hit could simply mean that the person had some sort of physical contact with drugs, which could be for many reasons, prior to the visit. In addition, ion scanners can be triggered by prescribed, licit substances, not just illicit drugs, and the dogs are not infallible either, as the accuracy for finding drugs varies from dog to dog (see also Jackson & Stewart, 2009). CSC's audit of drug interdiction measures noted that inconsistent practices with the ion scanners (e.g., failure to clean the sample area before a swipe, not having the correct cleaning

supplies, gloves not worn by operators) were found and can lead to undetected drugs entering prison or visitors denied entry based on inaccurate information.

Brief CSC research reports on enforcement evaluation indicated that the organisation was aware of potential limitations and a general lack of evidence behind effective use of drug dogs and ion scanners. For example, in a short review about drug dogs it was noted that there is a “lack of empirically-based information about the effectiveness of drug detection dogs within correctional facilities” (Cheverie & Johnson, 2011). In a similarly brief review on use of ion scanners, it was concluded that:

IMS [*ion mobility spectrometry*] units are useful in detecting most drugs. However, these devices are often oversensitive and are limited in their ability to detect certain forms of drugs. Additional research is needed to address gaps in our knowledge such as determining the impact of IMS units on inmate drug use and institutional behaviour, drug smuggling by inmates, staff and visitors[...]additional well-controlled research is needed to support the limited research currently available on the reliability of IMS devices within a correctional context. (Johnson & Dastouri, 2011)

A few interviewees stated that evidence of the effectiveness of ion scanners and drug dogs has been largely anecdotal and that CSC has not adequately demonstrated the accuracy of these measures in the field. These interviewees explained that despite the limitations with these technologies, security staff sometimes automatically treat positives as reason enough to deny visitation. Again, there is a framing that positions visitors as a risky route for substance-smuggling efforts – even when the evidence is limited – and this is seen as requiring cautious management in the service of institutional safety and security.

Issues of fairness and legitimacy were highlighted in relation to turning away many visitors on suspicion of carrying drugs. A few interviewees added that these practices vary from institution to institution, sometimes conducted with or without follow-up protocol: “They’re [*security staff*] just going straight to passing Go and collecting two-hundred dollars[...]not following the entire process” (Interview, former frontline staff #4). In CSC’s audit of its drug interdiction measures, lack of consistent policy in the past was noted; that is, the OCI’s 2003-2004 annual report recommended that CSC establish policy for procedural guidance and “to ensure visitors would not be turned away from institutions based solely on a positive hit” (CSC, 2006, p. 1). The Threat Risk Assessment (TRA) process should involve thorough, formal risk assessment and decision-making related to positive hits from ion scanners and drug dogs. The audit reported a

number of areas of non-compliance with this policy including inconsistencies in conducting interviews, recording decisions, and completing forms and letters for offenders and visitors. One institution that was visited as part of the audit had at the time “not been completing the TRA process at all” (CSC, 2006, p. 14). Among interviewees and Standing Committee speakers who raised these issues, some noted that offender or visitor complaints may get filed and/or security staff will later realise that an assessment error was made, but by that time it is usually too late to reinstate a visit and, regardless, the experience for the visitor was unpleasant. Visitation status can also be affected long term.

As alluded to in one of the excerpts above, linkages were made to wider consequences, particularly the prospects of offender rehabilitation and reintegration. Denial of visits from friends, family, or volunteers can interfere with offenders’ emotional and social connections, bonds cited as important for offender well-being and motivation to engage in correctional programs, including substance abuse treatment. Increased denial of visitors essentially cuts offenders’ ties to the community and potentially makes later reintegration more difficult, especially for those serving lengthy sentences. Further, offenders face administrative consequences under the Drug Strategy if prison authorities think that they are connected to visitors trying to smuggle in drugs. Consequences such as changes to an offender’s security status can disrupt parole eligibility and actually lengthen the period spent in custody, another setback in terms of community reintegration. In summary, the perspective that challenges the evidence behind two of CSC’s main drug detection tools (i.e., drug dogs and ion scanners) connects concrete problems in practice (like false positives) to major consequences for both offenders (e.g., severed connections to the community, parole eligibility disruption) and visitors (e.g., embarrassment and stigma). Similar extension of the “pains of imprisonment” to friends and family who come to visit incarcerated offenders has been examined in the literature as well (Comfort, 2003).

In contrast, the dominant correctional framing unapologetically positions visitors as a central conduit for contraband entering institutions. A former correctional officer appearing as an individual testified, “They [*visitors*] mule in their drugs, if you will” (Evidence, October 6, 2011). With this focus on untrustworthy visitors, attention is deflected away from other mechanisms of drug entry such as, discussed earlier, staff involvement. Visitors are regarded as requiring careful screening, but the same level of caution does not appear to extend to staff;

although where it might extend, the discussion has been muted or, looking again at where text has been redacted in CSC's (2006) audit report, perhaps partially erased.

When fewer visitors attend or turn back at entrances, according to the correctional perspective these are signs that interdiction efforts are *working*.

Inmate visitors are a well-known means of introducing drugs. We have had numerous seizures as a result of our drug dogs. I have witnessed drivers of vehicles coming for a visit turn away as soon as they see the dog handler's vehicle parked at our entrance. I have listened to phone calls to inmates who are asked if they think the drug dog will be there. This program has proven itself not only effective in interdiction but also at deterrence. (Security Intelligence Officer, Evidence, October 27, 2011)

Like the technical controversies regarding urinalysis, drug dogs, and ion scanners, there is room for alternative interpretation here. The dominant correctional framing clearly accepts the interpretation that favours the organisation's enhanced response – instances of visitors seen turning away were viewed as evidence of effective drug interdiction and deterrence. However, it was also noted during the Standing Committee study that a minority (around 20%) of drug seizures occurred in visiting areas, again indicating that there are other points of entry. According to CSC, although enhanced interdiction keeps some visitors away, many offenders continue to receive visits and there was some mention of this in reports (e.g., Grant, Varis, & Lefebvre, 2005).

Corrections positioned visitors as not only threats but as *victims* of the in-prison drug trade. CSC personnel pointed out that some visitors, particularly women and children, are especially vulnerable; they are sometimes contacted by offenders or associates and told that their loved ones have been threatened and/or will suffer consequences if they cannot, for example, secure a drug deal or pay off a debt.

I have seen mothers come to visit their children[...]and they were forced to try and smuggle drugs in to help their sons. In one instance, a lady called the institution completely devastated. We tried to make her understand that we had to protect her son too. We warned her that she might well come and try to bring drugs in, but that it wouldn't work and she would be arrested. There are consequences for everything. Sometimes people wonder what the consequences are for visitors, but we also have to determine what the consequences are for inmates who put pressure on their families and friends to bring them drugs. (National President of UCCO, Evidence, September 29, 2011)

CSC's video for visitors, *Don't Risk It! Keeping Drugs Out*²⁷ employs the same narrative and shows a fictional depiction of what happens to a woman, who comes to an institution with her young daughter, when she is caught with drugs. The video offers advice to visitors about what they can do (including a hotline to call) if they or someone they know is being pressured to smuggle drugs, and includes a dramatic message near the end: "It's a very steep price for 'just a few pills'. It's your choice. A choice that will affect the rest of your life." At first, the victim-making of visitors seems to contradict positioning them as threats; however, the messaging in this video emphasises that tempted visitors have a serious "choice" to make and, in that sense, reproduces them as potential risks to institutional security.

During the Standing Committee study, the Commissioner spoke of upgrades to other equipment at entrances, such as X-ray machines and metal detectors, and expansion of new technologies (e.g., contraband cell phone detection and cell phone-jamming technology, and even a body orifice scanning system).

Furthermore, we are continuing to upgrade visit and correspondence areas with newer devices that assist in detecting drug transfers. We are also upgrading wooden tables to glass-top tables, which make it easier for my staff to detect drug hand-offs between visitors and inmates. (Evidence, December 1, 2011)

These technological upgrades will surely continue to reinforce zero-tolerance policy; they are designed for the purpose of detecting drugs and weapons, and disrupting potential drug deals. Given the preceding discussion, there is reason to speculate that such upgrades will come with new issues in organisational practice and interpretation, including the challenge of how to deal with visitors who may "set off" the newer equipment.

Through an organisational lens, visitor searching and screening illustrate the now familiar interplay between technologies of control and interpretation of anomalies (Vaughan, 1996, 2005). In her in-depth study of the Space Shuttle Program, Vaughan documented how NASA acknowledged, early on, uncertainties with the shuttle technology and dealt with ongoing internal controversies regarding how to resolve technical issues. NASA's Acceptable Risk Process, a principal guideline in technical decision-making, along with other standardised rules and

²⁷ Link to the video: www.csc-scc.gc.ca/vids/hm/drugs-eng.shtml

procedures were continuously consulted to reduce uncertainty and increase consensus about risks, and Vaughan explored how such processes were reinforced by conditions within the organisation (e.g., cultural understandings of risk, secrecy). Considering the framing of visitors and CSC's commitment to reduce in-prison drug use, restricting access as much as possible, even when doing so may be non-compliant with official policy/procedure, becomes an organisationally sensible approach and one that easily filters down to the level of institutional security staff. This approach has had negative impacts on offenders and visitors, but its value to the organisation lies in upholding (even just symbolically) the goal of safer, secure prisons – this has been the goal throughout.

13 Rethinking recommendations

Enhanced drug interdiction measures are designed to eradicate in-prison substance use and discipline offenders and visitors who violate the rules. My analysis demonstrates five major effects – predictable given zero-tolerance policy design, but unintentionally detrimental, nonetheless – these enhanced measures have had within Canadian federal prisons. I have threaded through this analysis two key framings or narratives: a dominant correctional perspective that reframes the effects in ways that reaffirm strict enforcement to maintain institutional safety and security; and a narrative that questions and challenges enhanced drug interdiction by laying out health, safety, and social impacts for offenders and visitors. My analysis of the Standing Committee study testimony, along with the CSC documents and confidential interviews, provides a story that is quite different than the conclusions contained in the official report that was produced by the Committee, *Drugs and alcohol in federal penitentiaries: An alarming problem* (2012). I contribute unique insights into how the report was shaped and argue that perspectives that favour the dominant correctional framing were selected for developing policy and procedure recommendations. I do not intend to revise or produce new recommendations for CSC; instead, I raise a few critical points about the Standing Committee's recommendations in light of my findings.

The report recognises that offender substance abuse “is complex, multi-dimensional and difficult to resolve” (p. 3) and – obviously drawing on testimony that was also of interest in my analysis – points to some of the same effects that occur when the supply of substances inside prisons is interrupted (i.e., offenders resort to other means to get substances, health-related harms, and

visitor deterrence). The report highlights that the in-prison drug trade is characterised by violence that stems from gang involvement and related pressures. It also examines topics beyond the scope of this chapter including the challenges of working with offenders who have concurrent mental health issues, substance abuse among special populations (women and Aboriginal groups), and CSC's range of substance abuse programming offered within institutions and extended to community supervision.²⁸ Despite recognition of limitations and ongoing challenges with enforcement, a number of the report's recommendations centre on interdiction and sound optimistic about what this approach can achieve, most plainly laid out with the ninth recommendation: "That the Government maintain its commitment to establish drug-free prisons" (p. 29). Other recommendations advise CSC to continue to investigate novel technology (i.e., cell phone jamming) and implement new security and interdiction measures, and for the Government to continue its "good work" in providing frontline correctional staff with tools they need and to "investigate whether legislative amendments are required with respect to existing disciplinary measures, criminal penalties, and/or the scope of correctional officers' law enforcement authority" (p. 20) to help reduce the presence of drugs and alcohol in prisons. Another recommendation lauds CSC's "substantial progress" as a result of implementing "strong interdiction measures and effective programming" (p. 29). Overall, the report is closely aligned with CSC's priority, as set out in its Transformation Agenda, to eliminate drugs from federal institutions.

My analysis shows that there is considerably more disagreement about the effectiveness of drug interdiction than what is summarised in the report. Although the report notes that witnesses had "very different positions on the policy and the measures taken by CSC", the next sentence claims "the majority of the witnesses agreed that this objective [*CSC's zero-tolerance policy*] is imperative in the circumstances because half measures would do even greater harm" (p. 27). I referred to the dominant correctional framing of the issues as such because this framing runs throughout CSC reports and was likely to be espoused by people currently employed by the organisation, frontline staff and senior management (including the Commissioner). What I call the more critical or questioning framing seemed more likely to come from external stakeholders

²⁸ The Standing Committee study discussed at length the substance abuse programming component of CSC's drug strategy and associated challenges (e.g., time to assessment, long waiting lists for programs, engaging offenders in their correctional plans, and significantly less money spent on programs compared to interdiction).

and former employees, represented by some speakers in the Standing Committee study and in my interviews. A key feature of the correctional framing is that blame for drugs coming into institutions and associated problems falls almost exclusively on offenders and visitors; these individuals represent primary sources of risk to be managed by CSC and enforcement should deter them from engaging in problematic behaviours. Further, the organisation is positioned as doing all that it can to “combat” the drug problem. In contrast, the critical framing is more attuned to viewing drug-related problems as exacerbated by CSC’s enhanced interdiction response and open to investigating alternative approaches.

Returning to scholarly work on organisations raises additional linkages and questions worthy of future study. The Standing Committee report is reminiscent of “fantasy documents” which have been described as responses to accidents that aim to reinstate confidence in an organisation (Clarke, 1999). Referring to internal control documents as fantasy documents, Power (2004) stated that these “project comforting images of controlling the uncontrollable” (p. 50). Reading the Standing Committee report on its own, in the absence of other information, one would likely have the impression that CSC is effectively addressing substance use among its offender population, albeit confronting numerous challenges. In their classic “myth and ceremony” paper, Meyer and Rowan (1977) critique the notion that organisations must follow an efficiency structure and argue that the formal structures of many modern organisations “dramatically reflect the myths of their institutional environments instead of the demands of their work activities” (p. 341). “Isomorphism” with environmental institutions helps organisations survive; that is, organisations that follow prevailing institutionalised rules and myths are likely to be seen, internally and externally, as legitimate, which helps maintain relationships and increase resources. Organisations may “fail when they deviate from the prescriptions of institutionalizing myths” (Meyer & Rowan, 1977, pp. 352-353). Hence, it is risky for organisations to innovate or move away from accepted cultural structures. However, Meyer and Rowan explain that adherence to general rules of the institutional environment may at times, especially in more specific or technical circumstances, be at odds with organisational efficiency, creating conflict and unanticipated adverse events. As protection, institutionalised organisations seek to minimise both internal and external evaluations that could reveal problems and undermine their legitimacy. Certain known adverse events may even be organisationally tolerable if they do not disrupt the status quo or threaten the organisation’s reputation (see also Power, 2004, 2007).

We may view CSC as an institutionalised organisation, a public federal agency that must broadly conform to the federal government's politics. How specific organisational actors come to adopt cultural understandings and how culture affects behaviour are not clearly understood (DiMaggio, 1997; Vaughan, 1999). Why do some frontline staff, for example, who regularly observe the continued flow of drugs into prisons adopt only one framing of the problem over another? Specific questions like this are fruitful so that future study can unpack tensions between different actors within this or other hierarchically-organised correctional systems. Future researchers may also wish to explore local penal cultures (see Hannah-Moffat & Lynch, 2012), perhaps at the level of provincial/territorial variation or institutional variation, and how they contribute to substance abuse policy and practice (in)consistencies.

There are significant negative and destabilising impacts associated with substance use within prisons. CSC has a diverse offender population to manage in keeping with its mission to enhance public safety. Enhanced drug enforcement strategies represent an important tool in these endeavours, but these strategies are having serious unintended effects. Uncovering and articulating competing framings of these effects assists us in understanding why the correctional system strongly persists in its objective to eliminate drugs from all of its prisons. Studying the correctional system as a complex risk-managing organisation reveals further insights regarding how embedded organisational rituals and culture may or may not change given "suboptimal outcomes" (Vaughan, 1999). Broader politics are likely at work too – for example, precluding conversations about staff involvement in the prison drug trade. A major issue going forward is whether CSC will embrace alternative approaches to managing substance use in prisons.

Chapter 4

The Politics of Harm Reduction in Canadian Federal Prisons

When considering harm reduction for the prison context, it is easy to envision a stark mismatch of logics. According to harm reduction proponents, reducing the health, social, legal, and economic harm from substance use does not require abstinence or reduction in use and supply per se (Erickson, Riley, Cheung, & O'Hare, 1997; International Harm Reduction Association, 2010; Lenton & Single, 1998), but this principle immediately clashes with zero-tolerance policies. Harm reduction proponents recommend a continuum of policies and programs that address substance use and that are grounded in respect for people who use substances. These features are difficult to reconcile with coercive, punitive responses such as incarceration for drug-related offences. Despite these fundamental tensions, some international jurisdictions (e.g., Switzerland, Germany) have responded to documented presence of drugs in prisons by implementing prison-based harm reduction services, such as prison needle and syringe programs (PNSPs; Lines et al., 2006). The literature on PNSPs has been largely evaluative and has reported benefits such as reduced needle sharing and other risk behaviours (e.g., Dolan, Rutter, & Wodak, 2003; Lines, Jürgens, Betteridge, & Stöver, 2005; Stöver & Nelles, 2003). At the time of writing, Canada's federal prison agency, the Correctional Service of Canada (CSC), had not implemented PNSPs. While the literature has also drawn attention to barriers to in-prison harm reduction, including correctional staff resistance, an in-depth empirical account of the political barriers is lacking. In this chapter, I provide such an account based on analysis of interview data, CSC documents, and transcripts from relevant public hearings. I will show that four interrelated issues are important for understanding the politics involved: a narrower definition of harm reduction in corrections; Conservative federal government with a tough-on-crime agenda; strong union opposition; and stakeholder perceptions of ongoing political constraints in the near future. My examination of these issues confirms what many commentators and stakeholders in the harm reduction field already know – that political decisions can easily override evidence. I extend this knowledge by showing that political and operational logics mesh or work together, not only keeping harm reduction programs out of prisons but potentially reconfiguring the possibilities of harm reduction that is allowed in prisons.

As background, there are publicly obvious organisational and political components to how CSC responds to substance abuse, a response focused on drug interdiction. CSC manages the custody and reintegration of offenders sentenced to two years or more and operates 57 institutions.²⁹ The organisation's National Drug Strategy, Commissioner's Directive 585, central policy objective states that CSC "will not tolerate drug or alcohol use or the trafficking of drugs in federal institutions. A safe, drug-free institutional environment is a fundamental condition for the success of the reintegration of inmates into society as law-abiding citizens."³⁰ In 2007, CSC adopted a Transformation Agenda in its key goals and performance criteria that included, among other priorities, strengthening approaches for "eliminating drugs from prison" (CSC Review Panel, 2007). In 2008, that priority was granted over \$120 million in funding over five years for enhancing CSC's drug detection and enforcement capabilities through varied strategies and technologies such as security intelligence personnel, ion scanner machines, and drug detector dogs (Office of the Correctional Investigator, 2012). This well-funded priority aligned with federal drug policy; in 2007, *Canada's Drug Strategy* was replaced by the *National Anti-Drug Strategy*.³¹ Launched by the Conservative-led government, the newer federal strategy retained the pillars of prevention, treatment, and enforcement, but omitted harm reduction.³² This scheme is also reflected in federal drug policy, with enforcement netting the greatest share of funding (DeBeck, Wood, Montaner, & Kerr, 2009). Meanwhile, CSC is one of four agencies mandated to carry out the Federal Initiative to Address HIV/AIDS in Canada.³³ CSC has acknowledged HIV and hepatitis C (HCV) incidence and prevalence rates that are substantially higher in prisons compared to the general population, and has reported offender risk behaviours (e.g., needle sharing and reuse) inside its prisons (Zakaria, Thompson, Jarvis, & Borgatta, 2010). This situation is not unique to Canada, but similarly reported for prisons in other developed nations (Jürgens, 2006; Macalino et al., 2004; Peate, 2011). Within this context, researchers and commentators have drawn attention to the limited harm reduction services offered in CSC's

²⁹ Correctional Service of Canada, Facilities and Security: www.csc-ccc.gc.ca/facilities-and-security/index-eng.shtml

³⁰ Commissioner's Directive 585, National Drug Strategy: www.csc-ccc.gc.ca/text/policy/cdshtm/585-cde-eng.shtml

³¹ Canada's National Anti-Drug Strategy: www.nationalantidrugstrategy.gc.ca/nads-sna.html

³² There are differences at municipal and provincial/territorial levels. For example, several Canadian cities, including Vancouver and Toronto, have included harm reduction under "four pillars" action plans to address drug-related problems (MacPherson, Mulla, & Richardson, 2006; Toronto Drug Strategy Advisory Committee, 2005).

³³ Public Health Agency of Canada website: www.phac-aspc.gc.ca/aids-sida/fi-if/index-eng.php

prisons compared to Canadian communities and prison systems internationally by questioning the lack of services given the supportive evidence base (Chu & Elliott, 2009; Webster, 2012).³⁴ In a 2005-2006 Annual Report, the Office of the Correctional Investigator (OCI; 2006) recommended that CSC “immediately implement” a PNSP. The organisation’s response indicated that its “immediate focus” was supply reduction, though noted that additional resources will be needed over time in other areas including treatment and harm reduction.³⁵ From the outset, there is clearly a favouring by CSC of goals different than the goals of harm reduction.

Scholars have examined when competing logics/understandings behind policies and programs are imported into corrections and result in a limited, less nuanced set of policies and programs (Hannah-Moffat, 2009). In this study, I asked: a) what are the meaning(s) and procedures of harm reduction within CSC? And, b) is there any organisational willingness to implement alternative approaches to managing substance use (including harm reduction) in the near future? These questions are important for determining the potential transferability of harm reduction programs into a system where there are numerous barriers and whether importation may result in something new (and/or something punitive, given the correctional context). I frame the politics behind harm reduction in Canadian federal prisons using the four major issues noted above. That is, I will show that what the correctional system is doing as “harm reduction” is limited, that the system conforms to a Conservative ideology, that staff and union members play a role in supporting opposition to harm reduction, and that change seems unlikely in the near future. Political and operational logics are intertwined throughout. I will conclude by noting that while the system appears to be at a major impasse – what some see as almost insurmountable, given recent developments – we can move forward not only asking new critical questions about what happens when harm reduction enters the prison context, but also devising more strategic ways of entering the political-operational dialogue that opposes these programs.

14 Methods

Between September 2010 and January 2012, I conducted 16 one-on-one interviews with a purposive sample of former CSC senior administrative officials, former CSC frontline staff, and

³⁴ See also Prison Health Now website: www.prisonhealthnow.ca

³⁵ Correctional Service of Canada website, response to the report: www.csc-scc.gc.ca/text/pblct/ci05-06/priority2-eng.shtml

external stakeholders with experience and expertise related to relevant CSC practice, policymaking, and research. I asked knowledgeable contacts established during the course of the study to provide names of potential interviewees.³⁶ Miles and Huberman (1994) provided a “checklist” of six criteria to evaluate qualitative sampling that included asking whether the sampling strategy: is appropriate for the research questions; will enable phenomena of interest to appear; is feasible and ethical. My purposive sampling strategy met these criteria.

I used a semi-structured interview format whereby most questions were predetermined, but unscripted follow-up questions were asked so that participants could clarify or elaborate on their responses. Questions were aimed at participants’ knowledge of different approaches to substance abuse, such as harm reduction, and perceptions of CSC’s willingness to implement new approaches.³⁷ I prepared all interview transcripts and checked their accuracy.

Formal, institutional access was sought to interview current CSC correctional officers, addictions program staff, and senior personnel. Access was denied by CSC. To augment the interview data obtained, CSC documents and testimony from relevant Standing Committee proceedings were analysed to create as complete a picture as possible.

Internally-produced documents can offer a wealth of information about organisational priorities and, if examined across time, shifts in priorities (Noaks & Wincup, 2004). Publicly available documents provide a feasible source of information given access constraints. I found a variety of CSC documents, including evaluations of substance abuse programming, available online. All research resources available from CSC’s website that included select keywords – including “drug(s)”, “alcohol”, “substance (ab)use”, “contraband”, “treatment” and “programming” – were reviewed and retained for analysis if determined relevant. I collected 24 CSC research reports and 16 mixed research summaries on substance abuse or a substance abuse-related topic (e.g., blood-borne infection transmission). The research summaries were categorised on CSC’s website as *Research at a Glance*, *Research Review*, *Emerging Research Results*, and *Research*

³⁶ Researcher bias is a potential drawback of purposive sampling. However, this bias is more likely to interfere when subjective judgments about participant selection are not acknowledged or well informed. In this case, knowledgeable informants recommended who to approach and consistency was observed in relation to the recommended individuals and, in a few cases, agencies.

³⁷ Initial participants provided feedback on the interview questions and suggested specific policies and practices that should be asked about with future participants – feedback that I incorporated into the interview protocol.

Snippets.³⁸ I also collected 27 articles from CSC’s FORUM on Corrections Research publication and 3 entire issues of FORUM dedicated to substance abuse.

I collected all substance abuse-related research publications available online at the time of the interviews and periodically revisited CSC’s website for any new releases up to December 2012. Additionally, I asked all contacts and interviewees what they considered to be “key” CSC documents on substance abuse and whether they had copies or other documents that they would be willing to share. Asking contacts to suggest documentation is a common strategy for researchers facing access barriers (Spivakovsky, 2011). Several contacts provided documents that were not found in the public domain including CSC’s opioid substitution treatment guidelines and drug formulary. Contacts also provided external agency reports, presentations, and journal articles that they stated might contain relevant information. Several study contacts and interviewees referred to two specific CSC reports on harm reduction – one on PNSPs and one on the evaluation of CSC’s cancelled safer tattooing program. It was advised that draft or early copies of these reports had been “buried” and that I should attempt to locate them as they contained different recommendations compared to the publicly available material. I located excerpts from the report on PNSPs along with accompanying Briefing Notes to the Commissioner that had been obtained through *Access to Information and Privacy* (ATIP) requests, and was granted an opportunity to compare draft and final copies of the safer tattooing report.

In September 2011, the House of Commons Standing Committee on Public Safety and National Security (hereinafter referred to as the Standing Committee) undertook a study of drugs and alcohol in prisons. Ten hearings were held as part of this study between September 29th and December 8th, 2011. Evidence was heard from representatives from numerous agencies including CSC, the Union of Canadian Correctional Officers, the Canadian Association of Elizabeth Fry Societies, the John Howard Society of Canada, Prison Fellowship Canada, the OCI, the Centre for Addiction and Mental Health, the Canadian HIV/AIDS Legal Network, and the Prisoners with HIV/AIDS Support Action Network (PASAN). Various individuals with work experience in corrections or policing also provided testimony. Audio recordings and

³⁸ Correctional Service of Canada Research Summaries (Research at a Glance is no longer included): www.csc-scc.gc.ca/text/rsrch/smmrs/smmrs-eng.shtml

transcripts from the proceedings were available online.³⁹ I examined these transcripts because they contained discussion of relevant and timely issues regarding institutional management of substance use, including topics that were not part of the interview protocol (e.g., how banned substances enter federal institutions). Transcripts contained testimony from senior administrators, including the Commissioner of CSC, and others employed by CSC at the time, individuals I would not have been able to access for interviews given the organisation’s denial of my research application. While a report with a list of recommendations was produced (Standing Committee on Public Safety and National Security, 2012), I offer another analysis of the testimony.

Interview transcripts, CSC documents, and Standing Committee transcripts were uploaded to NVivo 9 software for data storage, organisation, and coding. I followed thematic analysis steps similar to those found in standard qualitative research guides (e.g., Corbin & Strauss, 2008). This entailed close reading of documents and coding all texts based on themes related to harm reduction and politics that emerged from the data. To extract themes across data sources, I searched documents for keywords related to harm reduction in the prison context (e.g., “harm”, “needle*”, “tattoo*”, “infection*”) and politics/political actors (e.g., “minister*”) and combined text search queries. My analysis focused on stakeholder perceptions of CSC’s willingness and barriers to implementing harm reduction approaches, as these responses contained more information about “backstage” processes (Piché & Walby, 2010; Walby & Larsen, 2011) than the public documents and Standing Committee transcripts.

15 Four key themes

15.1 Narrower definition of harm reduction, shaping operational limitations

During the formative years of harm reduction, the late 1980s and early to mid-1990s, the basic tenets of the approach were debated (cf. Des Jarlais, 1995; Erickson, 1995; Erickson et al., 1997). Though still subject to debate, international agencies have reached consensus on the defining characteristics of harm reduction (IHRA, 2010; World Health Organization, 2005). The

³⁹ Parliament of Canada website: www.parl.gc.ca/

WHO (2005) also proposed a definition specific to the prison context that recognises the need to “reduce negative health effects associated with certain types of behaviour (such as drug injecting) and with imprisonment and overcrowding” (p. 6). It seems that over time, CSC adopted a rather narrow definition of harm reduction. This narrower definition was apparent from the few explicitly harm reduction-related CSC documents. In *Specific guidelines for the treatment of opiate dependence* (CSC, 2008) it was acknowledged that the primary goal of harm reduction is to reduce the harmful effects of substance use including HIV and other disease transmission – a common feature of harm reduction definitions and principles. The guidelines contained further explanation of harm reduction, such as the importance placed on “value-neutral” views of substance use and users. The document listed other services and items provided in prisons that fall under this framework including confidential testing and counselling, educational materials, condoms and other safer sex materials, and bleach. One of the principles of harm reduction as stated in the document was, “Understand that abstinence is the best goal but not immediately achievable for everyone” (CSC, 2008, p. 3). Here is where there is divergence with community-based definitions of harm reduction. Positioning abstinence as the “best goal” is at odds with accepting that abstinence may not be the most desirable outcome for everyone, and further at odds with encouraging substance users to set their own goals (IHRA, 2010; Ruefli & Rogers, 2004). While abstinence-oriented programs have a place along the harm reduction spectrum, in order to be considered harm reduction, programs ought to incorporate alternative strategies that lower the risk of harms for people who decide to keep using (Lenton & Single, 1998). However, in a correctional environment with zero-tolerance policy objectives and security concerns, importing the full harm reduction continuum is not rendered viable.

The term “harm reduction” was generally un(der)used across the CSC documents that I collected. Reference to opioid substitution treatment as harm reduction was inconsistent. For example, the term was not mentioned at all in a short review about prison-based methadone maintenance treatment (MMT; Cheverie & Johnson, 2009) or in a report of a study on institutional MMT impacts (Johnson, van de Ven, & Grant, 2001), but was used in an evaluation of CSC’s MMT program (CSC, 2003). Other examples of harm reduction mentions included a report about the Aboriginal Offenders Substance Abuse Program (Kunic & Varis, 2010) and a discussion paper (Hume, 2001) and report (Grant, Furlong, Hume, White, & Doherty, 2008) about the Women Offender Substance Abuse Program (WOSAP). The discussion paper

regarding WOSAP contained a fairly nuanced definition of harm reduction that stated, “Given its fundamental focus on responsible choice, harm reduction resonates well with core programming principles” (Hume, 2001, pp. 14-15). A FORUM article from the same year (McVie, 2001) noted that:

Certainly enforcement and detection must be effective and the law must be upheld, but there is some flexibility and room for informed reason in how we sanction and treat persons who abuse drugs. This is why a harm reduction strategy must be fully explored and developed that encompasses a full understanding of the complexity of the problem and balances prevention, enforcement, treatment, maintenance and relapse prevention. (p. 9)

Another FORUM piece that summarised research on psychoactive substance consumption in Quebec prisons, reflected on the possibility of adopting harm reduction in prisons despite limitations set by CSC’s mission and the status of illicit drugs in Canada (Plourde, 2002). In a rare example (from the documents collected, that is) of questioning CSC’s dominant approach to substance use, Plourde (2002) concluded that, “It would thus be useful, bearing in mind the whole context involved, to reconsider the impact of strategies that are aimed at interrupting the supply of drugs or punishing users” (p. 18). Despite CSC having, in the past, published material containing recommendations to further study and expand harm reduction in prisons, my strong impression from examining all data was that such material would not be published in the current political climate, an impression that will become clearer below.

There was overall agreement among documents and interview data that in recent years CSC’s major substance abuse-related investments have focused on increasing drug interdiction capability inside prisons. While all interviewees mentioned the lack of harm reduction implementation in federal prisons, a few documents appeared to frame CSC’s harm reduction response as adequate. In an update about use of bleach and MMT in Canadian prisons (Thompson, 2010), CSC reported that a “minority” of offenders engaged in risk behaviours for blood-borne infection (including 17% who injected drugs in prison) and that, “Among high-risk groups, bleach is being used despite some access issues.” Although most offenders do not inject drugs, 17% – which may also be an underestimate of in-prison injection drug use – is a more troubling figure than what was alluded to in the update given the higher incidence and prevalence rates of HIV and HCV inside prisons compared to the general population. While

CSC, including the Commissioner in his Standing Committee testimony, has elsewhere acknowledged that rates of infectious diseases among incarcerated offenders represents a serious public health problem and risk behaviours like needle sharing are elevated in prisons compared to the community (Zakaria et al., 2010), these acknowledgements have not been accompanied by organisational action to enhance harm reduction measures. Best practice guidelines for Canadian community-based harm reduction programs have not recommended cleaning injection equipment with bleach because this method does not significantly reduce risk of disease transmission (Strike et al., 2013). The ineffectiveness of bleach was noted by several interviewees: “[B]leach doesn’t kill hepatitis C[...]Bleach is better than nothing, but it’s not what it’s supposed to be which is, um, harm reduction materials.” (External stakeholder #1) Former frontline staff and external stakeholder interviewees mentioned numerous bleach delivery barriers inside prisons, ranging from bleach provided at concentration levels insufficient for inactivating viruses, inconsistent offering and refills of bleach, placement of bleach in areas that deter offender access (e.g., near security staff), and not offering any bleach to offenders on high-security ranges. One interviewee described a time during the mid-1990s when bleach was withdrawn from institutional ranges after it was discovered that offenders were using it to clean syringes, later followed up by a pilot project to determine if bleach was safe to provide when correctional officers complained that it might be used as a weapon. While there is now formal authorisation of bleach access, another interviewee spoke about more recent examples of bleach removal from some institutions following incidents (e.g., offender ingested bleach). In short, the bleach example is an important one for showing that CSC has tried to appear responsive in terms of allowing a form of harm reduction; however, this format is not considered best practice in community settings and operational issues have impeded access inside prisons.

PSNPs and safer tattooing programs were more frequently cited by interviewees as examples of harm reduction services that have been absent or removed from federal corrections, creating a major policy gap. Although safer tattooing – an initiative once piloted and cancelled by CSC – is not about substance use, the tools and risks (e.g., HCV infection from shared needles) are similar and the discussions illustrated relevant issues. These examples will be highlighted further below. While the preceding discussion of a narrower (in principle and operation) definition of harm reduction perhaps only hints at politics, with the following three themes I turn to more concrete political barriers to prison-based harm reduction implementation. There is literature that

provides insight into the relationships between criminal justice policy and political ideology/agenda-making (Bergin, 2011; Farrall & Jennings, 2012; Marion & Oliver, 2009; Oliver & Marion, 2008) that if applied here makes the political barriers at hand rather unsurprising. That said, with corrections in particular, there are unique operational issues that filter into conversations about harm reduction, operational issues that support and are supported by the dominant political influences. I contribute new knowledge by drawing out such examples.

15.2 Conservative federal government with tough-on-crime agenda

During the Standing Committee study, several speakers – including representatives from the OCI, John Howard Society, the Canadian HIV/AIDS Legal Network, and PASAN – suggested that CSC needs a “balanced” and evidence-based approach to substance abuse that incorporates harm reduction, though they varied in how explicitly they recommended specific services. Their suggestions regarding harm reduction were not allotted much discussion in the resulting report (Standing Committee on Public Safety and National Security, 2012), an omission that raises questions about future organisational willingness to try new approaches in federal prisons. The dissenting opinion from the New Democratic Party appended at the end of the report noted that the document “is missing vital context and ignores a number of evidence-based solutions suggested by witnesses, central to which was a balanced approach to addressing the issues of drugs and alcohol in prison including prevention, treatment, harm reduction and interdiction” (p. 43). All interviewees mentioned CSC’s resistance in recent years to establish policy and programs that may contravene the Transformation Agenda and its emphasis on keeping drugs out of prisons. They noted that CSC’s current priorities related to substance abuse do not recognise harm reduction principles.

CSC has a stated policy of being drug-free[...]a lot of new investment into technology, into training around contraband interception, around the use of drug detector dogs, ion scanners, those kinds of things. That seems to be ramping up and the harm reduction approaches seem to be slowing down. (Interview, external stakeholder #2)

The Roadmap recommendations[...]there’s nothing like any kind of a thoughtful, comprehensive approach to either prevention, harm reduction, or treatment – wasn’t even recognised in the report[...]They [CSC] just went on like the only thing that matters about drugs is catching and punishing people[...]I don’t think that’s a secret or just an interpretation. I think that, in fact, is quite up front and in your face, and I think they make no bones about it themselves. (Interview, external stakeholder #7)

A former senior administrative official (#1) referred to the Transformation Agenda as “a re-articulation of what corrections is all about anyway” and explained that it had not ushered in innovative ways of thinking but instead reaffirmed traditional responses. This reaffirmation was said to have become stronger in practice since 2006, when a Conservative government led by Prime Minister Stephen Harper came into power. Subsequently, any previous organisational openness to harm reduction approaches seemed to shut down, similar to what I suggested earlier in relation to the documents. Interviewees who commented that CSC showed signs (e.g., conducted a study on PNSPs) of piloting or expanding in-prison harm reduction in the late 1990s/early to mid-2000s qualified those comments by adding that such signs halted after 2007. These interviewees went beyond discussing organisational priorities as if they were written exclusively at the discretion of CSC and explained that priorities reflect broader shifts in federal politics and tighter control from senior political authorities. Examples of political interference emerged several times in relation to CSC’s cancelled safer tattooing project.

[Y]ou’ve got this research-based, evidence-informed, um, I guess tradition or at least history within CSC that influences[...]how the programs are delivered. But the other driver is[...]top-down. So you’ll get, perhaps, Ministerial Directives dictating that this or that will happen. So for example[...]one of the evidence-based initiatives was to pilot project a safer tattooing initiative that recognised that part of the spread of blood-borne disease was not just from sharing intravenous drug paraphernalia but also as a result of, um, prison tattoo artists[...]Politically, that [*initiative*] was not seen as acceptable and so there was a Ministerial Directive, in spite of the positive evaluation of that initiative, there was a Ministerial Directive to end it[...]like needle exchange, that discussion has never gone out of the bureaucracy, um, because it’s not seen as having any political credibility[...]on the one hand, you’ve got this driver, as I say, which comes from this history or this tradition of using evidence and research, and, on the other hand, you certainly have top-down decisions. (Interview, external stakeholder #2)

The higher up the system you get, the more political it gets. And so there’s an interface at the top between the Commissioner’s office and, it used to be the Solicitor General but now it’s the Minister of Homeland Security, I think, um, where what looks like a good public health program becomes politically unacceptable[...]a very good example of this ten years ago[...]persuaded CSC that it would be really good to run some pilot tattooing systems in the prisons[...]and I think because of the political interface, they didn’t tell the Minister what they had done and so the guards union, which didn’t like this at all, persuaded an Opposition MP to stand up in the House of Parliament and say, ‘We hear that corrections is paying for prisoners to be tattooed.’ And that program got shut down the next day. It got subsequently resurrected and there were four pilot schemes[...]under a different Minister and that got shut down by the Conservatives[...]Stockwell Day [*Minister of Public Safety at the time*] saying that he had got a report from corrections saying that it wasn’t effective and so they were going to shut it down. That was a lie.

The report from corrections[...]was in fact very enthusiastic about it. And the Minister's office decided to say that it wasn't enthusiastic and they shut it down. And so that political interface with corrections is a major problem to anything happening. (Interview, external stakeholder #4)

These excerpts tellingly illustrate that political decisions override evidence. External stakeholders candidly elaborated on how these actions occur and the mismatch between what is politically acceptable versus empirically demonstrated. Several interviewees shared their perception of a dramatic Conservative "ideology" in federal government at the time of this study: "[T]he ideology of the current government is more right-wing than they say. It's so far right it's very scary[...]Everybody always says 'get tough on crime' because every politician has always said that, but these guys actually mean it." (External stakeholder #6) Interviewees also revealed their knowledge about backstage processes involving suppression of evidence, as mentioned above – namely, examples of positive evaluations of harm reduction programs that had recommendations modified or went missing from the public domain. One participant clearly articulated the connection between this evidence suppression and a punitive ethos.

Even when the government was at its most progressive[...]the closest they ever got with anything that was harm reduction was the pilot project on tattooing, but then this government just fabricated bad results and they cancelled it. They cancelled it saying it didn't work and then when, eventually, when the data did come out turns out it was working quite well. So they just lied[...]it just has to suit them ideologically. They just don't like the idea of doing things that aren't penal to people in prisons[...]So every initiative is simply about clamping down, being restrictive[...]there's a visceral response to the idea of doing anything that might be seen as soft or kind or thoughtful. It just doesn't fit with their whole notion that you're dealing with criminals and therefore everything should be firm and stern and harsh. (Interview, external stakeholder #7)

Similar comments were made about recommendations to pilot PNSPs. A few interviewees referred to a 1999 report by a CSC-organised committee that contained support for implementing PNSPs that had, as one external stakeholder noted, "never been spoken of again." Another external stakeholder suggested that these findings were silenced because they appeared "soft on crime", counter to the dominant correctional policy position on drug use and other illicit activity.

At one point there was a group[...]toured a number of the European jurisdictions that had introduced [*prison*] needle exchange programs, but it just, it's one of those things that you don't want to say out loud because on its face it looks like it's either soft on crime or crazy[...]I can't think of a population more in need of a needle exchange program just from a public health standpoint, but there's been no re-entertaining of that. (Interview, external stakeholder #8)

The excerpt of the final report that I obtained, dated October 1999, indicated that a CSC Task Force had visited three prisons in Switzerland to learn about their harm reduction strategies and that a CSC Study Group in Ottawa examined PNSP implications for federal prisons. The Study Group recommended, “To obtain ministerial approval in principle for a multi-site NEP [*needle exchange*] pilot program in men and women’s federal correctional institutions, including the development and planning of the program model; and the implementation and evaluation of the pilot program.” These recommendations did not come to fruition. It was noted during the Standing Committee study that in 2005 CSC contracted the Public Health Agency of Canada (PHAC) to do a review of PNSPs which included Canadian penitentiary site visits and international facility tours. The Correctional Investigator stated in his testimony that the resulting 2006 report from PHAC “concluded that there was only positive evidence in terms of prison-based needle exchange” (Evidence, December 6th, 2011). A copy of the 2006 report that I viewed indicated that PNSPs do *not* compromise safety and security in several areas (e.g., needles not used as weapons and do not lead to increased altercations, needle-stick injuries, drug use, and injecting initiation in prison), also noted by a senior policy analyst during the Standing Committee study. Despite that evidence, PNSPs, like safer tattooing, have remained a controversial issue, with concern coming from CSC regarding potential safety and security impacts. This concern illustrates another key politicised impediment for prison-based harm reduction – correctional staff opposition.

15.3 Union opposition

Interviewees said that the politics that prevent CSC from establishing safer tattooing programs and PNSPs have long been supported by vocal staff, especially at the level of the union of correctional officers, and senior management. Referring to the early 2000s, a former senior administrative official (#1) noted that “it would have been impossible” to have had serious dialogue about PNSP implementation due to the union and its “rhetoric” at the time. Congruent with that statement, a Briefing Note to the Commissioner indicated that all Study Group members had agreed with the 1999 PNSP report except a Union of Solicitor General Employees representative and a CSC Correctional Supervisor representative. Based on my analysis, the situation does not appear to have changed much since that time.

The claim that needles from a PNSP would be misused as weapons has often been raised by opponents to these programs. During the Standing Committee study, the concern was succinctly captured by the Commissioner: “Needles inside the institution are a dangerous thing for us” (Evidence, October 2nd 2011). Other CSC representatives positioned operational issues tied to safety as being at the forefront of staff concerns. Several interviewees indicated that some correctional staff view harm reduction programs as “enabling” drug use, and noted that this sentiment is in line with the Conservative position regarding harm reduction in general. A few interviewees acknowledged the importance of security staff “buy-in” for prison-based harm reduction services even when existing written policy dictates that something should happen. Examples that were cited included the inconsistency in bleach provision across institutions and instances of safer drug use educational pamphlets being prevented from entering prisons by security staff. Both political and staff buy-in was noted in another Briefing Note to the Commissioner about PNSPs, dated 2004:

The needle exchange would be a next logical step. This would require, however, strong support from the Minister of Public Health, the Minister of Health, as well as the Minister of Public Safety and Emergency Preparedness. Furthermore, significant work would have to be done to persuade staff to buy in to this kind of initiative.

Adding to this, a former senior administrative official (#1) that I interviewed spoke about how a Minister decided that federal institutions should provide condoms (“old technology” harm reduction) to offenders. Despite resistance from CSC, condom provision was implemented years ago under this directive, highlighting that supportive political actors can be key *facilitators* of change.

Some interviewees mentioned differing opinions among staff within the organisation, including among security personnel. One wished to clarify that while correctional officers “always have been” opposed to PNSPs, they are not against all forms of harm reduction:

[T]o say that the union is completely opposed to harm reduction strategies is not accurate at all[...]when you implement a harm reduction strategy, there’s a number of issues we got to factor in, right, and obviously some harm reduction strategies are not going to work in a prison environment. (Interview, former frontline staff #6)

This former staff member reiterated the safety concerns associated with PNSPs, but added that correctional officers recognise the importance of safer sex supplies, counselling, and other harm reduction measures for offenders. A few Standing Committee study participants and

interviewees pointed out that correctional officers' resistance to PNSPs can change and cited examples of shifting attitudes from international jurisdictions that have implemented PNSPs. Other institutional personnel, such as healthcare and addictions program staff, may more readily agree with the need for safer tattooing and PNSPs in federal prisons: “[T]he nurses and the docs on the frontline have some very strong opinions about what needs to be done and isn’t getting done.” (Interview, external stakeholder #4) As discussed above, even “very strong opinions” in favour of such programs are not typically granted opportunity to be shared or are silenced by stronger voices within the organisation and political authorities.

Returning to the issue of needles being used as weapons, an external stakeholder (#3) interviewee said, “[T]his is the same thing we hear again and again, and I think, um, the federal government listens.” A former senior administrative official (#1) explained that at one point the union of correctional officers became proficient in media communication strategies and learned “the relationship that they should have with the political.” Perhaps these statements further contextualise, as a few other interviewees mentioned, why Ministers of Public Safety have echoed the concern that needles in prison would be used as weapons (see also Kondro, 2007; Picard, 2012). Another angle on the union-politics relationship was expressed:

[W]hen your government is putting forward a tough-on-crime agenda, what do you expect your average grade-twelve correctional officer person, how do you expect them to react? Are they supposed to be, you know, the visionaries that fight the battle of, you know, ‘No, no, no, no. We don’t believe in what the government is saying. We believe in rehabilitation.’ Right? Nobody wants to fight that battle anymore. (Interview, former senior administrative official #2)

It therefore seems that political players and the union influence one another on issues related to harm reduction. A scholarly investigation of the California Correctional Peace Officers Association (CCPOA) has provided reason to consider that the political-union relationship can become very strong even when there are tensions. In his work, Page (2011b) documented how this large labour union has lobbied for policies that increase prison growth and push back reform efforts that counter that trend. By pressuring politicians, the CCPOA has at times succeeded at maintaining the “penal status quo” (Page, 2011b). There appear to be similar dynamics between federal correctional officers and politicians in Canada.

Although not explored in detail in the interviews, some participants said that public perceptions have also played an important role. In reference to correctional substance abuse programming

generally, it was said that the public “get up in arms in how much money is being spent if they have a feeling that the offender is having a grand old time” (Interview, former senior administrative official #1). The same interviewee explained that public reaction to community-based needle and syringe programs in Vancouver created difficulty to move forward with pilot sites in corrections, even at a time when some union members in that region were actually in favour of it.

15.4 Political constraints in the foreseeable future

Interviewees were asked if they thought that CSC will implement new approaches, including harm reduction services, to respond to substance abuse within prisons in the near future and what could facilitate organisational willingness. Overall, there was little optimism that the political constraints would be resolved soon, at least while the Conservative government is in power.

They'll [CSC] just go or not go wherever the government wants them to go or not go, unfortunately. They just won't go anywhere that's going to be controversial[...]. I mean, look at what just happened with the, the what do you call it, [*supervised injection*] centre in B.C. [*British Columbia*], the government got involved in that, right. We're living in an era with a very, very controlling government, unfortunately[...]. And the Canadian public is allowing them to do their thing and when it comes to crime policy, nobody really cares. So I mean, what are we going through right now? We're going to be locking more people up. (Interview, former senior administrative official #2)

I do know that there are people who work within CSC who are doing their best to maintain harm reduction methodologies while calling them interdiction and abstinence[...]. The political constraints are huge right now, more than I've ever seen [...]. Do I think they've got qualified doctors and qualified researchers? Absolutely. Do I think that many of them are either biding their time to get out with retirement or trying to hold onto whatever they can until the next change comes? Absolutely. (Interview, external stakeholder #6)

CSC was viewed as having to follow the same policy agenda set by the federal government, an agenda that has become tougher on crime regarding corrections and broader criminal justice policy as well. The mention of “locking more people up” referred to the recent passage of an omnibus crime bill that proposed, among other amendments, increased penalties for certain drug offences.⁴⁰ While it was mentioned that there are different voices within the organisation who may support and even try to implement harm reduction practices, it was acknowledged that they

⁴⁰ Backgrounder: Safe Streets & Communities Act: www.justice.gc.ca/eng/news-nouv/nr-cp/2012/doc_32713.html

have become frustrated with the politics. As a further example: “I think it’s really hard for the policy people to do anything that might be seen as against what their political masters are asking them to do.” (Interview, external stakeholder #3) There was scepticism that a Minister or other high-ranking politician would go against the current trends, making for a highly challenging policy environment overall.

Several interviewees mentioned that if the federal government continues in the same policy direction, litigation may offer the only way to bring the contested harm reduction programs into federal prisons.

The only thing that might change that is litigation and it’s been interesting to see some of the discussion that’s been going on since the Insite [*Vancouver’s supervised injection facility*] decision on whether or not that might have some impact on the operations of corrections, like the entitlement in regards to have safe access to needle exchange on the street might well apply in prison[...]That might end up being the only route to – short of a major shift in government and change of heart – to see corrections dealing with drugs as a complex of problems. (Interview, external stakeholder #7)

A few other interviewees referred to the Supreme Court of Canada’s ruling on Insite that recognised the public health benefits of the community-based facility and upheld its exemption under the *Controlled Drugs and Substances Act*.⁴¹ The ruling has sparked debate about setting a precedent for other supervised injection facilities (SIFs) to open in Canada (Boyd, 2013; Hyshka, Bubela, & Wild, 2013; Small, 2012). Interviewees noted the potential for a similar court challenge to be brought forth regarding CSC’s failure to implement PNSPs.

16 A way forward

Since 2007, the federal correctional system in Canada, aligned with the federal government’s wider drug policy objectives, has amplified its zero-tolerance approach to substance use in prisons. While international jurisdictions have implemented comparably controversial prison-based harm reduction programs, such as PNSPs, I show that in Canada even conversations about certain programs are politically suppressed and scripted. It seems that in the early 2000s, CSC demonstrated more signs of “flexibility” regarding substance abuse policy and programming

⁴¹ Supreme Court of Canada judgment in *Canada (Attorney General) v. PHS Community Services Society*, 2011 SCC 44, [2011] 3 S.C.R. 134: <http://scc.lexum.org/decisia-scc-csc/scc-csc/scc-csc/en/item/7960/index.do>

innovation compared to today. The federal policy climate has shifted to one that is “anti-drug” and “tough on crime” so much so that it has become a challenging space for policymakers, management, and frontline staff. While not everyone agrees with this dominant policy direction, government employees do not appear to be at liberty to share opposition or evidence to support in-prison harm reduction. I found that interviewees (comprised of former CSC personnel and external stakeholders) candidly provided detail on the politics of harm reduction within the system. Important elements of their narratives were examples of CSC suppressing evidence related to safer tattooing and PNSPs, unreported or backstage interference that restricts the information and dialogue necessary to introduce such programs. CSC documents and Standing Committee public testimony showed greater silence regarding the politics involved, though these sources often presented relevant operational issues (e.g., concerns about needles inside prisons).

There is pessimism regarding near-future change in Canadian federal corrections. The pessimism is reinforced by the relative lack of discussion and recommendations concerning harm reduction in the final report of the Standing Committee (2012). Some interviewees believed that litigation could be a catalyst if, similar to the *Insite* ruling, courts determine that denial of services like PNSPs unconstitutionally limits prisoners’ access to necessary health care that they would be able to access in the community. In notable recent events, a former prisoner and AIDS prevention organisations have launched a lawsuit against the federal government in which the plaintiffs are seeking a ruling to immediately implement PNSPs.⁴² Not only might this litigation eventually result in a successful structural injunction that would bring in PNSPs, but taking a case before the courts brings more public attention to the issues and can thus rally additional community and agency support which add pressure to the correctional system to implement harm reduction programs. However, other recent developments show that the current federal political authorities will take steps to impede a Supreme Court ruling. Despite the ruling and evidence supporting the health and social benefits of community-based SIFs, the federal government has drafted a bill (*Respect for Communities Act*) that provides a lengthy, “onerous” list of requirements that communities would need to satisfy before introducing new facilities.⁴³ While

⁴² CBC news story link: www.cbc.ca/news/canada/story/2012/09/25/aids-organizations-lawsuit-needle-exchange.html

⁴³ CBC news story link and Toronto Medical Officer of Health recommendations: www.cbc.ca/news/politics/story/2013/06/06/pol-safe-injection-site-legislation.html
www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59886.pdf

Canada has had Conservative-led governments before, in this area of drug policy it seems that interviewees were aptly describing the current political ideology as exceptionally far to the right.

Overcoming this political impasse will also depend on sustained effort and negotiations regarding the benefits of in-prison harm reduction. Hathaway and Tousaw (2008) emphasised the need to reassert harm reduction's core humanistic and rights value over its empirical value in policy discussions to move "past the confines of a scientific project" (p. 14). They argued that this reassertion is important in contested, politicised territory where it is clear that evidence is not enough to prompt change. By showing that political and operational logics are both at play in corrections, my study hopefully stimulates newer ways of entering into productive dialogue. Although existing evidence and basic rights of prisoners are crucial issues, these issues do not address head on the concerns raised by opponents of, say, safer tattooing programs and PNSPs. Opponents of harm reduction remain focused on operational, namely safety and security, issues unique to the prison context. This means that the evidence-based arguments that such programs will not result in increased dangers to staff and other prisoners need to be bolstered with additional assurances or concrete operational plans to assuage the fears. As my study and work by Page (2011b) has shown, the union of correctional officers is an important player that prison-based harm reduction advocacy efforts will need to better engage.

We are still left with important questions regarding the importability of harm reduction programs into Canadian federal prisons. How do programs need to be modified to meet the needs of incarcerated offenders and staff? Would modifications differ according to, perhaps, the security classification of the institution? While some would view these questions as moot until a sweeping political sea change is underway, there could also be a deeper problem that returns us to the basic tensions between what harm reduction and the prison system are trying to achieve. Using the example of SIFs in Australia, Fitzgerald (2013) draws attention to "when a policy idea does not progress in a policy arena" (p. 78). Fitzgerald notes a number of factors that contribute to such policy "impermeability" including how the problem is conceptualised. SIFs represent a "utilitarian logic" that challenges the unlawfulness of the behaviours at issue, placing law enforcement agents in a dilemma. A correctional system such as CSC, in a Western nation that remains largely prohibitionist outside of corrections, confronts a major dilemma with supporting harm reduction as doing so, even implicitly, is seen as condoning unauthorised, unlawful behaviour. It has also been observed that police in Canadian jurisdictions will not endorse

certain harm reduction programs, again using SIFs as an example, for similar reasons (Watson et al., 2012). Though community-based harm reduction programs operate in Canada, limited in-prison services may also reflect the fundamental status change that occurs once someone becomes a prisoner – they are no longer able to participate in many social and political activities, including no longer granted any choice in substance-taking (i.e., even licit substances become contraband inside prison). Scholars have examined how harm reduction programs sometimes mesh with risk management logics in ways that divert from benevolent goals (Fischer, Turnbull, Poland, & Haydon, 2004; O'Malley, 2004; Quirion, 2003). These critiques could have applicability to harm reduction as practiced in prisons. For example, can programs be harnessed for their surveillance potential (e.g., where needle exchanges are placed inside) to enhance prison security? This has yet to be explored. I examined political and operational barriers, aligned with each other, that keep prison-based harm reduction limited or even reconfigure it when it is imported (e.g., bleach access restrictions). While some scholarly work has examined the convergence of punishment and treatment goals (e.g., Fischer, 2003; Gowan & Whetstone, 2012; Kolind, Frank, & Dahl, 2010), it would be worthwhile if future work attempted to locate overlap between punishment and harm reduction in discourse and practice.

Chapter 5 Conclusion

Although the preceding chapters were prepared as standalone manuscripts, together they offer a narrative about how the Correctional Service of Canada (CSC), like other organisations, interprets and manages risks associated with in-prison substance use (see also the introduction for clarification of the risk concept). In chapter 2, I examine risk in a reputational context, which had previously been studied in relation to large corporations and financial institutions, to authenticate its relevance for criminal justice organisations. Chapters 3 and 4 directly addressed substance abuse-related issues and offer alternative framings of these concerns. In other words, these chapters focus on how tangible risks related to substance use are framed and managed differently by CSC and are in conflict with wider harm education approaches (e.g., in-prison substance use as security risk versus risk to prisoner health).

As a researcher external to the correctional system, contributing new knowledge is made difficult by an overprotective, formal research access process that seems to favour quantitative or evaluative research over potentially critical research. Previous work has typically positioned prison access barriers as methodological issues (e.g., King & Liebling, 2008; Noaks & Wincup, 2004; Patenaude, 2004; Trulson, Marquart, & Mullings, 2004) without examining the broader context(s) of research access and questions about how organisations shape their access and for what purposes. I turned my research access experience – getting denied approval by CSC to interview current employees – into a case study of reputational risk management in action. My subsequent analysis shows how the organisation insulates itself from external inquiry, similar to what has been observed with corporate and financial organisations in the work of organisational risk management theorists (Power, 2004, 2007). My study opens new reflexive terrain for researchers attempting to penetrate hard-to-access organisations, inviting them to think beyond practical matters (which of course remain important, especially for doctoral students constrained by time and finances) and consider what access barriers might say about how an organisation “thinks” and acts in response to external demands.

A downside of organisational protectionism is the curtailment of study and development of innovative approaches to substance abuse within corrections. Chapter 2 shows that access barriers are worthy of in-depth study as these barriers have the potential to reproduce the same

and, worrisomely, potentially narrow scholarly knowledge about corrections (Hannah-Moffat, 2011; Spivakovsky, 2011). It makes sense that CSC takes steps to manage who, how, and what about federal institutions can be studied; the organisation is not immune from media and legal scrutiny (e.g., high-profile deaths in custody) and, as a federal agency, must align with federal politics. Power's (2004, 2007) work demonstrates that corporate scandals, for instance, can create lasting reputational damage for organisations. This is why according to Power (2007), "reputational risk management is not simply a sub-area of risk management. It is the defining project of risk management itself" (p. 151). Finding a way out of the dilemma and getting corrections to open its doors to a greater range of research potential is challenging given ever-present concerns with reputation and resources, coupled with the fundamental unpredictability of reputational risk itself. Given the news of the Addictions Research Centre's (ARC) impending closure in 2014,⁴⁴ I invite future researchers to consider how this might additionally impact the scope of correctional substance abuse research in Canada.

In chapter 3, recognising that it would also be a new contribution to examine whether other organisational risk management elements apply to criminal justice organisations, I analyse CSC's enhanced drug interdiction measures, its dominant response to substance abuse. Viewing CSC as a complex risk-managing organisation demonstrates how embedded organisational practices and cultures remain resistant to change, even though the traditional approach to managing in-prison substance use has led to "suboptimal outcomes" (Vaughan, 1999). This perspective harkens back to a much earlier observation by Cohn (1973) that failures of correctional management have been seen as failures of clients, while attention gets deflected away from failures of organisational policies. With an organisationally hegemonic focus on enhancing institutional and public safety, CSC uses varied technologies and protocols (e.g., drug detector dogs, ion scanners, urinalysis, Threat Risk Assessment) "on the ground" to detect and intercept drugs, and to disrupt the in-prison drug trade and its associated violence. Despite the safety- and security-oriented intentions that support this approach, this well-funded arm of CSC's drug strategy has had negative, unintended effects which I elaborate with five major themes: 1) continued, creative efforts by offenders to bring substances into prisons; 2) heightened climate of tensions and violence; 3) offenders switching to other substances; 4)

⁴⁴ News release: www.publicsafety.gc.ca/media/nr/2012/nr20120627-1-eng.aspx

health-related harms; and 5) a culture of distrusting visitors. Major negative consequences – e.g., mass incarceration, urban violence, police corruption – resulting from broader prohibition and the war on drugs have been examined (e.g., Blumstein, 1995; Blumstein & Beck, 1999; Chambliss, 1994; Reinerman & Levine, 1997). By focusing on CSC, I show how negative effects unique to the prison context are acknowledged or framed differently within and around a correctional organisation. There are those, including personnel who write reports and those at the most senior levels within the organisation, who espouse a dominant correctional narrative that reaffirms zero-tolerance policy as a way of achieving institutional safety and security. Then there are those, typically former employees or external stakeholders, who employ the negative effects as examples to question and challenge enhanced drug interdiction measures. Those comprising the second group presumably have more occupational and political freedom to challenge the organisation’s “penal status quo” (see Page, 2011b). Linking back to chapter 2, external stakeholders would not have to be concerned with managing CSC’s reputation, unlike those who are currently employed by CSC and are invested in (or required to follow) its operational agenda.

As discussed in chapter 3, the Standing Committee’s (2012) final report and recommendations provide an example of selection and suppression of public testimony to produce an organisationally and politically acceptable narrative (similar to the issue of evidence suppression that arises in chapter 4). The report contains a narrative that reaffirms what the organisation is already doing and has been entrusted – via over \$120 million in funding – to carry out. The recommendations explicitly reinforce CSC’s Transformation Agenda goal of drug-free prisons, a goal that at face value justifies continued repressive and punitive responses, and restricts policy conversations about alternative approaches – consistent with what scholars have observed with prohibition in general (see also the introduction for fuller discussion). This report can be viewed as an empirical referent for what have been called “fantasy documents” (Clarke, 1999; see Power, 2004, 2007). Future researchers should look for similar documentary examples that serve to reinstate confidence in correctional agendas. In this chapter, the concern re-emerges that protectionism is occurring in the face of real problems that, if they hit the public radar, will undermine the organisation’s legitimacy. Again, the protectionism appears to be narrowing the realm of possible solutions to the substance use-related problems. Similar to Power’s comments on why organisations should learn to tolerate some degree of risk so that risk management

innovation is not stifled, Douglas and Wildavsky (1982) suggested that resilience involves the ability to change in ways that better cope with uncertainty. They noted that when inevitable risks in one area are highly suppressed, this action sometimes merely moves risk to another area. Such a process is unfolding inside CSC's federal prisons. Among examples that I analysed are the controversy surrounding offenders using "harder" drugs due to random urinalysis and evidence that shows offenders are at increased risk of acquiring infectious diseases inside prisons. Like Douglas and Wildavsky, I would agree that this risk-shifting can create even more harm in the long term, especially when we consider wider implications for public health and community reintegration. These authors also pointed out that while risk estimation involves scientific questions, risk acceptance involves political questions. The political consideration brings me to the focus of the last chapter.

Chapter 4 outlines the fundamental tensions in principle between harm reduction and zero-tolerance correctional logics. These tensions are difficult enough to reconcile, notwithstanding the four interrelated issues that I examine regarding the political-operational interface: 1) a narrower definition of harm reduction in corrections; 2) the Conservative federal government and its tough-on-crime agenda; 3) strong union opposition; and 4) key stakeholder perceptions that political constraints will persist into the near future. Certain micro, backstage tactics are employed including inconsistent and sparse use of the term "harm reduction" in CSC documents and, tellingly, suppression of evidence that would support prison needle and syringe programs (PNSPs) and in-prison safer tattooing programs. These tactics are reminiscent of the work by Power (2004, 2007) and Vaughan (1996, 1999) regarding how organisations safeguard against audits and essentially cleanse and/or reinterpret "errors" or information that would challenge the status quo. Unsurprisingly, current employees have less liberty than former employees and external stakeholders to share their support for prison-based harm reduction and/or oppose the dominant correctional response – I found that the two latter groups spoke candidly about what they perceived needed to change. The status quo in this case goes well beyond institutional walls; the correctional status quo is aligned with the current (at the time of writing) wave of criminal justice and drug policy reform federally in Canada. Situating CSC's position on PNSPs and safer tattooing programs within a wider political climate that has shifted towards more "tough-on-crime" and "anti-drug" legislation and policy, it seems that the correctional system is at a major impasse. A number of interviewees expressed scepticism regarding opposite

organisational shifts in this area unless perhaps litigation, similar to the case of Vancouver's Insite, were brought before the courts.

This impasse could be surmountable if more strategic ways of having the harm reduction dialogue with corrections are developed. The PNSP example raises strong opposition from CSC and, in particular, the union of correctional officers; these actors cite safety concerns and remain adamant that needles provided to offenders in prison will be misused as weapons. Researchers and advocates must find additional ways to engage corrections beyond the international evidence that, for example, does not support the weapons claim and other operational concerns. At this juncture, the importability of PNSP and safer tattooing services into Canadian federal prisons may depend on reconfiguring such services in ways that could essentially transform their goals and practices, perhaps even diverting them from their more benevolent goals. Some diversion is evident with bleach access barriers (e.g., removal of or failure to reinstate bleach in some institutions). Scholarly work has examined overlap between harm reduction and risk management logics (Fischer, Turnbull, Poland, & Haydon, 2004; O'Malley, 2004; Quirion, 2003). Quirion (2003) commented that the security-focused relationship that can form between harm reduction and risk management has parallels with the abstinence-centred relationship between prohibition and treatment.⁴⁵ Outstanding questions for the drug policy literature include: how might harm reduction programs be modified to be accepted by corrections, and would modification involve harnessing the security potential of these programs? However, as I experienced and documented, if external researchers interested in substance use policy are not permitted access to qualitatively investigate current policies, practices, and the viability of new approaches, it might take a long time for answers to these and other questions I have raised for future study.

CSC is a complex organisation that encompasses a wide range of perspectives; nonetheless, it appears unified in its commitment to managing in-prison substance use. Throughout my chapters are numerous examples of CSC being a *responsive* organisation, such as: having ARC,

⁴⁵ As mentioned at the start of my thesis, although I did not take up CSC's substance abuse treatment programming in my chapters, the organisation has established a number of institutional programs including a high-intensity substance abuse program, women- and Aboriginal-specific substance abuse programming, and methadone maintenance treatment. Whether this arm of CSC's approach to substance abuse is perhaps a modest or organisationally acceptable expression of harm reduction and/or how the security-rehabilitation relationship is uniquely expressed in these programs are additional, important areas for future research. Given that I have data in relation to CSC's substance abuse programs, I will explore these topics in new, post-dissertation papers.

a dedicated research facility; making “eliminating drugs from prison” (CSC Review Panel, 2007) an organisational priority; public announcements such as the response to PNSP recommendations from the Correctional Investigator; an internal audit of drug interdiction activities; and CSC personnel, including the Commissioner, participation in the Standing Committee Study on drugs and alcohol in prisons. Through these efforts, CSC reproduces a consistent narrative that frames substance use management as a critical component of maintaining institutional safety and security. However, my study and others (e.g., from the public health literature) have shown that there is plenty of reason to challenge CSC’s approach. In particular, there is a need to examine negative effects occurring due to enhanced drug interdiction and to have more a complete understanding of why certain harm reduction services are kept out of prisons. The organisation has been responsive to substance use issues, but it is clear from my work that responsiveness should not simply be accepted at face value – responsiveness does not necessarily translate into innovative or, at minimum, adequate, non-harmful management of the issues.

My study details practices, similar to practices used by the corporations analysed by Power (2004, 2007), that carefully design performance and audit measures to appear credible and accountable, yet diminish opportunity for external critique and interference. I argue that CSC is exceptionally *protective* in how it responds to outside researchers and how it maintains the status quo. For example, the organisation: has a formal research access protocol that keeps external research at arm’s length; informed me that all programs should be implemented “according to policy”; stays silent about sensitive issues like staff involvement in the prison drug trade and redacts text from an internal audit document; employs strategies like evidence suppression and data reinterpretation; and is a site where political and operational logics are in sync regarding opposition to harm reduction. As discussed, even the final report produced by the Standing Committee (2012) largely glosses over – with the exception of comments from the New Democratic Party – the politics and level of internal/external stakeholder disagreement involved; its recommendations conform to the organisation’s status quo and thus presents a seemingly smooth case for continued investment in drug interdiction.

Within the confines of an organisational agenda to know and manage uncertainty, new correctional approaches to substance use will be difficult to implement. Harm reduction is an evolving field that recognises that people who use substances are constantly experimenting with

ways to take drugs and ways to manage their use (see also the introduction for fuller coverage of harm reduction). In this way, harm reduction does not shy away from uncertainty; it accepts uncertainty while inviting researchers and people with lived experience to meet the challenge of ever-changing practices with evidence about how to reduce risks to health and safety for individuals and their communities. This is not how things are done within CSC. Drawing on history, it will take patience for major system change. The Canadian government's Commission of Inquiry into the Non-Medical Use of Drugs (or the "Le Dain Commission") was appointed from 1969 to 1973 due to growing concerns about drugs, particularly drug use by youth (Giffen et al., 1991). Although the Commission had difficulty reaching consensus on their policy recommendations, they had advised, among other things, that central aims of policy should be assessing harm or potential harm to the individual and to society and finding of alternative approaches (Giffen et al., 1991). New policy and legislative action did not immediately follow. Only after the HIV/AIDS outbreak coupled with the escalating costs and problems associated with the war on drugs during the 1980s and 1990s was more serious consideration given to the development of new drug policy goals and types of programs (Fischer, 1997; Fischer, Rehm, & Blitz-Miller, 2000). Still today, federal drug policy stays quiet on harm reduction and the abovementioned problems have been increasingly documented in relation to prisons. Strategic ways of entering the political-operational dialogue about how and why corrections should implement alternative services need elaboration in future research. Given the adverse effects from enhanced interdiction, researchers and policymakers should consider formally challenging CSC's response in new ways, too, that will be more meaningful and acceptable to the organisation. Another key policy issue that remains unaddressed is how to cultivate more openness between external substance use researchers and corrections. In doctoral research conducted over a decade ago, Plourde (2002) invited reconsideration of "strategies that are aimed at interrupting the supply of drugs or punishing users" (p. 18). I make the same invitation and, in light of new contributions from my work and the current political climate, emphasise that now is perhaps the best time to persistently ask challenging questions and put forth applications to conduct research on substance use within zero-tolerance prison systems.

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Appendix A

INTERVIEW FOR CORRECTIONAL STAFF

Thank you for participating in this study on substance abuse policy and programming within the Canadian federal prison system. I am interested in learning more about the policy, practices, and processes involved in how the Correctional Service of Canada (CSC) manages offenders with substance use issues. Please feel free to ask for clarification regarding any of the questions. As per the informed consent that you provided, you may choose to decline to answer a question if you wish or choose to end the interview at any time.

Occupational background

- How long have you worked for the CSC?
- Can you please describe your occupational role(s) and duties as an employee of the CSC?

*Probes: Did you receive specific training for your occupational role(s)?
Have you worked inside different correctional institutions? How many institutions? What level of security were the facilities?
In what regions have you worked?*

Knowledge of CSC substance abuse policy and programming

- What do you know about CSC's formal and informal substance abuse policies?
- What do you know about CSC's substance abuse programming? (*potential prompts: for example, core correctional programs such as the NSAP, the MMT Program, the WOSAP, the AOSAP; other interventions including AA groups, chaplaincy services*)
- Are you aware of any changes that have been made to CSC substance abuse policies or programs?

*Probes: Can you please explain/provide more detail?
What outcomes are used to measure substance abuse program effectiveness or success?
Do you know why that change in policy or programming occurred?*

Experience implementing substance abuse policy and programming

- Can you describe what, if any, experience you have had working with offenders who have substance use problems?

*Probes: Have you implemented a substance abuse program for offenders?
Is your experience institutional, community-based, or both?*

- Have you experienced any challenges working with offenders who have substance use problems?

- Have you observed or do you know of any gaps that may exist between substance abuse policy and how policy and/or programming are being delivered inside institutions?

*Probes: Can you please explain/provide more detail?
Can you provide examples of any gaps?*

Engagement with addictions-related policymaking, program development, research and evaluation

- Have you observed or are you aware of any opportunities for communication between frontline correctional staff and senior personnel (e.g., policymakers, researchers) regarding substance abuse policy and programming?
- Do you think it would benefit CSC to have more or less communication between frontline correctional staff and senior personnel regarding matters of substance abuse policy and programming or keep the current level of communication?

Probe: Can you please explain/provide more detail?

Different approaches to substance abuse

- Are you aware of any different models or approaches to substance abuse treatment? (*potential prompts: for example, treatment models based on cognitive-behavioural principles, abstinence-based treatment models, harm reduction*)

Probe: Are you aware of the goals associated with different models and, if so, can you please explain?

- What do you think the future holds in terms of substance abuse models that CSC will use with offenders?

*Probes: Are there differences we might see in future models used for men versus women?
For minority offenders? For offenders with a history of violence?
Can you please explain/provide more detail?*

Wrap up

- Is there anything you would like to add or clarify regarding any of your responses in this interview?

**Initial interviews*

- Is there anything you think that I should have asked you during this interview?

- Are there certain key issues that you would suggest I ask about in future interviews with correctional staff?

I would like to thank you very much for taking the time to participate in this study and sharing your perspective!

Appendix B

INTERVIEW FOR POLICYMAKERS, RESEARCHERS, & OTHER CSC PERSONNEL

Thank you for participating in this study on substance abuse policy and programming within the Canadian federal prison system. I am interested in learning more about the policy, practices, and processes involved in how the Correctional Service of Canada (CSC) manages offenders with substance use issues. Please feel free to ask for clarification regarding any of the questions. As per the informed consent that you provided, you may choose to decline to answer a question if you wish or choose to end the interview at any time.

Occupational background

- How long have you worked for the CSC?
- Can you please describe your occupational role(s) and duties as an employee of the CSC?

*Probes: Did you receive specific training for your occupational role(s)?
Have you ever worked inside a correctional institution?
In what regions have you worked?*

Knowledge of CSC substance abuse policy and programming

- What do you know about CSC's formal and informal substance abuse policies?
- What do you know about CSC substance abuse programming? (*potential prompts: for example, core correctional programs such as the NSAP, the MMT Program, the WOSAP, the AOSAP; other interventions including AA groups, chaplaincy services*)
- Can you please describe how CSC substance abuse policies and programs are developed?
- How have CSC substance abuse policies or programs changed over the years?

*Probes: Can you please explain/provide more detail?
What outcomes are used to measure substance abuse program effectiveness or success?
Do you know why that change in policy or programming occurred?*

Implementation of substance abuse policy and programming

- How are CSC substance abuse programs being delivered inside institutions?

Probes: Have you ever implemented a substance abuse program for offenders?

- What are some of the challenges of working with federal offenders who have substance use problems?

- Have you observed or do you know of any gaps that may exist between substance abuse policy and how policy and/or programming are being delivered inside institutions?

*Probes: Can you please explain/provide more detail?
Can you provide examples of any gaps?*

Engagement with frontline correctional staff

- Have you observed or are you aware of any opportunities for communication between senior personnel (e.g., policymakers, researchers) and frontline correctional staff regarding substance abuse policy and programming?
- Do you think it would benefit CSC to have more or less communication between senior personnel and frontline correctional staff regarding matters of substance abuse policy and programming or keep the current level of communication?

Probe: Can you please explain/provide more detail?

Different approaches to substance abuse

- Are you aware of any different models or approaches to substance abuse treatment? (*potential prompts: for example, treatment models based on cognitive-behavioural principles, abstinence-based treatment models, harm reduction*)

*Probe: Are you aware of the goals associated with different models and, if so, can you please explain?
What do you know about the evidence base associated with different models?*

- What do you think the future holds in terms of substance abuse models that CSC will use with offenders?

*Probes: Are there differences we might see in future models used for men versus women?
For minority offenders? For offenders with a history of violence?
Can you please explain/provide more detail?*

Wrap up

- Is there anything you would like to add or clarify regarding any of your responses in this interview?

**Initial interviews*

- Is there anything you think that I should have asked you during this interview?

- Are there certain key issues that you would suggest I ask about in future interviews with policymakers, researchers, or other CSC personnel?

I would like to thank you very much for taking the time to participate in this study and sharing your perspective!