Introduction

Nearly 80% of male offenders in Canadian federal custody have a substance use problem that has affected their criminal behavior (Kelly & MacDonald, 2015; Grant, Kunic, MacPherson, KcKeown, & Hansen, 2003; Ternes & Johnson, 2014). Based on this percentage, at least 10,000 of the 14,000 men in federal custody in 2017/2018 may have a substance use problem (Malakieh, 2019). Consequently, substance use services are an essential component of a corrections system guided by rehabilitative goals. Corrections Service Canada (CSC) is the division of the federal government responsible for the design and delivery of these substance use services. A review of government and academic literature demonstrates that there is inadequate treatment for offenders with concurrent substance use and mental health disorders as well as a lack of satisfactory research on the implementation and efficacy of CSC's substance use services. Additionally, this review demonstrates that funding cuts to CSC's research department and CSC's hostile treatment of outside researchers are barriers to producing corrections research and present considerable ethical concerns. A look into the history of CSC's programs shows the importance of corrections research, which has been a driving force in CSC's improvement over time. This paper investigates the efficacy of CSC's contemporary substance use program model using the Canadian Association of Social Workers (CASW) *Code of Ethics* as an assessment tool, which was chosen to provide an external and widely accepted measure of ethical conduct. In order to improve the implementation and evaluation of CSC's substance use programs, and to increase CSC's accountability to the public, policy changes are needed at institutional and federal levels.

Historical Context

A brief overview of CSC's development demonstrates the importance of critical research in providing effective corrections services. Curt Griffiths (2004) explains that, for most of Canada's sovereign history, the general guiding philosophy in the corrections system was that inmates were mostly irredeemable and that punishment and discipline were the main goals of the prison system. Griffiths states that this philosophy began to change after the 1938 report by the Royal Commission on the Penal System in Canada concluded that prisons should focus on reform and rehabilitation rather than just punishment. This philosophical shift led to the development of the medical model of corrections, through which criminal behaviour is viewed as a treatable disease

but broader systemic influences on behavior are generally ignored. To operationalize the medical model, Griffiths states that the federal prison system began to introduce education, vocational training, and some therapeutic intervention techniques into the daily routines of inmates.

The medical model of corrections treatment drew heavy criticism from criminological researchers in the 1970s and subsequently began to fall out of favour (Bonta & Cormier, 1999). In his review of over 200 pieces of literature on North American prison research, Robert Martinson (1974) developed a strong critique of the prison system at the time. He argued that all programs provided by corrections systems—such as vocational training, community integration, or group counselling—had failed in reducing recidivism.[1] He suggested that, rather than criminality emerging from individual illness, criminality emerges from the effects of harmful social forces on people, and that the forces that construct criminal behavior are so strong that treatment is ineffective. Martinson's "nothing works" doctrine gained widespread popularity and was instrumental in shifting Western criminological ideology away from the medical model (Sarre, 2001).

Canadian researchers Paul Gendreau and Robert Ross (1979) rebutted the claim that "nothing works." They argued that research showed that toxic social forces do not permanently impress criminality on individuals, but that criminality is a learned set of maladaptive behaviors that healthier ones could potentially replace. One category of maladaptive behavior that Gendreau and Ross studied was substance use. In the late 1970s, research on Canadian substance use treatment programs in prisons did not exist. Instead, Gendreau and Ross referenced a number of studies on substance use pilot programs from the United States that were successful in reducing rates of substance use and recidivism. The 1970s marked another major shift in the Canadian corrections system away from the medical model and towards a rehabilitative model based on social learning theory[2] (Bonta & Cormier, 1999). Cognitive behavioral therapy, a treatment modality based on the philosophy of social learning theory, was introduced in behavioral and mental health treatments for federal inmates and was cemented as the intervention style of choice in the federal corrections system by the 1990s (Bonta & Cormier, 1999).

[1] Recidivism is the rate of returns to prison due to technical or new offences after release.

[2] Social learning theory is a framework in which people learn based on continuous interactions between thinking, behaviors, and environments, and particularly by observing the behavior of others (Bandura, 1986)

Up until 1992, federal corrections had decentralized substance use treatment programs which individual prisons contracted out to community agencies. In their report on 112 substance use programs[3] contracted out by CSC, Paul Gendreau and Claire Goggin (1991) found that nearly all of the programs were deficient in implementation, classification, treatment, and evaluation, and that nearly all were of poor quality when measured against best practices in corrections at the time. In response, CSC developed a prototype for an in-house, nationwide treatment program which ran from 1990 to 1992 (Weekes, Millson, & Lightfoot, 1995). Upon completion, Weekes et al. (1995) found that this program was an improvement on previous offerings, but was limited in its effectiveness because CSC placed inmates with a wide spectrum of substance use disorders in the same program. The researchers argued that this could be improved in future program design by offering low, medium, and high intensity programs (Weekes et al., 1995). In 2001, CSC introduced a high-intensity pilot program to six federal institutions, which led to the present-day arrangement of case workers assigning inmates to medium or high intensity programs based on the severity and complexity of their substance use issues (Grant et al., 2003). Evidently, many significant improvements in service provision were driven by an ongoing relationship between CSC programs and critical research by internal and external researchers.

Contemporary Perspective

In 1992, the federal government passed the *Corrections and Conditional Release Act*, a legal recognition of the rehabilitation model of the corrections system. It states that the main purpose of the corrections system is "assisting the rehabilitation of offenders and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community" (3b). It is the piece of legislation responsible for mandating the provision of mental health services in corrections facilities, stating that "The [Corrections] Service shall provide every inmate with (a) essential health care; and (b) reasonable access to non-essential mental health care that will contribute to the inmate's rehabilitation and successful reintegration into the community" (86). The Act defines health care as "medical care, dental care and mental health care, provided by registered health care professionals" (85). It defines mental health care as "the care of a disorder of thought, mood, perception, orientation or memory that significantly impairs judgment,

[3] 88% of programs were male only. The gender composition of the remaining programs was undisclosed.

behaviour, and the capacity to recognize reality or the ability to meet the ordinary demands of life" (85). There are no specific programs mandated by the Act, nor is there any mention of the provision of substance use services, although the Canadian corrections system has recognized substance use disorders as a mental health issue (Livingston, 2009). Due to the Act's lack of specificity regarding substance use services, CSC has considerable freedom in how it designs and delivers services. This freedom warrants an investigation into contemporary substance use services in the corrections system.

Currently, CSC provides six different substance use program streams for men. There are high and medium intensity programs, high and medium intensity Aboriginal offender programs, a pre-release program as a refresher for all of the men who have completed a program, and a community maintenance program for some men who received substance use treatment during their sentence (Correctional Service Canada, 2014). CSC also helps fund third sector community aftercare available to any former inmate (Doherty, Ternes, & Matheson, 2014). Both the high and medium intensity programs incorporate social learning theory, relapse prevention, and cognitive behavioral theory[4] into treatment (Doherty et al., 2014; Ternes, Doherty, & Matheson, 2014). This style of treatment aligns with the best practices for corrections services outlined in a report for the International Centre for Criminal Law Reform and Criminal Justice Policy (Livingston, 2009).

Two major reviews of these programs took place by the research branch of CSC. They found that offenders who completed the program were the least likely to return to prison compared to those who were assigned the program and did not enroll and those who started the program and did not complete it (Doherty et al., 2014; Ternes et al., 2014). However, those who completed the program performed only slightly better than those who chose not to enroll, and both groups did better than those who enrolled and then failed to complete the program (Doherty et al., 2014; Ternes et al., 2014). As a result, questions arise about whether these performance improvements are actually due to the effects of the program or about other factors related to readiness to change.

Other, more direct measures of program efficacy, such as changes in perceptions of control, self-efficacy, and perceived ability to cope with and resist the use of drugs are even more problematic. Davis, Doherty, and Moser (2014) point out the challenges in collecting authentic information from offenders in these programs: treatment success often benefits participants' parole

[4] Cognitive behavioral theory considers how dysfunctional thinking, feelings, and behaviors influence each other, and how they contribute to problems in people's lives (Lee & Edget, 2012).

conditions, thereby increasing the chance that they will exaggerate or fabricate positive changes. These researchers found that offenders who wished to demonstrate socially desirable thoughts and behaviors were also the offenders who reported the greatest changes from the treatment programs. Davis et al. suggest that a true test of efficacy of the treatment programs requires long term follow-up with offenders at a point when their beliefs and attitudes play no role in the conditions of their sentence. While federal corrections substance use programs generally use what have been considered best practices in the substance use field of corrections research (Livingston, 2009), internal CSC research has not clearly demonstrated their efficacy.

Evaluating Substance Use Programs Using the *Code of Ethics*

The Canadian Association of Social Workers *Code of Ethics* (2005) is an ethical framework designed to guide the practice of social workers in Canada. It is designed to be relevant at a national level, making its scope compatible with the federal programs of CSC. It is used widely in the social work profession, which is deeply involved in developing and delivering rehabilitative services in Canada, including those found in the corrections system. This makes the *Code of Ethics* compatible with the rehabilitative mandate of CSC found in the *Corrections and Conditional Release Act* (1992). An external framework is consistent with the *Act*'s requirement that mental health care be provided by "…registered health care professionals," (85) who are guided by the CASW *Code of Ethics* (2005) if they are registered social workers, or a similar code if they are in a related profession, such as counselling. The *Code of Ethics* offers an external measurement of adequacy that holds CSC accountable to best practices that apply across many different agencies and programs.

The CASW *Code of Ethics* (2005) contains principles that are guided by a human rights discourse and built on social work theory, which draws from a number of disciplines and knowledge bases including psychology, sociology, and political science (Carniol, 2010). In Canada, social work theory places an emphasis on anti-oppressive practices (Mullaly & West, 2018) in which dynamics of privilege and oppression play out along lines of class, race, gender, and other identity categories. These dynamics are understood to influence or determine social issues and wellbeing, and social workers are tasked with addressing them in their practice. For example, the *Code of Ethics* states that social workers have a particular interest in people who are "vulnerable, oppressed, and/or living in poverty" (p. 3). It contains six core values which are

intended to outline and protect the rights of service users, while also providing ethical grounds for anti-oppressive practices:

Value 1: Respect for Inherent Dignity and Worth of Persons

Value 2: Pursuit of Social Justice

Value 3: Service to Humanity

Value 4: Integrity of Professional Practice

Value 5: Confidentiality in Professional Practice

Value 6: Competence in Professional Practice (p. 4)

Applying the CASW *Code of Ethics* (2005) values highlights two main problems with the provision of substance use services by CSC. The first relates to the value of Competence in Professional Practice, in which "social workers uphold the right of clients to be offered the highest quality services possible" (p. 8). In 2009, Reinhard Krausz pointed out that at the time, CSC failed to serve offenders with concurrent substance use and mental health disorders, arguing that their programs are "fragmented and compartmentalized" (p. 8). Internal CSC researchers Geoff Wilton and Lynn Stewart (2012) point out that CSC does not integrate substance use and mental health programs well enough to help people with concurrent disorders. In a separate study, the same researchers found that 68% of incoming offenders with a substance use disorder also had a co-occurring personality disorder (Stewart & Wilton, 2017). Stewart and Wilton argue that institutional outcomes for offenders with substance use or mental health disorders cannot be understood without considering the high rates of co-occurrence (2017). Despite research spanning several years calling on CSC to change its programming, CSC has yet to integrate mental health and substance use services. CSC does not offer the "highest quality services possible" and therefore does not meet the standard of competence outlined by the CASW (CASW, 2005, p. 8).

Another issue that CSC must address is the clawback of research funding by the federal government. Using language such as "consolidation" and "centralization," a $1.6 million dollar cut to research spending led to the defunding and subsequent closure of the Addictions Research Centre(Government of Canada, 2012) and a significant decrease in CSC research (Zinger, 2016). Competence in Professional Practice mandates that social workers "...contribute to the knowledge base of the profession," which is usually achieved by doing research into ways services can be improved (CASW, 2005, p. 8). As can be seen in the history of corrections services in Canada, research has played a significant role in improving the quality of CSC's services, and there has

been a call from internal researchers for longer term investigations of substance use programs (Davis et al., 2014). Recent cuts to research funding make it more difficult for CSC to answer this call or to do internal efficacy research in general. Defunding substance use research makes it more difficult to both assess and meet a standard of competence as it decreases contributions to the professional knowledge base (CASW, 2005).

While issues of competence are serious, issues of integrity are graver. Under the value of Integrity of Professional Practice, the CASW (2005) mandates that "social workers demonstrate and promote the qualities of honesty, reliability, impartiality and diligence in their professional practice" (p. 7). These qualities, particularly honesty and impartiality, conflict with several allegations of censorship and suppression of external research by CSC (Hannah-Moffat, 2011; Martel, 2004; Watson, 2015; Yeager, 2008). For instance, Tara Watson (2015) intended to conduct qualitative interviews with workers facilitating substance use programs and was denied access by CSC. She describes a history of CSC blocking requests to speak with frontline staff and, in her case, being blocked on the grounds that staff's opinions on substance use programming are not "necessary or appropriate," as all frontline work is standardized, and all necessary information can be found in CSC's program manuals and on their website (p. 342). If frontline practices align this closely with guiding policies, it stands to reason that an institution would be eager to confirm this through external research.

The allegations of censorship are not confined to research on substance use services:: they extend to any research on CSC that might damage its reputation. External researcher Kelly Hannah-Moffat (2011) describes CSC's behavior as institutional protectionism, arguing that if a researcher is too critical of the corrections system CSC is unlikely to grant them research access. This is echoed by external researcher Matthew Yeager (2008), who adds that institutions with historic relationships with CSC may be more interested in preserving their relationships than supporting critical research. Yeager spent over four years trying to get ethics approval from Carleton University to conduct interviews with dangerous offenders. He alleges that Carleton's Research Ethics Committee abused the ethics approval process to protect the University's relationship with CSC, as critical research on CSCs treatment of offenders may have threatened the approval of future research contracts. Yeager describes a number of unconventional requests by the Committee, separate ethics reviews conducted by CSC, the Ontario Ministry of Community Safety and Correctional Services, and Carleton's psychology department, despite the department's

close relationship with CSC and the criminological focus of Yeager's research. His research proposal was ultimately denied by the Committee and by CSC in spite of an appeal from the inmates with whom he intended to conduct research, who argued that it was their right to participate in interviews. Yeager contends that his research was in the interest of its subjects and of public benefit, and that his University and CSC denied research access based on a desire to protect their reputations—the University's reputation with CSC, and CSC's with the public — rather than for legitimate reasons.

While not focused on male offenders, Joane Martel's (2004) experience demonstrates that problems between CSC and external researchers extend beyond the approval process. Martel conducted a qualitative analysis of women's experiences in solitary confinement with support from the Elizabeth Fry society, a large non-profit that provides services for women, and a research grant from Status of Women Canada. Her first challenge was in the application process, when CSC took issue with her decision to explore subjective experiences of incarcerated women, rather than collect quantitative data, and only granted approval on the condition that she include CSC's in-house data in her research. Martel's published work ended up being critical of CSC's solitary confinement practices, arguing that it caused undue harm to inmates and provided information not covered by CSC's internal quantitative research. After publication, CSC avoided contact with the research team, cancelled a meeting with the Elizabeth Fry Society to discuss the results, and refused to help share the findings or make any public comments on the research. While CSC is not obligated to promote external research, ending communications with researchers who may have feedback on how to improve institutional practices is problematic.

The experiences of these researchers, and their allegations of censorship, provide strong evidence that CSC is mainly interested in external research that is uncritical of its policies or practices, despite the fact that critical research has been a driving force behind improvements to service provision that benefit inmates and the public. This does not align with the CASW *Code of Ethics* (2005) value of Integrity in Professional Practice. Further, these allegations make CSC appear to value its reputation over the actual conditions in its prisons, calling into question the integrity of CSC's internal research.

In order to meet standards of competence outlined in the CASW *Code of Ethics* (2005), CSC must improve its treatment of concurrent disorders and its research funding must be restored. However, because of issues of integrity pertaining to research access, it is difficult to say much

more about the adequacy of services within the corrections system. Theopacity between the public eye and the internal operations of CSC is cause for concern given that it is a public institution overseen by the federal government.

Conclusion

This research found that services for people with co-occurring mental health and substance use issues in federal prisons are inadequate. This is especially problematic given that the majority of incoming offenders have concurrent mental health and substance use disorders (Stewart & Wilton, 2017). Further, cuts to research funding and an insular research climate have made it difficult to produce internal and external corrections research, particularly any that might be critical. These barriers to research are extremely troubling, given the important role critical research has played in helping CSC improve its services.

Despite barriers to research, a look at the history of CSC substance use programming shows a clear commitment to providing services to inmates with substance use problems and a willingness to make changes in service provision when confronted with critical research. Existing internal research from CSC shows that their programs have some minor positive effects on the behavior of inmates (Doherty et al., 2014; Ternes et al., 2014). Additionally, CSC's overall approach to substance use programs, that is, providing programs based on a combination of efficacious theoretical approaches, may be consistent with best practices in the mental health and substance use field of corrections (Livingston, 2009).

While CSC's theoretical approaches appear to meet standards of adequacy, it must make several changes in other areas. It must research, develop, and implement integrated services for people with co-occurring mental health and substance use concerns, which is a clear gap in its network of programs (Krausz, 2009; Wilton & Stewart, 2012). There is also a need for a better assessment of the efficacy of substance use services. Limitations in recent efficacy research have been identified, and a long-term study that addresses these limitations has been proposed by internal CSC researchers (Davis, Doherty, & Moser, 2014). Funding this study and including external researchers in its application could be a good starting point for CSC to improve its efficacy research and begin to be more transparent.

CSC's insular attitude towards external researchers and its recent funding cuts are barriers that must be addressed in order for these improvements to be implemented. At the institutional level, there should be policy changes to make it easier for outside researchers to access CSC, and oversight should be implemented to make sure these changes are adhered to. On a federal level, the government should re-invest in research funding for CSC and mandate that a diverse selection of internal and external researchers decide how funds are allocated. These changes should be legally recognized through an amendment to the *Corrections and Conditional Release Act* (1992) to include the need for CSC to receive adequate research funding for internal and external researchers. However, it is not likely that these changes will happen if CSC is left to its own devices given its insular history. There must be strong and sustained pressure on CSC from researchers, affiliated agencies, offenders' communities, and the general public in order for change to occur.

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