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Subject: CCJA News April 27, 2011

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### **CONGRESS 2011- CONGRES 2011**

The Canadian Criminal Justice Association is holding CONGRESS 2011 in collaboration with the Société de criminologie du Québec, October 26 - 29, 2011, at the majestic Chateau Frontenac in Québec City

CONGRES 2011 organisé conjointement par l'Association canadienne de justice pénale et la Société de criminologie du Québec se tiendra du 26 au 29 octobre 2011, au majestueux Château Frontenac, ville de Québec.

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1.				
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The full Congress programme is on-line on our website and you can register at <a href="http://www.ccja-acjp.ca/cong2011/en/registration.html">http://www.ccja-acjp.ca/cong2011/en/registration.html</a>				
Reserve your hotel room at the Chateau Frontenac by going to: <a href="https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&amp;eventID=3300081">https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&amp;eventID=3300081</a>				
Cliquez sur 'Français' si vous le preferez.				
2. Election notice for CCJA Members- Avis d'élections pour les membres de l'ACJP				
Elections are underway at the CCJA for 1 Board Director each for Quebec, New-Brunswick, Nova Scotia, Ontario and the Territories. Any member of the CCJA who is in good standing (meaning that their membership dues are up to date) may either nominate				

himself or someone else. Nominees must reside in the province that corresponds to the position for which they are running. The deadline for nominations is May 15 <sup>th</sup> , 2011, so if you have plans to run or to nominate someone else, please go to our Winter issue of the Justice Report (26.1), fill out the nomination form, and send it in to the CCJA. Board Directors have a four-year mandate, and newly elected directors will begin their term at the Annual General Assembly which takes place at Congress in Québec City this October
L'ACJP tiendra bientôt des élections pour les postes de directeur du conseil d'administration pour les provinces du Québec, du Nouveau-Brunswick, de la Nouvelle Écosee, de l'Ontario et des Territoires. Tout membre de l'ACJP qui est en règle (c'est à dire dont l'adhésion est à jour et les frais payés) peut soit poser sa candidature, soit poser la candidature du quelqu'un d'autre. Les candidates et les candidats doivent résider dans la province qui correspond avec le poste pour lequel elles ou ils sont nommés. La date limite pour les mises en nomination est le 15 mai 2011, donc si vous prévoyez vous présenter ou présenter une tierce personne, veuillez consulter le numéro d'hiver d'Actualités-Justice (26.1), remplir le formulaire de mise en candidature qui s'y trouve, et le retourner à l'ACJP. Les directeurs du conseil d'administration ont un mandat de quatre ans, et les nouveaux élus seront mis en poste à l'assemblée générale annuelle qui se tiendra au Congrès d'octobre à Québec.
3. Ontario judge rules mentally ill can be held in jails
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and also reserve your hotel room at the Chateau Frontenac by going to : <a href="https://resweb.passkey.com/Resweb.do?mode=welcome\_ei\_new&eventID=3300081">https://resweb.passkey.com/Resweb.do?mode=welcome\_ei\_new&eventID=3300081</a>

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3. Ontario judge rules mentally ill can be held in jails

#### KIRK MAKIN — JUSTICE REPORTER, Globe and Mail, Apr. 17, 2011

An Ontario Superior Court judge has blown a hole in a lower-court uprising over mentally ill offenders who are shunted off to jail cells because of a bed shortage at mental hospitals.

Mr. Justice Ian Nordheimer concluded that an Ontario Court judge acted unreasonably when she prevented authorities from placing unfit offenders in jail to await a hospital bed.

The decision last week was a victory for frustrated administrators at Toronto's Centre for Addiction and Mental Health (CAMH), who have been scrambling to accommodate unfit offenders since the issue exploded last fall.

"It is clearly the decision we had hoped for," said Sandy Simpson, clinical director of the Law and Mental Health Program at CAMH. "If the person is not very well and it is possible for them to wait a few days while we are finding a bed, then that is acceptable and in line with the workings of the rest of the criminal justice system."

The standoff began when some judges used a Criminal Code provision that allowed them to remand offenders "forthwith" to hospitals. The orders meant that jails could no longer legally accept them, so offenders were redirected to cells in police divisions as a last resort.

Judge Nordheimer said it is unrealistic to expect CAMH to free up beds instantly, and police cells are not an acceptable alternative.

"Not only are the police not properly equipped to deal with these people, it is not the role of the Toronto Police Service – or any other police service – to house these people," he said. "It is also not appropriate to foist the burden of this problem onto the police or to saddle them with the fallout from this conflict."

Dr. Simpson said that the decision binds all Ontario Court judges, effectively ending the dispute.

In making its case, CAMH had singled out specific judges who were ordering mentally ill individuals to hospitals despite knowing there were no beds.

One of those judges who precipitated the standoff, Ontario Court Judge Mary Hogan, noted in one ruling that the bed shortage was chronic. "Nothing that I can see over the past number of years has changed," she said. "It is the mentally ill in this province who have to live with it. That, to me, is not something that the rest of us should accept. It is wrong."

Lawyers for the mentally ill offenders expressed disappointment, saying the Nordheimer decision will reduce pressure on the province to expand hospital facilities.

Chris Hynes, a Toronto lawyer, said that Judge Nordheimer might have ruled differently had he been dealing with an offender who had languished in jail for several weeks or months, instead of a few days. "This is happening and will continue to happen without an overhaul of current practices," Mr. Hynes said. He said that the best solution may be for judges to set a tight deadline for CAMH to find a bed, such as two or three days.

Dr. Simpson said that waiting lists for hospital beds are now down to near zero, thanks to careful administration and co-ordination among hospitals.

Mr. Hynes agreed that wait times have dropped, but he expressed skepticism about CAMH's statistics. The roots of the problem date back 30 years, when the province established a deinstitutionalization policy and mentally ill people were discharged into the community. Some committed crimes and found themselves caught up in the criminal justice system.

Robert Singer, who spent several weeks at the Don Jail last summer waiting for a CAMH bed, said that jail is no place for the mentally ill. "Cold, dank, lonely, dark – and all they do is scream at you," Mr. Singer said. "You very rarely get to see your psychiatrist."

An estimated 15 to 20 per cent of the Ontario jail population has a serious mental illness – 6,400 people at any point in time.


## 4. Effective re-entry programmes can keep ex-prisoners out of jail

#### They all come home

The Economist, Apr 20th 2011

JEN KWONG NG was released in June after serving 20 years in a prison in upstate New York. Desperate for work, he reconnected with the old "friends" who had got him into trouble in the first place. He had just met them in the park when his phone rang. It was Harlem's Exodus Transitional Community offering him an internship. "I told my boyz", remembers Mr Ng, "I gotta go. I gotta go to work."

Exodus helps ex-prisoners to get back on their feet. The numbers needing help are staggering. One in every 100 American adults is in prison or jail, one in 31 is under correctional supervision—and after their release, most will find themselves back behind bars. According to a new Pew report, 43% of American offenders are returned to state prison within three years of their release. The recidivism rate varies from state to state: 45% in Alaska and just 4.7% in Montana. But of the 301 people who completed the Exodus programme in 2010, only nine went back to prison.

Unless they are offered a good re-entry programme, prospects are bleak for those returning home. Drug and alcohol abuse is the norm, and a quarter of prisoners have mental-health problems. Few have finished high school. Many have bad work histories. And a criminal record reduces the likelihood of employment, by as much as 57% for black applicants.

Most prisoners are released back to their neighbourhoods, but these are often ill equipped to deal with them. East Harlem receives more than its fair share: some 2,200 people are released on parole in Upper Manhattan each year. Within one seven-block stretch—from East 126th Street to 119th Street, dubbed "corridor for re-entry"—one in 20 men have spent time in prison. Exodus lies in the heart of convict alley, says Julio Medina, its founder.

Newark, New Jersey is even bleaker. A quarter of Newark's 280,000 residents have at some point been "involved" with the criminal-justice system. To reverse this, Cory Booker, the mayor, together with the Manhattan Institute, a think-tank, set up the Office of Re-entry, which focuses on work. Former inmates can walk into City Hall and ask for help in getting a job. Since the programme began in 2008, 60% of those who took part in it have managed to find work. Only 10% have reoffended.

Charles Hynes, Brooklyn's district attorney, also sees jobs as essential. Fed up with putting the same people away time after time, in 1999 he created ComAlert (Community and Law Enforcement Resources Together) to act as a bridge between prison and the community for parolees returning to Brooklyn. "We welcome people home," he says. "And we want to keep them there."

He joined forces with the Doe Fund's "Ready, Willing and Able" programme, which provides jobs, such as street cleaning, for a weekly stipend. Later on, ex-inmates can train in food preparation or pest control. According to a Harvard study, Com Alert parolees are 30% less likely to be re-arrested than parolees who have not been through the programme.

ComAlert also offers drug treatment and counselling. This is crucial. Nearly a third of state and a quarter of federal prisoners commit crimes while under the influence. The Centre for Court Innovation found that rearrest rates dropped by 64% for those who had completed at least 90 days of court-ordered drug treatment.

In Hawaii, HOPE (Honest Opportunity Probation with Enforcement) also focuses on drug treatment. It deters drug use by insisting on regular drug screenings and threatening short stays in jail. Probationers taking part in HOPE are 55% less likely to be arrested for a new crime. Similar schemes are being piloted or considered in Alaska, California and Alabama.

Over the past 30 years, the emphasis in correction supervision has been on surveillance. As a result, the

number of people sent back to prison for parole violations increased seven-fold from 1980 to 2000. In 2009 parole violators accounted for a third of all state prison admissions.

Arizona is one of the states trying to do something about this. People on probation there can earn up to 20 days off supervision for every 30 days they show progress and compliance. Since 2008, the number of probationers returning to prison has fallen by 28% and the number with a new felony conviction by 31%. Had the rate of reoffending remained at 2008 levels, Arizona would have had to spend \$35.9m in 2010 and up to \$3 billion would have been needed to build new prisons.

The cost to taxpayers is enormous. More than \$60 billion each year is spent on prisons and jails. A year's stay at a state prison costs about \$45,000—Harvard would be cheaper. State correction spending in America has increased over the past 20 years from \$10 billion to more than \$50 billion. Almost 90% of voters favour reducing prison time and creating a stronger probation and parole system. The Pew report found that if states could reduce their reoffending rates by 10%, more than \$635m could be saved in prison costs. One report estimated that New York would save \$3.2m for every 100 people who do not return to prison.

In 2008 George Bush signed the Second Chance Act, which hoped to break the cycle of reoffending and, at the same time, increase public safety and rebuild families (more than half of prisoners are parents). But most of the innovation has been at state and local level. A recent report from the Council of State Governments Justice Centre, which highlighted programmes that were working well, argued that adhering to four principles would greatly help to lower costly recidivism rates.

First, the focus should be on the people most likely to re-offend, since early intervention is crucial. According to the Bureau of Justice Statistics, 30% of all re-arrests occur within the first six months of freedom. Second, programmes should be based on scientific evidence and measurable outcomes. With this in mind, the Urban Institute and John Jay College are working to develop a library to compare re-entry practices, programmes and policies. Third, community supervision must improve. Fourth, ex-prisoners must get support in their own neighbourhoods rather than looking to centrally-based institutions.

The principles are not radical. "But they do work," says Frank Wolf, a Virginia congressman who held congressional hearings about re-entry. That is reassuring, since 95% of people in state prisons will one day return to their communities.

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# 5. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility:a retrospective population-based study

Brandon D L Marshall, M-J Milloy, Evan Wood, Julio S G Montaner, Thomas Kerr Summary

**Background** Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally,

more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been

opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether

the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

Methods We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city. Findings Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32-48 years). A third (89, 30·7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area decreased by 35.0% after the opening of the SIF, from 253.8 to 165.1 deaths per 100 000 person-years (p=0.048). By contrast, during the same period, the fatal overdose rate in the rest of the city decreased by only 9.3%, from 6.9 deaths per 100 000 person-years (p=0.490). There was a significant interaction of rate differences across strata (p=0.049).http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62353-7/abstract \_\_\_\_\_\_ **Irving Kulik** Executive Director/Directeur général CCIA/ACIP 613-725-3715

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