

A STUDY OF THE EFFECTIVENESS OF PAROLE
IN REDUCING DRUG DEPENDENCY AND CRIMINAL ACTIVITY
IN NARCOTICS ADDICTS

by

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Abstract

This study examined the comparative performances in the community of two groups of narcotics (heroin) addicts released from a Canadian federal penitentiary. The members of one of the groups were released under parole supervision, and the purpose of the study was to evaluate the effectiveness of parole in reducing criminal behaviour and drug dependency in narcotics addicts. As far as the author was able to ascertain, no study of this kind had previously been undertaken in Canada, and it should provide part of the foundation for further works in this area.

A group of fifty (50) parolees and a control group of fifty (50) non-parolees were randomly selected and the following hypotheses were formulated:

- 1) Parole supervision is effective in reducing narcotic abuse in addicts in the long run.
- 2) Parole supervision is effective in reducing criminal performance in narcotics addicts in the long run. Criminal performance is measured both in terms of recorded convictions and choice of associates.

The hypotheses were not supported by the findings, and it was concluded that parole was not effective in reducing drug dependency and criminal activity in the group of narcotics addicts studied. The author has proposed for further study, among other things, the Concept of Luck. He feels that many students of deviance and criminal behaviour have indicated relationships between socio-economic circumstances and criminal involvement, but, to his knowledge, nobody has satisfactorily explained why some people with a certain background become criminals and narcotics addicts, while others with similar and identical backgrounds do not.

To Gyda

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Chapter 1

INTRODUCTION

For the purposes of this study, the term narcotics addict refers to an individual who is physically addicted to heroin, but who may also have used opium and its various extracts and preparations. When doses of heroin are taken regularly, the user develops tolerance to its effects and physical dependence on it, so that if it is suddenly withdrawn a withdrawal illness sets in.

Even if our sources of public information are only partly correct, there appears to have been a continuous increase in the use of narcotics in Canadian society over the years. This has meant, in turn, that a related increase in the number of narcotics addicts has taken place. It is now estimated that there are 15,000 addicts in Canada. British Columbia has 10,000 of these and 6,500 of them are to be found in the Vancouver area.¹ Fortunately, or unfortunately, this paper will not be dealing directly with the etiology of narcotic addiction in Canada or British Columbia. It regards the etiology of narcotic addiction in Canada as multi-factorial, because the author accepts that social, psychological and pharmacological factors all play a part in the growth and maintenance of the problem.

This study will be concerned with the comparative performances of two groups of narcotics addicts. One group is made up of men who were released on parole, and the other, the control group, is made up of men who were released from the institutional setting at the completion of their sentences. The two groups of narcotics addicts under examination were released from the same institution at approximately the same time. The author has chosen to use the case-study method for this piece of research.

Parole has been described as a release from prison, given to a prisoner before his sentence has expired, on condition of future good behaviour: the sentence is not set aside and he remains under the supervision of a parole board. For the purposes of this paper, the Parole Board is the National Parole Board of Canada, some of whose functions will be described in Chapter III. Prior to 1962, very few narcotics addicts were released ahead of their expiry dates. However, in anticipation of the opening of the Matsqui Institution for narcotics addicts, the Parole Board initiated special projects. Since that time, many addicts have been released on parole, with varying results.

In preparing this study, the author has examined numerous research papers and books on the subjects of narcotic addiction, and its treatment. Very few of these presentations have really described to the reader the essence of the problem,

the addict and his actual behaviour. The author will attempt to describe these things, in the hope of bringing the concept of narcotic addiction into focus and putting the implications of the study into context.

1. Case History of a Narcotics Addict

John Doe is 35 years old and has just completed a four-year prison term for possession of narcotics and possession of stolen property. The circumstances leading up to these offences are fully in keeping with his past behaviour. In the previous ten years, he had spent about four months out of prison. His pattern was to leave the institution on release and go directly to "the Corner,"* where he would "score" (term used for buying drugs). The money he had on his release would soon be exhausted** (the price of heroin was \$15 per capsule***), and he would once more be faced with having to resort to illegal means to obtain cash. Part of his problem was that once he got to the "corner," he was unable to leave in any real sense. He rationalized that the only people he could communicate with were there, and it was the only place in which he felt comfortable. Prior to his release, he spoke of leaving town and getting a job where he would have no more contact with addicts or drugs. This plan would be immediately

* This was the corner of Hastings Street and Main Street, Vancouver, B.C. Drug addicts and traffickers used the area as their meeting place.

** Prisoners do earn nominal amounts of money in prison and some of it is put into a special account for their release.

*** The current price of heroin in Vancouver is said to be \$25 per capsule.

forgotten on his release. Although he would not have had sexual relations with a woman for some time, his only interest in women would soon centre on their ability to provide him with "stuff" (drugs). He would try to get money from "friends" and relatives to make purchases, when his resources inevitably ran out, and he would then resort to shoplifting, small-scale trafficking or any convenient, illegal means at his disposal. However, he did not resort to violence. He had the misfortune of being well-known by the police and store detectives, and this made it quite difficult for him to get away with too much. Also, the compulsion to use narcotics would be so overpowering, that he would become desperate and careless fairly quickly. This would mean taking chances when the odds were really poor, and it would often lead to arrest.

His day would begin with his getting up in the morning, in a cheap downtown hotel, thinking about his first "fix." This would develop into a craving, and he would be restless until that was satisfied. He would go to a cafe that was a well-known meeting place for addicts, and although he was aware of the probability of being watched by drug-squad members and undercover police officers, he would take very few precautions, if any.

Somehow, he hoped he would be able to avoid apprehension. His interest was centred on the question of acquiring

narcotics, using it and in a contradictory way, being able to outmanoeuvre the police in the process. It did not matter where he had to go to have a "fix" or whether the "needle" he was going to use for injecting the "stuff" into his veins was clean. The death of another addict through overdose was of no concern to him. At one point when several addicts had died of overdoses over a short period of time, and it was rumoured that the deaths were the result of the amount of strychnine that was being mixed with the heroin, he was asked whether this worried him at all. He replied that it did not, because, in the first place, he liked the extra "blast" that the strychnine provided and he had the added safeguard of knowing that the trafficker he usually bought from always took a "fix" (using the same mix) before going out to sell his "stuff." He rationalized that this meant that if the trafficker was alive to sell "stuff" to him, then it would be alright for him to use it..

Immediately on his arrest, he would attempt to obtain some form of medication from the staff at the city jail, and when he was transferred to the provincial prison, he would try to get assigned to the hospital or he would try to get medication for his withdrawal problems. Once back in prison, he would contact his relatives and try to get them to visit him. His main aim would be to make himself as comfortable as possible during incarceration, and this also meant that he would try to get himself in a strategic position in the

institution, to allow him room for making deals and acquiring drugs. As long as things went his way, he posed no problem to institutional staff.

John was the third boy of a family of three boys and two girls, born to working-class parents. His father had worked at a number of unskilled jobs and had no criminal record. His mother was a housewife, who also had no criminal record. His eldest brother worked in a warehouse and had his own family. The other brother had been on probation and had served a short sentence for theft but had settled down and pulled himself entirely out of criminal involvement. The two sisters were married and had their own families.

John's early home life was not unusual for someone in his situation. His parents did not have much money to spend on him, but he never went without necessities. He got along well with his parents and siblings, and, as a unit, the family got along quite well. His eldest brother went to work at a fairly early age, and he and his brother before him spent a great deal of time with a gang of teenagers from their east end of Vancouver neighbourhood. They both got into car theft trouble which led to periods of probation. However, their delinquent activity continued and this led to John's first exposure to institutionalization at age 16. It also meant the end of his schooling, which had not been going too well, in any case. He had completed grade 9. However, he is quite intelligent and has fairly highly developed verbal skills.

His first direct exposure to the drug scene was when he came into contact with addicts in the institution. He claims that he was offered a "fix" and thought he would try it, because he did not think that one "fix" could do much harm. His first experience was not enjoyable. In fact, it made him feel "quite sick." However, he availed himself of all future opportunities to use narcotics, and when he returned to the community he headed for the "Corner." He has almost no work experience and is not too concerned about it.

John's experience is merely one of a variety of possible ways in which a person may become a narcotic addict. Also, his adjustment is one of a variety of adjustments made by addicts. What they do have in common is the overpowering desire for narcotics, and this, in turn, produces a variety of adaptations. Some addicts work when they can; others go directly into trafficking; while others are "on the hustle" from day to day and use social assistance as a cushion.

2. Description of the Narcotic Addict

The following excerpts may offer some depth to the description of an addict:

"From Alexander King, the morphine-eater, accidentally addicted: An addict can do beautifully without women. He is not necessarily impotent, he just doesn't need them. His euphoria is so complete he can do fine without seductive titivations. He has only one anxiety - that he will run short of his poison."¹

"From William Lee, the 'junkie': It seems more probable that junk suspends the whole cycle of tension, discharge and rest. The orgasm has no function in the junky. Boredom, which always indicates a discharged tension, never troubles the addict. He can look at his shoes for eight hours. He is only roused to action when the hour-glass of junk runs out."²

"From Dr. David P. Ausubel, Drug Addiction (1958):
.... If physiologic dependence cannot satisfactorily account for the etiology of drug addiction, what else does? The most credible answer we can offer in the present state of medical knowledge is that opiates owe their marked addicting properties to the feelings of euphoria which they engender....
Euphoria is usually defined as a generalized feeling of well-being in the absence of any objective justification for such a feeling. Most commonly, as for example in manic states, this condition is a reflection of an impaired self-critical

ability. It can also be enhanced by intense pleasurable feelings and by an absence of pain (or an inability to respond to painful, disagreeable stimuli). Opiates induce euphoria in all three ways. Much of their analgesic value is attributable to their ability to elevate the perceptual threshold for pain, to inhibit the anticipatory anxiety associated with pain, and to minimize the seriousness to self with which pain is regarded (impairment of self-critical faculty)."³

Dr. Ausubel, in describing action of an opiate on the addict, refers to the observations made by A. Wikler in his study, Opiate Addiction (1952):

"After an intravenous injection of morphine, addicts report that they feel 'fixed'. This term appears to denote a state of gratification in which hunger, pain and sexual urges are greatly reduced or abolished. In addition, injection of morphine results in a highly pleasurable thrill which is described as similar to orgasm except that the sensation seems to be centered in the abdomen.

It is important to note that tolerance to the euphoric action of the opiates is quickly acquired. Thereafter, to continue obtaining this effect the addict must increase the dosage of the drug or 'shoot it main-line.' The euphoria can also be enhanced by postponing injection until mild abstinence changes occur. Hence, although the euphoria of the later stages is probably less intense than at the onset of

addiction, it can still be experienced by resorting to these devices."⁴

This is an excerpt from Barney Ross' account of his own attempt at "withdrawal":

".... I was assigned at once to the 'withdrawal' ward, where Dr. Herbert Weider, a New York physician, was in charge. 'Here's where you "kick the habit," it's the roughest part of the cure', he told me.

The doctors and most of the attendants at the hospital were conscientious people, but it was a big place and it was understaffed. Often, when you needed an attendant, it took a long time to get one.

The first day, I was given four shots, totalling about two grains of a weakened morphine - a grain less than I'd been giving myself. The second day, I got a little less than that, the third and fourth days still less, with codeine substituted in part for the morphine.

The withdrawal gave me the miseries, because the limited amount of morphine wasn't enough to kill the cramps and the sweats. I soon learned where the expression 'kick the habit' came from. When my drug quota was progressively cut down, I got spasms in the muscles of my arms and my legs actually kicked.

I had no appetite at all. I couldn't take anything except coffee the first four days. I couldn't sit in one place, I couldn't carry on a conversation with anybody, and at

night I could hardly sleep because of the screams of the other inmates.

I had my religious books with me, and though I couldn't sit to read, I was praying as I have always done, only now I was praying harder than ever. I was supposed to keep getting weaker drugs until the tenth day, but on the fifth morning, I decided to go 'cold' and refused the drug on the chance of a quicker recovery.

The morning went by. Then the afternoon. The cramps were getting worse. The diarrhea started now. It came so fast I had to twist my legs and roll over to try to hold it back. I had to vomit but there was no food in me so I gagged and choked till I forced out blood. My nose started to run and my eyes began to burn. I tried to lie down but the convulsions hit me and I began to bounce up and down on the bed...."⁵

Again, it should be borne in mind that there are narcotics addicts who do not fall into the category implied by the above excerpts. There are addicts who are referred to as non-criminal addicts. These are people, usually from non-criminal backgrounds and sometimes from very respectable professions, whose terms of reference are non-criminal. Their need for the drug may have resulted from legitimate treatment for some ailment. The concept of the non-criminal addict has far more significance in the British context, because a fairly large percentage of the addicts in England come from totally

non-criminal backgrounds and tend to remain non-criminals. So far, no real addict sub-culture has developed there, partly because the British government's policy has been one that did not make the assembly of addicts necessary for their survival. However, the more recent establishment of treatment clinics will have to be watched to see what by-products develop. There are also addicts in Canada whose orientation is or has become non-criminal. They need medication, and they accept the help of doctors or agencies set up for the purpose.

However, these groups are not central to the present study.

Summary

It is estimated that there are now about 15,000 addicts in Canada. British Columbia is said to have about 10,000 of them, while 6,500 of these live in the Vancouver area.

Consideration of parole for large numbers of addicts began in the early sixties, partly in anticipation of the opening of the Matsqui Institution for the treatment of narcotics addicts. In 1962, a group of addicts were released on parole as part of a special project, and since that time many more have been released on parole, with varying results. This study will attempt to evaluate the effectiveness of parole for a group of 25 addicts. It will use a control group of 25 addicts, who were not released on parole.

A case history and excerpts from various sources are used to give a fairly detailed description of the addict and his behaviour.

¹These figures are based on a 1973 research paper, The Regional, National and International Scene, presented on November 30, 1973 by Inspector L.S. Henschel, Royal Canadian Mounted Police, at a symposium on Non-Alcoholic Drug Abuse in British Columbia. The figures also appear to be supported by 1972 estimates of the Commission of Inquiry into the Non-Medical Use of Drugs (Final Report, pages 681 - 682).

²Ebin, David (Ed.). The Drug Experience. New York: Grove Press Inc., 1965, page 182.

³Ibid., page 182.

⁴Ibid., page 183.

⁵Ibid., page 183.

⁶Ibid., page 177.

CHAPTER II

MODE OF INQUIRY

This paper will deliberately avoid any direct debate about the respective merits of experimental, field and theoretical studies, because the author feels that the debate is, essentially, an artificial one. It is felt that instead of arguing over which is the "best" method of research, one would be well advised to determine what particular method is best suited to a certain situation. Goode and Hatt observed, "... that modern research must reject as a false dichotomy the separation between 'qualitative' and 'quantitative' studies, or between the 'statistical' and the 'non-statistical' approach. The application of mathematics to sociology does not ensure rigor of proof, any more than the use of 'insight' guarantees the significance of the research.

The fundamental questions to ask about all research techniques are those dealing with the precision, reliability and relevance of the data and their analysis: (1) how precise are the observations? (2) can other scientists repeat the observations? and (3) do the data actually satisfy the demands of the problem, that is, do they actually demonstrate the conclusion? If the observations are crude, casting them

in a statistical form will not help the research. If other scientists cannot repeat them, mathematical manipulation is futile. If the data do not satisfy a rigorous logic of proof, the conclusion remains doubtful."¹

This author supports his choice of the case study method of inquiry by indicating that this particular paper is concerned with the manner in which a group of people (narcotic addicts) have presented themselves in everyday life, over the years, with particular reference to their parole situation. The term case-study method is used here to describe a system of collecting data that involves examination of existing records, some unstructured interviewing and some direct observation.

Of course, this method is not without its dangerous and possible shortcomings, and over the years, some experts have attacked the value of case studies as significant scientific material. About them, Professor Read Bain wrote in 1929: "The greater the rapport, the more subjective the whole process is.... The subject is more likely to be self-justificatory than factual.... 'The literary itch'... results in romantic over- and understatement, convenient forgetting, and inclusion of many things that never happened.... It is difficult to apply the usual methods of science (in abstracting uniformities) without destroying the rationale of the life-document method, and the unique value of the personal document will be lost if it is formalized and ab-

stracted (according to the dictates of scientific procedure).... Case situations are seldom comparable... in a pluralistic universe of discourse.... Since the subject tells his story in his own words, the logical concepts, units of scientific classification, have to be read into it, or out of it, by the investigator."²

Professor Bain has subsequently modified his views on the subject, and it is interesting to read his 1949 comments: ".... By case study, in the broadest sense of the term, we get some fruitful hypotheses, as well as some data which may be useful in testing them, without which generalized social science would be seriously handicapped. The logical concepts, units of classification, hypotheses and conclusions that may be deduced from such data depend upon the competence of the research worker. If errors result, he - not the data and rarely the methods used - must bear the blame..."³

However, while his 1929 comments may have been extreme in his desire to preserve "purity" in scientific research, the careful researcher should allow them to serve as a signpost and a constant warning.

Summary

While the author has decided that the case study approach is best suited to his needs in this instance, he is only too well aware of its limitations. He recognises that casework data must be distinguished from case data in social research, and this chapter is used mainly to indicate his awareness of how much is to be expected of the case study approach or any other approach as a research tool. The fact is that statistics do not always tell the whole story, but they certainly can help to objectify a study.

¹Goode, William J., and Hatt, Paul K. Methods in Social Research. New York: McGraw-Hill, 1952, page 313.

²Young, Pauline V. Scientific Social Surveys and Research (4th Edition). New Jersey: Prentice-Hall Inc., 1966, page 262.

³Ibid., page 263.

CHAPTER III

REVIEW OF LITERATURE: RESEARCH STUDIES AND OTHER MATERIAL

Since one of the main aims of parole is the "rehabilitation" of the parolee, it does seem worthwhile to review literature concerning the treatment and rehabilitation of narcotic addicts. It must be borne in mind that giving some kind of historical account of work done in this area is not intended to be a central part of the study. However, it does tend to lend focus to the study and, in that way, it is hoped that a greater sense of perspective may emerge.

To begin with, quite a lot has been written about the treatment and rehabilitation of the narcotic addict. Unfortunately, very little appears to have been written about the Canadian addict, and much of what has been written does not really (and may not have been intended to) fall into the category of strict scientific research. By this statement, the author does not intend to imply that one approach is any more helpful in the understanding of the problem than is the other. In fact, it sometimes appears that the combination of the approaches provided by the scientific researcher and the novelist gives vividness to the picture. For example, after going through numerous research studies on the narcotic

addict, the author has been unable to find one that would give the uninitiated a good portrayal of a narcotic addict. If, on the other hand, some of these research pieces were combined with a reading of a novel like Nelson Algren's, The Man with the Golden Arm, a different picture would emerge. Again, this specific comment is not intended to be a criticism of the researchers, because it is assumed that they were attempting to be faithful to their research goals.

Most of the research studies available were done in the United States, and the reviews will reflect this. The studies being reviewed will not be those concerned with the history of addiction as a social problem or those dealing with the etiological factors which, presumably, lead an individual to experiment with drugs. They will be studies built around attempts at a solution to the existing problem of narcotic addiction.

1. The United States Public Health Service Institutional Treatment Program for Narcotics Addicts at Lexington Kentucky - Robert W. Rasor, M.D.

In 1923 Dr. Lawrence Kolb was appointed to conduct studies on the nature and extent of narcotic addiction in the United States. As a result of field studies, he estimated that there were in the United States, at that time, 110,000 to 150,000 addicts. "His findings supported the viewpoint that drug addiction was largely a psychiatric problem. It seemed plausible that specialized psychiatric hospitals might be of value in understanding, treating and rehabilitating the addicts who were posing a problem for the Bureau of Prisons."¹ Legislation was enacted in 1929, to establish two narcotic hospitals. One was opened in Lexington, Kentucky, in 1935, and the other was opened in Fort Worth, Texas, in 1938. The terms of reference were to "treat and cure addicts, and to conduct research on addiction."²

Although the law allowed for voluntary patients, the first hospital (Lexington) was built for prisoner addicts and carried the current penitentiary design. Huge steel gates were at the entrance, and iron bars and steel grills were in evidence everywhere. The second hospital (Fort Worth) did not repeat the architecture of the first.

Initially, pharmacological studies were conducted. These led to objective and reliable measures of the withdrawal syndrome. Then, there were psychiatric, psychological and

demographic analyses along with a large-scale follow-up study. While the treatment and the results were not spelt out in detail, the report claimed that the early phase of the hospital served mainly as a valuable learning experience for members of the treatment staff. It also served to point out weaknesses in the overall planning of the programme such as the lack of provision for professional, post-release supervision.

The report continued to state that, for various reasons, there was a lack of new ideas going into the programme for about a ten-year period following the first phase of the hospital. Eventually a new approach evolved, and "the traditional treatment programme could be described as follows: When the patient is admitted to the institution, a complete history of drug use is taken, including his introduction to drugs, the various drugs used, how they were administered, and the amount of drugs consumed. In addition to the drug history, a thorough record is taken of the individual's personal development, family history, educational and vocational history, and other personal and social background material. A thorough physical examination and diagnostic tests are also part of the admission procedure. After completion of the history and examination, the physician makes a diagnosis and institutes a plan of treatment. If the patient is physically dependent on drugs at the time of admission he is sent to the withdrawal ward where he remains

until completely withdrawn from drugs by the methadone reduction method."³ The report went on to say that "... it may be asked: how successful has the treatment method, described a few pages above, been for such patients? And the only honest answer is that no one knows."⁴

A major problem is presented in this kind of report. It refers to things like psychotherapy, therapeutically oriented environment and built in research, but it does not attempt to provide any real definition of these terms. So that, one is left with the impression, in a general sense, that the institution has decided that the "cure" for narcotic addiction lies somewhere within the realm of psychiatric intervention, but the only problem is that it is not sure what form this intervention should take or how to go about measuring the "cure." In any event, it is not clear, from the report, whether the weakness lies within Dr. Rasor's approach to reporting, or the institution, or both. Dr. Rasor's report deals with the situation of the hospitals up to about 1966. In 1967, the hospitals became part of the National Institute of Mental Health (NIMH), and their study, which is relatively current, is considered next.

2. NIMH Clinical Research Center, Lexington, Kentucky:
Current Status - Harold T. Conrad, M.D.

This report stated that ".... The staff of the U.S. Public Health Service Hospital at Lexington, from the inception of its program in 1935, was faced with two handicapping limitations in its attempt to treat addicts. First, there was no statutory provision for holding voluntary patients who wanted to leave against medical advice, so most of them left prematurely. Second, supervision after hospitalization was non-existent once the patient returned to his home community. Absence of external controls and complete lack of the kinds of help now implied by the term "aftercare" facilitated a return to drugs, while making community adjustment very difficult."⁵

As a result of the takeover of the hospital by the National Institute of Mental Health, the hospital was redesignated as a Clinical Research Center. This meant that the "facility's mission of treatment was thereby broadened to include programs of clinical research, development of innovative and pilot treatment methods, education and training activities, and recently the additional function of co-ordinating and monitoring all services provided under the Narcotic Addiction Rehabilitation Act."⁶ The Act has three titles. Title I allows the Federal courts to commit for treatment certain narcotic addicts who are charged with, but not yet convicted of an offense. The treatment period may not exceed

thirty-six months and the release date is based on response to treatment. If the addict successfully completes the treatment programme, criminal charges against him/her will be dropped. On the other hand, if he/she does not complete the programme successfully, or fails to co-operate, treatment may be terminated and prosecution resumed on the original charges. Title II of the Act provides for a sentencing procedure to commit for treatment certain addicts who have already been convicted of a crime in the federal courts. This group is dealt with in special units set up by the Federal Bureau of Prisons and has no connection with the Clinical Research Center. Title III of the Act provides for civil commitment of addicts who are neither charged with, nor convicted of a federal crime. They may be hospitalized for up to six months and released under supervision for up to thirty-six months.

Before addicts are accepted for treatment under Title I or Title III, they are required to undergo a period of examination and evaluation that may last up to thirty days. This process involves being seen by two physicians, one of whom is a psychiatrist, who must determine whether they are, in fact, addicts and whether they are treatable. If these two conditions are met, commitment to the treatment programme follows. In 1969, 36.5% of those examined were found likely to be rehabilitated. In 1970, the figure was 52.3%, and in 1971, it was 58.5%. When the examinations were carried out

by the Lexington staff, the addict was found to have a 70% probability of successfully making it through the entire six months of hospitalization to aftercare. When the examinations were conducted by non-Lexington staff, that figure dropped to 45%. It was also found that the presence or absence of charges or legal pressure affected the performance of addicts on the programme. "In a small sample recently studied, those who were admitted without any external threat were found likely to be rehabilitated only 39% of the time. Additionally in this small sample 64% of those who were found to be likely to be and had probation or an external legal threat at a local or state level completed the entire in-patient phase of treatment and went on to enter aftercare. By contrast only 52% of those in this sample who entered treatment without external legal pressures made it through the entire treatment phase and reached aftercare successfully."⁷ The study went on to state that "addicts who have been found not likely to be rehabilitated under the provision of the Narcotic Addict Rehabilitation Act have usually been disqualified because of overt aggressiveness, passive aggressive obstructionism, an unwillingness to engage in treatment...."⁸

According to the study, the institutional treatment involves dividing the addicts into five houses, one of which is staffed and run entirely by ex-addicts. The other four houses hire some ex-addicts as Therapy Aides, and one of

their most significant contributions is their service as role models. The physical surroundings of the institution have been modified to take away some of the initial prison-like qualities and patients are called upon to face up to their responsibilities as adults. There are also on-going encounter sessions, and routine urine tests are used in an attempt to keep the community drug-free.

The study continues that "... while only partial results can be given at this point of time, there are some useful evaluative data available. The total cost of treatment for the entire period of commitment under the Narcotic Addict Rehabilitation Act has averaged out to about \$21,000 per addict. The estimated cost for incarcerating an addict the same length of time in a correctional institution is approximately \$26,000. The average cost of a non-treated addict running loose in his home community for the same length of time would be approximately \$43,000 (calculated in terms of stolen property, welfare payments, medical care, and emergency treatment). Therefore civil commitment may represent monetary savings to the taxpayer. If the programme results in the rehabilitation of the addict and his remaining drug-free, it may prove to be even cheaper than methadone maintenance, where the yearly cost runs between one and two thousand dollars, but may have to be continued for the remainder of the addict's natural life."⁹

This study is one that raises many questions. Of

course, it is possible that this particular presentation may not have done justice to the research and treatment being carried on at the Lexington hospital. Even if that were the case, one would still need to know certain fundamental things about the programme. For instance, the term rehabilitation was used repeatedly, without definition, and the study seemed to indicate that rehabilitation meant being able to complete the programme. What is disturbing about this is that it did not appear to occur to the researchers that there was a possibility that successfully completing their programme may have suggested more institutionalization than rehabilitation. Further, it may have been worthwhile, in the interest of research, for follow-up studies to be done on people who were considered unfit for the programme, to see how their community adjustments eventually compared with those of graduates from the programme.

3. Rational Authority - Louis Lieberman, Leon Brill

This project was conducted in New York City. It had three main treatment goals: (1) to hold the addict in treatment for at least one year - on an out-patient basis; (2) to alter the drug use pattern in the direction of abstinence and (3) to alter, wherever necessary, "... both the attitudes and behaviors of the patient in the following areas: (a) work (b) friendship and hetero-sexual relationships (c) family responsibility (d) leisure time and (e) criminality."¹⁰

The use of Rational Authority referred to the combined efforts of a centre worker and a probation officer in holding the addict in the therapeutic setting, structuring his treatment and communicating with him. Treatment essentially involved participating in the research programme and living up to certain standards of conduct. Admission into the programme depended on the following criteria: "... the client (1) must appear to be a likely candidate for probation; (2) must have used heroin or other acceptable drug either in the past few years or currently; and (3) group 1 addicts should be residents of the Washington Heights area of New York City or neighboring areas fairly accessible to public transportation. Clear indication was also necessary that these persons were being increasingly caught up in the addiction system."¹¹

Performances were evaluated according to the following indices: (1) Index of Heroin use, (2) Index of Criminal

Involvement, (3) Index of Work, (4) Index of Conventionality. The greatest improvement was in the area of criminality, where "77% of our cases were deemed to be successes during the course of one year. The area which ranked second in terms of success was conventionality, in which 71% of our patients improved or stayed well during the course of one year. The index of heroin use movement ranked third with 61% successes while the index of work movement was fourth with only 52% success...."¹²

A concluding statement of this study was that "... on the whole, however, we can say that the particular type of program that was demonstrated at the Washington Heights Rehabilitation Center is probably most effective for those addicts who have the kind of social strengths which are necessary for socially acceptable functioning in the community."¹³ The research and treatment people involved in this programme appear to have taken quite a lot of pains to make their programme go. It is not totally clear what their findings mean in the long-term sense, but it certainly appears that a question can be asked about whether this programme can have the unplanned effect of increasing the incidence of addiction instead of reducing it. As indicated earlier, item (2) of their admission criteria stated that to become a client a person must have used heroin or other acceptable drug either in the past few years or currently. This may mean that the programme is prepared to define a person as an addict, in

order to treat him under a narcotic addiction programme. This approach creates one of the most harmful forms of labelling in the area of deviance, and some researchers have been wondering whether labelling is a key factor in the creation and maintenance of addiction.

4. The Japanese Experience¹⁴

Information coming out of Japan indicates extraordinary success in eradicating the problem of narcotic addiction in that country. The claim is that from 1961 to 1962 Japan was estimated to have 40,000 narcotic addicts, and this number was reduced to less than 100 by 1973.

The addicts were mainly people in their twenties and thirties, many of whom were said to be slum-dwellers with no regular occupation, or prostitutes. It is claimed that the toughening of its approach by the Japanese Government is responsible for these results. In 1963, the government amended the Narcotic Control Law and took stronger measures against those engaged in trafficking in narcotics. Apparently the impact of these moves was immediate. Trafficking routes appear to have been eliminated and complete and irreversible cures are described as having been achieved in two to three months. During the peak period of addiction, its causes were thought to be curiosity, temptation, imitation and craving resulting from prescribed treatment for various illnesses.

Prior to 1963, addicts were, generally, only hospitalized when they volunteered. The exceptions were those who were considered to be in danger of hurting themselves or others, and they were subject to compulsory hospitalization. Since the 1963 revision of the Narcotic Control Law, a medical practitioner, a narcotic control officer, a local narcotic control official, a police official, a maritime safety offi-

cial, a public prosecutor and a chief of correctional institution are responsible for communication, when they find an addict, to the Governor of the Metropolis, Hokkaido or Prefecture. The Governor of the Metropolis, Hokkaido or Prefecture may have the reported addict examined by a medical practitioner and, on the basis of his findings, committed to a hospital. To protect the rights of the committed addict, the governor appoints a review committee comprising specialists in the fields of law and medicine. Theoretically, methadone is the only narcotic whose use is permitted in the treatment of compulsorily hospitalized addicts, but its use is said to be avoided. Addicts are expected to go through withdrawal symptoms without medical assistance, but in cases of extreme pain, tranquillizers and sedatives are administered. After withdrawal is completed "psychological and occupational therapy" is utilized, and a counsellor is appointed to give advice and guidance to the addict on his release.

On the surface at least, the reported results of the Japanese treatment of narcotic addicts are nothing short of amazing. The problem is that not enough information was made available for a proper evaluation of the paper to take place. For instance, treatment techniques were not described and research methods were not spelt out. Also, Dr. Shimomura, who presented the paper, did not entertain questions because of the language difficulty. It may be the removal from the community was a major part of treatment.

However, assuming that all of the figures given are accurate, a proper understanding of them cannot take place without a fairly sound knowledge of the Japanese culture. In other words, the success of the Japanese approach may not necessarily be achieved in another culture by merely transporting the techniques across the ocean. But, there is no doubting that this kind of spectacular success does create hope for those involved in the treatment of narcotic addicts. Their job would be to attempt an analysis of the Japanese situation to see whether any of its significant features are translatable in cultural terms.

5. The British Experience

During the 1960's, Britain was faced with an apparent doubling of the rate of narcotic addiction every one and one-half years for about ten years. This led to the very real fear that the addiction problem in Britain would assume the proportions of the problem in the United States. This has not happened for various reasons. However, the government did also implement measures designed to head off what appeared to be a very difficult situation.

Before 1968, narcotics could be prescribed by any doctor in Britain. Narcotics use was a medical problem, but trafficking in narcotics was a crime. In 1968, however, twenty-five hospitals were instructed to set up clinics for the treatment of narcotic addicts. These clinics took on various shapes and forms: residential, semi-residential, out-patient. The right to prescribe heroin to narcotic addicts was taken away from the general medical practitioners and given to a certain number of psychiatrists and physicians. In fact, about five hundred physicians have a special license to prescribe heroin. About twenty percent of these can be found in public clinics, while the others are mainly psychiatrists in mental health facilities. Unlike the pre-1968 days, a person seeking treatment now has to demonstrate that he/she is an addict. Registration then takes place, and the addict may be exposed to one of a variety of treatment approaches.

He/she may be required to be an in-patient in a therapeutic community setting, or an out-patient who is required to return to the clinic for medication or variations of these. It now appears that there has been a levelling off of the rate of addiction, and some addicts are functioning very well on maintenance dosages.

What the British experience says is that there is an approach to treatment of narcotic addicts in Britain that may be producing some of the desired results. However, again it is necessary to remember that cultural differences exist between Britain, the United States and Canada. These differences affect the way in which the problem of addiction is ultimately handled and the way in which the addict is likely to respond to the handling. In addition, the history of the problem in Britain is different from that in the United States and Canada. In Britain the numbers have traditionally been smaller; there has been no development of a sub-culture; there has not been the geographic concentration of addicts; the social backgrounds of the addicts are different. In other words, the outward symptoms may appear to be the same, but the differences are significant, in terms of a true understanding of the underlying factors. So that, it would be unwise to think that a wholesale transfer of the British system of treating narcotic addicts would automatically produce the same results in North America. This is not to say that something may not be learnt from the British system. The key is to find

out whether there are features of the programme that may be adopted with favourable results.

6. Synanon and Other Community based Treatment Centres

Synanon has been known over the years to be a place to which addicts went voluntarily to cure themselves of narcotic addiction. It has been, essentially, a total institution in which no drugs were allowed. When addicts went there, they were expected to stay permanently, to obey the rules, face the punishment and move up the ranks, as they deserved. The place was run on a kind of merit system in which good performance was rewarded and violations punished. The whole operation was run by ex-addicts. Apart from day to day confrontations, there were encounter sessions and the inevitable "Attack Therapy", in which individuals were placed on the "hot seat". "... The 'hot seat' consists in the entire group's vicious cross-examination of a person's behavior. He has to defend himself, since no one else will. In the process, his negative behavior is exaggerated, caricatured, and ridiculed. It seems as if his self is being psychologically damaged."¹⁵

Since Synanon was a pioneer in the self-help approach to the treatment of narcotic addicts, many subsequent groups of this kind have attempted to pattern themselves after Synanon. Outstanding results, in terms of "cures" achieved, have been claimed by many of these groups, but most of the reports on their performance tend to indicate that scientific research is not one of their priorities. In fact, it seems to

have been felt by Synanon that success was related in some way to staying away from professionals and their methods.

In any event, Synanon and its off-shoots represent yet another approach to combating the problem of narcotic addiction. The organization has assisted some and failed others, but what they really help to illustrate is the fact that no one approach offers a solution to everybody. The addict who is going to benefit from a stay at Synanon, is the addict who is prepared to give up everything else and go there to submit himself/herself to the programme, without the expectation of any form of chemical help and without being officially coerced into it. This says something about the built-in selection process, without even getting into the fact that the commitment to Synanon was expected to be a long-term one - a self-enforced exile.

7. A Quantitative Test of the Effectiveness of an Experimental Treatment Programme for Delinquent Opiate Addicts

This study was conducted in British Columbia by Brian Murphy. It was a formal experiment in which the effectiveness of a treatment programme was measured by comparison of its products with those of a control group. Two groups of narcotic addicts in the same main institution were randomly assigned. The experimental group was housed in a special, separate unit within the walls of the main institution, so that they were effectively removed from the rest of the prison population and were subject to different living conditions and different regulations, to a point. Basically, the control group was left in the main institution to mingle with the general prison population, and they were subject to general prison regulations. The treatment methods of the experimental group were designed "... to achieve specific behavioural changes",¹⁶ and were worked out by people whose orientations were psychiatry, sociology and public administration. In the study, Brian Murphy refers to the control group as the limited control group because the main institution also had its own treatment methods. The treatment programmes ran from January, 1967, to July, 1967, (approximately 7 months).

".... The three major elements of the PTU experimental treatment involved a Therapeutic Community Framework, with Daily Group Therapy of an existentialist... variety, and an

Academic Upgrading to grade 10 using the Basic Training for Skill Development (BTSDII) Level II plan.

The Therapeutic Community ideas were largely taken from Maxwell Jones (1953, 1956) and from the California Rehabilitation Center for Narcotic Addicts at Corona, California (Smith, 1964A, 1964B, 1965). A continuous flow of free and honest communication between inmates and staff was emphasised..."¹⁷ Experimental group members were each given a written statement of the aims and expectations of the programme. "... The concept of Paired Heterogeneity was felt to be an important means of optimising interaction between group members and creating a Push Toward Normalcy.... Paired Heterogeneity involves intentionally drawing group members from different social class, age, sex, social experience, etc..... To further interaction, each pair of similar members was housed in the same dormitory room with another pair of subjects as much unlike them as possible."¹⁸

Ordinarily, group therapy was scheduled five days per week for two hours per session, but sessions could end when group members and staff members agreed that enough had been accomplished that day.

The control group had a similar treatment programme, but their two hour group sessions were scheduled for three days per week. They also received a statement of aims and expectations of the programme, but it was somewhat differently

worded from that of the experimental group. They came together in the presence of their group leaders and then went their separate ways after the sessions. They could apply to get into an academic programme, but they did not have to.

Both groups were released on parole and Murphy's findings were essentially the following: "The results of this treatment experiment clearly indicate that the training given the PTU group (experimental group) was less effective than the training given the LC group (control group) in reducing the Percent of time illegally employed and in reducing the mean monthly frequency of opiate use, and that PTU training was not significantly more effective than LC training in increasing the Percent of time legally employed. However, the results do not clearly indicate what caused this difference in effectiveness."¹⁹

However, the broader findings were that neither treatment programme was effective in achieving any of its desired results, namely, the long-term reduction of criminal behaviour and narcotic abuse. In fact, as the study points out, members of the experimental group appeared to have been made into more effective criminals by the programme. What is important about this study is that it provided an analysis of an approach to treatment, without appearing to apologise for its findings. In essence, this is what research in the area of social treatment should do, because without objectivity,

bad and harmful programmes can be allowed to continue for many years.

Summary

This chapter is intended to provide somewhat of a cross-section of treatment and research that have been attempted in the area of narcotic addiction over the years. Hopefully, it will give some kind of insight into the problems faced by addicts, those who treat them and those who subject the problem to scientific inquiry. This, in turn, may help to shed light on an aspect of the pattern of the framework, within which these groups interact.

A paper was delivered by Dr. Rasor on the Institutional Treatment Program for Narcotics Addicts at Lexington, Kentucky, and was reviewed. It traced the development of the programme from the establishment of the hospital in 1935 to 1967. The results were not conclusive, but they did not give too much reason for hope. Addicts were not being "cured", and provisions were being made for more varied and effective research in the area.

A look was taken at a paper presented by Dr. Harold Conrad of the National Institute of Mental Health. This paper dealt with the post-1967 situation at the hospital at Lexington, Kentucky. The Narcotic Addict Rehabilitation Act had been passed in 1966 and the authorities now had the right to commit addicts to the hospital for treatment, if certain conditions were met. New approaches to treatment were being implemented and a general attempt had been made to lessen the

earlier dehumanizing impact of the hospital. The results of these efforts are still not conclusive, but there is the feeling on the part of the researchers that the overall programme has had the effect of reducing the monetary cost to the public of supporting an addict, for the period that he/she is hospitalized.

Louis Liberman's and Leon Brill's paper on Rational Authority described a way of using the official authority of the probation or parole officer combined with the therapeutic skills of treatment personnel to force the addict into treatment in the community, to alter his drug use pattern and to generally re-educate him. Again, the findings were not conclusive, but the researchers felt that the programme was "... probably most effective for those addicts who have the kind of social strengths which are necessary for socially acceptable functioning in the community."²⁰

The Japanese experience provided the most dramatic claim of success of papers reviewed. As a result of treatment processes implemented under the Narcotics Control Law, toughened by a 1963 amendment, the addict population was said to be brought from a high of 40,000 to under 100 in ten years. Dr. Tsutomu Shimomura said that the treatment involved compulsory hospitalization, under certain safeguards, and irreversible cures were effected in two to three months.

The British experience presented another way of dealing with the problem of narcotic addiction. Prior to 1968,

all doctors in England were free to prescribe narcotics, with the result that the British saw themselves as having a major epidemic developing on their hands. In 1968 the law was revised to allow for the establishment of public clinics for the treatment of narcotics addicts, and only five hundred psychiatrists and physicians were licensed to prescribe narcotics. Treatment programmes are quite varied and include from in-patient therapeutic community settings to out-patient services. The results seem to indicate that the rate of increase in addiction has levelled off.

Dr. Lewis Yablonsky's Synanon presented a picture of narcotics addicts running their own "total institution" and succeeding in their own way. Their programme is a totally drug-free one, and they are, essentially, isolated from the broader society. Their methods are tied into a basic reward and punishment system, and one of their key tools is "attack therapy", in which a very aggressive "hot seat" technique is used. Their members are expected to commit themselves to Synanon in a relatively permanent sense.

Finally, Brian Murphy's quantitative test of the effectiveness of an experimental treatment programme for narcotics addicts came up with some unplanned results. It was found that not only did the treatment not reduce the incidence of narcotic abuse and other criminal behaviour, but it also tended to make the subjects more effective "operators" in criminal endeavours. This study used an experimental group

and a control group from the Matsqui Institution at Abbotsford, British Columbia.

From the literature reviewed here and other publications, it is interesting to note that Japan has claimed tremendous success in the rehabilitation of narcotics addicts and Britain appears to be starting to contain the problem there, while the United States and Canada do not appear to have made much headway. Of course, cultural differences would certainly seem to have a lot to do with the differing results. What is important, though, is the implication that the problem of narcotic addiction may not be inherently insoluble. Even then, it is important to realize that the solution for one culture does not have to be the solution for another. So that, before attempting to implement an onslaught against narcotic addiction in Canada, for example, it may be important to define expectations that make sense in the Canadian context. In other words, it may be worthwhile to make decisions about whether a particular level of addiction is tolerable in Canada, before determining the thrust of an anti-addiction campaign.

¹Brill, Leon, and Lieberman, Louis. Major Modalities in the Treatment of Drug Abuse. New York: Behavioral Publications, 1972, page 2.

²Ibid., page 2.

³Ibid., page 8.

⁴Ibid., page 8.

⁵Ibid., page 23.

⁶Ibid., page 24.

⁷Ibid., page 27.

⁸Ibid., page 27.

⁹Ibid., page 41.

¹⁰Ibid., page 71.

¹¹Ibid., page 75.

¹²Ibid., page 80 and 81.

¹³Ibid., page 82.

¹⁴Based on a 1973 research paper delivered by Dr. Tsutomu Shimomura, Deputy Deirector of Hygienic Sciences in Tokyo and a member of the International Narcotic Control Board.

¹⁵Yablonsky, Lewis. Synanon: The Tunnel Back. Baltimore, Maryland: Penguin Books, 1967, page 380.

¹⁶Murphy, Brian. "A Quantitative Test of Effectiveness of an Experimental Treatment Programme for Delinquent Opiate Addicts." Unpublished, 1970, page 3.

¹⁷Ibid., page 6.

¹⁸Ibid., page 10.

¹⁹Ibid., page 39.

²⁰Brill, Leon, and Lieberman, Louis. Major Modalities in the Treatment of Drug Abuse. New York: Behavioral Publications, 1972, page 82.

CHAPTER IV

BACKGROUND AND PURPOSE OF RESEARCH

A Definition of Parole

The Parole Act of Canada states that "parole means the authority granted to an inmate to be at large during his or her term of imprisonment."¹ The National Parole Board has described the purposes of parole as follows: /

"The dual purpose of parole is the reformation and rehabilitation of the inmate and the protection of society. Offenders who have made good use of their time in custody and who have shown a desire to lead a law-abiding life in the future are given the opportunity of living in their community, under supervision.

This supervision and counselling assists them in becoming useful, law-abiding citizens while at the same time ensuring that they do not misbehave or return to crime."²

1. Establishment and Jurisdiction of the National Parole Board of Canada

The National Parole Board was established as a result of the Parole Act, which was proclaimed on February 15, 1959. There have been modifications since that time, and the Board now has nine members including the Chairman, who is the Chief Executive Officer. The Board has its headquarters in Ottawa, and, for a time, panels of the Board travelled to federal institutions to interview parole applicants and people who had had their paroles revoked. With two exceptions, the Board has "exclusive jurisdiction/and absolute discretion to grant, refuse to grant, or revoke parole in the case of any person who is under a sentence of imprisonment imposed pursuant to an Act of the Parliament of Canada. The exceptions are in the Provinces of British Columbia and Ontario where the courts may impose, in addition to a fixed term of imprisonment, an indeterminate period. The provincial parole board in those provinces may parole an inmate during the period he is serving his indeterminate sentence.

The National Parole Board has jurisdiction over the definite part of such sentences."³

The courts are aware of the Board's area of responsibility and, in passing sentence, Judges sometimes indicate their feelings on parole for particular individuals. Differences of opinion have certainly been known to arise in this area.

2. Parole Eligibility*

As far as the eligibility for release on parole is concerned, the following minimum conditions have been established under the Parole Regulations: On an aggregate sentence of less than two years (all aggregate sentences of less than two years must be served in provincial institutions), one-third of the sentence; on an aggregate sentence of two years or more, but less than life (an aggregate sentence of two years or more must be served in a federal institution), one-third of the sentence or seven years, whichever is the lesser (the eligibility date also cannot be set at less than nine months from date of sentence); on a life sentence, seven years, except on a life-sentence for non-capital murder or on a commuted death sentence, where the minimum is ten years less time spent in custody before the term of imprisonment. In the cases of non-capital murder and commuted death sentences, parole can only be granted with the approval of the Governor in Council, and the trial judge and jury can now stipulate whether the usual minimum should be bypassed in favour of a longer one. Every case is automatically reviewed every two years to the expiry of sentence, unless the inmate writes to the Board, indicating that he does not wish to be

* Parole eligibility does not imply any automatic release on parole. It is merely the date on which the Board can consider releasing a person on parole.

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paroled. Where Preventive Detention has been imposed, as in the cases of Habitual Criminals and Dangerous Sexual Offenders, a review takes place annually. However, the Board does have the authority to decide whether a case should be dealt with by exception.

3. Parole Suspension and Revocation

According to the Parole Act, "... a member of the Board or any person designated by the Board may, by a warrant in writing signed by him, suspend any parole, other than a parole that has been discharged, and authorise the apprehension of a paroled inmate whenever he is satisfied that the arrest of the inmate is necessary or desirable in order to prevent a breach of any term or condition of the parole, or for the rehabilitation of the inmate or the protection of society."⁴

After the parolee has been arrested, he must be taken before a magistrate, as soon as it is convenient, and the magistrate must remand him in custody until the cancellation of suspension or the revocation or forfeiture of parole takes place. Within fourteen days of the remand, his case must be reviewed locally and a decision made either to cancel the suspension or to refer the matter to the Board for a decision. The Board may then decide to cancel the suspension order, or it may decide that the parole should be revoked, in which case the inmate has to start serving the time that was left on his sentence when he was initially released on parole.

4. Parole Forfeiture

Automatic parole forfeiture occurs when a parolee is convicted of an indictable offence punishable by a sentence of two years or more. The forfeiture is considered to have taken place on the day on which the offence was committed, regardless of whether the period of parole has expired or not.

The new sentence handed down in such a case has to be served in addition to the total amount of time left on the sentence at the time of release on parole.

5. Parole and the Sentence

A release on parole does not shorten the sentence being served. It merely allows the parolee to complete his sentence in the community. The Parole Board has the authority to reduce the conditions of parole and to discharge a parolee before his full sentence expires, but the Board will only consider reducing the conditions of parole (Parole Reduced) after five years of successful performance on parole, and this must precede the discharge of parole (Parole Discharged).

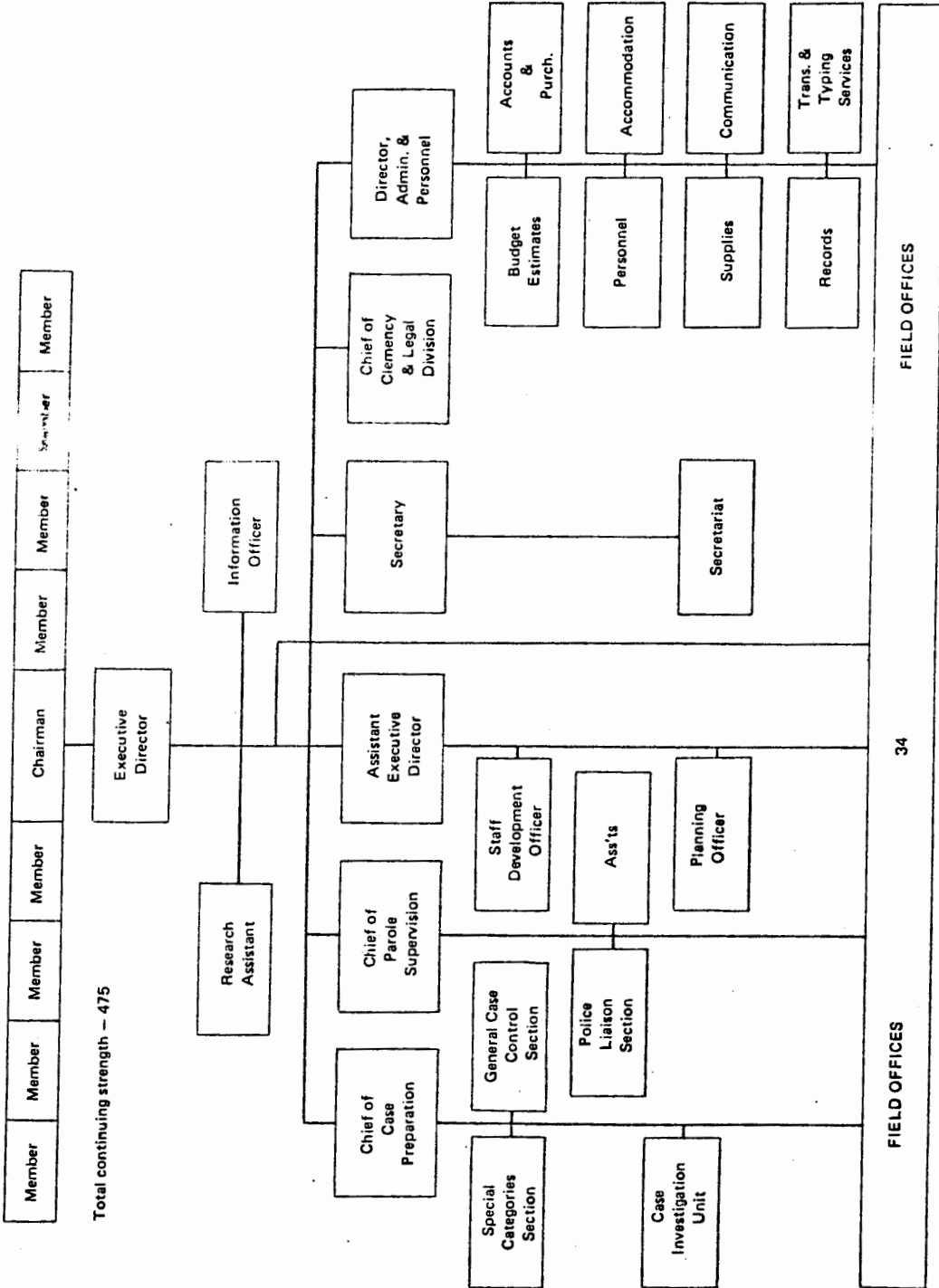
Prior to August 1, 1970, offenders sentenced to prison terms had their actual periods of incarceration shortened by the sum of statutory and earned remission. Statutory remission automatically gives one quarter of the total sentence, while an inmate can earn three days' remission per month through satisfactory performance. However, persons sentenced to a federal institution after August 1, 1970, are all subject to mandatory supervision on release, where parole has not been granted. The period of mandatory supervision is for the length of the remission, and persons under mandatory supervision are subject to the identical conditions as those who are on parole.

6. The National Parole Service

The National Parole Service is the field organization of the National Parole Board. The service has offices located throughout the country. Each office has a District Representative, and most offices have an Assistant District Representative. The rest of the staff comprises parole officers whose training has been in Social Work and the Social Sciences.

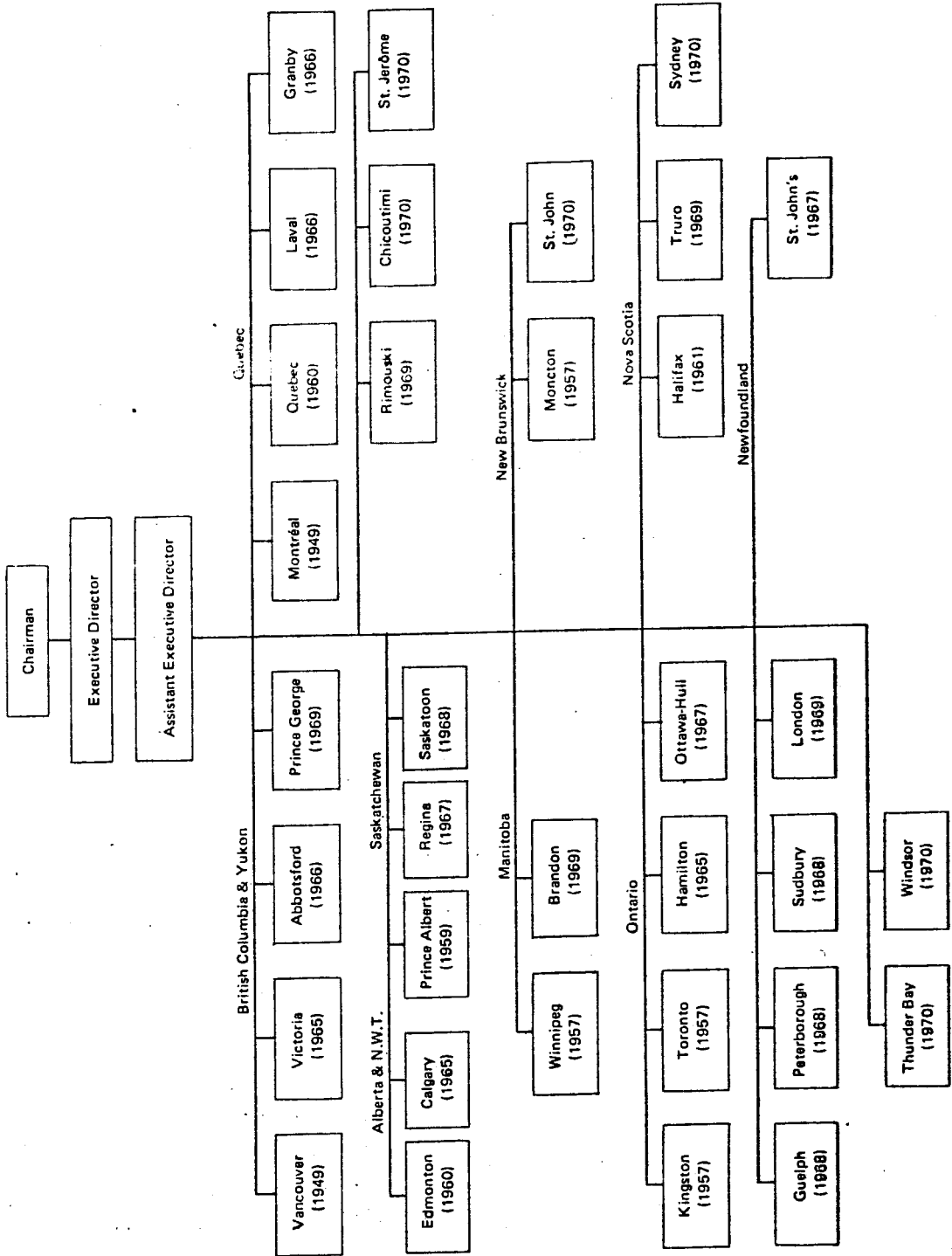
Parole officers are directly involved in the processing of parole applications and the supervision of persons released on parole and under mandatory supervision. Their actual activities will become clearer, when the processing of a parole application is described in the next section.

NATIONAL PAROLE BOARD - ORGANIZATION



NATIONAL PAROLE SERVICE - FIELD ORGANIZATION

December 10, 1971



7. The Processing of the Parole Application*

When an inmate enters a federal institution, he is subjected to the institution's intake procedures. He goes through an orientation programme, which includes an admission interview with a classification officer, psychological testing, a possible psychiatric interview and an appearance before a board which makes decisions on work placements.

As soon as the admission report is available, a copy is forwarded to the local office of the National Parole Service and to the headquarters in Ottawa, and files are opened in both offices. The R.C.M.P. automatically forward the fingerprint section record, which gives a detailed history of the person's criminal record. Some police forces automatically supply an account of the circumstances of the current offence, but this is always requested, in any case. So that the National Parole Service obtains a kind of profile of each inmate in a federal institution, shortly after his arrival.

Every month, parole officers conduct briefing sessions at the institution for the new arrivals and those who are approaching their parole eligibility dates. Each inmate is informed in writing what his parole eligibility date is and when he is expected to apply (five months ahead of his eligibility date). When the parole application arrives at the

* There are small variations in some areas.

office of the parole service, it is accompanied by the institution's report and recommendation, and these are assigned to a parole officer. The parole officer goes to the institution and interviews the applicant. He then decides whether he needs additional information or whether he needs further expert opinion, before deciding what to recommend to the Board in Ottawa. He may also decide whether he wants to do (or have done) a community investigation (this involves an assessment of the strength of the release plan the applicant has put forward or one he has worked out with the parole officer). It can involve interviews with relatives, friends, employers, social agencies and police. As far as community investigations are concerned, the Parole Service can and does get assistance on a fee for service basis, from agencies like the John Howard Society, the Elizabeth Fry Society and the Provincial Probation Department, where the investigation involves resources outside of an area that is serviced directly by a National Parole Service office, or where the agency in question may have had some contact with the applicant in the past.

When all of the pertinent information is assembled, it is forwarded to the Board, which has its own support staff. (see Fig. 1).

The Board may decide that it needs more information, and this will have to be looked into by the parole officer involved. When all of the required pieces of information are

obtained, the Board then weighs the pros and cons and makes a decision. If the Board's decision is negative, the applicant is entitled to know why the decision was arrived at, and he can discuss with the parole officer what alternatives are left open, if any, as far as parole is concerned. If, on the other hand, the Board decides to grant parole, the parolee will then become subject to supervision by a parole officer or an agency acting on behalf of the parole service.

8. A Note on Provincial Prison Cases

"The procedures that are carried out in penitentiary (federal) cases are carried out in prison (provincial) cases with the following variations:

1. A file is opened upon receipt of an application from the inmate or by someone on his behalf. Together with the inmate's application, the institution forwards a document which contains the information necessary for us to begin our basic inquiries.
2. No automatic features exist and therefore, all our reports are requested." 4

9. Supervision and Treatment

In a presentation to the Sub-Committee of the Standing Senate Committee on Legal and Constitutional Affairs, the Chairman of the National Parole Board said that "... there are three main aspects in the supervision of parolees which, it is believed, will influence the successful outcome. They are:

1. Service and Assistance
2. Treatment and Support
3. Control and Surveillance . . . "5

The presentation went on to explain that Service and Assistance referred to the ways in which the parole service assisted parolees in coping with the material demands of everyday life. For instance, ^{wherever} the parolee may be helped to find employment, or representations may be made on his behalf, to assist him to obtain bonding that may be compulsory for certain jobs. ~~He may need help in obtaining~~ social assistance, work clothing, or temporary accommodation. In other words, the parole supervisor acts to make sure that the parolee is able to obtain ~~the~~ things he needs to function in the community ~~where it is considered necessary.~~

Treatment and Support is described as a process, whereby the parole supervisor ^{official} uses his own counselling skills in determining what approach is best suited to the problems arising in a particular situation. ~~He is to~~ The supervisor may decide ^{if}

that a certain situation calls for outside expert advice or the involvement with some therapeutic agency, and he will act to acquire the needed services.

Control and Surveillance referred to the fact that parolees were under the legal authority of the Board and were required to observe specific conditions of a Parole Agreement (See Appendix A). As discussed earlier in this chapter, this means that the Board had the authority to act on suspensions, revocations and forfeitures, where necessary.

Below are listed the Conditions of Parole:

1. To remain until expiry of sentence under the authority of the designated Representative of the National Parole Board.
2. To proceed forthwith directly to the area as designated in the instructions and, immediately upon arrival report to the Parole Supervisor and after to the police as instructed by the Supervisor.
3. To remain in the immediate designated area and not to leave this area without obtaining permission beforehand from the Representative of the National Parole Board, through the Parole Supervisor.
4. To endeavour to maintain steady employment and to report at once to the Parole Supervisor any change or termination of employment or any other change of circumstances such as accident or illness.
5. To obtain approval from the Representative of the National Parole Board, through the Parole Supervisor before:
 - a) purchasing of motor vehicle;
 - b) incurring debts by borrowing money or instalment buying;
 - c) assuming additional responsibilities, such as marrying;
 - d) owning or carrying firearms or other weapons;

6. To communicate forthwith with the Parole Supervisor or the Representative of the National Parole Board if arrested or questioned by police regarding any offence.
7. To obey the law and fulfill all legal and social responsibilities.

So that, the Board and the Parole Service do have an all-encompassing kind of legal control over the functioning of parolees, during the period of parole.

For the purposes of the present study, this (Supervision and Treatment) is the area, of the whole parole process, that must be subjected to closest scrutiny. This is the basis of the study, since it distinguishes the research group (parolees) from the control group (non-parolees). It is important, therefore, to examine how the legal authority of the Parole Board and its designated representatives is translated into action.

Before the actual release on parole takes place, the parolee is required to sign a Parole Agreement, after carefully reading it and making sure that he understands it. In practice, some parolees merely have a basic understanding of requirements of the agreement. This is usually because they may have been too excited at the time of release to pay strict attention to detail. An initial requirement is that the parolee report immediately to his supervisor and to the representative of the chief of police nearest to his place of residence. Since the relationship between the supervisor and

parolee often begins when the application is being processed, it is not unusual for a parolee and his supervisor to have a reasonable understanding of each other at the time of release. It is also quite likely that the supervisor is already acquainted with the parolee's relatives and employer, where these exist. Of course, it should be kept in mind that different supervisors will have different techniques, even though their general direction may be the same.

The first meeting of ^{the} parolee and ^{supervisor} may take place in ~~one of a number of settings:~~ (1) The supervisor may pick the parolee up at the institution on the release date; (2) The parolee may report directly to the supervisor's office; (3) The supervisor may go to the home of the parolee; (4) Supervisor and parolee may agree to meet at an appointed place. In any event, ~~the first meeting is used~~ to allow both

the parolee and the supervisor a chance to get to know each other better and to ^{discuss} talk about plans and expectations. At this meeting, it is also ^{discuss} customary for them to decide on a tentative initial schedule of appointments. This schedule will, of course, be influenced by the type of offender with whom the supervisor is dealing. For example, a National Parole Board booklet on supervision gives the following indication of how the Board perceives the question of supervision:

"It appears important to evaluate as much as possible the intensity of the supervision necessary in each case in order to utilize to the utmost the efficiency of the profes-

For

sional supervisory staff available.

Supervision can be divided into four categories:

- (1) Maximum Supervision
- (2) Medium or Active Supervision
- (3) Minimum Supervision
- (4) Supervision lifted

(1) Maximum Supervision

Paroled inmates placed in this category are those who are to receive close supervision because they present social or disciplinary problems which require special observation and action by the Parole Officer. Paroled inmates who the Parole Board has ordered placed under intensive supervision are not to be changed to any other category unless such change is approved by the Board.

(2) Medium Supervision

Paroled inmates who are placed in this category are those who are fairly well adjusted and who are believed to constitute no threat to themselves or to persons or property in the community.

(3) Minimum Supervision

Paroled inmates placed in this category are those who by their attitude and co-operation and by their social adjustment have earned a change to a less strict supervision, because they have demonstrated for a reasonable period of time that they are able to live in the community with a lesser degree of supervision.

(4) Supervision Lifted

Paroled inmates placed in this category are those who, under careful observation and study, have made a very good social adjustment over an extended period of time and who have given every indication that they can meet their responsibilities without supervision.))⁶

The system provides sufficient supervision to insure accurate knowledge of the activities of the parolee. At the same time the supervision is not intended to be so close as to destroy initiative or self-confidence. The hope is to create the type of atmosphere in which the parolee is able to function quite independently by the time his parole expires.

Again, it is important to remember that all parolees do not move along smoothly. For instance, a parolee may come out of an institution and violate the conditions of parole on his first day by not reporting to his supervisor as instructed. If the parolee happens to be a drug addict, he may find that his compulsion to have a 'fix' is so great that nothing else seems to matter. When the effects of the drug wears off, he may start worrying about his failing to report to his supervisor. His worrying may upset him so much that he finds he has to have another 'fix'. This may go on and on, and he may end up back in prison on a new charge or on a parole suspension. On the other hand, he may recover from his initial 'relapse' and get in touch with his supervisor. At that point, the supervisor has to decide what course of action to follow.

He may feel that the situation is salvageable without resorting to a suspension of parole. In this case, the parolee is made to understand, in no uncertain terms, the extent of seriousness of the situation and he is likely to find that the conditions of supervision will take on greater tightness than may have been the case otherwise. For instance, he may be required to report to his supervisor far more often than would otherwise have been the case, or he may be required to submit to urinalysis at a local clinic more frequently than would have been the case. The supervisor may also decide that a short-term suspension is called for, in which case he will have in mind the idea the parolee being released within fourteen days of apprehension on suspension. This approach allows the parolee time to consider whether he wants to seriously continue on parole, and it gives the supervisor an opportunity to consider treatment alternatives and their advisability. (Alternatives include individual therapists and the various therapeutic agencies).

Another approach would be for the supervisor to have the parolee suspended and submit reports to the Parole Board for it to make the decision on whether the parolee should be allowed to continue on parole or not. There are numerous variations of the circumstances under which the supervisor has to make a choice of action. There is the feeling by many that one of the essential features of any programme for the treatment of deviants is the presence of this kind of rational

authority. The assumption is partly that it forces the deviant to make an effort to come to terms with his objective circumstances, while keeping him exposed to some of the stimuli that help to create response to the informal controls of the society.

10. The Present Study

So far, this paper has attempted to examine several aspects of parole and narcotic addiction, which form the basis of the study. Many works have been reviewed in both areas, and there appears to be a kind of theory of parole that society is better protected by making a man spend a part of his sentence in free society under parole supervision than by releasing him at the end of his term without supervision.

In his presentation to the Senate, the Chairman of the National Parole Board said that "... in the first 151 months of our operation, we granted parole to 37,710 inmates and during that time we have had to return to prison about 5,000, of which some 3,000 committed indictable offences and forfeited their parole and 2,000 had parole revoked because they failed the conditions of their parole or committed some minor offence. This means that on the average, for the first 12 years and 9 months of our operation, 87% of persons on parole completed their parole satisfactorily without reverting to crime."⁷

In several of the United States for many years, the parole violation rates tended to cluster around 25%, with a range of 10 to 40%. As a result of these figures, it can be assumed that parole is effective in reducing criminal performance in those paroled. Since this study deals with the comparative performances of two groups of narcotics addicts, the following hypotheses were formulated:

- (1) Parole supervision is effective in reducing narcotic abuse in addicts in the long run.
- (2) Parole supervision is effective in reducing criminal performance in narcotics addicts in the long run. Criminal performance is measured both in terms of recorded convictions and choice of associates.

Summary

The Parole Act was proclaimed in 1959, and the National Parole Board was established. The Board's aim is the rehabilitation of the criminal who has demonstrated a clear desire to change his way of life. The Board takes into account the views of the courts and other public agencies, but it makes its own independent decisions.

The Parole Board has a field organization called the National Parole Service. The Service derives its authority from the Board. It conducts interviews, co-ordinates information and evaluation resources and makes recommendations to the Board, which also has its own staff in Ottawa. The parole service also handles the supervision and treatment aspects of parole.

Based on the assumption that parole is effective in reducing criminal performance in those paroled, the following hypotheses were formulated:

- (1) Parole supervision is effective in reducing narcotic abuse in addicts in the long run.
- (2) Parole supervision is effective in reducing criminal performance in narcotics addicts in the long run. Criminal performance is measured both in terms of recorded convictions and choice of associates.

¹LeDain, Gerald, et al. Final Report of the Commission of Inquiry into the Non-Medical Use of Drugs. Ottawa: Information Canada, 1973, page 1031.

²Ibid., page 1031.

³The Parole Act (See Appendix B).

⁴Street, George. Canada's Parole System. The Queen's Printer, 1971.

⁵Ibid.

⁶Solicitor General of Canada, Handbook on Parole Supervision, The Queen's Printer.

⁷Street, George. Canada's Parole System. The Queen's Printer, 1971.

CHAPTER V

RESEARCH PROCEDURES

Research Design

Since the study was intended to measure the effectiveness of parole in reducing narcotic abuse and criminal behaviour in narcotics addicts, it was felt that a reasonably long time range was required. The author then decided upon a three-year period starting on August 1, 1967*(T1) and going to August 1, 1970*(T2). These dates were selected for specific reasons. The Matsqui Institution** started releasing quite a number of narcotics addicts from its programme around the middle of 1967, and this starting date would allow the study to select a sample from among a number of addicts who had had the same last institutional experience and who were released around the same period. This would prevent the study from being unduly affected by any unusual, short-term socio-economic fluctuations. The closing date of August 1, 1970 also was intended to get around any influences that the

* T1 = Time of release from institution

* T2 = Cut-off date (August 1, 1970)

** Federal Government Treatment Institution for Narcotics Addicts

introduction of mandatory supervision might have. The Parole Act was amended to make all persons sentenced to a federal institution after August 1, 1970 subject to mandatory supervision on release (See Appendix B). Finally, the compulsive pattern of behaviour exhibited by narcotics addicts seemed to suggest that a three-year period was about the minimum time in which effectiveness (as opposed to effect) could be determined.

There was some concern about whether addicts belonging to racial minorities should be included in the population from which the sample was to be selected. The author then decided to review the available files of addicts from racial minorities. He concluded that, on the surface, their patterns of drug abuse and criminal involvement could not easily be distinguished from those of other addicts. However, since he still felt ambivalent about it, he decided to exclude them from the population. He also decided to exclude female addicts, because they were housed in a different institution and would be subject to somewhat different institutional experiences.

The two groups were finally selected by reviewing the lists of those addicts who were paroled and those who were not paroled who met the criteria, and picking the first fifty from each list, alphabetically.

The Sample

The following table (Table 1) provides the age distribution of the 100 white male narcotics addicts, who make up the sample.

TABLE 1: NUMERICAL DISTRIBUTION OF SAMPLE BY AGE

<u>Age</u>	<u>Research Group</u>	<u>Control Group</u>	<u>Total</u>
15-19	-	-	-
20-24	9	10	19
25-29	5	6	11
30-34	17	14	31
35-39	8	7	15
40-44	6	6	12
45-49	4	5	9
50-54	-	1	1
55 & over	<u>1</u>	<u>1</u>	<u>2</u>
	50	50	100

The age group 15-19 was not represented in this sample. This should not be taken to mean that there were not addicts in this age group in the area. Instead, it probably reflects the court's handling of younger offenders. The younger offenders are kept away from federal institutions as much as possible. They are tried on probation and, if that fails, they are first sent to provincial institutions on relatively shorter sentences.

The 1964 Division of Narcotic Control addiction statistics show "1,068 or 69% of the British Columbia Street addicts, whose ages were known, were under 40 years of age, but only 14% were over 50 years old...."¹ This sample has 88% of its subjects under age 40 and very minimal representation over age 50. The author is not sure how this distribution is affected by institutional placement policies but the older offenders, who do not pose security problems, have traditionally been sent to other minimum security settings. Finally, the author has no idea whether there has been a change in the age distribution of addicts in Vancouver or not, although he is inclined to believe that the number of younger addicts has increased rapidly in recent years.

Interviewing

Interviews were used only to corroborate information already available on file. They were not used in cases where files were very complete. They were unstructured, and no formal interview schedule was developed. Having been involved in direct work with narcotics addicts, the author decided to guard against his own subjectivity and against possible unreliable information from the addicts involved in the study by using officially recorded information, such as police records, charges laid, convictions recorded and supervisors' notes. He also consulted addicts, ex-addicts and workers in the field, where necessary. Of course these sources, indi-

vidually, are open to some error, but the composite picture they provide tends to be extremely useful in presenting a fairly accurate profile of the behaviour of the person under study. What this approach does not tell you about are the variety and direction of short-term changes and mood swings of many of the subjects. In fact, it is only from very close observation of fairly large numbers of narcotics addicts over a long period of time that a researcher is, in any significant way, able to recreate the day to day events in the lives of addicts. In any event, from the point of view of the present study, very short-term changes in behaviour are not important. The author accepts that many addicts make efforts to overcome their addiction and that some of these efforts produce very encouraging temporary results. For instance, an addict may go to work and abstain from the use of narcotics for up to a few months, and then something will give him an excuse for using drugs. The problem in this case is that once a return is made to the use of narcotics, the behaviour becomes such that there is no indication that any progress was ever made. As far as this author has been able to ascertain, the social sciences have not yet displayed the tools or the know-how to evaluate these short-term indications of a certain kind of change with any degree of accuracy.

In the circumstances, the author has considered it wise to think in terms of a continuum going from addict to ex-addict, to describe the kind of behavioural change he would

like to measure. This certainly raises awkward questions. For instance, when does an addict become an ex-addict, and how does one determine where an addict is on the continuum, at any given point in time? The author does not pretend to have a totally satisfactory answer to these questions, especially since addicts have been known to have relapses after fifteen years of abstinence. However, in the succeeding sections of this chapter, he will attempt to spell out criteria for the purposes of this study.

Definition of Rehabilitation

The word rehabilitation comes from the Latin verb *rehabilitare*, to restore. This simple fact is probably related to the difficulties that are now experienced in defining the term. For instance, the imagined simplicity of the concept it implies has helped to create a commonness of use that tends to leave its meaning in doubt. Rehabilitation is often used to describe parts of the process of recovery and readjustment of the mentally ill, the physically ill, the criminal, the poor, the unemployed, the divorced, the aged, the displaced and the veteran of war. To confuse the issue further, the very conditions, the state of being disadvantaged and the state of being criminal, that are said to create the need for rehabilitation, vary according to cultural and other interpretations. For example, Emile Durkheim argues that if one can "... imagine a society of saints, a perfect cloister of

exemplary individuals, crime properly so called, will there be unknown; but faults which appear venial to the layman will create there the same scandal that the ordinary offense does in ordinary consciousness. If then, this society has the power to judge and punish, it will define these acts as criminal and will treat them as such."² So that, when one considers the general difficulty that the social sciences face with operational definitions, one begins to arrive at an understanding of the problem of the researcher who is, in effect, attempting to measure the extent of rehabilitation in a particular situation.

The author considered the alternatives and decided to arrive at a definition of rehabilitation by drawing on his own observations and those of addicts, ex-addicts and workers in the field of addiction. To relate the discussion of this definition more directly to the present study, it is necessary to observe that the pattern of illegal drug distribution in Vancouver around the period being studied called for a relative concentration of narcotics addicts at the "corner (corner of Main Street and Hastings Street). This pattern had been in existence for some time and had had considerable influence on the growth of an addict sub-culture. As can be understood, the presence of this sub-culture created one of the more difficult tasks for pro-rehabilitation forces and for addicts who wanted to make an effort to get out of their predicament. Any setting that allowed for the all-day gathering of addicts

had an irresistible quality where the average addict was concerned. It strengthened relationships based on a common desire for drugs and, in many cases, it eliminated the possibility of addicts going to work and developing the kind of friendships and social skills that could lead to their being affected by the informal controls of society (the author's observations have suggested that the method of policing may be an essential ingredient in the maintenance of the sub-culture, but that is a matter that would require some research). In England, the addict sub-culture was said to be non-existent and this was credited with making the problem somewhat more manageable. There, addicts remained non-criminals and were able to work and function legitimately.

The author interviewed a Vancouver addict who had gone to England with the specific purpose of obtaining narcotics legally. The following is an excerpt from the conversation:

Author: Why did you go to England?

Addict: Drugs.

Author: What happened when you got there?

Addict: I went to the first doctor I could find, but he hadn't treated addicts before.

Author: Did he accept you for treatment?

Addict: He seemed curious about the whole thing and asked me to come in to see him regularly.

Author: Did he give you a prescription?

Addict: Yes. I couldn't believe it. I took the prescription home and sat in my room and looked at it for an hour. I was confused. Then I cashed it in and took a fix and nothing happened. I thought he'd given me blanks.

Author: Did the heroin ever have any effect on you there?

Addict: Oh yes.

Author: Why did you leave England?

Addict: The thrill was gone and I thought I had an investment in Canada. My parents were getting old....

A number of addicts, who left Vancouver and went to England, subsequently returned although they readily admitted that their stay in England provided them with almost unbelievable quantities of heroin. The author feels that the strength of the sub-culture (the constant mingling with other addicts, the police presence, the talk about "stuff" and the clandestine transactions) is a very significant part of the magnetism and compulsion evident on the local scene. In order to arrest this pattern or, in other words, in order to create the conditions necessary for progress toward rehabilitation, contact with the sub-culture has to be weakened and broken. So that, this study will define rehabilitation in terms of movement away from the values of the sub-culture and the embracing of the values of the broader society. This means that this study has to compare the relative progress of the two groups of addicts, as far as work habits, friendship

and family ties, criminal involvement, social activities, drug abuse and attempts at treatment are concerned.

Indices of Rehabilitation

For the purposes of this study, the author has designated the following indices of rehabilitation:

1. Work Habits:

In this culture, a positive change in work habits must be considered a definite plus. Movement in this area can not only cut down on the time of criminal involvement directly, but it can also set the groundwork for a wider range of changes in the acceptance of the existing social framework.

2. Friendship & Family Ties:

Observations have led the author to believe that change in this area is imperative if the addict is to recover from the addiction pattern. An addict who may be making an outstanding personal effort may find that contact with drug users (family members, lovers and friends) will undo even the best of intentions. This is one of the reasons that a long-term (15 years) abstainer may slip and have a relapse.

3. Criminal Involvement:

This is an ambiguous specification, because in Canada one has to be a criminal to be an addict, by definition. The mere possession of heroin is a crime. However, it

has been possible for some addicts to limit their contacts with other criminals to the acts of making purchases of drugs and harmless social conversation. The cost of sustaining a "habit" has been very high, though, and it almost makes other criminal activity mandatory.

4. Social Activities:

This heading is intended to include activities not related to the obtaining and using of drugs. For instance, it can include from television watching to church going. It is one of the fibres that can bind a changing pattern together.

5. Drug Abuse:

This area is, of course, central to the study. However, it is important to note that breaking away from drug abuse does not take one pattern. One addict may start by getting help from a physician or agency; another may go to a relatively remote area and avoid contamination; another may get himself withdrawn and simply abstain; while yet another may gradually cut down on the frequency of use.

6. Attempts at Treatment:

This area has to be viewed carefully to understand what the addict is really attempting to do. It can only be fully understood in terms of the other items of this section. An addict may go to a physician or

treatment agency for the following reasons:

- i) He may genuinely want to beat the problem of addiction.
- ii) He may be having trouble keeping up with the costs of drugs 'on the street'.
- iii) He may be too heavily addicted and may want to reduce the level of his addiction to the point where he cannot feel the euphoric effect of the drug.
- iv) He may have a court case pending and may want to impress the judge that he is making an effort to beat the habit.
- v) He may be instructed to do so by his probation or parole officer.
- vi) He may want to control his own drug intake so that he can make more profits from his trafficking.
- vii) The presence of the police may be getting too "close" and he may need a break from the pressure.

Summary

This piece of research was designed to investigate the performance of two groups of narcotics addicts over a three-year period. The sample was selected randomly after the criteria were established. Interviews with subjects were only used to corroborate information already on file, but there was some consultation with addicts, ex-addicts and workers in

the field.

A definition of rehabilitation was arrived at, and the following indices of rehabilitation were established:

1. Work habits
2. Friendship and family ties
3. Criminal involvement
4. Social activities
5. Drug abuse
6. Attempts at treatment

¹A Comparative Study of Long-Term and Short-Term Withdrawal of Narcotic Addicts Voluntarily Seeking Comprehensive Treatment, Paulus 1966, page 50.

²On the Normality of Crime, Emile Durkheim, New York, The Free Press of Glencoe, 1961, page 873.

CHAPTER VI

RESEARCH FINDINGS

Indices of Rehabilitation

As indicated earlier, this study is concerned about the change in drug dependency patterns and criminal activity between T1 (August 1, 1967) and T2 (August 1, 1970). Since the author chose to use files and official records as his main source of information, he is aware of the fact that certain kinds of information (e.g. friendship patterns in some of the members of the Control Group) may not be fully available. On the other hand, he has the advantage of eliminating some of the dangers inherent in using personal interviews with this kind of sample (the addict, for various reasons, is not always a reliable source of information).

Work Habits

In spite of the unending process of change and the growth of the significance of leisure, work remains an important value in Western society. A man's job uses up approximately one-third of his life and has tremendous influence on what happens during the other two-thirds. In the case of a narcotics addict, if he goes to work at a legitimate job, it

has the added potential of removing him from the addict associates and the influences of the sub-culture for the time that he is at work. It also forces a kind of discipline upon him and, depending on his strength and degree of determination, it may produce positive results or it may drive him back to his drugs more forcefully. Of course, it is not always an all or none proposition. There are many shades in between. However, observations have led to the conclusion that most addicts have very few work skills, and many of those with skills have had their desire to work and, consequently, their ability dulled by the persistence of their addiction. Also, although no figures to support this are available, the on-the-job accident rate among addicts attempting to return to work appears to be far beyond the average (this may be related to lack of work experience, daydreaming, the influence of drugs or some combination of those). So that, the addict who makes progress in the world of work is really achieving. Work not only means self-support and a measure of independence, it may also mean breaking into an alien culture, the world of work and working people.

The author accepts that the nature of the work attempted by an addict can have a lot to do with whether he stays with a job or not but, for this study, it is the act of working that is important and not the nature of the job. The act of being involved in a schedule that requires a new kind

of discipline and a new level of expectation is what is important here. For the purposes of this study, the word work refers only to non-criminal occupations.

TABLE 2: NUMBERS AND PERCENTAGE DISTRIBUTION OF THE SAMPLE-WORK HABITS AND WORK PATTERN AT T2.

<u>Characteristics</u>	<u>Weeks</u>	<u>N = 50</u>		<u>N = 50</u>		<u>N = 100</u>	
		<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Total length in weeks worked between T1 and T2	1-8	5	10	9	18	14	14
	9-25	7	14	8	16	15	15
	26-36	19	38	7	14	26	26
	37-115	3	6	5	10	8	8
	116-156	7	14	4	8	11	11
	None	9	18	17	34	26	26
Employment Status at T2	Employed	5	10	5	10	10	10
	Unemployed	3	6	7	14	10	10
	Resentenced (& Revoked - Parolees only)	39	78	34	68	73	73
	Dead	3	6	4	8	7	7

The author does not consider all of the figures given in Table 2 to be completely reliable. Some are correct, but in the cases of non-parolees, the figures were estimated by the addicts themselves (sometime after the actual period of employment).

However, the figures do give some idea of the patterns of work of the two groups and help to point out their similarity in this area. Neither group appears to contribute a great deal to the general labour force. However, although it is not quite evident from Table 2, parolees were required by their supervisors to put some effort into serious job-hunting.

Friendship and Family Ties

There is a saying that, if two drug addicts get together, the chances of their getting into trouble are automatically multiplied by two. The idea is that narcotics addicts cannot get together without talking about narcotics, and it is an unusual addict who can talk about drugs without becoming a little excited about the prospect of his next "fix". So that, the person who is genuinely attempting to abstain often finds that he has to avoid all contact with other addicts. If he is living in a home with someone who is 'using' narcotics, it is almost impossible for him to avoid abuse. This fact is often responsible for the high relapse rate that has been observed in many community-based halfway houses. Also, in Vancouver, it is not too uncommon to find addicted combinations of brother and brother, brother and sister, sister and sister, husband and wife and parent and child. In fact, some homes have produced generations of addicts.

The husband and wife situation needs some clarification in this context. Like the rest of society, addicts get married for various reasons, and they form many temporary alliances. A woman who is attractive and likely to be a source of income as a prostitute is a prized possession for a male addict. On the other hand, a male addict who has "connections", is a prized possession for many a female addict. This is not to say that addicts do not become involved with each other because of mutual attraction, because it happens. Also, when the sexual drive is somewhat displaced by drug intake, the act of "fixing" can take on sexual connotations. For instance, addicts can be heard to say "she was 'fixing' me" and "I was 'fixing' her", to describe their love affairs. But marriage sometimes has an entirely different function in the sub-culture. (This may also apply to other deviants). A woman may marry a man, or vice versa, if she knows that she is about to be sent to prison, so that he will have visiting privileges** when she is in. This gives her a community resource that may be used to fight the boredom of prison life in different ways.

Parole supervisors have found that having a husband and wife team of addicts on parole can be quite awkward. Very often, in this situation, the couple may have been sen-

** There have been prison regulations that have prevented criminals from visiting inmates unless they were related by birth or marriage.

tenced around the same time. Prior to their sentences, they are both likely to have been involved in drug use, and this was their main interest and constant source of excitement. The police and others were their enemies and they could turn their hostilities outward. This extended to solidify the union. However, when they are on parole and expected to avoid drug use and old haunts, they often find that they have nothing to talk about and no interest in each other. This does provide a fairly ready excuse for a return to drug use.

It is not uncommon for addicts to retain purely predatory relationships with relatives and well-intentioned friends. So that, while this paper will not be examining the area in depth, it is necessary to study the actual definitions of addicts' relationships to understand their real motives.

TABLE 3: NUMBERS AND PERCENTAGE DISTRIBUTION OF THE SAMPLE-RESIDENCE

<u>Characteristics</u>	N = 50 Parolees		N = 50 Non-Parolees		N = 100 Sample		
	No.	%	No.	%	No.	%	
Place of Residence at T1	Alone	0	0	11	22	11	11
	With wife (including Common-law)	7	14	15	30	22	22
	Parents	19	38	9	18	28	28
	Relatives	22	44	9	18	31	31
	Friends	0	0	3	6	3	3
	Halfway House	2	4	3	6	5	5

Table 3 illustrates one of the bigger differences between the two groups. It probably has a great deal to do with what was considered acceptable release planning by the parole service. None of the parolees lived alone at T1, while 11 of the other group did. This was probably related to the belief that the parolee was likely to do better if he came out to an established home situation that offered emotional and other supports. Seven parolees went to live with their wives, while fifteen non-parolees did. Of course this may have been coincidence but, more likely, it reflects the view that because of on-going activities (drug use, prostitution, etc.) some wives were not good resources for men being released on parole. Forty-one (82%) of the fifty parolees lived with parents or relatives on their release, while eighteen (36%) of the fifty non-parolees did the same. This seems to further emphasize the significance of parole release plans.

Criminal Involvement

It is considered fairly common knowledge that, whatever else addicts may do, many of them are also involved in some degree of trafficking to support their habits. Since illicit narcotics is so exorbitantly priced, this practice is almost a natural offshoot of their basic problem. However, the whole question of criminal involvement of the addict goes beyond that. The addict is caught up in an almost

perfect system of negative labelling, and the framework appears to reinforce and perpetuate the image. This means that, once one becomes a criminal and an addict, a complete reversal of the pattern takes on extraordinary dimensions. Here, criminal involvement will be measured in terms of recorded convictions. The author recognizes that this statistic may not tell the whole story, because of the number of times that people get away with petty crimes, but he believes that it will tell enough of a story to establish a picture.

TABLE 4: NUMBERS AND PERCENTAGE DISTRIBUTION OF THE SAMPLE-DRUG AND CRIMINAL INVOLVEMENT

Characteristics	N = 50 Parolees		N = 50 Non-Parolees		N = 100 Total	
	No.	%	No.	%	No.	%
First Offenders	0	0	0	0	0	0
Those serving first prison term	0	0	0	0	0	0
Those with criminal records and prison experience prior to addiction	50	100	50	10	100	100
Those sentenced on new criminal convictions between T1 and T2	30)	60	*34	68	64	64
Those who had parole revoked between T1 and T2) +)*39) 9)	18	n/a	n/a	9	9
Those who died between T1 and T2	3	6	4	8	7	7
Those still in the community at T2	8	16	12	24	20	20

χ^2 obt. $< \chi^2$ 2 d.f.; 0.05 = 5.991 (not significant)

Table 4 indicates that the sample is made up of persons who have all been convicted of more than one offence and who have all had previous prison experience. Most offenders in British Columbia go through Probation and/or shorter prison terms in provincial institutions before being sentenced to federal institutions. The table shows great similarity between the two groups, in terms of criminal histories, and it is important to note that every addict in the sample was a criminal before he became an addict.

With very few exceptions, it appears that narcotics addicts who were being released from British Columbia institutions around 1967 had been criminals before becoming addicts. The author's understanding is that there has been some change in this pattern within the past few years; however it is something that would require further study.

In terms of criminal backgrounds and performances, the two groups are almost inseparable. The number of deaths does appear to be quite high for such a small sample, in the given age range, over the period studied, and the author does not know how it fits in with the general death rate in the local addict population. Three deaths were by accident, one by natural causes and three resulted from apparent overdoses.

Social Activities

This index can easily be misinterpreted. There are addicts whose social activities are limited to events surrounding the rest of their behaviour. They constantly hang around the area in which their drug supply is available. They drink in nearby pubs (in spite of the fact that many claim that, when they are drinking, they are not "using"); they visit other addicts in nearby hotels; in fact, the drug scene seems to be the hub of their very existence. On the other hand, there are addicts, who are every inch as heavily involved in the using of narcotics, who participate in a number of healthy leisure time activities and sometimes associate with non-criminals. Therefore, in terms of measuring the effect that this area has on the overall behaviour of the addict, it is important to determine the nature of its accompanying patterns. By itself, this area does not provide very much significant information about the growth of the addict but, as a supplement, it gives clarity to the developing picture. The author believes that it is an oversimplification of the problem to think, as some do, that the solution to the problem of addiction lies in the mere restructuring of social patterns and the accompanying development of new social skills. However, it does appear that a change in an addict's pattern of social activities is a necessary condition of a movement away from addiction.

It was not possible to get a detailed, accurate description of the social activities of the two groups involved in the study, but two fairly distinct patterns emerged. The parolees who were trying to live up to the conditions of parole found that they were faced with constant boredom. This was their first taste of having to fill time with activities that did not revolve around drugs. The control group did not have to face this problem.

Drug Abuse

This is the key area of this study, for it is the problem of drug abuse that distinguishes the drug addict from other criminals on the Canadian scene. Also, it is the problem of drug abuse that makes rehabilitation of the addict so difficult. This addiction is surrounded by a whole host of difficulties which it has helped to create and maintain. Parole supervisors often observe that a special yardstick is required to measure a drug addict's progress. In other words, expectations have to be tailored to the demands of the situation. For instance, if a non-addict parolee, who has been doing very well over a fairly long period, has a setback the chances are that the problem can be resolved without too much stress. On the other hand, if an addict has a setback, after months of good performance, he can literally undo all of his progress in a matter of minutes. The first reaction to almost any form of frustration seems to be the need

for a "fix", and, as the addicts say, one "fix" is never enough. What serves to complicate the matter is the fact that possession of narcotics is an offence. In addition, the price of the drug is so high on the illicit market that it is virtually impossible for the Canadian addict to keep on using it without becoming involved in other forms of crime to support the habit.

The very way in which the addict defines himself tends to work against his breaking out of the problem of addiction. He is, in some ways, an outstanding example of the self-fulfilling prophecy at work.

TABLE 5: NUMBERS AND PERCENTAGE DISTRIBUTION OF THE SAMPLE-DRUG ABUSE (HEROIN)

<u>Characteristics</u>	N = 50 Parolees		N = 50 Non-Parolees		N = 100 Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
No Drug Abuse from T1 to T2*	0	0	0	0	0	0
Sporadic Drug Abuse from T1 to T2*	27	54	25	50	52	52
Constant Drug Abuse from T1 to T2*	23	46	25	50	48	48

* ... from T1 to T2 (or death or recommittal)

χ^2 obt. χ^2 1 d.f.; 0.05 = 3.841 (not significant).

Table 5 shows that not one of the one hundred subjects remained totally free of drug abuse between T1 and T2. As far as sporadic abuse is concerned, it is safe to assume that some people used more frequently and larger quantities than

others. Parolees involved in constant drug abuse were returned to prison by suspensions, revocations and forfeitures. Non-parolees involved in constant drug abuse were returned to prison as a result of new charges. It is also quite clear that the overall drug abuse patterns of the two groups are very similar. Statistical analysis by use of the Chi-square at the 0.05 level shows the results to be statistically insignificant.

Attempts at Treatment

In the previous chapter, several reasons are proposed for an addict's attempting to obtain one form of treatment or another. Again, it is not always easy to determine the motives of an addict in every given situation and, as mentioned earlier, addicts do differ but the odds tend to favour his being first concerned with immediate gratification. This characteristic has created difficulties for physicians and treatment agencies who have attempted to treat the addict, with the result that he is, more often than not, an unwelcome patient.

TABLE 6: NUMBERS AND PERCENTAGE DISTRIBUTIONS OF SAMPLE-ATTEMPTS AT TREATMENT BETWEEN T1 AND T2 (Aug.1/67-Aug.1/70)

<u>Characteristics</u>	<u>N = 50</u> <u>Parolees</u>		<u>N = 50</u> <u>Non-Parolees</u>		<u>N = 100</u> <u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Treatment first sought						
1967-68	39	78	32	64	71	71
1969-70	5	10	4	8	9	9
No treatment sought	6	12	14	28	20	20
No. on treatment at %2	3	6	4	8	7	7

Table 6 does seem to reflect short-term effects of parole supervision. Thirty-nine of the fifty parolees sought either withdrawal or maintenance medication during the first year of release. Parole supervisors often refer addicts to a physician or agency, when drug abuse problems first develop or are about to develop. A smaller number of non-parolees sought treatment during the first year of release, but the figure is still higher than one would ordinarily expect. One possible explanation is that around 1967 a kind of optimism developed because of the opening of the new treatment centre and the paroling of fairly large numbers of addicts with whom the non-parolees had been incarcerated. Of course, it may also be that the author underestimated the frequency with which addicts usually seek treatment. In any event, it should be kept in mind that addicts often seek withdrawal or maintenance treatment for reasons that have nothing

to do with rehabilitation, as the term is generally understood. (Please see Page 88).

TABLE 7: NUMBERS AND PERCENTAGE DISTRIBUTION OF THE SAMPLE-DRUG ABUSE (HEROIN) IN RELATION TO AGE

Characteristics	Drug Abuse (Heroin) between T1 & T2					
	N = 50 Parolees		N = 50 Non-Parolees		N = 100 Total	
Age	No.	%	No.	%	No.	%
15 - 19	-	-	-	-	-	-
20 - 24	9	18	10	20	19	19
25 - 29	5	10	6	12	11	11
30 - 34	17	34	14	28	31	31
35 - 39	8	16	7	14	15	15
40 - 44	6	12	6	12	12	12
45 - 49	4	8	5	10	9	9
50 - 54	-	-	1	2	1	1
55+	1	2	1	2	2	2
Total	50	100	50	100	100	100

TABLE 8: NUMBERS AND PERCENTAGE DISTRIBUTION OF THE SAMPLE-RE-IMPRISONMENT (AS A RESULT OF A NEW SENTENCE OR REVOCATION OF PAROLE) IN RELATION TO AGE

Characteristics <u>Age</u>	Re-imprisonment between T1 and T2					
	N = 50 Parolees		N = 50 Non-parolees		N = 100 Total	
	No.	%	No.	%	No.	%
15 - 19	-	-	-	-	-	-
20 - 24	8	16	7	14	15	15
25 - 29	4	8	4	8	8	8
30 - 34	14	28	11	22	25	25
35 - 39	7	14	5	10	12	12
40 - 44	5	10	5	10	10	10
45 - 49	3	6	4	8	7	7
50 - 54	-	-	1	2	1	1
55+	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>
Total	42	84	38	76	80	80

χ^2 obt. $< \chi^2$ 2 d.f.; 0.05 = 5.991 (not significant)

Table 7 and Table 8 should be studied together. They show the relationship between the age structure of the sample and drug abuse and re-imprisonment. Table 7 shows that every member of the sample, regardless of age, abused drugs between T1 and T2. Table 8 shows that some parolees and some non-parolees, of varying ages, managed to avoid re-imprisonment between T1 and T2. Statistical analysis by use of the Chi-square at the 0.05 level showed the results to be statistic-

ally insignificant. This finding is of some interest, because there is a fairly popular belief that addicts 'burn out' after a certain age. In her study (A Comparative Study of Long-Term and Short-Term Withdrawal of Narcotic Addicts Voluntarily Seeking Comprehensive Treatment), Ingeborg Paulus stated that it appeared that age was the most important factor influencing change in two groups of treated addicts. Also, she commented that there was support from other sources for the view that the "maturing out" process had some effect on the ability of certain addicts to free themselves of their addiction. Of course, there may be a number of reasons for this difference in the findings. One that immediately comes to mind is the difference in the make-up of the two samples. Miss Paulus was dealing with men and women. Some had had prison experience and some had not, but they all were voluntarily seeking treatment. It would seem that some useful research may be done on why some addicts appear to "mature out" of their addiction, while others do not.

Discussion of Research Findings and Research Hypotheses

The Research Hypotheses were:

- (1) Parole supervision is effective in reducing narcotic abuse in addicts in the long run.
- (2) Parole supervision is effective in reducing criminal performance in narcotics addicts in the long run. Criminal performance is measured both in terms of recorded convictions and choice of associates.

The Indices of Rehabilitation helped to itemize the factors present in the social functioning of the sample. However, as was argued in Chapter V, there is, at the moment, no really satisfactory way of accurately measuring the short-term progress of a narcotics addict. In fact, some writers in the field have expressed the view that regression takes place with the onset of addiction. If this is so, attempts to measure short-term progress become both complicated and useless. So that, for the purposes of study, Criminal Involvement and Drug Abuse are the two important indices.

Table 4 (p. 99) shows that twelve members of the control group were functioning in the community at T2, while eight parolees did the same. Thirty parolees and thirty-four members of the control group were convicted of new offences between T1 and T2. Three parolees and four control group members died, while nine parolees had their paroles revoked for unsatisfactory performance. At the same time, Table 5 (p. 103) indicates that every member of the total sample either used drugs sporadically or constantly between T1 and T2. This means that, in terms of the two vital indices, the results clearly indicate that the parolees were not more successful at avoiding drug abuse and criminal behaviour than were members of the control group. The Chi-square Test was used, and the results were shown to be statistically insignificant. In other words, the findings do not support the research hypotheses, and it can be concluded that parole was

not effective in reducing drug dependency and criminal activity in the group of narcotics addicts studied.

Summary

The Indices of Rehabilitation were examined and statistical information tabulated. The findings were discussed in terms of the research hypotheses, and the two main indices (Drug Abuse and Criminal Involvement) were statistically analyzed. Age groupings were also subjected to statistical analysis. The Chi-square test was used, and the results were shown to be statistically insignificant. In other words, the findings did not support the hypotheses, and it was concluded that parole was not effective in reducing drug dependency and criminal activity in the group of narcotics addicts studied.

CHAPTER VII

CONCLUSIONS

Several years ago, the author had occasion to interview an offender (not a narcotics addict) serving an indeterminate sentence under 'preventive detention' at a federal penitentiary. At the end of the interview, the following exchange took place:

Author: What do you think of the new institution that is being opened up for the treatment of drug addicts?

Inmate: (Smiles) In five years, they will find out that drug addicts love drugs.

At the time, the above response may have been written off as the kind of cynicism expected of a person who has been in prison for a long time and has no idea of when his release date will arrive, if ever. Unfortunately, that would only be a way of avoiding the more serious undertones of the statement. The fact is that, in spite of various attempts at treatment of narcotics addicts in Canada and the United States, the results have almost always been uniformly discouraging. Of course, the treatment of the criminal has not been an area in which too many outstanding success stories have been written, and the Canadian addict is often both an addict and a

criminal. However, one of the important underlying considerations of the above mentioned inmate's reaction may be that there seems to be a widespread need to "treat and cure" the addict. This need may be related to the argument that the addict makes himself incapable of contributing to society and so harms us all. In addition, others may be influenced by him and so become addicts, with all that that implies in terms of moral and social standards. Truax and Carkhoff, in their book Toward Effective Counselling, point out that the therapeutic endeavour is generally ineffective. Some counsellors may help, some may be ineffective, while some may be harmful. The question is, can this need to "treat and cure" the addict be contributing, inadvertently, to the growth of the problem?

The results of this study tend to indicate that, in the "long-term" sense, parole was not effective in reducing drug dependency or criminal activity in a group of narcotics addicts. Of course, it should be kept in mind that it would be quite risky to attach universal significance to these findings, because the framework within which the Canadian addict operates differs from that of addicts in other countries. For instance, it would appear, from the British experience, that criminal activity is not inherently a part of the behaviour of the narcotic addict. However, his need for the drug and his compulsion to use it are such that he will do almost anything to acquire it, if he is legally for-

bidden to have it. This, in turn, has its own effects on the economics of addiction (trafficking, related crime, policing and other costs).

Erik Erikson, in a paper entitled Ego Identity and the Psychosocial Moratorium, has essentially proposed that some delinquents go through a period between adolescence and adulthood in which there is a delay in assuming the responsibilities implicit in the age change. In other words, he feels that some adolescents are not prepared to assume adult roles at precisely the time they are expected to by the prevailing culture. To almost oversimplify his thesis, his view is that many of these young people, who will have become delinquents (almost by default) during the 'moratorium', will eventually outgrow the tendency to delinquent behaviour. Also, the very delinquency will have had some functional value, in that it will have helped the delinquents to bypass crises that they may otherwise have had to deal with. While Erikson's formulation may make a lot of sense in a large number of cases, the delinquent who becomes addicted to narcotics during his 'moratorium', may find his moratorium indefinitely extended.

There is also the following psychoanalytic description of the personality patterns of addicts:

... drug addicts are regarded as individuals whose psychosexual development has been arrested or has undergone repression to infantile, or even to more primitive levels. Lack of a strong father figure and presence of an over-

indulgent mother figure is stressed in this connection. As a consequence, the individual has been unable to learn that all his wants cannot be fulfilled in reality and comes to regard other persons, particularly the mother or substitutes for her, merely as objects to be used for self-gratification ("Narcissism").... 1

Finally, there is the fairly commonly held view that narcotics addicts mature out of their addiction. Essentially, the claim is that there is a maturing process that becomes evident as the addict grows older. In a very loose sense, it is like relating the mechanics of Erikson's "moratorium" to the addict.

The problem with the three approaches mentioned above is that, while they conveniently explain why some delinquents outgrow their tendency to delinquent behaviour, or why some addicts are addicts or why some older addicts become ex-addicts, they do not come anywhere near to explaining why some persons with certain characteristics become delinquents, or addicts, or both, while others with almost identical characteristics do not. For example, why does one brother become an addict, when his twin brother, growing up under the identical conditions, does not?

These are clearly areas for further examination, but the author would like to propose yet another area for examination. That is the Concept of Luck. Throughout the study, it became increasingly clear that major differences in the performances of addicts were being made by ingredients that could not be identified or measured in objective terms. It

was also quite apparent that the same thing was happening in the case of other delinquents. The author was unable to think of any other way to classify the phenomenon, and he decided to call it the Concept of Luck.

Finally, as others have observed, the Canadian approach to the solution of the problem of narcotic addiction appears to have been based, largely, on logic similar to that which led to Prohibition as a solution to alcohol-related problems in the United States. Regardless of how the etiology of narcotic addiction may be defined, the belief seems to have been that people would not become addicted to narcotics if the drugs were not available. Therefore, great emphasis has been placed on the blocking of access to narcotics. Clearly, the problem has not been solved, but accurate appraisal of the approach would require further examination. There are also those who argue, with some justification, that certain changes in the Narcotic Control Act would automatically decriminalize a portion of the Canadian addict community. The trouble with this approach is one of expectations. People tend to expect legislation to smoothly achieve certain desired results, often without comprehending the implications of the surrounding social situation. That is to say that this approach also needs the kind of study that will produce a proper definition of its limits. In any event, the problems of addiction and criminal behaviour may be raising somewhat more fundamental questions about the growth and management of

the ever-increasing social pollution.

¹O'Donnell, John A. et al. Narcotic Addiction,
Harper & Row, New York 1966, page 65.

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CONDITIONS OF PAROLE
CONDITIONS DE LA LIBERATION CONDITIONNELLE

The parolee shall abide by the conditions of his parole and all instructions which may be given by his supervisor from time to time:
Le libéré conditionnel doit se conformer aux conditions de sa libération et à toutes les directives que peut lui donner à l'occasion son surveillant:
and shall abide by this special condition:
et il doit se conformer à cette condition spéciale:

PAROLE CERTIFICATE
CERTIFICAT DE LIBERATION
CONDITIONNELLE



NATIONAL PAROLE BOARD
COMMISSION NATIONALE DES
LIBERATIONS
CONDITIONNELLES

Parole Act — Loi sur la libération conditionnelle de détenus
S.R.C. 1970 c. P-2

This is to certify that
Le présent certificat atteste qu'à
who was serving a term of imprisonment in
qui purgeait une sentence d'emprisonnement à
was granted
il a été accordée une libération

Parole
conditionnelle
provided parole is not suspended, revoked, forfeited or terminated,
à condition que cette libération conditionnelle ne soit pas suspendue,
it will expire or
elle prendra fin le
révoquée, frappée de déchéance ou terminée, elle prendra fin le

Date Signature - Parolee/Libéré Issued on - Délivré le Secretary - Secrétaire

INSTRUCTIONS

Pursuant to the conditions of your parole you must obey these instructions. Failure to do so may result in suspension and revocation of parole.

En conformité avec les conditions de votre libération, ces instructions doivent être suivies. Tout manquement peut amener la suspension et la révocation du certificat.

You must proceed directly to

Vous devez vous rendre directement à

and report to your Parole Supervisor

et vous rapporter à votre surveillant

At

à

Representative — Représentant

Parole Supervisor — Surveillant

ACKNOWLEDGEMENT — RECONNAISSANCE

I understand that the parole certificate is the property of the National Parole Board and must be delivered on demand of the National Parole Board or of my supervisor. I also understand that I am still serving my term of imprisonment and that parole has been granted to allow me to resume my activities as a citizen at large in the community under supervision.

I fully understand and accept all the conditions (including the conditions printed overleaf), regulations and restrictions governing my release on parole. I will abide by and conform to them strictly. I also understand that if I violate them I may be recommitted.

Je comprends que le certificat de libération conditionnelle appartient à la Commission Nationale des Libérations Conditionnelles et doit être retourné sur demande de la Commission Nationale des Libérations Conditionnelles ou de mon surveillant. Je comprends aussi que je continue de purger ma sentence mais que je suis libéré conditionnellement et sous surveillance afin de me permettre de poursuivre dans la société mes activités de citoyen.

Je comprends parfaitement et j'accepte toutes les conditions (y compris les conditions imprimées au verso), les règles et les restrictions auxquelles est assujettie ma libération conditionnelle. Je m'y conformerai complètement. Je comprends également que si je ne les respecte pas, je puis être réincarcéré.

Certificate Dated Date du certificat	Released on — Date libéré	Paroled Inmate — Libéré
	Witness — Témoin	Date

REPORTS TO POLICE - RAPPORTS À LA POLICE						VISITS TO SUPERVISOR - VISITES AU SURVEILLANT					
Initials <i>Initiales</i>	Date	Initials <i>Initiales</i>	Date	Initials <i>Initiales</i>	Date	Initials <i>Initiales</i>	Date	Initials <i>Initiales</i>	Date	Initials <i>Initiales</i>	Date

CONDITIONS OF PAROLE

1. To remain until expiry of sentence under the authority of the designated Representative of the National Parole Board.
2. To proceed forthwith directly to the area as designated in the instructions and, immediately upon arrival report to the Parole Supervisor and after to the Police as instructed by the Supervisor.
3. To remain in the immediate designated area and not to leave this area without obtaining permission beforehand from the Representative of the National Parole Board, through the Parole Supervisor.
4. To endeavour to maintain steady employment and to report at once to the Parole Supervisor any change or termination of employment or any other change of circumstances such as accident or illness.
5. To obtain approval from the Representative of the National Parole Board, through the Parole Supervisor before:
 - (a) purchasing of motor vehicle
 - (b) incurring debts by borrowing money or instalment buying;
 - (c) assuming additional responsibilities, such as marrying;
 - (d) owning or carrying fire-arms or other weapons.
6. To communicate forthwith with the Parole Supervisor or the Representative of the National Parole Board if arrested or questioned by police regarding any offence.
7. To obey the law and fulfill all legal and social responsibilities.

CONDITIONS DE LA LIBERATION CONDITIONNELLE

1. *Demeurer jusqu'à l'expiration de la sentence sous l'autorité du représentant désigné par la Commission nationale des libérations conditionnelles.*
2. *Se rendre directement et immédiatement à l'endroit spécifié dans les instructions et dès l'arrivée se rapporter au Surveillant et ensuite à la police selon les instructions du Surveillant.*
3. *Demeurer dans les environs immédiats tel que désigné et ne pas quitter ce territoire avant d'obtenir au préalable, par l'entremise du Surveillant, la permission du représentant de la Commission nationale des libérations conditionnelles.*
4. *S'efforcer de travailler régulièrement et faire part immédiatement au surveillant de tout changement de situation, d'emploi ou tout autre changement de circonstances comme un accident ou la maladie.*
5. *Obtenir au préalable l'autorisation du représentant de la Commission nationale des libérations conditionnelles par l'entremise du surveillant avant de:*
 - (a) faire l'achat d'une automobile;*
 - (b) contracter des dettes par emprunt d'argent ou par achat à tempérament;*
 - (c) assumer des responsabilités additionnelles comme le mariage*
 - (d) posséder ou avoir en sa possession une arme à feu ou toute autre arme.*
6. *Communiquer immédiatement avec le surveillant ou le représentant de la Commission nationale des libérations conditionnelles si arrêté ou interrogé par un officier de police au sujet d'une offense quelconque.*
7. *Obéir à la loi et s'acquitter de toutes les responsabilités légales et sociales.*



OFFICE CONSOLIDATION

of the

PAROLE ACT

1958, c. 38

as amended by

1966-67, c. 25

1968-69, c. 38

1969-70, c. 31

and the

Parole Regulations

established by

P.C. 1960-681

as amended by

P.C. 1964-1827

P.C. 1968-48

P.C. 1969-1233

NOTE

All persons making use of this consolidation are reminded that it has no parliamentary sanction; that the amendments have been embodied only for convenience of reference, and that the original Act and amendments thereto should be consulted for all purposes of interpreting and applying the law.

OFFICE CONSOLIDATION

An Act to provide for the Conditional Liberation of Persons Undergoing Sentences of Imprisonment.

SHORT TITLE.

Short Title

- 1. This Act may be cited as the *Parole Act*.

INTERPRETATION.

2. In this Act,

Definitions

- (a) "Board" means the National Parole Board established by this Act; "Board"
- *(b) "day parole" means parole the terms and conditions of which require the inmate to whom it is granted to return to prison from time to time during the duration of such parole or to return to prison after a specified period; "Day parole" Rep. & new. 1968-69, c.38, s. 94 (1).
- *(ba) "inmate" means a person who is under a sentence of imprisonment imposed pursuant to an Act of the Parliament of Canada or imposed for criminal contempt of court, but does not include a child within the meaning of the *Juvenile Delinquents Act* who is under sentence of imprisonment for an offence known as a delinquency; "Inmate" New. 1968-69, c.38, s. 94 (1).
- (c) "magistrate" means a justice or a magistrate as defined in the *Criminal Code*; "Magistrate"
- (d) "parole" means authority granted under this Act to an inmate to be at large during his term of imprisonment; "Parole"
- (e) "paroled inmate" means a person to whom parole has been granted; "Paroled inmate"
- *(f) "parole supervisor" means a person charged with the guidance and supervision of a paroled inmate or of an inmate who is subject to mandatory supervision; and "Parole supervisor" Rep. & new. 1968-69, c.38, s. 94 (2).
- (g) "regulations" means regulations made by order of the Governor in Council. "Regulations"

BOARD ESTABLISHED.

*3. (1) There shall be a board, to be known as the National Parole Board, consisting of not less than three and not more than nine members to be appointed by the Governor in Council to hold office during good behaviour for a period not exceeding ten years.

Board established Rep. & new. 1968-69, c.38 s. 95 (1).

(2) The Governor in Council shall designate one of the members to be Chairman and one to be Vice-Chairman.

Chairman and Vice-Chairman

*NOTE: Proclaimed in force Aug. 26, 1969.
(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

Temporary members	(3) The Governor in Council may appoint a temporary substitute member to act as a member in the event that a member is absent or unable to act.
Quorum	(4) A majority of the members constitutes a quorum, and a vacancy on the Board does not impair the right of the remaining members to act.
Voting New. 1968-69, c.38, s.95(2).	(5)* Each member of the Board has one vote in respect of each matter within the duties and functions of the Board and if the number of votes in respect of any such matter is equally divided, the Chairman has an additional vote.
Rules of procedure	(6) The Board may, with the approval of the Governor in Council, make rules for the conduct of its proceedings and the performance of its duties and functions under this Act.
Head office	(7) The head office of the Board shall be at Ottawa, but meetings of the Board may be held at such other places as the Board determines.
Seal	(8) The Board shall have an official seal.
Remuneration	4. (1) Each member of the Board shall be paid such remuneration for his services as is fixed by the Governor in Council, and is entitled to be paid reasonable travelling and living expenses incurred by him while absent from his ordinary place of residence in the course of his duties.
Staff Vide 1966-67, c.71, s.47(3)	(2) The officers, clerks and employees necessary for the proper conduct of the business of the Board shall be appointed in accordance with the provisions of the <i>Public Service Employment Act</i> .
Chief executive officer	(3) The Chairman is the chief executive officer of the Board and has supervision over and direction of the work and the staff of the Board.
Divisions of the Board New. 1968-69, c.38, s.96.	5 (1) The Chairman may from time to time establish divisions of the Board, each consisting of two or more members of the Board, and may direct any such division to carry out at such times and places as are specified by him, such of the duties and functions of the Board specified by him as are authorized by rules made by the Board under subsection (5) of section 3 to be carried out by a division of the Board; and in carrying out such duties and functions, a division of the Board may exercise all of the powers conferred on the Board by this Act.
Acts of division of the Board New. 1968-69, c.38, s.96.	5*(2) For the purposes of this Act, any act or thing done by a division of the Board in accordance with a direction by the Chairman made pursuant to subsection (1) shall be deemed to be an act or thing done by the Board.
References to Board by divisions New. 1968-69, c.38, s.96.	5*(3) A division of the Board may, with the consent of the Chairman, and shall upon the direction of the Chairman, refer any matter that is before it to the full Board and thereupon the full Board shall deal with such matter in accordance with this Act.

*NOTE: Proclaimed in force Aug. 26, 1969.
(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

POWERS AND DUTIES OF BOARD.

6 Subject to this Act and the *Prisons and Reformatories Act*, the Board has exclusive jurisdiction and absolute discretion to grant, refuse to grant or revoke parole. Jurisdiction of Board

7 (1) Where, in the case of a person sentenced to a term of imprisonment in respect of which the Board has exclusive jurisdiction to grant, refuse to grant or revoke parole, that person is at the time of such sentence or at any time during such term of imprisonment sentenced to a term of imprisonment imposed under an enactment of a provincial legislature that is to be served either concurrently with or immediately after the expiration of the term of imprisonment in respect of which the Board has exclusive jurisdiction, the Board has, subject to this Act, exclusive jurisdiction and absolute discretion to grant, refuse to grant or revoke parole in relation to both such terms of imprisonment. Additional jurisdiction New. 1968-69, c.38, s. 97.

7*(2) This section shall come into force in respect of any province on a day to be fixed by proclamation made after the passing of an Act by the legislature of the province named in the proclamation authorizing the Board to exercise the additional jurisdiction described in subsection (1). Coming into force New. 1968-69, c.38, s. 97.

8 (1) The Board shall at the times prescribed by the regulations Review of cases Rep. & new. 1968-69, c.38 s. 98.

*(a) review the case of every inmate who is sentenced to imprisonment in or transferred to a penitentiary for two years or more, other than the case of any such inmate who advises the Board in writing that he does not wish to be granted parole by the Board, and who has not, in writing, revoked such advice; and

(b) review such cases of inmates serving a sentence of imprisonment of less than two years as are prescribed by the regulations, upon application by or on behalf of the inmate.

8 (2) Upon reviewing the case of an inmate as required by subsection (1) the Board shall decide whether or not to grant parole. Decisions

9 The Governor in Council may make regulations prescribing Regulations

(a) the portion of the terms of imprisonment that inmates shall serve before parole may be granted,

(b) the times when the Board shall review cases of inmates serving sentences of imprisonment,

(c) the class of cases of inmates serving a sentence of imprisonment of less than two years that shall be reviewed by the Board upon application,

*(d) the procedure to be followed by the Board on receipt of an application for revocation or suspension of an order made under the *Criminal Code* prohibiting any New. 1968-69, c.38, s. 99.

*NOTE: Proclaimed in force Aug. 26, 1969.
(SOR/69-390, Can. Gaz. Pt.II, Vol. 103, No. 15).

person from operating a motor vehicle, and authorizing the Board to impose terms or conditions in respect of the revocation or suspension of any such order; and

New,
1968-69, c.38,
s.99

*(c) such other matters as he deems necessary for carrying out the provisions of this Act.

Powers of Board

10 (1) The Board may

Rep. & new.
1968-69, c.38,
s.100(1).

*(a) grant parole to an inmate, subject to any terms or conditions it considers desirable, if the Board considers that

(i) in the case of a grant of parole other than day parole, the inmate has derived the maximum benefit from imprisonment,

(ii) the reform and rehabilitation of the inmate will be aided by the grant of parole, and

(iii) the release of the inmate on parole would not constitute an undue risk to society;

Rep. & new.
1968-69, c.38,
s.100(1).

*(b) impose any terms and conditions that it considers desirable in respect of an inmate who is subject to mandatory supervision;

(c) provide for the guidance and supervision of paroled inmates for such period as the Board considers desirable;

Rep. & new.
1968-69, c.38,
s.100(2).

*(d) grant discharge from parole to any paroled inmate, except an inmate on day parole or a paroled inmate who was sentenced to death or to imprisonment for life as a minimum punishment; and

New,
1968-69, c.38,
s.100(2).

*(e) in its discretion, revoke the parole of any paroled inmate other than a paroled inmate to whom discharge from parole has been granted, or revoke the parole of any person who is in custody pursuant to a warrant issued under section 12 notwithstanding that his sentence has expired.

Termination of day parole
New.
1968-69, c.38,
s.100(3).

10 *(2) The Board, or any person designated by the Board, may, in its or his discretion, terminate the day parole of any paroled inmate.

Personal interview

11 The Board, in considering whether parole should be granted or revoked, is not required to grant a personal interview to the inmate or to any person on his behalf.

Parole and mandatory supervision certificates
Rep. & new.
1968-69, c.38,
s.101(1).

12 Where

(a) the Board grants parole to an inmate, or

(b) an inmate is released from imprisonment subject to mandatory supervision,

the Board shall issue a parole certificate or mandatory supervision certificate under the seal of the Board and in a form prescribed by it, and shall cause the certificate to be delivered to the inmate and a copy thereof to be delivered to the inmate's parole supervisor, if any.

*NOTE: Proclaimed in force Aug. 26, 1969.

(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

13 (1) The term of imprisonment of a paroled inmate shall, while the parole remains unrevoked and unforfeited, be deemed to continue in force until the expiration thereof according to law, and, in the case of day parole, the paroled inmate shall be deemed to be continuing to serve his term of imprisonment in the place of confinement from which he was released on such parole.

Effect of parole
Rep. & new.
1968-69, c.38,
s. 101(1).

13 (2) Until a parole is revoked, forfeited or suspended, or except in accordance with the terms and conditions of a day parole, the inmate is not liable to be imprisoned by reason of his sentence, and he shall be allowed to go and remain at large according to the terms and conditions of the parole and subject to the provisions of this Act.

Idem
Rep. & new.
1968-69, c.38,
s. 101(1).

14 (1) Where, either before or after the coming into force of this section,

(a) a person is sentenced to two or more terms of imprisonment, or

(b) an inmate who is in confinement is sentenced to an additional term or terms of imprisonment,

the terms of imprisonment to which he has been sentenced, including in a case described in paragraph (b) any term or terms that resulted in his being in confinement, shall, for all purposes of this Act, the *Penitentiary Act* and the *Prisons and Reformatories Act*, be deemed to constitute one sentence consisting of a term of imprisonment commencing on the earliest day on which any of those sentences of imprisonment commences and ending on the expiration of the last to expire of such terms of imprisonment.

Consecutive and concurrent sentences
Rep. & new,
1969-70, c.31,
s. 1.

(2) This section does not affect the time at which any sentences that are deemed by subsection (1) to constitute one sentence commence pursuant to subsection (1) of section 624 of the *Criminal Code*.

Interpretation
New,
1969-70,
c.31, s. 1.

15 (1) Where an inmate to whom parole was not granted is released from imprisonment, prior to the expiration of his sentence according to law, as a result of remission, including earned remission, and the term of such remission exceeds sixty days, he shall, notwithstanding any other Act, be subject to mandatory supervision commencing upon his release and continuing for the duration of such remission.

Mandatory supervision
New.
1968-69, c.38,
s. 101(1).

15 (2) Paragraph (e) of section 8, section 9, section 11 and sections 12 to 17 apply to an inmate who is subject to mandatory supervision as though he were a paroled inmate on parole and as though the terms and conditions of his mandatory supervision were terms and conditions of his parole.

Effect of mandatory supervision
New.
1968-69, c.38,
s. 101(1).

SUSPENSION AND REVOCATION OF PAROLE.

Rep. & new. 1968-69, c.38, s. 101(1).

Rep. & new.
1968-69, c.38,
s. 101(1)

16 (1) A member of the Board or any person designated by the Board may, by a warrant in writing signed by him, suspend

Suspension of parole
Rep. & new.
1968-69, c.38,
s. 101(1).

*NOTE: Applicable only in respect of persons who are sentenced to imprisonment in or transferred to a class or classes of penitentiaries or other places of imprisonment described in a proclamation on and after a day or days fixed by the proclamation. (1968-69, c.38, s. 101(2)).

† To be proclaimed.

**NOTE: Proclaimed in force Aug. 26, 1969.

(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

any parole, other than a parole that has been discharged, and authorize the apprehension of a paroled inmate whenever he is satisfied that the arrest of the inmate is necessary or desirable in order to prevent a breach of any term or condition of the parole or for the rehabilitation of the inmate or the protection of society.

Apprehension of paroled inmate
Rep. & new, 1968-69, c.38, s. 101(1).
16**(2) A paroled inmate apprehended under a warrant issued under this section shall be brought as soon as conveniently may be before a magistrate, and the magistrate shall remand the inmate in custody until the suspension of his parole is cancelled or his parole is revoked or forfeited.

Review of suspension
Rep. & new, 1968-69, c.38, s. 101(1).
16*(3) The person by whom a warrant is signed pursuant to subsection (1) or any other person designated by the Board for the purpose shall forthwith after a remand by a magistrate of the paroled inmate named therein review the case and, within fourteen days from the time of such remand, either cancel the suspension of his parole or refer the case to the Board.

Idem
Rep. & new, 1968-69, c.38, s. 101(1).
16*(4) The Board shall, upon the referral to it of the case of a paroled inmate whose parole has been suspended, review the case and cause to be conducted all such inquiries in connection therewith as it considers necessary, and forthwith upon completion of such inquiries and its review it shall either cancel the suspension or revoke the parole.

Effect of suspension
New, 1968-69, c.38, s. 101(1).
16*(5) An inmate who is in custody by virtue of this section shall be deemed to be serving his sentence.

FORFEITURE OF PAROLE.

Forfeiture
Rep. & new, 1968-69, c.38, s. 101(1).
17 (1) Where a person who is, or at any time was, a paroled inmate is convicted of an indictable offence, punishable by imprisonment for a term or two years or more, committed after the grant of parole to him and before his discharge therefrom or the expiry of his sentence, his parole is thereby forfeited and such forfeiture shall be deemed to have taken place on the day on which the offence was committed.

Stay of forfeiture
New, 1968-69, c.38, s. 101(1).
17*(2) Where an appeal is taken against a conviction that resulted in forfeiture of parole pursuant to subsection (1), the forfeiture is stayed pending the final disposition of the appeal.

APPREHENSION UPON REVOCATION OR FORFEITURE OF PAROLE.

Apprehension
Rep. & new, 1968-69, c.38, s. 101(1).
18 (1) If any parole is revoked or forfeited, the Board or any person designated by the Board may, by a warrant in writing, authorize the apprehension of the paroled inmate.

*NOTE: Applicable only in respect of persons who are sentenced to imprisonment in or transferred to a class or classes of penitentiaries or other places of imprisonment described in a proclamation on and after a day or days fixed by the proclamation. (1968-69, c.38, s. † 101(2)).

† To be proclaimed.

**NOTE: Proclaimed in force Aug. 26, 1969.
(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

18 (2) A paroled inmate apprehended under a warrant issued under this section, shall be brought as soon as conveniently may be before a magistrate, and the magistrate shall thereupon make out his warrant under his hand and seal for the recommitment of the inmate as provided in this Act.

Recommitment

EXECUTION OF WARRANT.

19 (1) A warrant issued under section 12 or 14 shall be executed by any peace officer to whom it is given in any part of Canada, and has the same force and effect in all parts of Canada as if it had been originally issued or subsequently endorsed by a magistrate or other lawful authority having jurisdiction in the place where it is executed.

Warrants for apprehension

RECOMMITMENT OF INMATE.

20 (1) Where the parole granted to an inmate has been revoked, he shall be recommitted to the place of confinement from which he was allowed to go and remain at large at the time parole was granted to him, to serve the portion of his term of imprisonment that remained unexpired at the time parole was granted to him, including any period of remission, including earned remission, then standing to his credit, less any time spent in custody as a result of a suspension of his parole.

Place of recommitment
Rep. & new,
1968-69, c.38,
s. 102.

20*(2) Where a paroled inmate, upon revocation of his parole, is apprehended at a place not within the territorial division in which the place of confinement from which he was allowed to go and remain at large at the time parole was granted to him is situated, he shall be committed to the corresponding place of confinement for the territorial division within which he was apprehended, to serve the portion of his term of imprisonment that remained unexpired at the time parole was granted to him, including any period of remission, including earned remission, then standing to his credit, less any time spent in custody as a result of a suspension of his parole.

Idem
Rep. & new,
1968-69, c.38,
s. 102.

21 (1) When any parole is forfeited by conviction for an indictable offence, the paroled inmate shall undergo a term of imprisonment, commencing when the sentence for the indictable offence is imposed, equal to the aggregate of

Effect of forfeiture
Rep. & new,
1969-70, c.31,
s. 2(1).

- (a) the portion of the term to which he was sentenced that remained unexpired at the time his parole was granted, including any period of remission, including earned remission, then standing to his credit.
- (b) the term, if any, to which he is sentenced upon conviction for the indictable offence, and
- (c) any time he spent at large after the sentence for the indictable offence is imposed except pursuant to parole granted to him after such sentence is imposed,

minus the aggregate of

*NOTE: Proclaimed in force Aug. 26, 1969.
(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

**NOTE: Deemed to have come into force on August 26, 1969.
(1969-70, c.31, s. 2(2)).

- (d) any time before conviction for the indictable offence when the parole so forfeited was suspended or revoked and he was in custody by virtue of such suspension or revocation, and
- (e) any time he spent in custody after conviction for the indictable offence and before the sentence for the indictable offence is imposed.

Term to be served
Rep. & new.
1968-69, c.38,
s. 103 (2).

2/ *(2) The term of imprisonment prescribed by subsection (1) shall be served as follows:

- (a) in a penitentiary, if the place of confinement from which he was allowed to go and remain at large at the time parole was granted to him was a penitentiary;
- (b) in a penitentiary, if the total term of imprisonment prescribed by subsection (1) is for a period of two years or more; and
- (c) if the place of confinement from which he was allowed to go and remain at large at the time parole was granted to him was not a penitentiary and the term of imprisonment prescribed by subsection (1) is less than two years, in that place of confinement or, where the place of his conviction is not within the territorial division in which that place of confinement is situated, in the corresponding place of confinement for the territorial division within which he was so convicted.

*(3) Repealed. 1968-69, c.38, s. 103(3).

ADDITIONAL JURISDICTION.

Revocation or suspension of certain punishments.

22 (1) The Board may, upon application therefor and subject to regulations, revoke or suspend any sentence of whipping or any order made under the *Criminal Code* prohibiting any person from operating a motor vehicle.

Clemency Amended.
1966-67, c.25,
s. 37.

(2) The Board shall, when so directed by the Solicitor General of Canada, make any investigation or inquiry desired by the Solicitor General in connection with any request made to the Solicitor General for the exercise of the royal prerogative of mercy.

MISCELLANEOUS.

Order, etc., final

23 (1) An order, warrant or decision made or issued under this Act is not subject to appeal or review to or by any court or other authority.

Evidence Rep. & new.
1968-69, c.38,
s. 104

24 (1) Any order, decision, certificate or warrant purporting to be sealed with the seal of the Board or to be signed by a person purporting to be a member of the Board or to have been designated by the Board to suspend parole or to authorize the apprehension of an inmate whose parole has been revoked or forfeited is admissible in evidence in any proceedings in any

*NOTE: Proclaimed in force Aug. 26, 1969.
(SOR/69-390, Can. Gaz. Pt. II, Vol. 103, No. 15).

court and is evidence of the statements contained therein without proof of the seal of the Board or of the signature or the official character of the person appearing to have signed the same.

25 ~~23~~ All expenditures under or for the purposes of this Act shall be paid out of money appropriated by Parliament therefor. Expenditures

26 ~~24~~ The members and staff of the Board shall be deemed to be employed in the Public Service for the purpose of the *Public Service Superannuation Act*. Superannuation

~~23. Notwithstanding subsection (2) of section 4, the Governor in Council may by order transfer persons who prior to the commencement of this Act were members of the staff of the Department of Justice to the staff of the Board.~~ ~~Transfer of staff~~

~~24. (1) The Ticket of Leave Act is repealed.~~

27 ~~25~~ Every person who at the coming into force of this Act is the holder of a licence issued under the *Ticket of Leave Act* to be at large shall be deemed to have been granted parole under this Act under the same terms and conditions as those under which the licence was issued or such further or other conditions as the Board may prescribe. Licence under former Act deemed parole

27(2) ~~26~~ Every person who was issued a licence to be at large under the *Ticket of Leave Act*, whose licence was revoked or forfeited and who at the coming into force of this Act is unlawfully at large may be dealt with under this Act as though he were a paroled inmate whose parole had been revoked or forfeited. Revoked or forfeited licence

27(3) ~~27~~ A reference in any Act, regulation or document to a conditional liberation or ticket of leave under the *Ticket of Leave Act* shall be deemed to be a reference to parole granted under this Act. Reference

~~(5) The powers, functions and duties of the Solicitor General of Canada under section 666 of the *Criminal Code* are hereby transferred to the Board, and a reference in that section to permission to be at large on licence shall be deemed to be a reference to parole granted under this Act.~~ ~~Historical criminals amended. 1966-67, c. 25, s. 27.~~

~~*25. This Act shall come into force on a day to be fixed by proclamation of the Governor in Council.~~ ~~Coming into force~~

*NOTE: Proclaimed in force Feb. 15, 1959.
(SOR/59-65, Can. Gaz., Pt. II, Vol. 93, No. 5).

Regulations Made Under The Parole Act

1. These Regulations may be cited as the *Parole Regulations*.

Rev. & new,
P.C. 1964-
1827,
Dec. 3, 1964.

2. (1) The portion of the term of imprisonment that an inmate shall ordinarily serve, in the cases mentioned in this subsection, before parole may be granted, is as follows:

(a) where the sentence of imprisonment is not a sentence of imprisonment for life or a sentence of preventive detention, one-third of the term of imprisonment imposed or four years, whichever is the lesser, but in the case of a sentence of imprisonment of two years or more to a federal penal institution, at least nine months;

Rev. & new,
P.C. 1969-
1233,
June 17, 1969.

(b) where the sentence of imprisonment is for life but is not

(i) a sentence of preventive detention,
(ii) a sentence of life imprisonment to which a sentence of death has been commuted either before or after the coming into force of this paragraph, or

(iii) a sentence of imprisonment for life, which has been imposed as a minimum punishment after the coming into force of this paragraph, seven years minus the time spent in custody from the day on which the inmate was arrested and taken into custody in respect of the offense for which he was sentenced to imprisonment for life to the day the sentence was imposed.

Rev. & new,
P.C. 1964-
1827,
Dec. 3, 1964.

(2) Notwithstanding subsection (1), where in the opinion of the Board special circumstances exist, the Board may grant parole to an inmate before he has served the portion of his sentence of imprisonment required under subsection (1) to have been served before a parole may be granted.

Rev. & new,
P.C. 1968-48
Jan. 4, 1968.

(3) A person who is serving a sentence of imprisonment to which a sentence of death has been commuted either before or after the coming into force of this subsection, or a person upon whom a sentence of imprisonment for life has been imposed as a minimum punishment after the coming into force of this subsection, shall serve the entire term of the sentence of imprisonment unless, upon the recommendation of the Board, the Governor in Council otherwise directs.

Rev. & new,
P.C. 1969-
1233,
June 17, 1969.

(4) The Board shall not recommend a parole, in a case coming within subsection (3), until at least ten years of the term of imprisonment minus,

(a) in the case of a sentence of imprisonment for life, the time spent in custody from the day on which the inmate was arrested and taken into custody in respect of the offense for which he was sentenced to imprisonment for life to the day the sentence was imposed, or

(b) in the case of a sentence of death which has been commuted, the time spent in custody from the day on which the inmate was arrested and taken into custody in respect of the offense for which he was sentenced to death to the day the sentence was commuted,
as the case may be, have been served.

3. (1) In the case of every inmate serving a sentence of imprisonment of two years or more, the Board shall

(a) consider the case of the inmate as soon as possible after the inmate has been admitted to a prison, and in any event within six months thereof, and fix a date for his parole review;

(b) review the case of the inmate in order to decide whether or not to grant or recommend parole and, if parole is to be granted, the date upon which the parole is to commence, on or before

(i) the date fixed for the parole review pursuant to paragraph (a), or

(ii) the last day of the relevant portion of the term of imprisonment referred to in subsection (1) of section 2,

whichever is the earlier; and

(c) where the Board, upon reviewing the case of an inmate pursuant to paragraph (b) does not at that time grant or recommend parole to the inmate, continue to review the case of the inmate at least once during every two years following the date the case was previously reviewed until parole is granted or the sentence of the inmate is satisfied.

Rev. & new,
P.C. 1964-
1827,
Dec. 3, 1964

Rev. & new,
P.C. 1964-
1827,
Dec. 3, 1964.

(2) Where an application for parole is made by or on behalf of an inmate who is serving a sentence of imprisonment of less than two years, the case shall be reviewed upon completion of all inquiries that the Board considers necessary but, in any event, not later than four months after the application is received by the Board.

(3) Nothing in this section shall be construed as limiting the authority of the Board to review the name of an inmate at any time during his term of imprisonment.

4. (1) Where the Board receives an application to suspend or revoke a sentence of whipping, the Board shall

(a) determine forthwith if the sentence should be suspended pending further investigation and, if it was so determined, issue an order accordingly;

(b) conduct such investigation as appears to be warranted in the circumstances; and

(c) as soon as possible after completing the investigation, if any, referred to in paragraph (b)

(i) revoke the sentence,

(ii) refuse to revoke the sentence,

(iii) suspend the sentence for any period the Board may deem applicable,

(iv) refuse to suspend the sentence, or

(v) cancel the order of suspension, if any, made pursuant to paragraph (a).

(2) An order of suspension made pursuant to subsection (1) expires ten days before the expiration of any term of imprisonment to which the convicted person, to whom the sentence of whipping relates, has been sentenced unless, before that day, the Board revokes the sentence of whipping.

5. Where the Board receives an application to suspend or revoke an order made under the *Criminal Code* prohibiting a person from operating a motor vehicle, the Board shall

- (a) conduct as quickly as possible such investigation as appears to be warranted in the circumstances; and
- (b) determine as soon as possible if the order should be suspended or revoked and, if it so decides, issue an order accordingly.

6. Where the Board suspends or revokes an order made under the *Criminal Code* prohibiting a person from operating a motor vehicle, the suspension or revocation may be made upon such terms and conditions as the Board considers necessary or desirable.