

Drug Exhibit Audit Final Report:

Results, Exhibit Inventory & Progress on Recommendations

SUBMITTED: January 12, 2018



HALIFAX

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Executive Summary:

This report summarizes the work completed by Halifax Regional Police (HRP) on its drug exhibit audit, complete inventory of exhibits and progress on audit recommendations.

The latest phase of this audit involved completing a full inventory of HRP's drug exhibits. This phase followed an initial Drug Exhibit Audit conducted in 2015 as well as a more in-depth audit completed by the Internal Oversight & Risk Management Unit in June 2016.

While the latest phase was underway, regular updates were provided to the Board of Police Commissioners (BOPC) on the overall status of the review. In February 2017, Chief Jean-Michel Blais also provided a detailed presentation to the BOPC on the inventory status as well as HRP's ongoing response to the 2016 review recommendations.

Consistent with the earlier findings, many of the exhibits were unable to be physically located in the latest round leading us to a reasonable but inconclusive belief that the missing or misplaced drug exhibits were destroyed. There is no evidence to suggest exhibits were misappropriated. We believe that the missing or misplaced cash was deposited into the Specialized Enforcement Section (SES) bank account. Similar to issues identified in the earlier phases of the audit, we have reasonably concluded that the key underlying factors were significant process gaps and lack of adherence to due process over the decades. That is why the team has put significant focus on crafting and implementing appropriate policy improvements, accountability mechanisms as well as proper training.

Attached with this summary are the detailed results of the last phase of the audit report related to the full inventory as well as a full status update on the 34 recommendations that came out of the audit.

Methodology:

The Review Team identified exhibits requiring reconciliation by comparing the 2016 physical inventory against the Records Management System (RMS). There were 3,252 exhibits identified as missing out of 13,044 seized between 1992-2016. The missing/misplaced exhibits included 293 cash exhibits, 331 large drug exhibits, and 2,628 small drug, paraphernalia and miscellaneous non-drug exhibits. To make reconciliation a manageable task and to prioritize exhibits, the exhibits were categorized as follows: a) Cash, b) Large drug exhibits, and, c) Small drug, paraphernalia and miscellaneous non-drug exhibits.

For the purpose of this review, 'located' is defined as:

- a. the exhibit was physically found in court or police custody,
- b. the exhibit was proved destroyed through documentation and proper continuity in Versadex,
- c. the exhibit was proven returned to owner through legal documents and Versadex entries.

Summary of Results:

Cash: Of the missing 293 cash exhibits, 255 have been located. The 38 not located totalled \$8,083.87 Canadian currency (CAD) and \$20 United States currency (USD).

Large Drug Exhibits: Of the missing 331 large drug exhibits, 263 were not located. Issues related to the outstanding drug exhibits were consistent with the 2016 secondary review and the full inventory cash. Based on in-depth research and the consistencies with all researched files, the team believes that the outstanding exhibits have been destroyed.

Small drug, paraphernalia and non-drug exhibits: Of the missing 2,628 exhibits, 2,488 were not located. The digital research of these exhibits showed errors consistent with the 2016 secondary review, the full inventory cash, and the full inventory large drug exhibits. Based on the research and noted trends, the outstanding 2,488 exhibits are believed to have been destroyed.

Key Issues & Trends:

As part of the overall inventory review, the team identified similar trends and process gaps that were found with exhibits being deemed as missing or misplaced in the 2016 audit. Similar to the last round, we have reason to infer that the exhibits that could not be physically located have been destroyed because of the following reasons:

- Interviews with past and present sergeants of the Drug Unit showed they were not familiar with the migration of the drug exhibits into the new RMS in 2005, hence tracking of these exhibits was not completed.
- Exhibits were not properly migrated from RAPID RMS to Versadex RMS; only one part of the property screen was used, hence current tracking methods in Versadex could not be utilized. The failure of total file migration made exhibit tracking via Versadex difficult and in some cases, impossible.
- Exhibits from 'no case' seizures (no criminal charges because of lack of substantiating evidence or suspects) were immediately placed inside the exhibit destruction holding area without showing movement in the RMS.
- Exhibits were physically moved from storage to the exhibit destruction holding area, but the movement was not recorded in the RMS.
- Exhibits were physically moved from the exhibit destruction holding area for disposal but the movement was not recorded in the RMS and the disposal details were not complete.
- Group exhibit movement for destruction or storage was completed without verifying the actual physical presence of each exhibit.
- Exhibits improperly tagged or stored were easily missed when scanning them for destruction.
- Lack of electronic or written documentation.
- Duplicated exhibits in the RMS caused reports to identify exhibits as missing when in fact they were not.
- Non-standardized training and lack of adherence to policy and procedures resulted in informal and inconsistent practices.

- Requests for *Destruction Orders* were not being completed as per Health Canada process. Some exhibits were left in the vaults for extended periods and some were destroyed without proper documentation.

Implementation of Recommendations:

All 34 recommendations made by the audit have been implemented. We believe this will result in significant improvements in how HRP handles exhibits. Below are some of the key outcomes and changes:

Key Process Improvements:

- An enhanced electronic tracking system was created and it is now mandatory to track the movement of each exhibit and maintain continuity and accountability.
- SES Sergeants complete quality assurance on all files to ensure proper written documentation and inventory control.
- HRP Evidence Custodian trained all current officers in SES on property movement. Going forward, all HRP officers will receive the same enhanced training.
- HRP training document and policy revisions will ensure consistency of training on a go-forward basis.
- Oversight on storage and destruction of any exhibits has been significantly tightened.

Key Security Improvements:

- The addition of a new Evidence Custodian (Supply Assistant II) was approved by the Board of Police Commissioners and Regional Council. The new custodian was hired in mid-2017. This now allows for the use of best practices (proper packaging, labelling, records management) and it allows the Drug Unit NCOs to perform more of their supervisory responsibilities. CCTV cameras were installed in the drug vaults.

Key Exhibit Handling Improvements:

- Use of Versadex denomination fields are now enforced to improve accuracy of cash being handled.
- The two-person rule for counting large or significant amounts of drugs and money (whereby two people weigh and count drugs and money, respectively). The two-person rule for the weighing and counting of drugs and cash is used for significant seizures and for any opioids where there is an officer safety issue. While these policies were always in place, there is now more oversight to ensure proper practice.

Additional Outcomes:

While conducting the review, a number of additional positive outcomes were achieved, which will help in the ongoing implementation of the audit recommendations and greatly improve our processes going forward:

- A 2017 full physical inventory has now been completed and the backlog of exhibits has been destroyed. This is a significant improvement compared to when the issue first came o light in 2015. Future yearly inventories will now be carried out.
- Four exhibit destructions were completed, which significantly reduced inventory and improved conditions in the physical spaces.
- 216 Forfeiture orders have been actioned and cash has been turned over to SPMD.
- 53 cash files under \$1,000/each have been actioned to be returned to the owners.
- With the move to the new Criminal Investigation Division building, any physical security concerns have been mitigated.

Conclusion:

As outlined above, since the audit was initiated, significant efforts have been made to address issues around adherence to policy and procedure, training, proper documentation, quality assurance, supervision and infrastructure.

While many exhibits could not be physically located, we were able to identify issues consistent with the earlier phases of the audit, leading us to a reasonable but inconclusive belief that the missing or misplaced drug exhibits were destroyed and the missing or misplaced cash exhibits were deposited in the SES bank account. The main issues related to lack of policy adherence and in many cases process gaps over the past many years. That is why considerable effort has been made not just on completing the inventory and reconciliation, but also on policy and process improvement in the future.

This issue came to light as a follow-up to an allegation of mishandling of exhibits. We took this matter seriously and dedicated full-time resources and conducted a multi-faceted review. We have conducted a current assessment and reconciliation of the exhibits as well as came up with ways to significantly improve the processes going forward. We are confident that these measures will help significantly improve exhibit handling and accountability as well as ensure our organizations maintains public trust.

**Overall Background on HRP Drug Exhibit Audit
&
Report on Full Drug Exhibit Inventory**

Overall Background & Timeline:

Drug Exhibit Audit finalized in 2016

The Halifax Regional Police Internal Oversight & Risk Management Unit conducted a Drug Exhibit Audit between mid-June and November 2015 and completed a draft audit report. The audit was triggered due to an internal investigation. In May 2016, HRP and RCMP senior management provided further direction and asked for follow-up and clarification with respect to some of the findings in the draft audit report. The Internal Oversight & Risk Management Unit presented the revised Drug Exhibit Audit to senior management the week of June 20, 2016.¹ The Chief of Police approved the finalized Drug Exhibit Audit on June 22, 2016.

The key observations in the draft Drug Exhibit Audit report completed in June 2016 were:

- i. Continuity – Evidence Continuity Reports are often missing important details and are often inaccurate.
- ii. Inaccurate recording of exhibit location – the audit strived to determine if an exhibit was in the exact location where it was supposed to be based on Versadex, our records management system. Following were the results:
 - Drug Vault 1 (temporary processing vault): 90% of the exhibits in the sample (66 of 73) were not located where they were supposed to be during the initial audit in 2015; after a further review in May 2016, additional exhibits were located. However, 52% of the original sample (38 of 73) could not be located.
 - Drug Vault 2 (permanent vault): 24% of the exhibits in the sample (18 of 75) were not located where they were supposed to be during the initial audit in 2015; after a further review in May 2016, additional exhibits were located. However, 12% of the original sample (9 of 75) could not be located.
 - Money Vault: 55% of the exhibits in the sample (34 of 62 exhibits) were not located where they were supposed to be during the initial audit in 2015; after a further review in May 2016, additional exhibits were located. However, 32% of the original sample (20 of 62) could not be located.
 - Destruction Holding Area (a locked box located in Drug Vault 2 where drugs and contaminated drug paraphernalia are placed prior to destruction): Information in Versadex indicated that 5 exhibits in the Drug Exhibit Audit sample were in the destruction holding area, however, the exhibits could not be located.

Secondary Review ordered in late 2016

Upon reviewing the draft audit report described above, one of the items for which HRP's senior management sought further clarification was missing/misplaced exhibits. The audit report only considered if each exhibit in the sample was in its exact specified location in either the drug or money

¹ Drug Exhibit Audit Halifax Regional Police, Internal Oversight June 2016

vaults and did not consider if it was elsewhere in the same vault, in another vault, in the destruction holding area or before the courts.

As a result, the Special Enforcement Section (SES) of the Integrated Criminal Investigation Division was tasked with conducting a secondary review to locate 74 missing/misplaced exhibits. These 74 exhibits were part of a random sample of 507 exhibits chosen from thousands of exhibits maintained by SES. The Review Team later discovered two entries that were listed as missing but had been found in May 2016, changing the total to 72. There were six cash exhibits that could not be located totalling \$4,956.00.

The team concluded the secondary review with the following observations. These same issues were once again consistently identified during the course of the latest full inventory review. These same factors led to the still outstanding exhibits being labeled as such in this latest phase.

- Non-standardized training.
- Lack of adherence to policy and procedures which resulted in informal and inconsistent practices.
- Requests for *Destruction Orders* were not being completed as per Health Canada process, leaving exhibits in the vaults for extended periods.
- Exhibits were not properly migrated from RAPID RMS to Versadex RMS; only one part of the property screen was used, hence current tracking methods in Versadex could not be utilized. The failure of a total file migration made exhibit tracking via Versadex difficult.
- Interviews with past and present sergeants of the Drug Unit showed they were not familiar with the migration of the drug exhibits into the new RMS in 2005, hence tracking of these exhibits was not completed.
- Exhibits from 'no case' seizures (no criminal charges) were immediately placed inside the exhibit destruction holding area without showing movement in the RMS.
- Exhibits were physically moved from storage to the exhibit destruction holding area, but the movement was not recorded in the RMS.
- Exhibits were physically moved from the exhibit destruction holding area but the movement was not recorded in the RMS and the disposal details were not complete.
- Group exhibit movement for destruction or storage was completed without verifying the actual physical presence of the exhibit.
- Exhibits improperly tagged or stored were easily missed when scanning them for destruction.
- Lack of electronic or written documentation.
- Duplicated exhibits in the RMS caused reports to identify exhibits as missing when they were not.
- The SES bank account received large deposits of cash without property movement in the RMS being completed properly for each file, which made it difficult to track. Also, there were many exhibits that had faded exhibit tags, therefore were not updated in the RMS. Including them in a batch deposit made it impossible to track the exhibit and reconcile all amounts in the account.

In the winter of 2016, the Review Team submitted a final report of findings and observations.

Complete Drug Inventory Review Report

Following the final report of the secondary review described above, HRP senior management ordered a complete inventory of all drug exhibits and assigned SES to conduct the review. The Review Team, including an SES Sergeant and an investigator was augmented with three officers on modified duty and one civilian employee.

Scope

The scope of the Review Team was to identify and reconcile all drug exhibits in the Records Management System (RMS) that showed as missing. There were 3,252 exhibits identified as missing out of 13,044. The missing/misplaced exhibits included 293 cash exhibits, 331 large drug exhibits, and 2,628 small drug, paraphernalia and miscellaneous non-drug exhibits. Items in these exhibits were seized between 1992 and 2016 and consisted of cash, drugs and drug paraphernalia and miscellaneous non-drug items.

The Review Team identified exhibits requiring reconciliation by comparing the 2016 physical inventory against the RMS.

Methodology

The Review Team used the following methodology to locate each exhibit:

- Identified exhibits requiring reconciliation by comparing the 2016 physical inventory against the RMS
- Conducted a digital review of RAPID police software for files from 1992 to 2004
- Conducted a digital review of Versadex police records management system for files from 2005 to present
- Reviewed hard copy files from the HRP Records Section
- Reviewed the court status on the Justice Enterprise Information Network (JEIN)
- Checked the Halifax Provincial Court, Dartmouth Provincial Court and Nova Scotia Supreme Court for exhibits that may have passed through their system.
- Checked with Seized Property Management Directorate (SPMD)
- Reviewed internal electronic spreadsheets and document binders
- Reviewed internal ledgers and bank documents
- Checked with Health Canada for *Destruction Orders*
- Spoke with police officers, HRP evidence custodians and HRP civilian members.

Definitions

For the purpose of this review, 'located' is defined as:

- a. the exhibit was physically found in court or police custody,
- b. the exhibit was proved destroyed through documentation and proper continuity in Versadex,
- c. the exhibit was proven returned to owner through legal documents and Versadex entries.

Cash Exhibits:

Below is the breakdown of the 293 missing/misplaced cash exhibits:

- 271 were in Canadian currency (CAD) totalling \$164,025.14
 - 234 (\$155,941.27) were located
 - 37 (\$8,083.87) were not located
- 14 were in 'uncounted' currency, now known to be \$42,920.00 CAD
 - All were located
- 6 were in United States currency (USD) totalling \$196.00
 - 5 (\$176.00) were located
 - 1 (\$20.00) was not located
- 1 was a \$100.00 Canadian Savings Bond, which was returned to the owner.
- 1 was 600 Syrian Pounds (\$0.37 CAD), which was located due to the process of doing an inventory.
- All outstanding cash exhibits are from 2005 to 2013. There are forfeiture orders for 9 of the outstanding cash exhibits where SPMD is still waiting for the cash.

After reviewing all documentation and given the results of the 2016 secondary review, the team believes that the outstanding cash may also be in the bank account, however, this is not conclusive due to insufficient documentation.

Key Issues:

- Issues noted with the cash exhibits were consistent with the 2016 secondary review. Incomplete property movement in the RMS, disposal details not completed or partially completed, the use of improper storage locations, tracking errors and a lack of oversight were consistent throughout the reviewed files.
- Upon further review of the deposits in the bank account the team found that accurate records were not kept for every exhibit deposited. The ledger recorded files and amounts that were part of bulk deposits, but the amounts did not equal what was deposited into the bank account. In one case, the 8 bulk deposits were all more than what was recorded in the ledger. Had the disposal details for each exhibit in the RMS been completed, detailed reports could have been generated for each deposit.

Key Actions:

- As part of the full inventory review every cash file in our inventory was researched. There were 2016 Forfeiture orders actioned and money transferred to SPMD. Court requests have been made for any forfeiture orders previously issued but not received by the Drug Unit. Fifty-three files with cash exhibits were identified as able to be returned to the owner. SES is currently attempting to contact the owners in order to return the money. All cash amounts are under \$1,000 and 22 have been returned to date.

- Based on recommendations from the Review Team, Management has implemented a new policy to have all documents for each hard copy file saved to a digital file accessible in SES. The team has configured the shared drive in a way that provides all SES members with the ability to quickly back up paper documents and access copies for on-going investigations and redundancy.
- The team will continue to monitor and audit the shared drive and make any ongoing improvements as required.

Large Drug Exhibits:

Of the outstanding 331 large drug exhibits, 263 could not be physically located, as detailed below. However, it is important to note that during the extensive review process, the exhibits that could not be physically located had the same characteristics and process gaps as those in the 2016 secondary review. Based on the in-depth research and consistencies with all researched files, the team believes the outstanding exhibits were destroyed but without keeping proper accompanying records.

However, cash exhibits within many of the outstanding large drug exhibit files were sent to SPMD and/or have sufficient documentation; this means that the supervisor/s had dealt with the property after the court process.

Located:

- Marihuana:
 - 16 exhibits of marihuana totalling 3.31 kilograms
 - Untagged marihuana exhibits totalling 4.73 kilograms
 - 6 exhibits of marihuana plants totalling 741
 - 1 exhibits of cannabis resin totalling 0.11 kilograms
- Cocaine:
 - 20 exhibits totalling 0.75 kilograms
 - Untagged cocaine exhibits totalling 0.04 kilograms
- Opioids (hydromorphone, morphine, clonazepam, valium, etc.):
 - 25 exhibits of pills totalling 1,114 pills
 - Untagged pills totalling 78

Of the 68 large drug exhibits that were located; 32 exhibits were in court, 14 were located during an inventory check, 13 were confirmed destroyed, 7 were duplicated in the RMS, and 2 were returned to the owner.

Outstanding:

- Marihuana:
 - 94 exhibits of marihuana totalling 29.64 kilograms
 - 29 exhibits of marihuana plants totalling 1,882
 - 9 exhibits of cannabis resin totalling 28.36 kilograms
 - 4 exhibits of marihuana oil totalling 22.20 litres
 - 3 exhibits of marihuana shake totalling 0.61 kilograms

- Cocaine:
 - 59 exhibits totalling 2.91 kilograms
- Psilocybin (mushrooms):
 - 5 exhibits totalling 0.16 kilograms
- Opioids (hydromorphone, morphine, clonazepam, valium, etc.):
 - 118 exhibits of pills totalling 5,441.5 pills
 - 6 exhibits of steroids totalling 650 pills and 210 millilitres
 - 3 exhibits of methadone totalling 2.2 litres
 - 1 exhibit of 11 grams of MDMA powder

Key Issues:

- Exhibits located in court; property movement in the RMS was often shown from the vault to the officer's temporary storage locker, but not from their locker to court. The team noted that the investigator did not frequently put a text on the file if the exhibits were tendered in court.
- Exhibits located during an inventory check; the team observed exhibits untagged inside other tagged exhibits. When an untagged exhibit is located inside another tagged exhibit for storage / transport then it makes it easy to miss when getting scanned out.
- Exhibits confirmed destroyed and duplicate exhibits had a very common issue. Exhibit storage containers were identified as a drug item with the total weight of the drugs inside as well as each item inside being tagged with their own weights. This caused duplication in the RMS and created a false quantity of drugs.
- The two exhibits that were returned to the owners were prescription drugs whereby the owners provided proof of prescription. These exhibits were returned but the disposal details were not completed and not caught when audited by the QA Sergeant.

Key Actions:

All issues above were noted during the 2016 secondary review and were addressed for future purposes through better training, better quality assurance, and better packaging materials.

Small Drug, Paraphernalia and Non-drug Exhibits:

Of the 2,628 exhibits in this category, 140 were located as described below:

Located:

- Marihuana:
 - 18 exhibits containing marihuana (marihuana bud, shake plant, plants, hash, etc.)
- Cocaine:
 - 11 exhibits containing cocaine (powder, crack)
- Opioids (hydromorphone, morphine, clonazepam, valium, etc.):
 - 5 exhibits containing pills
- Miscellaneous non-drug / Paraphernalia:
 - 104 exhibits
- Unknown / unidentified substance:
 - 2 exhibits

Of the 140 small drug, paraphernalia and non-drug exhibits that were located; 83 were confirmed destroyed, 28 exhibits were in court, 14 were returned to the owner, 10 were duplicated in the RMS and 5 were located during an inventory check of the large drug exhibits.

Outstanding:

- Marihuana:
 - 852 exhibits containing marihuana (marihuana bud, shake plant, plants, hash, etc.)
- Cocaine:
 - 404 exhibits containing cocaine (powder, crack)
- Psilocybin (mushrooms):
 - 13 exhibits containing psilocybin
- Opioids (hydromorphone, morphine, clonazepam, valium, etc.):
 - 204 exhibits containing pills
 - 15 exhibits containing steroids
 - 2 exhibits containing methadone
 - 4 exhibits containing LSD
- Miscellaneous non-drug / Paraphernalia:
 - 1,064 exhibits
- Unknown / unidentified substance:
 - 70 exhibits

Key Issues Identified:

- When conducting the digital research the team identified cash exhibits not originally captured. These cash exhibits were not originally captured for two reasons; one, locations entered into the property control page were incorrect and two, exhibits were categorized as 'articles' or 'miscellaneous' when they should have been 'security'. This increased the cash total by 52 exhibits totalling \$59,069.74 CAD plus 1 'uncounted' cash exhibit for \$4,700.00 CAD.
- The small drug/paraphernalia/misc. non-drug exhibit list was not sent to the courts and hard copy files were not requested from Records or the Municipal Records Center. The digital research of these exhibits showed errors consistent with the 2016 secondary review, the full inventory cash, and the full inventory large drug exhibits. Common practice is to deal with all exhibits on a file at the same time. During our review of these exhibits the team established that some of these exhibits were attached to large drug and cash files which were properly disposed of in the RMS. The outstanding 2,488 exhibits are believed to be destroyed based on the research and noted trends.

Additional Outcomes & Initiatives:

While doing the core work assigned as part of completing the full inventory, many additional outcomes were achieved that will help improve the process for the long term. The team has completed the 2017 physical inventory using a newly acquired hand held device in the main drug vault (HP3), the temporary drug vault (HP5) and money vault (HP4). The new device enabled the team to conduct a proper

inventory and an immediate reconciliation. The device allowed the team to print and save the digital reports from all exhibits scanned, which provides trackable records. Below are the highlights:

- **HP3:** The team scanned 4,148 exhibits which showed 18 missing exhibits within 3 files. Within one week the team located 17 of the 18 exhibits. 6 exhibits (1 file) were in the Halifax Provincial court, these showed improper movement within the RMS. 11 exhibits (1 file) were improperly tagged, these were physically located and tagged with the investigator. 1 exhibit (1 file) was not located, this exhibit is from a 'no case' seizure consisting of 0.50g (\$10 street value) of hash oil, which the team believes was destroyed but missed during the scan out process.
- **HP5:** The team scanned 262 exhibits, 8 showed as 'missing'. 2 samples were missed during the scan from HP5 to HP3, 2 samples were sent for analysis but the property screens were not updated, 2 cell phones were sent for analysis without property screens updated, 1 fake marijuana license was destroyed without destruction details completed, and 1 was a duplicate created by a patrol officer. The HP5 inventory alerted management that more training is needed. The errors were primarily with the newly transferred members and were in relation to how to show proper movement in the RMS not in note taking. Drug Unit NCOs have scheduled training for January 2018 for all drug members. The plan is for the drug unit to mandate this training for the start of each year going forward for new members and a refresher for current members.
- **HP4:** The team scanned 128 exhibits. All exhibits were accounted for. One tag had to be reprinted and one file needed the property screen updated.

A comparison to the 2016 physical inventory in the drug vault (HP3):

- 2016 Inventory identified 7,976 exhibits inside the drug vault.
- 2017 Inventory identified 4,148 exhibits inside the drug vault.

As follow up to the 2016 physical inventory where hundreds of requests were made to Health Canada for authorization for destruction the team realized that every file needed to be researched to identify what needed to be kept and what could be destroyed. The team researched all files in the drug vault and provided the information to the Drug NCOs. We are now satisfied that we know what we have and why we have it. In 2017 the Drug Unit has 3,828 less exhibits than in 2016, this shows a commitment to proper inventory control and efficient disposal of property. Property entering the drug unit is very fluid as it depends on many variables, such as drug searches and patrol seizures. The drug unit processes and manages an average 350 drug exhibits per month, which does not include non-drug items.

Two drug sergeants have conducted four exhibit destructions this year at the proper facility:

- Burn 1 – June 2017, 250kg (3,238 exhibits) destroyed. This burn included the backlog exhibits that were identified in the first physical inventory.
- Burn 2 – August 2017, 220kg (725 exhibits) destroyed.
- Burn 3 – November 2017, 300kg (1,772 exhibits) destroyed.
- Burn 4 – December 2017, 150kg (854 exhibits) destroyed.

- A file in RMS is created for each burn with a full printed report of the exhibits destroyed and all documents are scanned to the digital file. This is then audited by the Staff Sergeant in SES before file closure.

Conclusion

As previously noted, the original drug audit and subsequent body of work arose from a single internal incident where due process was not applied. Although the team could not physically locate each of the missing/misplaced exhibits, there is no evidence to suggest exhibits were misappropriated, however due to the lack of complete evidence, this conclusion cannot be stated as definitive.

What is without question is that a lack of adherence to policy, training, proper documentation, supervision and quality assurance all contributed to what was observed during the audit and subsequent inventories.

Policy and training improvements, emphasis on accountability and quality assurance will now allow us to much better identify and address issues. These measures will ultimately improve exhibit handling and accountability as well as and ensure our organizations maintains public trust.

Implementation of Audit Recommendations

Drug Exhibit Audit Recommendations: Status Update

January 15, 2018

Observation	Recommendation	Action Taken	Status
In Versadex, primary and secondary locations are rarely filled in correctly.	#1: Ensure that primary and secondary locations listed on the evidence continuity screens are filled in correctly.	-SES Sergeants complete quality assurance on all files. This role is responsible for reviewing all files to ensure evidence continuity screens are filled in correctly. -Scanning of exhibits using barcode technology is now mandatory to track the movement of each exhibit. -HRP evidence custodians have trained all current officers in the Special Enforcement Section on property movement. Going forward, the intent is for all HRP officers to receive the same training that has been provided to SES members.	Completed
There are dozens of primary locations for drugs listed in Versadex.	#2: To improve search capabilities, reduce the number of location choices that investigators have to enter exhibits. Designate the three primary drug vaults to DV1- Drug Vault 1 (Drug Office Vault), DV2-Drug Vault 2 (Headquarters (HQ) Garage) and MV-Money Vault (HQ Safe). Also reduce and standardize the number of secondary location choices.	The number of primary locations in Versadex has been reduced to three; HP3, HP4, HP5. All secondary locations were updated with fixed locations at the time the new primary locations were created. The previous options are no longer used.	Completed
When sent out for analysis at the Crime Lab or to court exhibits are not tracked well.	#3: Establish diary dates to track exhibits that are sent out for review. This would ensure the file is kept current and help prevent exhibits from being lost or forgotten.	An enhanced electronic tracking system was created to maintain continuity and accountability. A third queue was created to track diary dates for exhibits to lab and courts. Additionally, the Special Enforcement Section Quality Assurance Sergeants oversee all files to ensure written documentation and inventory control.	Completed
Property control screens are rarely filled out correctly.	#4: The disposal review portion of Versadex is properly filled out to identify the disposal authority and the Versadex file is properly closed off by both	The SES Sergeants are responsible for ensuring proper destruction of drugs both electronically and physically. Exhibits to be destroyed are scanned when placed in the destruction	Completed

	the investigator and Sergeant. This step was rarely completed in the past. This will be included in proposed training manual.	holding area and then rescanned when they are removed from the destruction holding area for disposal.	
Exhibits are often listed in Versadex as destroyed when, in fact, they are not.	#5: Conduct a supplementary audit of non-disposed exhibits in Versadex for each of the three vaults.	The Review Team conducted a full inventory of the two drug vaults, the money vault and the destruction holding area (items to be destroyed) between September 2016 and February 2017. Reconciliation is ongoing.	Completed
Annual audits and inventories are not taking place.	#6: Due to the high risk associated with drug exhibits it is imperative that at least yearly audits and inventories be conducted on drug exhibits.	-The SES Staff Sergeant now conducts monthly random spot checks to ensure compliance with policy and procedures. -Chief of Police or designate will ensure annual internal audit takes place.	Completed
There are approximately 2000 drug exhibits to be purged.	#7: Reduce the number of drug exhibits sitting on the shelves and bring the number of exhibits being handled by Drug Unit NCOs down to a more manageable level. In order to accomplish this Drug Unit NCOs either need to be able to generate an exhibit pick list (drop down menu in Versadex) or turn over this responsibility to HRP's evidence custodians. There are approximately 2,000 drug exhibits currently on the pick list to be disposed.	-SES has requested <i>Destruction Orders</i> from Health Canada for 600+ files, each of which involves one or more exhibits, and are awaiting response. Once authorization is received, all exhibits that are authorized for destruction will be destroyed in a timely manner. -4 drug disposal burns were completed in 2017 totalling 6,589 exhibits. -The number of exhibits now kept in the vault is 4,148. -Approximately 350 drug exhibits are seized per month, not including non-drug exhibits.	Completed
A significant amount of the Drug Unit NCO's day is spent processing drug exhibits.	#8: Move the responsibility of managing drug storage from Drug Unit NCOs to the evidence custodians, as they are the subject matter experts in relation to HRP evidence storage. This would not only bring best practices (proper packaging, labelling, records management) into play, it would also free up the Drug Unit NCOs to perform more of their supervisory responsibilities.	-Drugs, drug paraphernalia and cash are no longer sent to separate storage areas. All exhibits from a file now remain together to ensure proper continuity of drug exhibits. -A request for an additional evidence custodian was made through the budgeting process. As per the draft Halifax Regional Police Budget and Business plan, the Board of Police Commissioners and Regional Council has approved the addition of a new evidence custodian (Supply Assistant II). This position will aid Halifax	Completed

		Regional Police in mitigating the challenges identified and recommendations made in the 2015/16 HRP Drug Exhibit Audit. The Supply Assistant was hired in 2017.	
High risk amounts of cash (over \$100,000) are often found stored within the Money Vault.	#9: Minimize the inherent risk of securing a large number of currency exhibits. Monetary totals over \$1,000 will be transferred to a public trustee (Seized Property Management Directorate) or Integrated Proceeds of Crime.	-Cash amounts under \$1,000 are not generally seized. -Cash over \$1,000 is kept with the drug exhibits in a secure location. -Significant cash amounts are typically sent for analysis to Integrated Proceeds of Crime. Once expert analysis is complete cash amounts are detailed in the RMS and all documents are added to the shared drive.	Completed
Money counts do not always include their denomination. This leads to errors.	#10: Use breakdown function on the property screen in Versadex.	The exhibit continuity property screen is now being utilized. Dual counting and use of Versadex denomination fields are now required to improve accuracy.	Completed
The current process dealing with money deposited in the HRP exhibit bank account is not easily understood or recorded. Also, it is an interest-bearing account.	#11: HRP money account to be audited.	The bank account records have been obtained and checked against exhibit records. The account is not actively being used and no new deposits have been made. There were eight bulk deposits consisting of numerous cash exhibits, some of which had faded exhibit tags, and did not record the associated file, amount of cash or denominations from each exhibit.	Ongoing
Drug exhibits are often stored in Zip-Lock bags and not sealed as stated in policy.	#12: All drug exhibits are sealed according to policy and the use of Zip-Lock bags ceases.	All Special Enforcement Section members have been directed to store exhibits in a sealed, tamper proof evidence bag. The SES Sergeants monitors to ensure compliance.	Completed
The disposal authority for drug exhibits is often listed as "Non-Returnable Property" rather than noting the court order as stated in policy.	#13: The disposal of drug exhibits follows HRP policy section 5.5(a) (1.) "Disposed with consent of Minister of Health or a Judge" or is amended so that it fits with current practices.	For drugs, requested <i>Destruction Orders</i> from Health Canada for 600+ files, each of which involves one or more exhibits. Authorization was received, all exhibits have been destroyed. Forfeiture Orders are up to date. Return Orders are being actioned.	Completed

		The RMS system is now being used correctly to document authorizations. Oversight on destruction of any exhibits has been tightened.	
There are several policy sections that need to be reviewed to ensure the policy is current.	#14: The policy be reviewed to ensure outdated sections, such as section 5.4(a)(3.) "The evidence location sheet", are removed.	Fourteen evidence and drug policies have been reviewed and amalgamated into a new, comprehensive draft policy which removes outdated information and addresses gaps and recommendations identified in the Drug Exhibit Audit.	Completed in draft form
There are very few policy sections dealing with property documentation within Versadex.	#15: Policy sections should be added to assist in the area of Versadex property documentation. A property user guide/manual shall also be drafted and provided to members.	Fourteen evidence and drug policies have been reviewed and amalgamated into a new, comprehensive draft policy which addresses gaps and recommendations identified in the Drug Exhibit Audit. This includes policy on the proper use of Versadex property screens. A standardized training manual for all SES members has been drafted.	Completed in draft form
Approximately 60% of all drug files lack disposal review date.	#16: A review take place to determine why disposal review dates are not being generated and determine if a standardized diary date could be established (ex. three years from the seizure date). Without the disposal review date these exhibits will never be reviewed and never purged.	A streamlined and enhanced case management process for tracking files electronically has been implemented, including checking and addressing disposal review dates. Versadex training was provided, and enhanced quality assurance of files has been instituted. Additionally, the SES Staff Sergeant conducts random spot checks.	Completed
The two person rule is not practiced for both the counting of money and the weighing of drugs exhibits.	#17: The two person rule (whereby two people weigh and count drugs and money, respectively) shall be used for both the counting of money and weighing of drugs, as recommended by the International Association of Property & Evidence, and be documented to the file.	Oversight has been enhanced to ensure adherence to policy. The two person rule for the weighing and counting of drugs and cash is used for significant seizures and for any opioids where there is an officer safety issue.	Completed
Burn box (destruction storage area) exhibits are not tightly secured.	#18: The two person rule should also be used for burn box exhibit disposal. A one-way drop is installed for burn box	The two person rule is used for exhibit disposal with each item being scanned in and out of the destruction storage area. Additionally, the	Completed

	storage. The burn box should be double keyed.	permanent drug vault, which contains the destruction storage area, is monitored via CCTV, alarmed and requires a swipe pass for entry. Access is limited to SES Sergeants.	
Consistent burn box (destruction storage area) disposal methods are not established and exhibits are not destroyed in a timely manner.	#19: Standardize the burning process by entering into a standing offer/agreement with a contractor or obtaining equipment capable of destroying drug exhibits.	In relation to a backlog of exhibits awaiting destruction, police will clear the backlog once <i>Destruction Orders</i> are received from Health Canada. Going forward, all exhibits that are authorized for destruction will be destroyed in a timely manner based on a standardized burning process. All of these orders have been received and exhibits destroyed.	Completed
Forfeiture order lists are not currently added to Versadex.	#20: Itemized exhibits lists (including currency) from forfeiture orders should be added to Versadex to centralize and improve records management of these high risk exhibits.	Itemized exhibit lists (including currency) from forfeiture orders have been added to Versadex. The dedicated SES Quality Assurance Sergeant now reviews each file and the SES Staff Sergeant now conducts random spot checks.	Completed
Review of current drug exhibit processing uncovered numerous errors	#21: Retrain drug members on the proper way to store exhibits, including exhibit seals, labelling, and recording within Versadex. Provide this information in policy and user guides/manuals. Note: Only drugs are to be stored in drug vaults, all other exhibits should be treated as general exhibits and stored as such.	HRP evidence custodians have trained all current officers in the Special Enforcement Section on the proper way to store exhibits, including exhibit seals, labelling, and recording within Versadex. Going forward, all HRP officers will receive the same training that has been provided to SES members. A manual has been created and is given to every drug member which details proper documentation, policy and property movement. Annual training for new members and refresher training for current members.	Completed
Drug exhibits are not shipped using a secure method and are currently left in the outgoing mail at HQ.	#22: Develop a procedure and train members on the proper method of sending drug exhibits to the lab by registered mail and maintain continuity.	Procedure developed and implemented, which changed where exhibits awaiting mailing are kept.	Completed

HRP and RCMP follow combined and individual policies and procedures.	#23: That one drug policy/procedure is used for both HRP and RCMP members.	Fourteen evidence and drug policies have been reviewed and amalgamated into a new, comprehensive draft policy which addresses gaps and recommendations identified in the Drug Exhibit Audit. The amalgamated policy will apply to both HRP and Halifax District RCMP officers in the Special Enforcement Section.	Completed in draft form
Members are not trained in the proper and safe handling of drug exhibits.	#24: Include training and policy which refers to safe handling practices. Health Canada, IAPE and RCMP (recent Fentanyl alert) all have comparable policy which refer to double gloving, respirators and two person rule.	Provided educational materials and mandatory training related to the safe handling practices of Fentanyl. The draft amalgamated policy addresses safe handling processes, and a policy specific to the safe handling of Fentanyl is underway. Annual training for all members is the new standard. Any suspicious substance will be treated following CBRN training and safety protocols by contacting our Forensic Identification Section.	Completed
Exhibit processing is currently not listed in NCO daily duties and responsibilities.	#25: If NCOs are to continue to process exhibits this job function needs to be added to their job descriptions.	The Sergeants' job description has been updated to reflect the exhibit function.	Completed
Exhibits are disposed using bulk disposal methods.	#26: The practice of saving time by performing batch electronic transfers shall stop immediately. Batch electronic transfer may be a quicker option but could easily lead to misplaced and/or lost exhibits.	Bulk disposal methods, including both batch electronic and physical transfers, have stopped and are not permitted.	Completed
NCOs are not reviewing property submissions for accuracy.	#27: NCOs must ensure that quality assurance review is not only completed for case management but also for property management.	The SES Sergeants now perform both case management and property management for each file and each exhibit. Additionally, the SES Staff Sergeant conducts random spot checks to ensure compliance.	Completed
Vault door locks are currently on master key system with no electronic access.	#28: Re-key entrance doors to DV1 and DV2 and have them taken off the HRM/HQ master keying systems.	Re-keyed entrance doors to Drug Vault 1 and Drug Vault 2 and removed it from the HRM/HRP Headquarters master keying system.	Completed
Our current vault alarm system uses a single code for all	#29: Install new intrusion alarms in each of the three vaults. Include third party	CCTV cameras were installed in the drug vaults. The security code has been changed for the money vault.	Completed

users and records limited information.	monitoring, secure wiring, individualized access codes and better coverage where needed.	HP5 access is monitored and updated as member transfers occur.	
The drug and/or money vaults have no cameras to record ongoing, high risk activity.	#30: CCTV cameras to be installed at all drug/money vault access points.	CCTV has been installed in Drug Vault 1 and Drug Vault 2. New exhibits are no longer stored in the money vault; all new money exhibits are stored in Drug Vault 2 (HP3) or with SPMD or IPOC.	Completed
DV2 (HP3) has a wood door.	#31: Security metal entrance door and frame to be installed in Drug Vault 2.	A steel door was installed in Drug Vault 2.	Completed
Door access not tightly controlled or monitored. High-risk security areas do not have two-level authentications.	#32: Two-level access authentication (pin/prox) to be used for DV1 and DV2. Vault access authorization is to be recorded on individualized access forms which should include the approver's name as well as an expiry date. The list of authorized members should be reviewed every six months.	Drug Vault 1 and Drug Vault 2 has an updated two-level access authentication plus CCTV. The SES Staff Sergeant also does a security review every six months of all members within SES, which ensures that only current drug members have access to HP5. PIN proxy will be rolled out with the updated security policy.	Completed
Entry combinations are not tightly controlled and changed as required.	#33: Due to the high risk that is associated with the money vault the combination should be changed as staff change.	The money vault combination has been changed and will be changed as staff change. The money vault is no longer being used for new money exhibits.	Completed
Drug exhibits are not stored in a safe and healthy manner.	#34: Ensure regular mold testing (specifically Aspergillus), proper storage of drug exhibits (dried) is enforced and regular inspection and cleaning of drug vaults occurs.	Completed mold testing with no issues raised. Testing will be done annually. Cleaning takes place when required.	Completed