Supply—Justice

you killed them they would come up the sewers and drains and start all over again.

In addition, when are we going to get away from solitary confinement? If any hon. member does not understand solitary he should visit a penitentiary and ask the warden to lock him in a small cell without a watch. Then when he thinks five minutes is up, let him kick the cell door open and he will find that he has been there most likely for a minute and a quarter or a minute and a half. I was asked to try that and I did. I asked others to do it and they did. When was only a minute and a quarter. Men are put in solitary on occasion for days and days with no human contact, nothing but the bare walls. We have to do something about this. I am pleading that we do something about it, and the responsibility for any delay rests in the hands of the government.

I know for a fact that A. J. MacLeod, the commissioner of penitentiaries, has for a considerable time had a development plan for penitentiary construction consisting of maximum security, medium security and minimum security prisons. Up to a few weeks ago you could go down to the offices of the commissioner of penitentiaries and in the lobby you would see a model prison, comprising the workshops and accommodation, of modern construction and architecture, so well thought out that looking ahead to the time when we have partially resolved our criminal problem and the numbers in institutions diminish it can be reconverted quite easily to other uses, such as a hospital for the aged or other purposes. But those plans which are now on the drafting board have to be put into operation. If my memory is correct the thinking and planning of the commissioner of penitentiaries extends over a period of seven years, with a completion date in 1970. I say that, although I appreciate his thinking, 1970 is too late.

We have to do away now with the present type of maximum security prison and build a new type. We have to speed up the building of minimum and maximum security prisons, and we must insist that this be done. The longer we delay, the more will building costs go up; second, it will cost more in human lives because we will not be able to rehabilitate the hundreds and thousands over this seven year period in these institutions under existing conditions in the maximum security prisons we have today. I speak particularly of maximum security prisons because I think an excellent job has been done in minimum and medium security institutions I have seen of recent construction which are minimum and medium security

tions of occupation to continue, then we will again waste millions of dollars of taxpayers' money, not only because we cannot rehabilitate these people but because we are inviting more and more riots and destruction. So from whatever angle the problem is examined, there surely can no longer be any pussyfooting, and if we do not do anything more this year we must start removing the conditions of which Judge Archambault complained in 1938.

That is all I have to say, Mr. Chairman, on the penitentiaries problem because I want I felt five minutes was up in actual fact it to say a few words about another serious problem, that of narcotics in Canada. I hope the minister will give us a somewhat detailed exposition of his approach in handling this matter. Personally I feel from years of studying the matter that we are not tackling it in the right way. We still seem to have the opinion that narcotics addicts should be treated as criminals when every authority, or practically every authority, in the world says that they should be treated as sick people. I was most interested to read the other day a report of the New York academy of medicine's subcommittee on drug addiction, which among other things said this:

> There should be a change in attitude toward the addict. He is a sick person, not a criminal. That he may commit criminal acts to maintain his drug supply is recognized; but it is unjust to consider him criminal simply because he uses narcotic drugs.

> The academy believes that the most effective way to eliminate drug addiction is to take the profit out of the illicit drug traffic and proposed a national network of federallycontrolled dispensary clinics at which addicts could receive low cost drugs. In the same study which was later carried on by the United States medical association's council on mental health, an examination was made of various systems in the world, particularly in the United Kingdom. While they have a cautious view of the system used in the United Kingdom, they found that it was of such importance that they felt they should quote one of the regulations, and I should just like to put it on the record:

> It has been demonstrated that the patient, while capable of leading a relatively useful and normal life when a certain minimum dose is regularly administered, becomes incapable of this when the drug is entirely discontinued.

I completely agree with that view, Mr. Chairman, but I am afraid that there has not been the approach by governments in the past, or the Department of Justice, to lead to the necessary educational program to bring to public understanding the meaning of this disease of narcotic addiction. I know from experiences I have had that some people who were narcotics addicts were so badly addicted that in order prisons. But if we allow the present condi- to feed their need they were in and out of