

Narcotic Control Act

Meanwhile, the illicit import and use of heroin in Canada has become a multi-million dollar business on an annual basis. Nothing found in nature or in test tubes comes close to heroin as an analgesic, with the arguable exception of morphine.

It is on this point, the question of whether heroin is a more effective pain-killer than morphine, that the medical profession is sharply divided. Due to the fact that heroin has been illegal in Canada since 1954, doctors, at least in this country, have not had the opportunity to conduct any comparative studies of their own. Research in other countries has resulted in divergent findings.

If the medical community cannot come to a consensus, then I as a non-expert am not about to take up the cause of one side or the other. However, I do believe that the comparative effectiveness of pain-killers merits examination, given that 30 years have passed since the banning of heroin. Also the fact that there are many credible physicians who advocate a change in the law regarding the therapeutic use of heroin adds impetus to the need for a re-examination of the issue.

No two pain-killers are entirely identical. A cancer patient may have an adverse reaction to one drug yet be able to tolerate another. This alone justifies having alternative pain-killers available, especially in the case of terminal cancer patients, many of whom experience a great deal of pain. Surely the principle of the Bill and the heart of the issue is, if I may quote the late Hon. Member for Nepean-Carleton, Walter Baker, "that physicians should be armed with every weapon to look after every case to the extent that is possible". It is time that this matter were re-opened.

The Minister of National Health and Welfare (Miss Bégin) has undertaken two initiatives. The first was the appointment of the Committee on the Medical Management of Severe Pain early in 1983. The committee was directed by the Minister to "draw up a guide for Canadian doctors on treating severe pain and to discuss within this document the optimal clinical use of various analgesic drugs including the medical need for heroin for the treatment of pain associated with preterminal malignant disease". The Committee has met on a number of occasions and, I am told, is now in the process of writing its first report, which it is hoped will be completed by this fall.

Dr. Kenneth Walker, whom many Members will know by his other name of Dr. Gifford-Jones, has led a controversial media campaign to legalize heroin for therapeutic purposes. Dr. Walker has contended that the choice of members of the Medical Management Committee amounts to "loaded dice against heroin". I am not in a position to agree or disagree with Dr. Walker's opinion. However, given the importance of the issue at stake and the weight that would or should be attributed to any medical or scientific opinion emanating from the committee, I think the committee's credibility before the public is critical. Hence, I would like to see the issues surrounding the Bill receive a broader and more open hearing by referring it to the Standing Committee on Health, Welfare and Social Affairs.

The Minister's second response to public pressure was the announcement in May, 1983 of the trial clinical use of heroin.

The purpose of these proposed clinical trials would be to measure the effectiveness of heroin versus that of other pain-killers. The trials are to be conducted in ten centres specializing in cancer treatment, and apparently between 300 and 350 patients are to be involved. These tests were supposed to have begun last fall, but now it is hoped that they will begin this summer. This delay concerns me, especially since the trials themselves are to take place over a period of between 12 months and 18 months. I strongly urge the Minister to expedite the start-up of these clinical trials.

Even if it were to be found that heroin for therapeutic purposes should be legalized, there is the question of security and control surrounding the drug. Many legitimate concerns have been raised regarding the appeal that such high-grade heroin would hold for addicts and pushers. However, surely security concerns also apply to drugs now used in hospitals, clinics and pharmacies. No doubt this could be dealt with by access and licencing controls. No matter how valid these concerns are, they should not pre-empt the potential for alleviating pain. Even the Minister herself has accepted the premise that suffering Canadians should have access to the complete spectrum of choices involving relief from pain.

We as Members of Parliament have a responsibility for leading the way in society's attempts to humanize the health care system, particularly as it pertains to the treatment of terminal illnesses. It is for these reasons that I would like to see the Bill sent to the standing committee where public and expert opinion could be vetted and where the scope of the deliberations of the standing committee could be broadened to include matters such as security and control. This should take place concurrently with the clinical trials and the Medical Management Committee. Needless to say, time is of the essence.

As was pointed out earlier by the Hon. Member for St. John's East, according to Statistics Canada the figures for death caused by cancer in 1982 would indicate that in the male population a total of 23,449 died of cancer and in the female population, some 18,515, for a total of both sexes of 41,964. That was in 1982 alone. Also, as the Hon. Member pointed out, Mr. Baker died of that particular disease not knowing that in actual fact he was suffering from it. More recently, within the last several weeks, another Member of the Conservative Party died of exactly the same disease, the late Hon. Member for Calgary East. In my own case, both my parents died of cancer. It is a disease, as has been pointed out, which touches every person in Canada and elsewhere in the world. We as legislators have a responsibility to ensure that people suffering from this dreaded disease receive the kind of assistance which would at least allow them to die with some dignity.

Some Hon. Members: Hear, hear!

Hon. Jake Epp (Provencher): Mr. Speaker, it is a distinct honour to be able to rise in the House this afternoon to associate myself with the comments and the initiatives of the Hon. Member for St. John's East (Mr. McGrath). He has