

Narcotic Control Act

Well, I am interested in this for two reasons. Firstly as Chairman of our Committee on Health, Welfare and Social Affairs, I have received a great many representations and requests for an amendment to the Narcotic Control Act; secondly, as I said earlier, some of my loved ones are suffering from this condition.

Mr. Speaker, I should like to conclude my remarks by congratulating the Hon. Member for Nepean-Carleton for showing us once again just how patient he can be with the Hon. other Members of the House, as well as the Hon. Minister of National Health and Welfare, for this first step and that ray of hope that some day might lead to a lessening of the excruciating pain these patients are enduring. And in doing so we are not unique in the world. In fact there are already 36 countries, including England, where heroin is being used as a pain-killer. Which does not mean that we have never used it ourselves, but since 1955, we had discontinued using it at the request of the World Health Organization. I suggest it is about time we put an end to the suffering of the patients of today and those of tomorrow. I fully support the request of the Hon. Member for Nepean-Carleton and I urge other Hon. Members to do likewise.

[English]

Mr. Bill Blaikie (Winnipeg-Birds Hill): Mr. Speaker, in beginning my remarks this afternoon on Bill C-684, a Bill to legalize the therapeutic use of heroin, I would first like to congratulate the Hon. Member for Nepean-Carleton (Mr. Baker) for having the political courage to put before us this kind of Private Member's Bill, and also for having the personal courage to put before all of us an issue which involves a great deal of personal anxiety on the part of anyone who has ever had to deal with a terminal illness, and which has to do with the whole process and reality of human death.

I believe that this is one of the reasons these kinds of questions tend to be put off, not just because of the difficult political questions which attend them, but also because of a natural tendency on the part of everyone not to want to have to deal with these questions. I congratulate the Hon. Member, therefore, for having forced the House, really, to contend with this issue, and I believe Hon. Members are showing good qualities in being able to debate this subject reasonably and being able to dwell on their own personal experiences. I doubt that there is anyone in this House who has not had some personal experience with cancer in the family and who has not had to consider this question.

I do hope that this Bill will go to committee. I certainly intend to support its being passed and going to committee so that further discussion can take place. However, I feel that the fact that this Bill is before us is part of a general trend, and a welcome one I might say, in society today where we are asking ourselves how we can better address the problem of terminal illness, how we can make life more comfortable and more human for people who are faced with a terminal illness.

The question of the therapeutic use of heroin is a part of that larger movement, in which we might also introduce things like hospices for the dying, where attempts are made to create a less institutionalized and less alienated environment for

people who are suffering from terminal illness. I see this as all part of what I would call a very welcome trend in trying to humanize the health care system, particularly as it pertains to the treatment of those with terminal illnesses.

• (1540)

As I said before and as everyone knows, the purpose of this Bill is to amend the Narcotic Control Act, thus permitting designated physicians, particularly in cancer clinics, to prescribe heroin as a pain killer for terminally ill cancer patients. The Hon. Member's Bill, which received first reading on April 29, has been, as Members have pointed out, subsequently upstaged to a degree by the announcement of the Minister of National Health and Welfare (Miss Bégin) two weeks after first reading of this Bill that the health department had authorized use of the narcotic heroin as a pain killer in clinical trials to begin this Fall. But we all know that the approval came after a long and controversial media campaign by Dr. Kenneth Walker under the pseudonym of Dr. Gifford-Jones to legalize heroin for this purpose after a formal advisory committee was struck, and which however remained largely inactive. Nevertheless, the Committee on the Medical Management of Severe Pain was struck early this year and 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 pre-terminal malignant disease. Yet as I understand it, Dr. Walker has contended the choice of members of this committee has "loaded the dice" against heroin, and this led him to establish his Gifford-Jones Foundation and to present petitions signed by some 15,000 people last summer in support of his stand.

Perhaps a little historical background would be helpful on this issue, Mr. Speaker. Despite its apparently effective use in other countries, most notably the United Kingdom, legitimate medical use of heroin has not been allowed in Canada since 1955, and since 1924 in the U.S. The UN World Health Organization recommended in 1947 that member countries ban medical use of heroin as a measure to fight increasing illicit use of and addiction to the drug. The WHO's rationale was that such a move would limit the availability to junkies. There was a widespread belief that a synthetic drug of equivalent potency was just around the corner. Neither prediction has come true some 30 years later. The illicit import and use of heroin in Canada is a multimillion dollars business on an annual basis, in spite of the fact that many terminally ill cancer patients have not had the use of this drug available to them over the years. And there is nothing found in nature, with the arguable exception of morphine, or in test tubes that comes close to heroin as an analgesic.

The arguments for and against the therapeutic use of heroin are many and they have been hotly debated. I do not pretend to be an expert on all the matters pertaining to the various arguments, but I would just like to go over a few of them. The