

Narcotic Control Act

patients. It is the best drug to stop the cough reflex of patients dying of lung cancer. Heroin produces a sense of well-being and euphoria. Addicts do not take heroin to get depressed, as Dr. Walker noted. Patients develop a tolerance to narcotics. It is therefore advisable to have other pain-killers available. Patients vary in their response to drugs for reasons that are not well understood. Doctors should therefore have a choice of different narcotics. Patients develop allergic reactions to pain-killers. It is sensible that physicians have available the maximum number of drugs to treat cancer pain.

● (1750)

Finally, there is no historical precedent for assuming that legal heroin would end up in the street. As the Minister noted in his remarks, it is a rather ludicrous situation when Canadians can easily obtain heroin for pleasure and the victims of cancer die in agony without this pain-killer.

There is one other person to whom I should like to pay tribute today. I am referring to Dr. William Ghent who headed the committee of the Canadian Medical Association which recommended the legalization of heroin for medical purposes. He conducted a very exhaustive study on this question. I am pleased that the Minister has responded in the way he responded today to Dr. Ghent, among others.

He notes some of the concerns with respect to the use of heroin, not just in the treatment of terminally ill cancer patients but in other areas as well. Dr. Ghent goes a step further than some of his fellow doctors and advocates the use of legal heroin for medical purposes. Dr. Ghent would in fact supply heroin addicts with legal prescriptions for the drug as is done in England. In those circumstances, as he indicates, the addict would be given a choice—use prescriptions for heroin to maintain their habit or submit to a clinic for treatment and withdrawal. He notes—and I think this is an interesting point—that the most commonly used heroin substitute, methadone, is the most addicting drug known to man. He points out that this system would eliminate underworld traffickers and their multi-billion dollar profits by prescribing illegal drugs such as heroin and, hopefully, at the same time engaging in education. Ultimately, the only real solution is to engage in education so that people might not use these particular drugs.

I am pleased the Minister responded to the initiative of the Hon. Member for St. John's East and to the initiative of our former colleague and friend, the late Walter Baker. I am pleased to rise and support this initiative. I hope the Minister, in establishing the framework for the use of heroin for medicinal purposes, will take into consideration some of the points which have been made by Dr. Ghent and by Members of the House in the debate today.

[*Translation*]

Mr. Charles-Eugène Marin (Gaspé): Mr. Speaker, I am pleased with this opportunity to speak concerning to a Bill that covers such an important subject. I want to thank the Hon. Member for St. John's East (Mr. McGrath) and the Hon. Minister for presenting this Bill in the House.

I shall be brief, Mr. Speaker, to give others as well a chance to make their comments.

I would like to say that I speak with the experience of someone who has been practising medicine for twenty-eight years, both as a general practitioner, when I had to prescribe medication to alleviate pain and, for many years, as a psychiatrist treating patients who had become addicted to certain types of medication.

In fact, if we consider the social aspect, dispensing medication that may be addictive is certainly preferable to letting people suffer because we do not have all the therapeutic drugs or tools we need.

I also would like to talk about something that is much closer to home. During the last twelve months, there were four deaths in my immediate family, two caused by cancer. I can assure you it is very difficult for a doctor who is a member of the family to see people wracked by pain, not only physical but mental as well, since they know that their suffering can only end in death. I would have been more than happy to be able to alleviate their distress.

However, the drugs we have today have the immediate effect of poisoning the patient and affecting his mental faculties. We have to measure the doses carefully to keep them mentally alert and at the same time alleviate some of their physical suffering.

Mr. Speaker, this is not the only point I wish to raise. I also feel it is not really the Government's responsibility to interfere with the kind of medical treatment that health care practitioners wish to give. I agree here with Dr. Halliday.

Again, I would like to thank the Hon. Member for St. John's East (Mr. McGrath) and the Hon. Minister for presenting this Bill in the House, and I agree wholeheartedly with this initiative.

[*English*]

Mr. Bill Blaikie (Winnipeg-Birds Hill): Mr. Speaker, I should like to make a very short comment. I do not intend to say anything new. I took part in the debate some time ago when the former Hon. Member for Nepean-Carleton, the late Walter Baker, brought forward the suggestion of legalizing heroin for therapeutic purposes in a Private Member's Bill. We have heard many people quite properly refer to the work done by Walter Baker in this respect. The one thing I would like to add is the way in which the events today dovetail with two concerns of the late gentleman. One of his concerns has been referred to, that is, his concern that heroin be legalized for therapeutic purposes. The other one of his consuming passions was parliamentary reform.

Here we have an instance where a private Member, through persistence and through the work of another private Member—in this case the Hon. Member for St. John's East (Mr. McGrath) carrying on the work of the late Walter Baker—has been able to call attention to an issue, albeit aided by Dr. Kenneth Walker and many other Canadians. Nevertheless, it