

Supply—Health and Welfare

Mr. Martin: I am referring to their system of reporting. Every drugstore in Canada is carefully supervised, but that is not the case in the United Kingdom. I mention that merely as an indication of the difference in administration.

Having said that, the fact is that we have 3,000 drug addicts, which creates a serious problem. One human being suffering from this unfortunate disease should capture the sympathy of a department such as the one I have the responsibility of administering. However, we have to look at the realities. The report to which my hon. friend has directed our attention is one that I am studying carefully. The Minister of Justice and I have given consideration since the report was issued to one of the recommendations over which we have direct control constitutionally and physically; that is with regard to those drug addicts who are in penal institutions under the control of the federal government. I would hope we could take some steps there which have been studied, I may say, by the penal authorities for at least two years.

With regard to those addicts not under our control, there are about 1,000 of them in the city of Vancouver. The concentration of drug addicts has not always been in Vancouver. At one time it was in Montreal, but now there are less than 200 addicts there. At one time there was a higher addicted population in Toronto, but now there are not many more than 100. The big centre is Vancouver. Apparently it goes in cycles. Last summer, during my holidays because it was an important thing, I went to Lexington with Dr. Roberts, the chief of our mental health division. They have an institution with some 2,000 drug addicts, most of whom are there by way of court order, but some of whom enter voluntarily. They submit themselves to a process of withdrawal of the drug and suffer no major consequences as a result of receiving treatment while they are there. Some of them even permit themselves to be the subjects of further research by such leading men as Dr. Isbell, who appeared before the committee this winter. Generally speaking I was impressed, notwithstanding many factors that I as a minister would have to consider in this country.

Following that visit I made a proposal to the government of British Columbia. We have a building in British Columbia that we are not fully using at this time. I intimated to the British Columbia government that I would be prepared to recommend to my colleagues—and of course it would be subject to their final approval—that on certain terms we could work out, this building could be used as a treatment centre for those drug

[Mr. Trainor.]

addicts who came within the control and authority of government. I also said that under the terms of the national health program we would be prepared to give consideration to further assistance in the way of providing equipment such as that at Lexington and so on, if this scheme commended itself to the government of British Columbia.

I did not hear from the government of British Columbia, and I have not heard yet officially in this matter from the minister of health. I have talked the matter over with the attorney general. I must say that I think the attorney general, who has heavy responsibilities, was trying to look at this matter seriously. He personally had some doubts about the wisdom of an institution where the treatment would be under the physical control of authorities. He thought something on the basis of a clinic in the city of Vancouver, in the thickly populated area itself, would be better. These people would stay at home and be under the constant supervision of the necessary psychiatric and other skills. Be that as it may, it was his view. I have merely mentioned this to indicate that we are interested and very much concerned.

I believe it is worth trying out this treatment of drug addicts. I give that positive statement to my hon friend. I cannot say it is the final answer. In Lexington, considering all the people who have gone through that institution, I have been very much interested in the inadequacy of the follow-up system. I talked to one of the most famous physicians in the United States, a man who himself was in that institution when I was there, having gone in voluntarily to rid himself of this unfortunate affliction. I have had a chance of talking to him recently about this. As I have stated, that kind of suggestion does not necessarily provide the cure.

However, I answer my hon. friend in so far as the point of view of treatment is concerned. I am absolutely opposed as Minister of National Health and Welfare—and my conclusion is based on the best technical advice I can obtain in this country and outside—to a system that would give to the drug addict at the expense of the state, in any form or through any agency, drugs which he thinks he needs to meet his particular mood. I do not think you are going to cure drug addicts by giving more drugs. So we in this country, as long as I am in this post, will never give any support to that proposed solution.

I find there is a great deal of misunderstanding. The British policy is not different