LIBBY DAVIES, MP
Vancouver-East
In the House

NDP Spokesperson for Social Policy, Post-secondary Education, Children & Youth

Policy Area:
Motion to Implement Prescription Heroin Trials

House of Commons Debates

April 28, 1999

Ms. Libby Davies (Vancouver East, NDP) moved:

> **That, in the opinion of this House, the government should, in co-operation with the provinces, implement clinical, multi-centre heroin prescription trials for injection to opiate users, including protocols for rigorous scientific assessment and evaluation.**

Mr. Speaker, I am very pleased to rise in the House today to debate my private member's Motion 454. I would like to spend a few minutes detailing why the issue is very important not just to my constituents but to people across Canada.

When I was first elected in the riding of Vancouver East in 1997, the first event I attended, before I actually arrived in the House of Commons, was a very tragic community gathering in Oppenheimer Park. Neighbourhood people, who were very concerned about the number of deaths from drug overdoses, gathered to put up 1,000 crosses in a small park in the middle of this very low income community on the Eastside of Downtown Vancouver.

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The 1,000 crosses were put up to represent the very tragic lives and deaths of people who had died from drug overdoses.

I have the sad duty to report that in British Columbia the leading cause of death now for men and women between the ages of 30 and 44 is actually from drug overdoses. In fact, in 1998 the number of people who died from drug overdoses was 371, which is an astounding number when one thinks about it.

I thought a lot about this issue and about what we needed to do to come to grips with a very serious health problem. Our local Vancouver-Richmond Health Board was so concerned about the issue of HIV, AIDS and Hepatitis C infection among injection drug users that in October 1997 it actually declared a state of health emergency in the Downtown Eastside.

I met with the Minister of Health on several occasions and have raised this previously in the House. I wanted to bring this motion forward to draw attention to the tragedy of what takes place in too many communities in Canada, because we have had an emphasis on the criminalization of illicit drug use, and have seen many people become further marginalized in society.

The purpose in bringing this motion forward today is to have a debate in the House of Commons on the importance of harm reduction approach when it comes to drugs.

The purpose of Motion 454 is to reduce the harm associated with obtaining drugs on the street. The purpose of the motion is to look at how we can protect the community, reduce crime and save lives because too many people are dying.

In bringing forward this motion, I really wanted to make it clear that a medical approach to heroin maintenance is one alternative that should be explored. The motion is not about the legalization of drugs or heroin. The motion does not encourage condoning heroin use. It is aimed toward facilitating the research needed to implement an effective alternative regulated treatment option for heroin addicts.

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The research I have done has led me to the conclusion that we need to have health intervention. We need to focus on harm reduction. We need to have a medicalization of addiction that allows us as a society to say that the answer is not just to throw people in jail or to criminalize them. We need to provide support, treatment, education and, in some instances, help to people who are facing a chronic addiction because treatment may have failed.

We are now learning from other models, particularly in Europe, where they have been very successful in enrolling volunteers, hard core addicts, who become part of a heroin maintenance program. It is a very well controlled, scientific program which has actually reduced the amount of criminal activity taking place.

It has actually reduced the amount of activity that takes place in terms of buying drugs on the black market. It has improved peoples' health status. In some cases, it has allowed people to go back to work, find jobs, be in better housing and basically put their lives together.

This motion is about opening up a debate and saying that our approach to illicit drug laws in the past has been based on views that do not make sense today. If we are really serious about saving lives, protecting the community and reducing the crime that comes about as a result of obtaining drugs on the street, then we need this kind of medical intervention.

There is no question that there are a growing number of health care professionals, people in the justice system and recently the Canadian Association of Chiefs of Police, who have been calling for the decriminalization of small amounts of illicit drugs, and for better treatment, better support and better education.

The list of people is growing who recognize that the approaches we have had in the past simply are not working. I would like to detail some of the support that is out there.

The Canadian Medical Association, at its board meeting last December 1998, it passed the following resolution:

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> The CMA recommends to the federal Minister of Health that the investigation of prescription of heroin for opiate-dependent individuals follow the same approval protocol in practice for the use of any therapeutic drug in Canada; and that the CMA recommend that methadone maintenance and counselling programs be more widely available across the country with appropriate education and remuneration of professional delivering such programs. This recommendation applies also to correctional institutions.

The former B.C. provincial health officer, Mr. Millar, in his 1998 report "HIV, Hepatitis and Injection Drug Use in British Columbia—Pay Now or Pay Later", also recommended that controlled legal availability of heroin, in a tightly controlled system of medical prescription, should be pilot tested as an option, as part of a comprehensive harm reduction program.

In 1997 there was a federally funded national task force on HIV, AIDS and injection drug use. It included representatives from the Canadian Association of Chiefs of Police, the Canadian Bar Association and the Canadian AIDS Society, among others. The task force recommended a continuum of treatment options and also called on the federal government to conduct clinical trials of prescription morphine, heroin and cocaine as alternative approaches, such as is being done in other countries.

Even a high ranking Health Canada official, Mr. Rowsell of the Bureau of Drug Surveillance of Health Canada, has been reported in the media as saying:

> "... an initiative to gather evidence looking at the benefits and risks of heroin maintenance will be helpful."

The list goes on. We had a Chief Coroner's Report in 1994 in B.C. that came to the same conclusion. The Canadian Psychiatric Association has encouraged Health Canada and the government to look in this direction. The Canadian Addiction Research Foundation is on the list.

Organizations around the world are beginning to recognize that this kind of approach is something that will produce an overall benefit, not just in terms of individual users who are leading very desperate lives and are very

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marginalized, but in terms of the benefit to the community and to society as a whole.

This is a controversial issue. I have had people come up to me and say: "You are just talking about legalizing drugs", or "This is something that we could not do". I believe that if the federal government and the Minister of Health were committed to working with some of these organizations, like the Canadian Medical Association, then we could set up the appropriate protocols that are actually being developed by the Canadian Addiction Research Foundation in consultation with other professionals and scientists.

The protocols are now being developed, but it requires leadership from the Health Minister and from the Canadian government in co-operation with the provinces to launch this as a pilot program.

The notion of multi-centre clinical trials for a heroin maintenance program is something which we should set up as there would be a great benefit. We can learn from other countries that have already done this. We would not be carving out new ground.

Information from the Swiss program, for example, has told us that when nation-wide heroin trials were implemented in 1994 there was overwhelming support for the program. Criminal offences and the number of criminal offenders dropped 60%. The percentage of income from illegal and semi-legal activities fell from 69% to 10%. Illegal heroin and cocaine use declined dramatically. Stable employment increased from 14% to 32%. The physical health of people dramatically improved and most participants greatly reduced their contact with the drug scene.

By making contact with people who are marginalized, who are living on the edge of society because we force them to do so by our laws, we can bring them into an appropriate model of health care, into an appropriate setting for social support, for housing and for counselling. People can then begin to put together the pieces and make choices in their lives.

I have been very honoured in my riding to meet quite frequently with drug users. Perhaps not many members of parliament have been able to do that.

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These individuals have their own organization in the Downtown Eastside called the Vancouver Area Network of Drug Users, or VANDU.

These people are trying to assert their own rights. They are trying to find their own voice to tell those of us in positions of responsibility and authority that they matter. Their lives matter. Because they have such difficulty in accessing the health care system, many of them live in slum housing, inappropriate housing, and most of them do not have access to adequate and proper services.

The injection drug users are calling on us to take responsible action. They have done a huge amount of very important work in my community in bringing forward to our local health board and to other bodies the fact that they have rights and that, in many ways, the health care system has failed them.

This issue generates a lot of debate. It deals with our mindset around illicit drugs. I want to bring forward the desperation and the urgency that exists, not just in my community in the Downtown East-side, but in many urban centres. People are dying on the streets from drug overdoses because they cannot get the help they need, the housing they need or the medical support they need.

We have a responsibility to look at this issue seriously.

I encourage members of the House to be supportive of modernizing and updating Canada's drug laws. I encourage members to promote harm reduction strategies. I encourage members to continue that work and to impress upon the Minister of Health that we will support any initiative he takes to bring this forward.
The minister will have support from the medical community. He will have support from the association of Canadian police chiefs and he will have support from the coroners who see the bodies that come in as a result of drug overdoses.

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There comes a time when we have to have the courage to stand and say that we have to have change, that what we have done in the past is not working, and that we need a new approach.

I ask members of the House to look at the evidence. Look at what happened in Switzerland. Look at what happened in Europe. Look at our communities and see the people who are suffering and consider this motion as a way of bringing forward a program that will save lives, protect the community and deal with this very urgent health matter.

Ms. Elinor Caplan (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, the devastation of heroin addiction is of great concern to the government. We want to ensure the health and safety of all Canadians. It is our goal to prevent and eliminate the suffering that heroin addiction causes to individuals, to their families and to their communities.

Heroin addiction, however, is not straightforward. It is a serious and complex issue. Accordingly, the treatment of this terrible addiction requires a thoughtful, considered and sophisticated approach.

The motion put forward by the hon. Member for Vancouver East, while well intended, would make clinical trials of using heroin to treat heroin addiction a priority. The success of such treatment is not well established and would not only be controversial, it would have uncertain outcomes. Before any risky clinical trials are embarked upon, all alternative treatments of heroin addiction should be given thorough and due consideration.

Simply put, I believe we need to walk before we run. That is because a number of alternatives for the treatment of heroin addiction are already in existence and are proven to work. I strongly believe that rather than chasing after risky treatments, our time, efforts and resources would be put to much better effect pursuing viable, well-established strategies.

That is why Health Canada is a strong advocate of increasing access to existing successful treatments, in particular methadone maintenance, as well as supplementing medical treatment with counselling and social support

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programs. Methadone maintenance is the most effective, proven and well established treatment for those who suffer heroin addiction.

Under Canada's drug strategy, any treatment or rehabilitation program must address all underlying factors associated with substance abuse. It must also meet the needs of drug users, many of whom unfortunately use more than one drug at a time. Any treatment that is chosen should strive to meet the basic principles, and methadone maintenance does that. Canada's drug strategy endorses its use to combat opiate dependence.

While on methadone, addicts are able to improve their lifestyles, social health, functioning and productivity. Many are able to recover and continue with their lives, such as living with families, completing education or training and remaining employed.

It is Canada's stated priority to increase access to methadone maintenance. To this end Health Canada has streamlined the authorization program and the authorization process, allowing doctors to treat patients quickly and more effectively. The number of physicians using methadone in the treatment of their patients has also increased in this country. Furthermore, the department has undertaken consultation with stakeholders to find ways of increasing access to methadone treatment programs, and we are continuing to do so.

As mandated in Canada's drug strategy, Health Canada is continually working to improve the effectiveness of and the accessibility to an array of safe and proven substance abuse interventions.

It is also true that methadone cannot help all of those who suffer from heroin addiction. However, there are even more alternatives, with equal promise, to methadone that are already in existence. I am speaking specifically of buprenorphine, levo- alpha-acetylmethadol, better known as LAAM, and naltrexone. These alternatives could bring greater flexibility in combating this terrible and costly epidemic, especially to those patients who do not tolerate or do not respond to methadone.

Clinical trials in other countries which were referred to by the member opposite, particularly in the United States and Australia, have shown these

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other medications to be safe and effective. In addition, there is a ready, safe and secure supply of these other alternatives.

Let us also remember that medical treatment alone is not enough to fight drugs. Canada's drug strategy states that we must consider the determinants of health and address the underlying factors associated with substance abuse. Many addicts feel a sense of hopelessness and helplessness that is not solely attributable to their habits. This is usually just a symptom of many of the larger issues they are dealing with, such as other health problems, poverty, lack of housing, poor education or a history of abuse.

Governments need to devote significant resources and energies toward providing greater and earlier access to conventional addiction counselling and social support programs, professional psychotherapy, education, vocational training and residential care. The delivery of these health services is the responsibility of the provinces.

This government sympathizes with the many Canadians caught in the trap of heroin addiction. We want to reduce the toll of this terrible affliction. We want to reduce the toll that it takes on individuals and on all Canadians. It is clear that the best and most effective route is to pursue existing treatments that are known to work. As I have said, Health Canada wants to expand access to well-established and proven treatments like methadone, as well as giving a chance to the newer treatments which I mentioned, LAAM and others. It is the course of action that we believe makes the most sense in terms of time, cost, resources, effectiveness and, most importantly, safety for the patient and for society.

Our goal is to prevent the harm this terrible addiction causes; the harm it causes to individuals, their families and our communities. While the member's proposal is well intended, we do not believe it is supportable at this time.

Mr. Gurmant Grewal (Surrey Central, Ref.): Mr. Speaker, Motion No. 454 states:

> That, in the opinion of this House, the government should, in co-operation with the provinces, implement clinical, multi-centre heroin prescription

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trials for injection to opiate users, including protocols for rigorous scientific assessment and evaluation.

This is a complicated, tongue twisting motion that I am sure no one understands. We are talking about free heroin for addicts. What the NDP is proposing is a recipe for disaster. This is the kind of solution that was adopted in Switzerland. Addicts from all across Europe went to Zurich to live with their addiction and it created a mess. The same thing happened when Denmark tried the heroin trial solution.

It is no secret that there is a terrible drug problem, in particular on the east side of Vancouver. In fact the lower mainland of B.C. has the highest incidence of intravenous drug use in North America. This drug abuse problem is extensive throughout the region and extends to Surrey, Burnaby, North Delta and other suburbs. I have even seen videos demonstrating how easy it is for undercover police officers to purchase heroin.

There is no real government involvement in the solution to the problem. By that I mean that there needs to be an integrated approach which includes the federal, provincial and municipal levels of government.

The motion tries to address problems associated with heroin addiction, including social and family problems, health and crime related issues and high cost.

Many Canadians ruin their lives with heroin use. The problem extends much further in terms of people, the addicts. We need to do something to help these people. These people are our brothers and sisters, our children, our friends and neighbours who want to come home to recover.

We need to be compassionate, to deliver the health care remedy necessary to solve the problem. When addicts finally try to recover and kick their bad habits, they try to return to the suburbs or quiet towns in and around the lower mainland.

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This problem needs a two pronged approach. First, we need to deal with the problem of heroin entering Canada. If we could stop the drug from coming into our country we could stop producing addicts. I know our law enforcement agencies are trying to do the best they can with limited resources at their disposal.

Second, we have to help the addicts. They need medical help, all sorts of help. We need to stabilize the addiction and then integrate them back into their families and home environment so that we help them return to the community where they can pursue a healthy life. We need to support the addicts at every stage.

Far from freely giving out heroin to addicts, we need to have them voluntarily return to a stabile environment where they can begin a medical program that will lead to their recovery.

The drug abuse problem affects all surrounding communities in the lower mainland including residents of Surrey Central. I have been made aware of the success we have had dealing with heroin addiction by using methadone in heroin addiction treatment. In Surrey we are leaders in dealing with heroin addiction. The federal government has been of little assistance, not that there is any co-ordination between different levels of government.

Our local medical community is on its own in struggling to save the program and the process. According to my information there are physicians all across the United States who have come to our province to learn about how we use methadone to treat heroin addicts. We teach these physicians what they need to know in order for them to return to their communities and establish methadone treatment programs within their own medical practices. United States Drug Enforcement Agency members came to Vancouver to study our intravenous drug use problem. They did not go to Chicago, New York or Los Angeles. They came to Vancouver because the IDU problem is so large there.

We need to have the government support our own efforts in this regard. It is a well known fact in our health community that for every dollar spent fighting illicit drug use there is an $11 saving to be realized.

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Surrey Methadone Treatment Centre Ltd. and Renaissance Foundation have a successful program in Surrey which I visited last summer. I can cite many examples after talking to patients. One of the patients I talked with said he had seen his daughter after 12 years. Because he was a drug addict he never went to his family, community or home. After receiving successful treatment his family visits him at the clinic. Now he is looking forward to rejoining his family.

Another addict told me he used to snatch purses and steal to support his addiction but now after receiving this successful treatment he is relieved. He is thankful to the organizers and owners of the clinic, those who offered him help. That is what we need in the community.

We in the House should consider expanding this program, sending it across the nation and exporting our expertise to fight this problem around the world. I am not talking about legalization or decriminalization of drugs. Let me make that clear. The NDP would have us use the concept known as heroin trial that allows physicians to dole out heroin to addicts who are receiving treatment.

Support must be provided for the injection drug use addict who chooses recovery instead of active addiction. I have been assured that a heroin trial prescription program is the wrong way to go. Furthermore, the methadone treatment has already been proven to be successful. It is the one that has been drawing the medical community to British Columbia to learn about it.

The free drug program on the other hand presents us with a defeatist attitude. We are beaten before we start, so we give in and give away heroin to those addicts. In my view this is not helping the addicts or the problem.

The Liberal government has a national drug strategy. We know it does not work. It is just full of Liberal rhetoric. A reduction in the illicit drug problem, as we know, is a reduction in our crime problem and a reduction in the drain on our limited health system resources. Therefore we must tackle the roots of the crime and not focus always on the punishment aspect.

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As a society we continue to push for these kinds of changes, but the Liberal government on the other side does not listen. The government has cut $23 billion in health care and education since it came to power. One year ago today Canadians witnessed a very important vote in the House on a matter that can only be described as a tragedy. The official opposition forced the House to vote on whether or not to compensate all victims of hepatitis C.

It is the federal government that controlled the Canadian blood supply that infected about 60,000 Canadians. Today, after a year of holding the minister's feet to the fire, he is willing to compensate only about 20,000 of the victims of tainted blood. In the last year 1,200 of these victims died while waiting for compensation.

Since my time is over I emphasize that the Liberal government lacks compassion and vision. Still, the member introduces the motion we are debating today as if there were the remotest possibility that the government would listen to her and take action. How sad.

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, I am pleased to rise to speak on Motion M-454, introduced by the hon. member for Vancouver East.

The purpose of her motion is to make sensible and regulated treatment options available to health professionals and the injection drug users under their medical supervision.
With Motion M-454, which calls for the implementation of clinical trials of prescription heroin, the hon. member for Vancouver East hopes to get parliamentarians to give serious thought to the extent of the drug addiction problem in Canada, with the ultimate goal of reducing street drug related crime, protecting the community, and saving lives.

As part of its national action plan submitted in May 1997, an expert task force on HIV/AIDS and drug issues gave a status report on the situation in Canada. At present, Canada is experiencing a true public health crisis as far as HIV/AIDS and injection drug use is concerned.

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The age of those infected is constantly dropping; the average age of new HIV-positive people has gone from 32 years to 23. Since the penal system has not taken any remedial action, it has become one of the places the virus is being spread. The over-representation of aboriginal people among the groups at risk is of the greatest concern.

Because of this, there are several underlying principles against which the steps to be taken can be assessed. There are several different approaches. In the past, the favoured approach in treating drug addiction was abstinence, or a total break with the substance being abused. While this approach is perfectly valid, more and more experts recognize that this is not always the best solution.

Abstinence, in the case of drug addiction, is not always a realistic objective achievable in the short term. It would be better, in the interest of public health, to consider other solutions.

There is also the harm reduction approach. This approach neither tolerates nor condemns the use of drugs. In fact, it allows the user to continue to consume, but at the same time encourages the taking of various steps to reduce the harm of consuming. This approach therefore does not rule abstinence out as the ultimate goal of an individual wanting it, but it takes a more progressive approach with the aim primarily of minimizing the negative effects of the use of drugs.

Needle exchange and condom distribution services, instruction on safe injection methods and the provision of locations for injections are part of the harm reduction approach. More and more studies are concluding in its favour. Motion M-454 is right in line with this thinking.

Long term treatment with methadone is used for people with a heroin dependency of over 30 years. With the emergence of the HIV epidemic among intravenous drug users, there is more interest in methadone or other opiate treatment. Long term treatment is associated with a reduction in risky behaviour associated with injection, a reduction in new cases of HIV infection in treated populations, reduced consumption of opiates, lower crime and death rates and rehabilitation in the community.

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In the Vancouver area, a health emergency has been declared because of an epidemic of HIV infections among intravenous drug users. This health emergency affects all large urban centres in Canada, particularly those where drug use is on the increase.

Faced with this situation, we must lay all possible options on the table. We must also take a look at what is being done in other countries, such as Switzerland, Germany, England and the Netherlands.

When the Swiss government decided to issue heroin prescriptions on a trial basis throughout the country in 1994, the social advantages of keeping people on heroin were amply demonstrated.

The results were as follows: a 60% reduction in criminal offences; a 60% drop in revenue from illegal or semi-legal activities; a spectacular reduction in heroin and cocaine use; a 14% to 32% increase in the number of participants holding down a steady job; a considerable increase in their physical health and, in most cases, a noticeable drop in links maintained with the drug world; no deaths attributable to overdoses and no prescription drug sold on the black market; a net economic benefit of $30 per patient, per day, largely because of the reduction in costs related to health care and the administration of the criminal justice system.

We cannot remain indifferent to human problems such as drug addiction and to its terrible repercussions, indeed to any human suffering. It is imperative that we open our minds to any possible solutions. Sometimes, this will require thinking differently, exploring new avenues.

That is what Motion M-454 does. And for that, we must thank the member for Vancouver East, who has shown much determination and devotion to the cause of helping the most disadvantaged members of society.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, I want to thank the member for Vancouver East for bringing this thought provoking issue to the House. Reading from her backgrounder, I want to

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remind the House and the Canadian public as to why the member did this. It is a problem all across the country but in her home province it is particularly bad.

I want to go through some of the numbers which the member so thoughtfully provided us with. She says that in her home riding of Vancouver East a health emergency has been declared as a result of an epidemic of HIV infection among injection drug users. She also states that in British Columbia the death toll is staggering. As of November last year a record 371 people died of overdose in 1998 alone, 195 in the Vancouver area. Those are compelling statistics.

Overdose from intravenous drug use has become the leading cause of death for adults in the age range of 30 to 49 years in the province of British Columbia. Over and above that, the leading cause of HIV infection is now IDU. It is estimated there are 15,000 regular or frequent injection drug users in the province of British Columbia alone, the member's home province. It is estimated that one-quarter of injection drug users are HIV positive and at most 88% have hepatitis C. She also states that HIV infected drug users are showing up in larger numbers in the Kamloops and Kootenay regions. She goes through some of the numbers in Toronto, Montreal, Winnipeg and other Canadian cities.

Those are pretty grim statistics. We have to admire the member for wanting to do something about it. I know the issue is somewhat controversial. Some members on both sides of the House have said there are other examples in other countries and jurisdictions and what has been done.

In short, the intent of the motion is to implement clinical, multi-centre heroin prescription trials and hence the controversy. It is not an easy thing to deal with.

Let us look at what the Canadian Medical Association has to say about it. I am quoting from a document sent to me today:

> The CMA recommends to the federal Minister of Health that the investigation of prescription of heroin for opiate-dependent individuals

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follow the same approval protocol in practice for the use of any therapeutic drug in Canada; and that the CMA recommend that methadone maintenance and counselling programs be more widely available across the country with appropriate education and remuneration of professional delivering such programs. This recommendation applies also to correctional institutions.

The CMA has laid out quite clearly what it thinks of the issue and the proposal before us.

I have done some research on this. I came across what they call rapid opiate detoxification. It is something that could be considered in this case. It is a cleansing therapy that curbs heroin addiction. It is somewhat new and exciting in the treatment of this addiction. It is a treatment widely used throughout the world, but this sophisticated medical procedure has just arrived in Canada.

Thanks go to a couple of individuals, Peter Garber and Mike Greenberg. They tell us it is based on the work of psychiatrists Dr. Karl Loimer and Dr. Colin Brewer who in the late 1980s discovered that two drugs, naloxone and naltrexone, suppressed the addict's desire for heroin and other drugs such as methadone. The treatment does not purport to be a cure for heroin addiction but offers an essential and powerful first step toward achieving that objective.

They step through how this procedure works and talk about reducing withdrawal in five ways. First the process is accelerated so what used to take the body weeks to achieve on its own is now done in about six hours. Second, the body does not crave the missing narcotic because it is replaced by another substance. Third, the entire treatment is performed under anesthesia so the patient is unconscious and unaware. Fourth, unlike most programs, a physician and a nurse attend the patient as the anesthetic wears off. Fifth, short term symptomatic treatment is prescribed to alleviate any mild withdrawal symptoms which may occur in the following couple of days. We are talking about a detoxification system with some amazing results.

It comes down to what can we afford to do and what should we do. Let us go through some of these numbers again. A study done in Toronto says "Deaths

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2412 Main Street, Vancouver, V5T 3E2 Tel (604) 775-5800 Fax (604) 775-5811

from heroin overdose have risen in certain cities, they are also related to HIV infection in some cases. The social cost exceeds millions of dollars, more going to drug enforcement"—and this is an important point—"than to drug treatment". That is an important thing to consider. It is estimated that some $40,000 per year is spent for every untreated user.

We are going back to some of these new and exciting detoxification programs that have recently appeared. The question is what is the cost and can we afford it? Considering the number of deaths, we cannot afford to sit back and do nothing. I am not sure we can sit back and rely on the old methods of treating addiction. We have to examine anything that comes along which might deal with this in an effective way.

The U.S. drugs are criticized in some of these programs but this is not unusual. We can look at some of the other countries involved. Australia has some major concerns as well. I guess we could take some satisfaction with some of the stats coming out of The Netherlands. Listening to some of the other experts, we wonder whether or not they are accurate and whether or not they are effective. It depends on who the listener is, who the recipient is and whether or not they are interpreting some of those statistics in the same way.

It is a big problem and one we want to see some progress on. The latest procedure which I talked about has to be examined in the context of what has been used in the past. Remember that when heroin first appeared on the scene it was supposed to be the drug that was going to relieve morphine addiction. Look at what is happening with methadone which is an addiction of its own. It is a substitute for another addiction.

I think the jury is still out. But I think the consensus of this House is that this motion has to be examined very carefully by the Minister of Health. We have to encourage more thought provoking motions like this one and consider all options in the treatment of a very serious situation.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I would like to thank the members who participated in this debate, in particular the member

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from the Bloc Quebecois and the member from the Conservative Party for their very thoughtful comments.

That is what this discussion was about, to talk about this very serious issue and to examine what options and possibilities there are for dealing with the very very serious situation of chronic injection drug users who may be using heroin or cocaine or a combination of drugs.

It was disappointing to hear the response from the government member. To me this debate is about saying we must have a variety of options available. I would certainly agree with the Parliamentary Secretary to the Minister of Health that methadone must be improved, it must be expanded. There have been calls for that in all the reports I have read and I would certainly agree with that. Indeed the other options she mentioned need to be brought forward and put on the table as real possibilities that can be used.

My concern is that we not rule out what has been shown to be successful in other countries in terms of a heroin maintenance program that can be viable and beneficial in circumstances where individuals have not been able to get successful treatment using other options.

To characterize the heroin maintenance program in Switzerland or anywhere else as something that is not well established or that is very risky, I would encourage the member to look at some of the material that is available from the very credible organizations that have been monitoring the Swiss program. The evidence shows very clearly that we are not talking about risky situations but about a program that actually produced very amazing results.

To the member from the Reform Party, it is very disappointing that this would be characterized as the NDP wanting to give out free heroin to addicts. Morphine is also a controlled substance. We recognize that it has a legitimate use within our medical system. Nobody here is advocating handing out heroin all over the place to whoever wants it.

This motion talks about setting up a very tightly controlled scientific and medically supervised pilot program in which we can enrol people and make

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contact with people who otherwise are totally marginalized and seem to be outside of our health care system.

To characterize a very complex health issue by throwing it away and saying that it is about free drugs really does not do service to the complexity and the compassion we need to show for people who are really suffering out there. I was very disappointed to hear the remarks from the Reform Party.

I have heard other members from the Reform Party say they have been to Vancouver's downtown east side in my constituency of Vancouver East and they are very horrified at what they have seen on the streets. If that is the case, I would encourage them to look at this seriously and to seek out information from the Canadian Medical Association, the Canadian Addiction Research Foundation, the Canadian Association of Chiefs of Police, coroners offices, and the list goes on and on.

This motion was brought forward to bring about a debate, to bring about understanding, to encourage the government not to close the door on this matter. It has had a lot of discussion within the health care community and the justice community. This is something that should be taken note of and examined further. We should be working with the medical community to look at the protocols that would be necessary.

From what I have been able to read in articles, even officials from Health Canada believe there is a place to have this kind of program set up. I would encourage the government not to reject this outright as being too controversial and risky but to look at it as an option, as part of a comprehensive harm reduction strategy for dealing with illegal drug use.

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