

Debate over medical access to heroin continues

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Contributor

Controversy continues regarding the federal government's Oct. 3 announcement that they are banning the practice of heroin-assisted treatment for heroin addicts.

On Sept. 20, Minister of Health Rosa Ambrose vowed to remove doctors' ability to prescribe drugs such as heroin to their patients through the Special Access Programme (SAP).

SAP allows practitioners to request access to drugs that are unavailable for sale in Canada. It limits this access to patients in life-threatening situations on an emergency basis, when conventional therapies like methadone or abstinence-based treatments have failed, are unsuitable or are unavailable.

According to a Health Canada press release, new regulations were put into place on Oct. 3 to prevent patients from accessing products containing heroin and other drugs such as ecstasy and cocaine through SAP.

"This program provides emergency access to life-saving medicine. It was never intended to provide heroin to addicts, and we are taking action to close this loophole," Ambrose said in the release.

However, not everyone agrees with this decision — including participants of the SALOME trial, a

study done by UBC and Vancouver doctors that attempts to determine the effectiveness of using heroin to treat heroin-addicted participants. Health Canada has approved 20 of the 35 applicants to receive continued access to prescription heroin for three months after the end of the SALOME clinical trial, but they have stopped accepting applicants.

Scott Bernstein, a lawyer representing the SALOME patients, said the government's action is standing in the way of people receiving life-saving healthcare. According to Bernstein, Section 7 of the applicants' Charter rights — the right to life, liberty and security of the person — are being violated.

Donald MacPherson, director of the Canadian Drug Policy Coalition, agreed that heroin itself is not the treatment but the stabilizing factor. The regular contact with social and housing workers and doctors is the treatment.

Bernstein and MacPherson said that when addicts don't have heroin, they spend much of their time trying to get it. For people with low income, this means giving up their food and rent money and engaging in sex work and criminal activity to procure the drug. This, said Bernstein, is even more damaging than the drug itself.

"Once you've taken away the illegality of the drug [and] now provide it in a medical environment with all that support, then

you can start getting people to a space where they are like, 'Oh, my life is actually OK and I don't want to be high all the time.'"

Heroin treatment has been around for over 100 years. According to Bernstein, there is plenty of evidence that heroin-assisted treatment results in better health, better housing and better employment opportunities. He points to successful trials done in Switzerland in the 1990s as exemplary of this.

For Dave Murray, founder of the SALOME/NAOMI Association of Patients that represents the participants of the trial, the odds in savings in continuing the treatment, when compared to the dollars wasted on punishing criminal activity ranging from shoplifting to robbing homes to acquire heroin, are self-evident.

"[It costs] \$120,000 to keep someone in federal prison for one year," he said. "The savings in the justice system alone are enormous."

He also pointed to savings on healthcare when addicts don't have to wait until they are very sick to go to the emergency room.

For patients for whom conventional treatments have failed, there are not many other options out there. Hydromorphone, a new drug being tested as an alternative, won't be approved until at least late 2014. [u](#)