

**REINSTATEMENT OF PHYSICIAN ACCESS TO DIACETYLMORPHINE (HEROIN)**  
**THROUGH THE SPECIAL ACCESS PROGRAM (WORKING PAPER)**

**THURSDAY, JANUARY 2, 2014**

WHEREAS addiction is a medical condition and opioid dependence is a treatable, brain-related medical disorder, where the patient becomes both physically and psychologically dependent on the drug.

WHEREAS although methadone maintenance treatment (MMT) is currently the most widely used form of treatment for opioid addiction, currently available interventions for opioid dependence are not effective for everyone (van den Brink et al., 2003).

WHEREAS while only a small subset of people who chronically use heroin are not responding to methadone maintenance treatment, they account for a disproportionately large percentage of the burden and cost associated with heroin use (Fischer et al., 2007).

WHEREAS six randomized trials in Switzerland, the Netherlands, Spain, Germany, Canada and the United Kingdom have each demonstrated the effectiveness and superiority of medically supervised heroin-assisted treatment programs in reducing both illicit heroin use, as well as criminal activity (Kerr et al., 2010; Schechter & Kendall, 2011).

WHEREAS the Special Access Programme (SAP) allows physicians to request access to medications, not otherwise approved for sale in Canada, for the purpose of treating patients with serious conditions, such as terminal cancer, AIDS, and intractable depression, when conventional therapies are unavailable, unsuitable, or have failed.

WHEREAS Health Minister Rona Ambrose announced on October 3, 2013 that Health Canada would not allow physicians to request prescription heroin through the Special Access Program, inhibiting physicians from administering treatment programs that are informed by the scientific literature.

BE IT RESOLVED that the ability of physicians to request medications, such as heroin, from the Special Access Program for their patients who are failing conventional therapy, be reinstated and upheld.

BE IT FURTHER RESOLVED that the present federal government reverse its non-evidence-based opposition and stigma (Kerr et al., 2010) against drug addiction and heroin assisted treatment.

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