

**Statement of BC Minister of Health Terry Lake, responding to federal Minister of Health Rona Ambrose's decision to cut off access to diacetylmorphine (heroin) for patients exiting the SALOME study**

**Toronto, October 4, 2013**

“I had a discussion with Minister Ambrose about this decision. It’s fair to say that we view drug addiction as a health issue. These are people that were coming off a study, a federally-funded study, on using alternative treatments for heroin addiction. This wasn’t an effort to open up heroin as a standard treatment by doctors, but simply to transition people from a study that had done very well in the clinicians’ view on prescribing heroin when they haven’t done well on alternative treatments. Our medical health officer has been in the media expressing his concern. I share that concern. We’re certainly going to continue to look at this issue and look to see if there are alternatives that we can explore. But I would say that there is a bit of a difference of opinion in terms of the approach on this particular subject.”

“It was never our intention or our desire to advocate for physicians routinely using diacetylmorphine, or heroin, for heroin addicts. This was an exceptional circumstance in which those participating in a trial were being transitioned out of the trial. They had not done well on alternatives, were doing well according to the clinicians on diacetylmorphine, and they felt it unethical to eliminate that as a transition medication for them while the study was being evaluated. They felt a moral obligation to provide that drug to these addicts who had done poorly on other forms of medication. We’re reluctant to close the door on innovation and creativity when it comes to tackling these very challenging problems. We have to think out of the box sometimes. I know that the thought of using heroin as a treatment is scary for people, but I think we have to take the emotions out of it and let science inform the discussion. And in this case, I believe this was an exceptional circumstance, compassionate use of a medication to help people transition, and provides information as to treatments that may in fact prove better than alternatives for some people, because not every treatment will have the same efficacy in every patient.”

“When researchers are looking at the efficacy of treatments, we shouldn’t limit their ability to explore opportunities to help people who really need help. We have a very effective methadone program in British Columbia but for some people, it hasn’t been successful. And to take people that were part of the research study, who had done well in the eyes of the clinicians in using diacetylmorphine, or heroin, and then to cut them off, they felt was ethically difficult for them to do. That’s why the special access was requested to allow these people to transition over. We have another trial using hydromorphone as a substitute, but that will take some time. Perhaps that’s the best drug for people that are now dependent on heroin. I would encourage the use of science and not limit the ability of research to explore opportunities that might seem taboo but at the same time provide real help for people that are in a terrible situation. No one would choose to be a heroin addict. And if other methods work for them, then of course those are there. But for some people, those other methods haven’t worked, so this was deemed to be something that was compassionate for them. I do disagree with the federal position. I understand politically how difficult it is. We will explore what options are available to us so that we can look after those people that truly are in need of a different approach.”

“I’m not clear whether or not there is an alternate avenue to provide what these clinicians feel is the right drug for these particular people. We’ll have to explore that when I get home to British Columbia. As I said, this came -- although we knew there were concerns from the federal government -- this came rather quickly and so we need to explore what the other opportunities are. Obviously, we appreciate the minister’s comments about increasing support for people with drug addiction, mental health issues. This is one of the real challenges we face, not just across Canada, but across most of the western developed countries. It’s a very difficult situation, of course. So I appreciate the minister wanting to do more. I just think on this particular issue that we’re going to have a difference of opinion.”

“We had a very frank discussion. I appreciated her frankness. I think she is committed to doing what she feels is right for Canadians. I don’t dispute that at all. Again, it’s just a difference of opinions and approaches. It’s similar to the approach on safe injections sites: in British Columbia, we’ve demonstrated the safety and efficacy of using a safe injection site as a harm reduction tool. It has saved lives, it has saved a lot of money for taxpayers. And yet, we get resistance from the federal government on the use of safe injections sites. So again, it’s a difference of opinion and as Canadians, that’s what we’re entitled to have. But British Columbia certainly supports harm reduction strategies that save lives and help save taxpayer money as well.”

“I believe the only other jurisdiction involved at this point would be Quebec, because I believe the study is being conducted in Montreal as well. I didn’t really have a chance to have an in-depth discussion with the Quebec health minister on that issue.”