

Heroin in the hospice: opioids and end-of-life discussions in the 1980s

In 1979, a Toronto-based celebrity doctor and syndicated columnist, Kenneth Walker, who wrote under the pseudonym W. Gifford-Jones, launched a campaign to legalize heroin (diamorphine). In his view, it was one answer to the problem of treating end-of-life pain in Canadian society. His column, called “The Doctor Game,” printed in approximately ninety newspapers across the country, was his main platform. He also established the W. Gifford-Jones Foundation to solicit donations to “continue the fight.” Much end-of-life suffering, he felt, was a by-product of inadequate administration of existing analgesics as well as unfair restrictions on heroin. Canadians, unable to use heroin for medical purposes after the government took the WHO’s advice and banned it in 1955, were being denied heroin because of “political, not medical, decisions.” Little did Walker realize that he would open “Pandora’s box.”¹

His story embodies how the politics of pain, opioid addiction, and proper end-of-life therapies present enduring challenges in a modern democratic society. Medico-political calculations blend consumer protection, patient safety, crime prevention, and medical innovation. Heroin started out as a wonder drug. Then, after it moved out of the doctor’s black bag and into the black market, heroin’s return in the early 1980s created a dichotomy. One group focused on the viability of the drugs used for pain relief, whereas another group took a broader approach to palliative care. While support for heroin was predicated on its efficacy and use in other jurisdictions, resistance to heroin was based on a philosophy of pain management in palliative care that was about more than just drugs.

Walker built his argument for heroin on evidence of the drug’s effectiveness and its ongoing use in the U.K., where the drug was considered “an excellent sedative which is of estimable value in so many conditions”². Because it was more soluble, heroin was a faster acting analgesic compared to morphine. This was important in treating emaciated patients with little muscle in which to inject a drug, making a large shot of morphine extremely painful.

¹ Walker, K. “How A Medical Journalist Helped to Legalize Heroin in Canada,” *J of Drug Issues* 1991; 21: 143. See also: idem, “Canadian doctors – lions or lambs?” *CMAJ* 1982; 15: 516-517.

² Appleby, L. “The Big Fix,” *Saturday Night*, November 1985, 14-15.

1
2
3 Walker also argued that heroin was beneficial for those patients troubled by the side effects
4 of morphine, including nightmares, nausea, constipation, and hallucinations.
5
6

7
8 By 1982, Walker had collected 30,000 signatures on a petition calling for heroin's
9 legalization and an additional 20,000 letters supporting his efforts. He had also investigated
10 the use of heroin in the U.K. During a fact-finding mission in London, he met with pain
11 specialists, nurses, nursing sisters, and patients throughout London's hospitals. He visited
12 Scotland Yard, where officials remarked that they had much larger crime concerns than
13 therapeutic heroin. The trip further convinced Walker that heroin was a useful tool for
14 physicians and the rules need to change in Canada.³
15
16
17
18
19
20
21

22 That same year he presented his petition and letters requesting the legalization of heroin to
23 the Federal Health and Welfare Minister Monique Bégin in Ottawa. This forced the
24 government into action. She announced the formation of the Medical Advisory Committee
25 on the Management of Severe Pain, populated by physicians and academics from Canada's
26 major research institutions. Edward Sellers, Professor of Pharmacology and Medicine,
27 University of Toronto was Chairman, while Balfour Mount, Professor of Surgery and Director
28 of Palliative Care, McGill University, served as Vice-Chair.⁴
29
30
31
32
33
34
35
36

37 Walker argued that the committee members, including Mount, were opposed to heroin and
38 felt it unlikely that the government would "admit it had been wrong for twenty-nine years."⁵
39 Concerned that the expert committee would stall legalization momentum, he formed the
40 W. Gifford-Jones Foundation in early 1983 to galvanize public sentiment. In May 1983,
41 Minister Bégin declared that the government would initiate extended clinical trials to
42 evaluate the efficacy of heroin relative to morphine and Dilaudid, the other commonly used
43 cancer analgesics. She stated: "Considering the enormous controversy about heroin, I
44
45
46
47
48
49
50
51

52 ³ Gifford-Jones, 191-193.

53 ⁴ Scott, JF. and Sellers, E.M. *Cancer Pain, A Monograph on the Management of Cancer Pain: A report*
54 *of the Expert Advisory Committee on the Management of Severe Chronic Pain in Cancer Patients*
55 (Ottawa: Health and Welfare Canada, 1984).

56 ⁵ Kinsella, B. "Lessons from Canada Legalizing Heroin for Medicine." *DPF: Drug Policy Letter*, April 22,
57 1989.
58
59
60

1
2
3 thought such research was essential.”⁶
4
5

6 Walker, infuriated by what he perceived as delaying tactics, believed the medical evidence
7 available already was more than any “other Minister could read in a lifetime.”⁷ Throughout
8 1983-1984, he heightened the rhetoric in his national column, ran full-page advertisements
9 in major newspapers, and leant on his friends in government. He published letters from
10 Canadians whose loved ones had died in excruciating pain. And he ran a full-page ad in *The*
11 *Globe and Mail* criticizing the Canadian Cancer Society’s opposition. In November 1984, he
12 ran another ad, which stated boldly, “This Christmas will the real hypocrites please stand
13 up.”⁸
14
15
16
17
18
19
20

21
22 Powerful allies in the press, medical establishment, and government had emerged by this
23 time. In November 1983, an editorial in *The Toronto Star* announced: “Heroin represents
24 the most effective way some cancer patients can manage the terrible pain that can come
25 with the disease. If these people need it, it should...be available to them.” *The Globe and*
26 *Mail* also supported legalization. In June 1984, an editorial attacked the government for “30
27 years of delay during which cancer patients have faced the ultimate pain without heroin,
28 which is widely used in Britain where there are no political arguments against its medicinal
29 use.”⁹
30
31
32
33
34
35
36
37

38 Besides just editorial boards of Canada’s major newspapers, the Canadian Medical
39 Association (CMA) supported Walker’s efforts. Dr. William Ghent proved especially
40 influential. Leading the CMA’s Council on Healthcare, he exposed how deception
41 characterized the original decision to ban heroin. Canada succumbed to American pressures
42 and government ministers, including Paul Martin, who had misled colleagues by suggesting
43 that the CMA supported prohibition. In August 1984, the CMA’s general council
44 recommended that physicians be authorized to prescribe heroin, the time being right for
45 Canada to join the thirty-six other countries using medical heroin. “Heroin was banned,”
46 Ghent argued, “on the naïve assumption by government and its police forces that if all
47
48
49
50
51
52
53

54
55 ⁶ Appleby, 16.

56 ⁷ Ibid.

57 ⁸ *The Globe and Mail*, December 17, 1984, 9.

58 ⁹ Ibid.
59
60

1
2
3 heroin was illegal, prosecution would be easier and thus illicit use of the drug would be
4 eradicated.” He added: “We followed the U.S. like sheep and now, like sheep, we’ve got
5 their manure to deal with.”¹⁰
6
7

8
9
10 Jake Epp, the new Minister of Health following the Conservative victory in 1984, was stuck
11 between the CMA’s recommendation and the expert advisory committee, which had
12 rejected the use of heroin in medical settings. “It is not a technical question which we are
13 addressing,” he stated, “but rather the meaning of life and how death with dignity can be
14 enhanced.” On December 20, he announced that the government would legalize the use of
15 heroin in cases of severe chronic pain or terminal illness. Epp declared legal heroin did not
16 pose a threat to the safety of Canadians or that substance abuse would increase. One pro-
17 heroin supporter in the Ontario government criticized the Liberal government’s expert
18 advisory committee, led by Sellers and Mount, as “biased” and “stacked with known
19 opponents of heroin.” “It was like Chrysler or Ford looking into Japanese cars.”¹¹
20
21
22
23
24
25
26
27
28

29 Heroin, however, was more complicated than automobiles. Committee members viewed
30 pain treatment as an interaction of physical, psychological, social, and spiritual elements. A
31 single drug, whether heroin or morphine, was not sufficient to address this complicated
32 experience. Mount believed that heroin distracted from crucial issues. The crisis over the
33 drug’s legitimacy meant that less attention was given to anticipating pain and tackling end-
34 of-life care in a holistic manner. Walker viewed access to medical heroin as a way of dealing
35 with cancer in an appropriate and respectful manner. He insisted that patient’s choices
36 increase, while challenging myths and prejudices about heroin. He asked valuable questions
37 about the use of powerful painkillers that are with us today. But not just anyone, Walker
38 believed, could answer them. The medical community needed to lead: “clinical physicians,
39 not politicians, should make the decision about heroin.”¹² It was politics, in the first
40 instance, that created the heroin controversy when what was needed was scientific, yet
41 compassionate, and patient-centered analysis.
42
43
44
45
46
47
48
49
50
51
52

53
54
55 ¹⁰ Appleby, 16; Kinsella, “Lessons from Canada Legalizing Heroin for Medicine”; Da Sylva, NP. “The
56 CMA’s Stand on the Medical use of Heroin: Setting the Record Straight,” *CMAJ* 1984; 130: 1515.

57 ¹¹ Appleby, 13.

58 ¹² Walker, “lions or lambs?” 517.
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Lucas Richert PhD

Centre for the Social History of Health and Healthcare, University of Strathclyde, Glasgow Scotland.

Lucas Richert is the author of *Conservatism, Consumer Choice, and the FDA during the Reagan Era: A Prescription for Scandal* (2014) and *Strange Medicines: Drugs, Science, and Big Pharma in Culture* (2018).

Confidential

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60



Syringes. Credit: Adrian Wressell, Heart of England NHSFT. Courtesy of Wellcome Images

549x414mm (300 x 300 DPI)

Initial