

FALUDI, from page 4

the book, and that was: "My daughter likes me now. She comes to see me." What is the significance of that?

S.F.: Well, it pains me, in some ways, because I think my father was saying, "Well, Susan likes me now that I'm a woman." And that's upsetting because that isn't why. I think it connects with the larger desire my father had to connect with other people in general. My father said to me over and over that she just felt so isolated as a man, and she said, "Men can't talk to each other and they would just talk shop," or in the U.S., "they talk sports and I don't like talking about sports."

My father was never very into this sort of American group sports anyway. My father, by changing her gender, felt she could come out of her shell, and talk to people. But I find that very sad, because in fact, she could have done that before, and I wish – and clearly she felt she couldn't – I wish she could have just tried that because communicating with other people should not be the province of one gender. And the truth is, I came to see my father because my father opened a door that I wanted to be opened a long time ago, and I think it was a door she wanted to have opened a long time ago; she just didn't know how to do it.

E.G.: Is there anything you want people who might be familiar with your previous works to know about this one?

S.F.: I think all of my books have been about the distortion and damage done by foisting gender myths on women, on men, on the culture as a whole, and this book is very much a continuation of that theme.

E.G.: It almost culminates here.

S.F.: I think, while this is ultimately a personal story about a daughter's struggle to understand her father, and her father's struggle to understand her own identity, it's also a book about the big battlefield that we're on right now, which is identity. Whether it's Brexit or Make America Great Trumpism or ISIS or you name it, hatred of immigrants, there is just all this crisis around the subject of identity and how one expresses identity and whether identity can be a force for emancipation; whether identity can be liberating – in the case of LGBT rights – where it's about discovering yourself, it's about self-awareness; or whether it's oppressive and destructive, like all this xenophobic nationalism we're seeing around the world now, in which identity is based on demonizing someone else and attacking them and refusing to engage in self-awareness and inspection of one's own past. That's a long-winded way of saying that while this is a story about one particular person, my father is this kind of identity zealot who was struggling with this big question of our age, on every front.

Susan Faludi lives in Brunswick, Maine, where she teaches gender studies at Bowdoin College.

Canada OKs prescription heroin

The move reflects changing attitudes toward addicts, placing compassion over criminalization

BY EMILY GREEN
STAFF WRITER

The Canadian government legalized prescription heroin this past week. The move comes four months after Health Canada proposed the regulatory change, and ahead of the country's planned legalization of recreational marijuana in 2017.

Doctors in Canada can now prescribe laboratory-manufactured prescription-grade heroin, which can be imported from Europe, to patients who have failed to beat their addiction under more conventional treatment methods, including counseling and methadone.

According to Health Canada, "A significant body of scientific evidence supports the medical use of diacetylmorphine, also known as pharmaceutical-grade heroin, for the treatment of chronic relapsing opioid dependence."

This change in drug law, enacted at the bequest of the Minister of Health, allows an expansion of the drug's availability under Health Canada's Special Access Programme.

Doctors must send a request to the Special Access Programme for consideration before they are able to prescribe heroin to each new patient.

Access to legal heroin as part of a heroin maintenance program enables addicts to stop engaging in illegal activities, such as theft and drug dealing, which may have been supporting their habit. It enables them to focus, instead, on improving their quality of life

and drug rehabilitation programs, research conducted in Europe, Israel and other parts of the world shows.

Heroin obtained from a laboratory is also much safer than illicit heroin, which is often cut with lethal doses of drugs such as fentanyl.

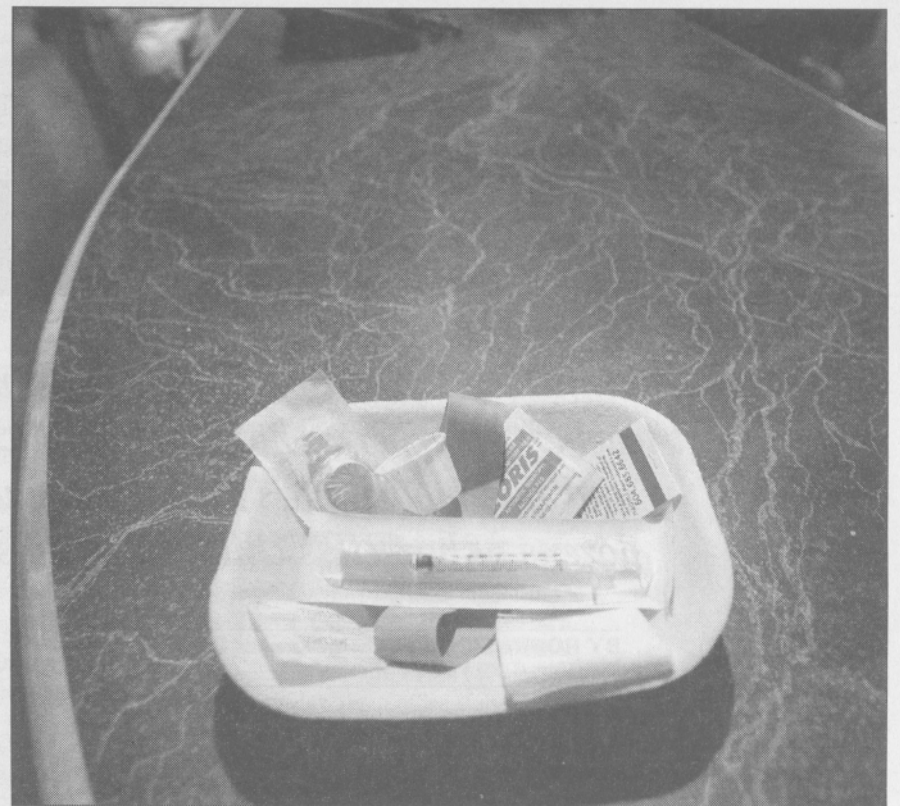
Drug reform advocates in the United States, including Law Enforcement Against Prohibition, or LEAP – a nationwide organization composed of current and former law enforcement officials, are applauding this new law.

"We think it's a step forward," said Inge Fryklund, a former prosecutor, LEAP spokesperson and resident of Bend, Ore.

"Instead of treating heroin addiction as

"The result of the study found that patients given injectable diacetylmorphine were more likely to stay in treatment, and more likely to reduce illegal drugs as well as other illegal activities than those patients being treated with oral methadone."

— CANADA'S PROVIDENCE HEALTH CARE'S REPORT ON ITS CLINICAL TRIAL OF PRESCRIBED HEROIN, 2005-2008



REUTERS/ANDY CLARK (CANADA)

A small kit of supplies including syringes, bandages and antiseptic pads waits to be used by a drug addict inside a safe injection site in Vancouver, British Columbia. Known as Inside the facility operates legally as a place where addicts can inject their own heroin or cocaine under the supervision of a nurse.

something that is a criminal act," she said, "this is looking at a harm reduction model, which has become much more common in Europe going back for two decades. It's the United States that's way behind the curve."

Fryklund said heroin maintenance programs, which have operated in Switzerland since 1994 with several other European countries, such as Germany, following suite, acknowledge that not everyone is going to be able to kick their heroin addiction.

"It may be maintaining people so they can not be continually craving the substance, not buying adulterated heroin, and can maybe get their lives together."

In Vancouver, British Columbia, Providence Health Care's Crosstown Clinic began to prescribe injectable

pharmaceutical grade heroin, also known as diacetylmorphine, as a treatment option for heroin addicts more than a decade ago, with positive results. (Providence Health care is not affiliated with Providence Health and Services based in the Pacific Northwest.)

It was able to do so under a special court-ordered exemption to Canada's illicit drug laws.

Providence Health Care's website reports that North America's first clinical trial of prescribed heroin took place at its clinic from 2005 to 2008.

"The result of the study found that patients given injectable diacetylmorphine were more likely to stay in treatment and

more likely to reduce illegal drugs as well as other illegal activities than those patients being treated with oral methadone," stated the report.

Over the past several years, given the limited legal availability of heroin and an ongoing court battle over the program, Providence also began to prescribe hydromorphone to some patients suffering from heroin addiction.

In April, the results of a study led by researchers at Providence Health Care and the University of British Columbia among others, were published in the Journal of American Medical Association Psychiatry.

Researchers found injected hydromorphone, an opioid pain reliever, to be as effective as diacetylmorphine (heroin) for people who have not benefited from other treatment methods, which they said is about 10 percent of the opioid dependent population not currently in treatment.

Additionally, they found nearly 80 percent of the test subjects were retained in treatment at six months.

"Hydromorphone and diacetylmorphine are both safe when taken in a clinical setting. Out of a total of 88,451 injections, there were 14 overdoses and 11 seizures, all successfully managed in the clinic. If these events had occurred in the street, the outcomes may have been fatal," state the report's key findings as listed by Providence.

Fryklund said she hopes the U.S. will follow Canada's example.

"Canada is engaging in some fundamental rethinking," she said, while "the U.S. is still making policy at the federal level on the basis of a lot of emotion and prejudice: Heroin users are bad people and if they die, that's their problem."

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