

Opinion

Bioethics Research Notes 11(3): September 1999

Heroin Injecting Rooms and Catholic Health Care Services

By Dr J N Santamaria OAM, FRACP, FAFPHM, MMED, FRSM

The Issue

In July 1999, the medical director of St. Vincent's Hospital in Sydney announced that the Sisters of Charity had agreed to establish an Injection Room for Heroin Addicts as it was consistent with their philosophy of care and with Catholic teaching. Many leading Catholic spokesmen have sprung to the defence of this decision, claiming that it is not inconsistent with Catholic moral teaching and that, in the existing circumstances, it is a prudential Catholic response.¹

In the statement given to the media, the medical director claimed that there had been wide consultation on the issue and that the decision was carefully considered before it was announced. However, on the weight of the evidence, it is difficult to believe that the consultation was wide enough.

Charter for (Catholic) Health Care Workers

The responsible authority in the Catholic Church for the ethical underpinning of the Catholic Health Services is the Pontifical Council for Pastoral Assistance to Health Care Workers. In 1995, that Council issued its Charter for Health Care Workers. The question of Drugs is covered in sections 93-96. Section 94 states:

"from the moral viewpoint, using drugs is always illicit, because it implies an unjustified and irrational refusal to think, will, and act as free persons."

The section then talks about not condemning the addicted drug user and sets out principles for rehabilitation. It concludes by saying that "using drugs is anti-life." There is no freedom or right to use such drugs "and even less do they have the right to make others pay for their choice."²

In his address to the conference organised by the Pontifical Council for Pastoral Assistance to Health Care Workers (Rome - November 25, 1991), Pope John Paul II stated:

There certainly exists a distinct difference between the use of drugs and that of alcohol: while the latter, drunk in small quantities, is not affected by moral prohibitions, and only its abuse is to be condemned, making use of drugs, on the contrary, is always illegitimate, because it entails an unjustifiable and irrational renunciation to think, want and act as free persons.

¹ See AD2000: September 1999

² Charter for Health Care Workers – Pontifical Council for Pastoral Assistance to Health Care Works 1995

Drug addiction and alcoholism are against life. One cannot speak of 'freedom to make use of drugs,' or of 'a right to drugs,' because human beings do not have the right to damage themselves and cannot and must not renounce personal dignity which is God-given.

The Pope is here addressing an aspect of the use of mind-altering drugs that is constantly ignored by many "experts." The drugs are mind-altering - they act upon the higher functions of the human brain to alter the cognitive processes and this is the *deliberative intention* of the drug user. The integrity of such cognitive processes is part of the concept of human dignity, of being a free and responsible human person. Since the impairment of cognition by disease or injury is not freely chosen, it does not constitute a moral decision nor does it diminish personal dignity.

On the basis of this official teaching, it is apparent that the taking of mind-altering drugs is intrinsically evil. This is separate from the question of the degree of culpability of the addicted person.

The situation in Sydney is that a Catholic hospital is prepared to establish a Room with all the injecting paraphernalia, exclusively for use by injecting drug users, with the intention of preventing their possible death and hopefully to move them towards further rehabilitation. The act of the Catholic hospital however is to cooperate, in an immediate material way, in an intrinsically evil act, similar in kind to providing abortion facilities for an abortionist so that women may have their abortions in a clinically safe environment and in the hope that some women may be deterred from having the abortion or from having further abortions in the future. I do not see that the hospital's decision conforms to Catholic moral teaching on proximate material cooperation in an intrinsically evil act.

Material Cooperation

The question of cooperation in the act of another person is an important section of moral theology. There are different levels of cooperation and the level determines the degree of complicity and therefore the guilt of the person (or institution) which agrees to cooperate. In the civil domain, one may be an accomplice in crime, without actually carrying out the criminal or proscribed act. Such complicity is itself regarded as a criminal offence. In the field of Catholic Ethics, the question of Cooperation is described as follows:

Formal cooperation is when the accomplice wills the evil and consents to it (and facilitates the performance of the act).

Material cooperation has regard to the physical action only without wanting the evil itself. Cooperation which is simply material, as a general rule, is also illicit, because charity obliges one not only to refrain from helping someone commit sin, but also to prevent them from doing so, as far as is possible. Nevertheless, under certain circumstances it may be licit to cooperate materially in the sin (evil act) of another in order to obtain a necessary good or avoid grievous harm..... Cooperation may also be

divided into proximate and remote, direct and indirect ... Two further qualifications must be made. (a) Scandal to others must be avoided. An action is scandalous when it leads another into sin or underestimates the seriousness of an action ... Hence 'in applying the principle of material cooperation, in those cases in which it applies, great care must be taken to avoid scandal and the danger of doctrinal confusion.'³ (b) Proximate occasions of sin have to be avoided.⁴

Lesser of Two Evils?

It may be argued that the decision is the lesser of two evils, that such cooperation is justified because of the problem of sudden heroin deaths. But is it? The principle of the lesser of two evils implies that there is no other alternative and the outcome is proportionate to the evil consequences. The scientific evidence reveals that injecting drugs is a very dangerous practice, quite apart from the danger of acute death, the consolidation of the addicted state, the depression of the immune system⁵, and the altering of the state of the brain⁶.

The incidence of Hepatitis C in injecting drug users is now so high that many of these users will die in the next 15-25 years, even if they become abstinent in the meantime.⁷ *There are very simple reasons for this phenomenon.* Making needles and syringes freely available does not prevent the sharing of injecting equipment nor does it confine injecting drug users to the so-called safe havens. All the scientific studies on needle and syringe exchange programmes reveal that 30-40% of such drug users admit to sharing their equipment. Other studies have shown that Hepatitis C is easily transmitted by contaminated needles. This knowledge is known by the "experts." *Moreover there is prima facie evidence to suggest that the rising death rate in injecting drug users is closely related to the wider availability of free needles and syringes.*⁸

Rehabilitation

It is also argued that the intention for the proposed injecting rooms in Catholic Hospitals is to provide an opportunity for inducting people into Rehabilitation Programmes (as well as to save people from accidentally killing themselves). If this is true (and the procedures for doing so are clearly spelt out), does it constitute a form of scandal, as mentioned in the quotation above?⁹

In view of the information found in the appendix, there is reason for concern about the primary intention of the proposal,, based on the heavily plagiarized position paper submitted to the Sisters of Charity. Where is the evidence to suggest that many of the users of the programme will move towards rehabilitation? Is it not more likely that casual users will become heavily addicted and the population of such addicts will expand, as Sullivan¹⁰ comments in her paper? Is it not more likely, as few opt for a

³ SCDF, Quaecumque sterilizatio, 13 March, 1975

⁴ Bristow, P. The Moral Dignity of Man. Four Courts Press. Dublin. 1993 Chapter 13

⁵ Cf, for example, Govitrapong P, Suttum T, Kotchabhakdi N, Uneklabh T, Alterations of immune functions in heroin addicts and heroin withdrawal subjects. *J Pharmacol Exp Ther* 1998 Aug, **286(2)**:883-9

⁶ Alan I Leshner, Addiction is a Brain Disease and it Matters, *Science* 1997, **278** 45-47

⁷ Santamaria, J.N. Submission to the Inquiry on Hepatitis C. September 1999

⁸ Santamaria, J.N. Newsweekly August 28, 1999 pp8-9

⁹ Bristow, P Op.cit

¹⁰ Sullivan, L. The Fallacy of Harm Minimisation. *Newsweekly* October 9 1999

drug free state, that a demand will be made for heroin maintenance programmes? (see appendix)

It is important to realise that the adjudicating panel of the WHO which studied the Swiss heroin trials raised the question that the establishment of the supporting structures provided by the Swiss government may have achieved the same results, without the provision of heroin injections and safe injecting rooms.¹¹

The hospital has an obligation to exercise compassion and care for the patient who presents for service. But compassion does not determine morality. It operates within a moral dimension which includes the moral nature of the act and the principle of the common good. A compassionate response means a desire to alleviate and even to share in the suffering of another, but it does not involve sharing in the “evil act” of another.¹²

Are there really no other alternatives for the Catholic Church in the field of drug abuse, in the field of intervention? I suggest that the Church authorities should read the book *Community Encounter*¹³ as a more appropriate response.

Corruption of the Role of the Police

Then there is the matter of the role of the police. Heroin use is illegal. The police have the obligation and the responsibility to enforce the law. The establishment of an injecting room at St. Vincent's Hospital, located where it is, requires the police not to intervene if the suspect is heading for the Room or even in the purchase of the heroin which the addict must have in his possession to enter the facility.

This is a corruption of the duty of the police force and the hospital has not only cooperated but has negotiated for this to happen, for it would be impossible to launch the project without an agreement to that effect. Does this run counter to the principle of the Common Good? Does this type of activity compromise the national drug strategy? Does it diminish the level of motivation to enter other programmes more in keeping with the role of the Catholic Church?

I believe that a *wider* consultation with moral theologians is necessary, including the theologians advising the Dicastery for Pastoral Care Workers at the Holy See, for I would be surprised if they all accept the present decision.

Moreover I am not sure that theologians have been informed about *all* the scientific and other relevant evidence that must be considered in reaching a prudential judgment on this very complex issue. On the evidence that I have seen, it seems that the main source of information is Dr A Wodak.¹⁴ (**see appendix**).

¹¹ WHO: Report on the Swiss Heroin Trials. April 1999

¹² Cf Oliver O'Donovan, *Begotten or Made?* Oxford: Oxford University Press, 1984, 11. O'Donovan says: Compassion “is a virtue that presupposes that an answer has already been found to the question ‘What needs to be done?’, a virtue of motivation rather than of reasoning.”

¹³ Aldo Curio ed., *Community Encounter*. St Pauls: Middle Green: Slough, UK. 1993

¹⁴ See Position Paper on the Provision of Health Services to People engaged in illegal drug use T Clifton May 1999 (Sisters of Charity Health Service Darlington Region)

Appendix

The main source of the information, quoted by the medical director of St Vincent's Hospital is Dr Alex Wodak. He is the medical director of the Alcohol and Drug Services of that hospital but is also the National President of the Australian Drug Law Reform Foundation.

The Australian Drug Law Reform Foundation (ADLRF) adopted the following 10 point plan, which was drawn up at a weekend meeting of the ADLRF in 1998. It reads as follows:

1. Treat drug use as a health and social issue, not a law enforcement problem.
2. Maintain penalties for unauthorized large scale cultivation, production, transport, sale and possession of all drugs.
3. Fund equally law enforcement, education and treatment.
4. Provide well funded, research based, effective, drug education for the community and schools to be developed by education and health professionals.
5. Remove criminal sanctions for the personal use of illicit drugs.
6. Regulate and tax commercial production and sale of cannabis.
7. Expand drug treatment and needle exchange programs to meet demand and establish safe injecting facilities.
8. Adopt non-custodial sentencing options such as drug treatment, counseling or community service orders for those apprehended for minor drug related offences.
9. Trial and rigorously evaluate a wide range of treatment options including the medical prescription of heroin.
10. Expand Australia's successful harm reduction approach to drugs for the benefit and well-being of all members of the community.

An important critique of some aspects of this declaration is the Paper of Lucy Sullivan which should also be read as a source of information before making a judgment about Injecting Rooms.¹⁵

¹⁵ Sullivan, L. The Fallacy of Harm Minimisation Newsweekly October 9 1999