

Dalgarno
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**The Good
Samaritan cares
too much to leave
a drug user in the
drug using space -**

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Reviewing the lead article in the 2012 Christmas edition of Annex Bulletin (Vol 10 Ed 3), evaluating Rev Hebert's use of Christian principles in drug user care.

**That's What
Jesus Would
Do!**

The Good Samaritan cares too much to leave a drug user in the drug using space – That’s What Jesus Would Do!

W.W.J.D? Jesus and Injecting Rooms! Does the Christian faith imply support for MSICs?

Rev Herbert, UnitingCare NSW&ACT, thinks so....

According to the 2006 census, almost 64 per cent of Australians identified with a Christian faith, the largest two of which, are Anglican and Catholic. Buddhism accounted for 2.1 per cent, Islam 1.7 per cent, Hinduism 0.75 per cent and Judaism 0.45 per cent. Almost 19 per cent of Australians reported no religious affiliation.

In addition to the many hospitals with needle and syringe programs (NSPs) run by religious organisations (e.g. Catholic health services), religious institutions that include NSPs amongst their public health services include Anglicare, UnitingCare, the Salvation Army and Roman Catholic Church-based services.

The lead article in the 2012 Christmas edition of annex Bulletin (Vol 10 Ed 3) features an interview with Rev. Herbert, who heads up Uniting Care in NSW and the ACT, and was at the forefront of establishing the Medically Supervised Injecting Centre (MSIC) in Sydney.

Perhaps the moral issue presented which is most supportive of Dalgarno Institute’s position is the one provided by the Catholic Church when deciding not to host the first MISC in Sydney. Peter Norden, a former Catholic Priest, told The Bulletin that, in considering MSIC, Jesuit Social Services recognised that the cessation of problematic drug use by a person may be unachievable in the short or long term. **Therefore, “the moral question becomes one of how to continue to work with those misusing drugs in a way that recognises the objective moral consideration that drug use is destructive, but that seeks to alleviate the circumstances surrounding the drug use, while at the same time not judging the subjective aspects of individual actions.”**

However, Rev Herbert counters this point of view with his own argument for MISC based on moral responsibility following Jesus’ teachings – especially that of the Good Samaritan.

Rev Herbert told The Bulletin how certain lessons from Biblical scriptures and principles are completely consistent with harm reduction.

“It seems to me that harm reduction, or harm minimisation, is quite a religious or Christian philosophy: it addresses people as you find them, acknowledging the reality of their situation, and doing your best to ensure that harm is reduced as much as possible,” he said.

One of Rev. Herbert's favourite techniques for explaining the morality of society helping people during vulnerable periods is to tell the parable of the Good Samaritan.

"And I say to people, 'Look at the fool. He goes against all advice, gets attacked and is lying half-dead on the side of the road'. And some would say, 'Well he brought it upon himself'. 'The Levite and the priest go by without helping. They possibly said 'Look, if he's stupid enough to ignore all good advice, let him stew in his own juice'.

"When Jesus tells the parable, it is the Good Samaritan who picks the guy up and takes care of him," said Rev. Herbert. "To me, there is a story in that about drug users. I think a lot of the public see injecting drug users and think 'No-one forced them to become that. That was their choice and we don't owe them anything'. Whereas I would say we still owe a duty, a human duty, to care for them."

While an important part of MSIC's work is counselling and referrals to drug treatment, Rev. Herbert stated that "the preeminent purpose is to stop people from dying of overdose. Surely it is a good thing to stop somebody from killing themselves. And by doing that it doesn't mean that you are agreeing with what they are doing or encouraging them to do it more often." He counters the view that the best thing to do is tell people: don't inject.

"When you know someone is going to reject that advice, and for many reasons their life has become trapped in that way, you owe them the duty to see what you can do to preserve their life for as long as you can. "What you are saying is, 'We respect you as a human being. You are part of God's creation. We hope in due course you will find a different way in life, but in the meantime we will protect you as a respected human being.' That's the way that I look at it."

His view extends to the question of whether sterile needle provision should be extended into prisons where unsafe drug injection occurs. "That's another thing. In theory there shouldn't be drug use in jails, but there is; so isn't it better for people to be given clean syringes? A lot of higher-level corrective services people I talk to would agree with that. It's mostly the prison officers' unions that are against it."

Dalgarno Review:

At first glance, Rev Herbert's comments will strike a chord of compassion in anyone reading the article. However, in regard to the analogy of the attacked, destitute and abandoned traveller in the aforementioned Parable we find a 'long bow' being drawn in the attempted favourable juxtapose. For starters the issue of the traveller's predicament was not at all a 'self-harming' exercise. Sure he may be seen as unwise in travelling in a dangerous area, but one cannot compare that with the choice to actually harm oneself by injecting toxic substances into one's own body. Whilst we completely concur there are often tragic factors that lead to such a decision, it is not in any way like the events in the Good Samaritan parable. The 'robbers' in the Parable were not a group of perpetrators that came along, held the person down, and for the first time in that hapless victim's life, injected poison into their body, thus ruining their life and health.

What is of greater importance here is that the Good Samaritan took a completely different approach to 'care and treatment' than the interpretation suggested by Rev Herbert.

The Good Samaritan took the suffering victim completely out of the environment which he found him in (the condition that had left him susceptible to more harm) and instead placed him in the care of an inn-keeper (Inns doubled as places of respite and hospice, not mere 'watering holes' as we would see them today). More than extrication and isolation from the harmful environs, the compassionate stranger provided the necessary resources to facilitate healing and restoration of the assailed traveller to his previous healthy condition. What he did not do was simply patch him up, make him as comfortable as he could in that broken state and then enable continuation in both exposure and susceptibility to self-harming activities.

The Good Samaritan did all in his power and financial capacity to remove the 'broken' traveller from all risks and provide an alternative environment which was free of the risks/harms that had 'broken' him. The Samaritan was also prepared to follow up on the condition and recovery of the injured man and make further payments to the inn-keeper at a later date, on the assumption that the inn-keeper would prevent any further injury or harm while the person was in his care.

The idea of assisting people toward recovery by simply enabling the continuation of the activities which brought the drug dependent person to their point of suffering health, along with potential social isolation and financial disadvantage, is quite at odds with the actions taken by the Good Samaritan. Furthermore, the intentions of the Good Samaritan were to completely remove anything that might further harm the person who they are trying to help, whereas, in a modern day setting, providing a supervised injecting room is further exposing the person to the very external influence that has caused the harm in the first place.

A far more accurate reading of this Parable (not merely an inappropriate exegetical extrapolation of a Kingdom of Heaven lesson) would be for the person who is unfortunately suffering from illicit drug use to receive supportive counselling and medical assistance to remove them from the experience of drug using and to fund/resource their rehabilitation to a drug free lifestyle. With health and well being improved and restored they can again live as active and positive contributors to our society without ever feeling that they need to return to the risky behaviours that 'attacked' their lifestyle and no doubt negatively impacted on those close to them.

Yet more important than even this, is that by loving these precious souls enough to remove them from the harm (not simply try to stop them killing themselves while in the harmful grip of illicit drugs) you give them the best chance to be the complete human beings that Rev Herbert declares God sees them as.

This is just What Jesus Would Do!

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