

This edition shows how religion and spirituality are supportive of the principles underpinning harm reduction.

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.

Moral in tale gets a rev up



A tale about a man who was mugged while wandering alone along a notoriously dangerous path at night is often used by Reverend Harry Herbert to explain the religious justification and moral responsibility for caring about and assisting people with addictions.

Rev. Herbert, who heads up UnitingCare in NSW and the Australian Capital Territory, was at the forefront of establishing the Medically Supervised Injecting Centre (MSIC) in Sydney, once the most contentious harm reduction initiative in Australia. He 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. It concerns a man who had been beaten to a pulp. He was helped by a Samaritan after two others, including a priest, had walked by leaving him to bleed.

"I often take the parable and say, 'Look at the guy who went on the road from Jerusalem to Jericho. He was told that it was a dangerous road, that you get mugged and that you should always go with a group of people'.

"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.'

The origins of MSIC reveal how some religious institutions view certain aspects of social care. It was originally intended that St Vincent's Hospital Health Care Services, under the auspices of the Sisters of Charity, would establish MSIC. That, however, was disallowed by the Vatican.

Peter Norden, a former Catholic Priest, has explained that Vatican opposition was not based on ethical or moral grounds, but rather on a concern that establishing MSIC, "... could cause scandal outside of Australia, where accurate information about the initiative and the reasons for the Sisters of Charity involvement was not fully presented or understood."

Mr Norden 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

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Anex wishes all readers of the Bulletin a happy Christmas and a safe festive season.



Anex's vision is for a society in which all individuals and communities enjoy good health and well-being, free from drug-related harm. A community-based, not for profit organisation, Anex promotes and supports Needle and Syringe Programs (NSPs) and the evidence-based approach of harm reduction. We strive for a supported and effectively resourced NSP sector that is perceived as part of the solution to drug-related issues.

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a DIRTY SHINY life



Lily Bragge is an Australian writer and comedienne who wrote *My Dirty Shiny Life*, a bold, funny and, at times, devastating memoir about an unconventional and chaotic life. From an abusive childhood with her charming, but criminal father to depression, heroin addiction, motherhood and several suicide attempts, her life was never pretty. Lily talks to *The Bulletin* about drug addiction, finding God and writing *My Dirty Shiny Life*.

While you were using drugs and working, what tactics did you use to disguise your addiction?

Never underestimate the power of denial and self-delusion. Oh yeah: good make-up, eye drops, sunglasses and long-sleeved shirts came in pretty handy too.

Because I was what is charmingly known as a "spewer", I think that my work colleagues and non-using friends and family were often wondering why I seemed to act bulimic, but remained mysteriously chunky.

When I started using, I was at my heaviest (I'm one of those people who has been like an accordion, playing fat, thin and in between for most of my life). It wasn't until I was a couple of years into my heroin addiction that I began manifesting really obvious physical signs that I was an addict. I was so caught up with being the thinnest I'd ever been that I convinced myself I looked fantastic – even though the pallor of my skin was a dirty shade of grey.

What would you advise parents/families who have sons or daughters going through addiction?

Not to give up on them. To try and embrace the maxim of hating the sin but loving the sinner. My family and friends enabled me to keep using for a long time – but only because of my deceptions and manipulation. It's a hard thing to try and make an addict accountable because they are likely to turn on you with such contempt. Whenever I talk to someone in the grip of addiction, I just try to speak honestly about it with them. I ask questions such as, what they want their life to be, and try and work out possible solutions. I think the key thing is compassion and constant communication – and a bit of tough love too.

Do you still use? If no, is it a struggle to resist? How do you manage it?

When I first got clean in 2002 I had to be entirely abstinent. I would occasionally relapse for a lost weekend here and there and then eventually I started drinking booze again. I went to NA for a few years and then stopped when I no longer felt the need to go. If I was "travelling rough" I would go directly to God, my ex- drug-using friends who worked a program and new Christian friends. I would also take myself out of tempting environments. That meant missing a few big birthdays and celebrations, but it was just too hard.

I drink wine, and even though it can be difficult to stay moderate in my consumption (the addiction door is open), for the most part I do. I have lots of alcohol-free days too.

Recently I've been prescribed a heavy-duty painkiller that is a narcotic. I find I like it just that bit too much and, once again, I have to be careful. Left to my own devices, I'd

probably be necking the bottle, but I pray about it and, by the grace of God, it hasn't been an issue.

The more years I go without hanging out or being perpetually hung over, the more I appreciate it and try to avoid it completely. The big thing is I no longer want to anaesthetise myself.

Your memoir discusses difficult personal experiences such as sexual abuse, drug addiction and depression. Were there any parts that were particularly difficult to write?

Loads. It nearly freaking killed me. Well, that's an exaggeration, but it did take me back to some very dark places, and I was often gob-smacked at how tempted I was to "use" again when I was writing about the worst parts of my heroin addiction. Thankfully, I had the ability to look at myself with some distance and perspective, to be able to understand why I was being triggered like that.

The hardest part to write was about depression and grief. Because everything actually happened, it was difficult not to relive a lot of it emotionally. It also became difficult when I found myself writing chapter after chapter that

my mother or my eight-year-old son; I justified it to myself every single time.

One kooky thing is that I have this uncanny ability to remember every single person that I ever thieved from (and there were a lot), even though I was either off my dial or hanging out when I committed the offences. As a result, I reckon I'll be running into people and trying to make amends until the day I die. One thing that the book was good for, particularly after so many years of hiding from the truth, was being as honest as I could be.

My biggest regret is that I was such a lousy parent for so long.

What reactions have you had to your memoir?

It's been a mix of overwhelmingly positive and about 10 per cent negative. The positive responses have been through conversations and letters, while the negative stuff was delivered via messenger. No one said anything to my face. I only heard about certain people (that I'd written about in the book) being angry with me, or that they disputed my version of events.

Conversely, I've received many heartfelt letters, mostly telling me how impacted they have been by the childhood abuse aspects of the book.

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catalogued crimes and disasters, poor choice after poor choice. In hindsight I could see all the unbelievably wrong choices I had made ever since I was a teenager.

Interestingly, stuff like when I was in the Loops' Lockup (psych ward), was a lot of fun to write because I could see so much humour in the tragedy. You know that cliché, that comedy equals tragedy plus time? That's how it was. What had been one of the worst times in my life became, through my life having done a complete 180-degree turn around and the writing of it eight years later, very funny.

Is there one particular moment in your life you wish you could erase?

Ha! Try a few thousand. The only good thing about having a shame file more bountiful than Kim Kardashian's bum is that it is always there to remind me of a place I never want to go back to.

For me, being in active addiction meant abdicating all responsibility. I had no compunction whatsoever about the fact I was a habitual liar, a cheat and a thief. When I stole from people, I really believed it was my right to do so. Didn't matter if it was a stranger, a friend,

They can really relate to having dysfunctional relatives and the destruction that goes with those relationships.

Towards the end of the memoir you accepted God in your life. Can you describe how this felt physically and emotionally?

I felt like I had absolute clarity and everything looked brighter – I mean literally: the sky was bluer, the leaves greener – everything was heightened. I know this sounds weird, but I felt truly protected for the first time in my life.

A few months of sobriety saw me have a clear, drug-free perspective, but there was still a huge emotional and spiritual hole in my heart that refused to be filled by all the things I'd been trying to fill it with. I remember doing some pointless "geographical" to Adelaide in an attempt to get clean, but I all I did was put down heroin and pick up speed.

It was while I was there that I read some book by Deepak Chopra where he claimed that taking drugs was a corrupt search for God. I don't agree with much of what Chopra has to say, but I do agree with that statement. I believe that human

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Jingle cells with mixed spirits

Almost 30,000 Australians will spend the festive season in prison. The Bulletin interviewed Lindy and Steve,* who described their own experiences of Christmas in prison.

Lindy, who has been imprisoned a number of times, was asked if there were any special privileges for prisoners on Christmas Day.

"I think you are deliberately made to feel like a nothing and a nobody because most prisoners get locked down on Christmas Day so that staff can go and have their Christmas party," she said.

"Back in the old days, in the 1970s, the guards would turn a blind eye to brew – homemade alcohol – at Christmas. But, no such chance of that happening any more. Well it goes on, but it's pretty rare these days. There are even breathalysers, usually just before Christmas.

"They used to put on a Christmas dinner. Well, they still sort of do, but you have to eat it all by yourself in a cell and it's cold because it's been left sitting there until the guards can get around to delivering it because none of the prisoners are allowed out to do their normal duty."

Summer reads

Summertime is the perfect time to catch up on some classic Australian reads.

In My Skin *Kate Holden*

In My Skin is a beautiful, lyrical memoir of heroin and prostitution. Kate Holden's story is one of survival and resourcefulness, and an unflinching look at the consequences of addiction. "I sometimes wondered, with my legs spread over the face of some eager man, if I felt regret for the invasion of my most secret places. A man whom I've never met before is staring at my vagina. But what does this mean? It is just skin."

Monkey Grip *Helen Garner*

Helen Garner's first novel is about Nora, a single parent who lives in an inner-city house shared by students, musicians, actors and drug users. Nora and her lover Javo "are trapped in a desperate relationship. The harder they pull away, the tighter the monkey grip."

Candy: A Novel of Love and Addiction *Luke Davies*

A story about a poet, Dan, who falls in love with Candy. Both are heroin addicts, and the novel charts the downward spiral of their relationship into crime and prostitution. Heath Ledger and Abbie Cornish starred in the 2006 film adaptation.

Shantaram *Gregory David Roberts*

In 1978, Roberts was sentenced to a 19-year prison term after being convicted of a series of armed robberies. In July 1980, he escaped from Victoria's Pentridge Prison in broad daylight, thereby becoming one of Australia's most wanted men. The novel charts his disappearance into Bombay to experience extraordinary love and adventure.

It was the most difficult day of the year, she said. "You are thinking about family and friends. You can get visits before and after – but not on – Christmas Day.

"It's really hard for women, not being able to see their kids on that special day. Of course men want to see their kids on Christmas Day too, but I think for mothers it's particularly hard."

Steve, who is getting his life back on track after being out for almost 12 months now, feels that men with strong family and community links tended to find the Christmas period lonelier than those with fewer, or less bonded, external ties. He speaks from his experience of four Christmases spent in four different prisons, including a low security setting.

"From the blokes I talk to that do and don't have kids, people with fewer ties seem to do it a lot easier. People with more ties and community connections – no matter what they are in for – seem to do it harder.

"But they also seem to strive for better things while in jail and utilise their time for the best. They do programs and get themselves into a lodge or cottage which has a phone in it, so they can ring their families even at 2 or 3am in the morning."

He said that men who entered prison or were switched to a new jail in the lead-up to Christmas tended to do it a bit harder.

"If they've already been in for six months, they know Christmas is coming up, they know their family will visit, they tell them how far it is on the train, the distance in kilometres, the prices – they give them all the information so there is preparation."

He said men tried to mask the sadness of being isolated during what was once (though obviously not for all) a happy time of year.

"I haven't really spent Christmas with a family since I was a child because I was in foster homes. So I couldn't honestly say what Christmas is supposed to be like. I mainly had memories from when I was a little kid, not as a teenager or a young adult."

Prawns for Christmas lunch

The subject of prawns was raised by Steve and Lindy from very different perspectives. Lindy associated them with the prison guards' lunch, when most women were locked down far earlier than normal.

"On Christmas Day they operate on a skeleton staff. The kitchen workers are allowed out to feed the units, while the only other people allowed out are those that have to cook for and wait on the screws – I think that's appalling. The girls who are in lockdown units spend the entire Christmas Day in a cell on their own.

"If the guards want to have their Christmas party in the jail while we are locked down, they should do it themselves or have it catered for, not make us wait on them. They have prawns and all that kind of stuff. And we never see prawns."

Steve's favourite Christmas was in a rural setting where he lived in a six-person, self-contained flat as part of his preparation for re-entering the community.

"You are able to order food and cook it yourself – you don't go up and get served jail food. We were able to have prawns for Christmas, and all sorts of things. For me, that was the best."

Great prawn robbery

Lindy laughed loudly as she recalled the only time she had heard of females having access to prawns around Christmas.

"There was a big scandal a few years ago. A couple of the Asian girls smuggled five kilos of prawns that were meant for the guards' Christmas party back from the kitchen. Five kilos!

"They couldn't hide them from the girls in their own unit, so all the girls in those units would have got some.

"They did a big dog squad raid. They weren't looking for prawns specifically, but they knew something was afoot. Eventually they found the prawns the girls were stashing for Christmas."

Giving gifts

Lindy said the prison provided a Christmas tree for each unit, but inmates had to buy or make their own decorations.

Many women tried to give gifts to each other at Christmas, but could be thwarted by raids.

"Women especially try (to have a Christmas spirit). There's a policy in jails where you are not allowed to give gifts to anyone – it's classed as trafficking. But, funnily enough, they do Christmas gift packages in the canteen.

"Everyone buys gifts for each other. The only things you can buy are cigarettes, lollies and toiletries. So people had gifts waiting under the tree until Christmas day.

"But generally they bring the dogs through, rip the presents up and open them all in case things are stashed in there. It's really disheartening, because everyone goes to a lot of trouble to make their presents look pretty and that sort of thing, and the dogs come in and rip them all up."

Forced segregation of prison sub-groups compounded the sense of isolation at Christmas, said Steve.

"After a big fight in March 2005, they put extra fences up so units couldn't mix with each other because there was a racial thing. That has nothing to do with Christmas, but by the time the end of the year came, there was less mixing with people," he said.

"So you are even more isolated – there is more time for people to think about whatever's going through their mind and fewer people to talk to. And if the person doesn't get visits, they are even more isolated; they don't even have a mate to talk to."

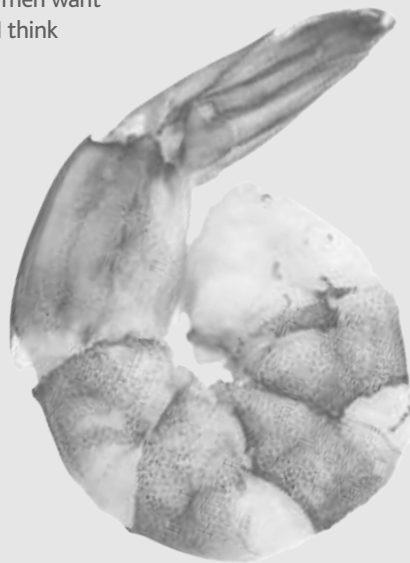
No change in guard-prisoner relationship

Steve recalled going to a newly opened low security prison where there was a policy of encouraging prisoners and guards to address each other on a first name basis. It worked until the "harder" inmates came in.

"Calling officers by their first name, I mean, that's a 'no-no' as it is. It's just the way jail is. In general, most (male) prisoners don't even really want to be seen saying Merry Christmas to an officer."

There was no form of "truce" on Christmas Day, he said. "But I'll tell you who is nice, especially at that time of the year – the nurses. I've noticed that at a few jails."

**Lindy and Steve are pseudonyms. Lindy has carved out a successful career in the social sector. Steve is on methadone, and hopes to be in the workforce soon.*



ALL PEOPLE COUNT

IN A WORLD MADE FOR THEM

Rabbi Raphael Aron believes that two central beliefs make health interventions with drug users consistent with Judaism: the sanctity of life, and the credo that each person is valuable and has a role in broader humanity.

Part of the Rabbi's work is drug counselling. He strongly supports harm reduction and believes that, as he says, "The view that

"All people, noted the Rabbi, are in the world for a reason, regardless of their creed or status, and anyone's absence from society will make a significant difference."

people would be encouraged to take drugs as a result of going to a needle exchange just doesn't stack up."

Rabbi Aron points to a concept in Judaism in which, every day, each person should say the world was created for them.

"That may sound somewhat egotistical, but the message is that no individual is replaceable. Every individual is different and has a role to play.

"Secondly, as far as the Jewish faith is concerned, and I think we would all share this view, the notion of free choice – which is the capacity that distinguishes us from other forms of life – is compromised as a result of drug addiction. This is based on the theory that the user doesn't control the drugs; the drugs eventually control you."

All people, noted the Rabbi, are in the world for a reason, regardless of their creed or status, and anyone's absence from society will make a significant difference. It is therefore logical to regard needle and syringe programs as being important.

"Personally, as an Orthodox servant in the Jewish community, I actually support needle and syringe programs. And if you were to look into various Jewish sources, you would find there would be plenty of support for a program that basically improves people's health."

Rabbi Aron said all people count and therefore all deserve a healthy life. "One of the issues of dealing with people with addiction is that first of all they think that the world won't be worse off without them.

"That's a very, very important principle: to bring out the idea that all people count."

Tolerance of small wrong can prevent larger calamities

Many nations with large Muslim communities, such as Malaysia and Indonesia, have had complex theoretical discussions around why principles enshrined in the Koran do not preclude health programs that promote safe injection.

Writing in 2005, Memoona Hasnain, claimed that "despite the evidence of an advancing [HIV] epidemic, the typical response from the policy makers in Muslim countries is to propagate Muslim ideals, mainly abstention from illicit drug and sexual practices, for protection against HIV infection. Sexuality, considered a private matter, is taboo for discussion".^[1]

However, in Malaysia, for example, scholars have noted that the sanctity of life, held paramount in Islam, tolerates a minor harm if it helped prevent a greater harm.

Pakistan, Iran and Bangladesh are held up as nations that have successfully situated harm reduction, in particular, needle and syringe programs, as morally and religiously acceptable given the threat of HIV/AIDS epidemics.^[2]

Dr Parviz Afshar is Director General of the Iranian Hospital in Dubai, and was formerly Deputy for Health in Iran's prison system and a senior advisor to the Minister of Welfare and Social Security.

He told The Bulletin that two major sentences in the Koran can be used to justify and rationalise helping people who inject drugs. Dr Afshar said these were:

- "There is no harm and not something which induces harm in Islam", which means, "we should avoid everything which induces harm, such as drugs".
- In addition, there is the concept in which it is justifiable to address a "worse" thing through a practice that may in itself be perceived as negative. This meant that if "drug injection is something worse, we can help them (drug users) by at least using needles and syringes in order not to transmit blood borne disease to the other people by shared needles. This is exactly harm reduction."

He continued: "There is a sentence in the Holy Koran which means that if somebody saves the life of a person, it's like he has saved the lives of all human beings. By leaning upon the religious rules, not only can somebody enhance the potential of not being involved in drug misuse, but it will also help those who are currently using illicit drugs to seek treatment and have a hope for better life. It will strengthen the family roots and supports which is also very important for drug users and also the mental health of society."

The greater good was served by putting moral condemnation of drug use aside and aiming for improved public health overall.

"The risk of HIV and other blood borne diseases transmissions in prisons are higher and then he can transmit this to his wife and then when his wife becomes pregnant to their child.

"Furthermore, when he is jailed the family will face many problems including financial ones, which may lead to more high risk behaviors of family members to obtain money, support, etc. So, it will have many benefits for the health of society and families if we care about the health of these at-risk persons," he said.

Dr Afshar said religious propagation was essential to convincing the public and government that even having needles provided in prisons was justifiable.

"Actually we had a program for talking and negotiating with religious leaders to inform them about HIV, addiction, harm reduction and so on. The result was amazing. Thousands of religious leaders went to mosques all around the country and informed people with their own style of speech about HIV," he said.

"Moreover, there were so many sessions held with the head of judiciary power to convince him of harm reduction activities including needle and syringe distribution. This led to issuing the famous order of His Excellency that harm reduction must be performed all over the country including in prisons, and that distribution of needles and syringes is not a crime, it's a way of helping people," he said.

HAMMER AND SICKLE OF DRUG REFORM

Marxism, Buddhism and Confucianism are the dominant belief systems in Vietnam. It took a potent mix of scientific evidence laced with the moral influence of a Communist figurehead to achieve a breakthrough which endorsed ideologically sanctioned needle and syringe distribution.

Dr Oanh Khuat is a non-government organisation leader in Vietnam. She establishes groups of HIV positive people, encouraging them to support each other and spread risk reduction messages.

Dr Khuat explained to The Bulletin that rolling out and scaling up needle and syringe programs had been politically unfeasible until the Communist Party's Central Committee for Ideology was able to find a way to see how harm reduction was compatible with the teachings of Ho Chi Minh.

Dr Oanh explained that there was a sense that drug misuse was a form of self-indulgent individualism: "We had to use the science to deal with the morality in this case. Previously it was thought that drug users were bad people because they didn't care about others and just wanted pleasure. It was individualised behaviour.

"It was anti-Communist and went against Confucianism. In the latter belief system, it was felt in feudal times that every person should subjugate themselves to the greater cause of the king and the country. So you shouldn't think about yourself too much."

By early last decade a small number of programs began sterile needle distribution and allowed drug users to be directly involved as peer outreach workers. Some well-known Australians worked with Dr Oanh to tackle the impasse, arguing that harm reduction was a credible and

compassionate approach to rising drug misuse and lightning-fast HIV outbreaks. She worked quietly behind the scenes in conjunction with the World Health Organisation and identified a political obstruction.

"We realised that it was an ideological issue. People had gone all over the world on study tours to see harm reduction, but there had not been much progress. So we had to work with the Ideology Commission on this, otherwise political and ideological reasons would have meant that it simply couldn't happen," she explained.

It was arranged for several addiction experts, including Dr Alex Wodak AM, to hold a forum under the auspices of the Ideology Committee, where it was explained that addiction is a disease affecting the human mind.

"It was the kind of explanation that society, or the Party, were looking for. As much as they had done for drug users, they had failed. So they needed such an explanation. They could see that they did not fail, because they were dealing with an illness," Dr Oanh concluded.

Endorsement from a revered leader

The Bulletin asked Dr Oanh what she thought Ho Chi Minh's opinion would have been, bearing in mind that the French, before being defeated in 1954, promoted opium consumption among the Vietnamese masses.

"A very good question, because in our workshop there was a Vice Chair of the Party who cited Ho Chi Minh talking about people addicted to opium after 1954. Ho Chi Minh said that we need to 'revive for the sake of the country those young men from opium, so that they can contribute to building our country... we need to revive those people.'

"It was a powerful argument, to link it to Ho Chi Minh. The speaker stressed that they needed to marry science and morality," she said.

"It comes back to socialism, communism, and the morality of society. You don't throw people out of the house or out of society when they have a problem, especially when they are sick."



Photograph of Ho Chi Minh taken by Wilfred Burchett in 1966. Uncle Ho was a nicotine addict who died of cancer in 1969.

Moral in tale gets a Rev Up

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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."

'When asked what lessons for social policy could be extracted from MSIC's journey, he answered that it was to put ideology aside and focus on being practical in dealing with humanity's issues.'

According to Rev. Herbert, the Uniting Church looked at it "fairly simply, from a point of view of helping people not die from overdose."

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.

"Some people put it fairly simply as 'you will never rehabilitate a dead drug user'. That is a crude way of putting it, but it sums it up," Rev. Herbert added.

He objects strongly to the negative stereotyping of people who inject drugs. "Injecting drug users are not evil incarnate. They are human beings, someone's child or someone's parent. They have found themselves, for a whole variety of reasons, in this situation. We ought to ask 'What can we do to help them?'"

When asked what lessons for social policy could be extracted from MSIC's journey, he answered that it was to put ideology aside and focus on being practical in dealing with humanity's issues.

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."

Former priest Peter Norden established Jesuit Social Services and has worked on behalf of marginalised peoples for decades. Peter puts forward a summarised mainstream position on moral considerations concerning drugs.

"The mainstream Christian view is not that alcohol is immoral, it is where its use takes away the individual's capacity to exercise his or her freedom and make good moral choices about things.

"Now, most people would say a small degree of alcohol doesn't take away your moral choice or your capacity to make a moral judgment about how you treat another person for instance. But some would say some forms of illicit drugs are banned because they are of such a nature that the mere use of them could take away the freedom from the individual ...

"I think our experience is that for chronic users of heroin, for instance, it does have an effect on the freedom and capacity of the person to make choice, and at times they not only neglect themselves but also neglect people for whom they are responsible, such as partners and children."

Peter Norden is a consultant advisor to Anex

Cold turkey and rest is gravy

Ramadan and Christmas are special times of the year where residential drug treatment program, 'We Help Ourselves', adapts its program to recognise many clients' spirituality. It also recognises the difficulty of being disconnected from family.

"There is a bit of a different environment these days ... we have quite a large Islamic population of clients in treatments as well," said Chief Executive Officer Garth Popple.

"We basically celebrate it as a national festive season. Everybody still gets Christmas presents, holiday breaks where the program goes into fun mode, sporting mode, picnic-setting mode as opposed to the 9 to 5 program that we run," he said.

"It obviously flows very much along the Christmas flavour, but we have to be aware that sometimes there will be a group of people who sit out. We don't provide any religious content to the program. If people want to go their mosque, or their Greek orthodox church (or any church), that has to be done on a request system and we try and get all those requests (met) by local providers."

Family visits were arranged for Boxing Day rather than Christmas Day itself, Mr Popple said, and they tried to encourage people without close family to consider another person who could come along.

"We go down the road of 'Who would you like to come and visit you? Do you have any old school friends, do have any old mate who used to stand by you in the old days? Have you got a contact (for them)?" he said.

There were still Christmas events, such as a play and party, but the "difference is the group of guys sitting outside who don't partake in some of the ceremony because they are Muslim, that's a new thing we have had to start working with.

"We just basically say 'you've got a free day', and when it comes to Ramadan and things like that, we have got to be on the ball. If you don't acknowledge it, they are not going to come to your rehab. And if they don't come, they are out there using aren't they – out there using and sharing syringes (perhaps).

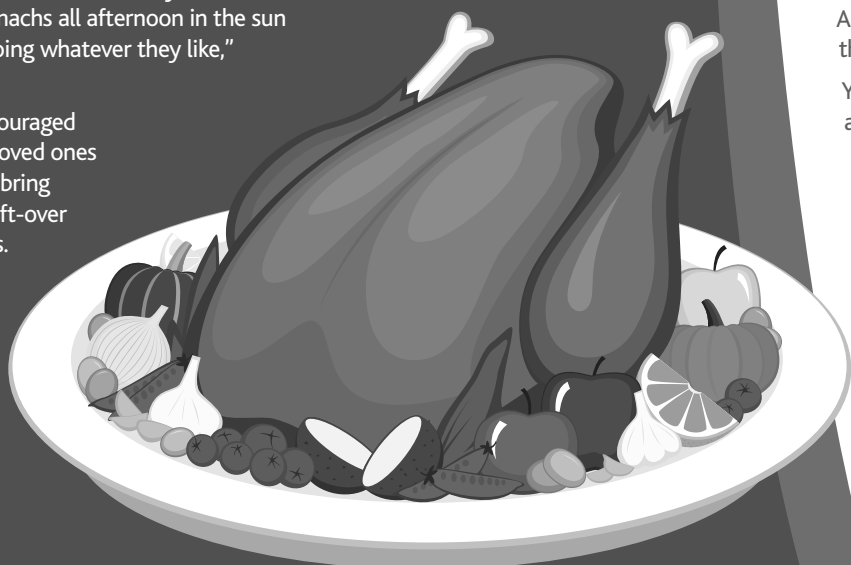
"We are kind of the nucleus for saying 'unfortunately or fortunately, you guys are going to have to live with each other and get on because your common bond is your drug dependence and you are going to have to get on with sharing resources around Ramadans and Christmas Days. It has not been an issue so far – it's been quite good," said Mr Popple.

We Help Ourselves is a therapeutic communities program close to 40 years old.

"Christmas Day at the rehab is all about the donations we've received, for example with turkeys. There is a big therapeutic community family day, where people eat as much as they can, and lie around scratching their stomachs all afternoon in the sun listening to music doing whatever they like," he said.

Family visits are encouraged for Boxing Day and loved ones were encouraged to bring their presents and left-over food from Christmas.

"So we say to the family, you get two Christmas days."



Morals have greater role in policy and action

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And we have people on programs now for 35 years, drinking more alcohol than you can poke a stick at, still using heroin – and amphetamines – and we say that that's a triumph. I say that's a bloody disaster.

What do you mean by 'a call for help?'

Well they say 'Geez I feel like using, I want to talk to somebody.' Or 'Geez I've got a financial crisis I need somewhere to pull back into quickly, to the public sector.'

Or they come out of jail with a script and they are told by the public sector 'Sorry we can't assess you for three months. We have a waiting list.'

Where are the morals around that?

They say, 'we are the public sector and we are only staffed to handle so many patients and we can't add more ... aargh, there is no morality.

Justice Health is part of the public sector – this [prisoner] patient is on the program. The fact they have come out of jail today, rather than when they suggested it may be – two days later – is irrelevant.

They need to be dosed and then they need to be seen and then counselled because they are at such a high risk. So timely means timely, not frigging around.

We've got some of the most highly paid doctors as staff specialists running the public sector in NSW which only manages about 6000 of the 19,000 that are on methadone.

Most of the methadone patients in NSW are not in the public program, and yet they carry on as though they are carrying the full 19,000 – and can't possibly see a prisoner. And yet at another meeting with their 'evidence-based' hat on they'll say 'The first two weeks after coming out of prison are the most dangerous times in a patient's life', and we won't see them because we haven't got the staff ... I think oh, good grief.

What does that tell us?

Addiction medicine has lost its way and it's struggling at the moment to remain a credible specialty...

Why do we let this issue of insufficient care for prisoners continue?

Partly because we are a culture in the west where we've grown up with Christian principles, and we've got them wrong: we've taken scriptures to say that 'If you do the wrong thing, you're a bad person. You'll not only go to hell - but we also need to make life hell on earth for you now.'

I boil when I hear that Joe Blow was sent to prison and 'Well, he was bashed in prison and he died and because he was a paedophile, he had that coming to him.' That is sanctioned murder by the prison system, and I think so many churchgoers would say 'Just as well, he had it coming to him'. And I think, 'Where's the love? Where's the understanding of this person's psychological problems?' There isn't one.

'I would predict that we only have to prescribe methadone or buprenorphine, and respond to requests for help when they come in a caring and timely manner, and we would see more patients doing better. Currently we dump a whole lot more on the program, don't meet their needs in a timely fashion, don't ever suggest that they ought to come off 'Because this is harm reduction you know' and abstinence doesn't come into their thought processes.'

Naloxone is now distributed through various programs to potential overdose witnesses in a number of countries, but not yet here.

You were saying before some people won't do something because there isn't yet the sufficient data. Can you discuss that in the context of the naloxone issue?

I think it's this [mis]using the term 'evidence-based' to avoid a reality – naloxone is an antagonist. Given to someone who is using or not using, it's not going to kill them. It will make a user who has just used very sick. But if we are giving it and saving a life because they are unconscious, then that is appropriate.'

... If you ask me why it's not available in NSW at the moment, it's because NSW [Health] is extraordinarily risk averse. Getting any change in our opioid program has been like getting blood from a very, very big bloodless stone. It's been awful.

The American who was out here a couple of years ago [Dr Sarz Maxwell from Chicago Recovery Alliance] was saying, 'Look if they are unconscious you've got to just jab [naloxone] through the clothes into a muscle and it will be fine.

Yes, there is some craziness [in opposing access] which I suggest is coming from people who are thinking they are being scientific and evidence-based, but they are not truly either.

SANTA'S SAFETY CLAUSE

Despite his heavy workload, Santa Claus made time to grant an exclusive interview to the Bulletin to describe how the issue of drug and alcohol use has touched his life and, indeed, workplace.

Your North Pole workshop is known for the rigour of its drug and alcohol policies. Was there any one incident that led to their implementation?

Three words, three syllables, one tragedy: Wayne the Elf.

Could you maybe expand on that?

Wayne took Prozac and fell into the eggnog. We instituted our entire Elf & Safety program after that.

Is the use of anti-depressants common among your workforce?

Unfortunately, yes, it is. The six months of daylight/six months of darkness pattern invites North Polar depression. The constant light triggers mania in elves, who are excitable at the best of times. There's only so much jumping up and down with glee they can do before it wrecks their knees. Then the incessant high-fiving hurts their wrists. So then the problem of prescription painkillers comes in. The darkness drags us all down with Seasonal Affective Disorder. I tried to combat that by having high-wattage lamps sewn onto the inside of the elves' hats, but then one of them sued me. He claimed the bulbs damaged his hair to the extent that it was impossible to fight the frizz.

What are the features of your workplace drug and alcohol program?

We used to do urine drug screening, but my elves don't have the most sophisticated sense of humour and all the giggling in the booths got too much. So now we do a standard beard

follicle screen, randomly. We offer counselling, too, and that has a higher take-up because of the stresses inherent in the work.

What are those stresses?

The productivity pressure, especially late in the year. The isolation and the uniform.

The uniform?

The green pantyhose, the shoes that curl up at the front and the ridiculous hats.

What types of 'cheeky' presents have people left for you and your reindeer?

What haven't they left? Don't mention the cookies. I've had carrots for the guys left out dipped in lignocaine. You know that big sack I carry around with me? Full of testing equipment. Nothing gets ingested until it's been through that lot now. Worst thing I've ever had left out was a fairy cake with 500mg of Viagra added to the mix. I couldn't get down any chimneys for eight hours.

Your reindeer travel long distances with no sleep. There have been whispers that there is use of steroids and amphetamines. Can you confirm or deny these allegations?

I can deny them, I can show you dope-testing results and I invite anyone who spreads this stuff around to see me in court. These guys are high-performance pros. For 363 days a year they do two hours gym, two hours dance and movement and two hours t'ai chi waving their antlers about. And diet? You can't move in those stables for juicers and goji berries.

How do you negotiate the breath test if your sleigh is pulled over by the cops after you've drunk some of that alcohol that's left out for you?

By a technicality. Legally, I'm just the one who steers – the actual drivers are the reindeer, so they get the breath test. We usually nominate Prancer to put his best hoof forward – having a reindeer puckering up with full make-up, false eyelashes (bright pink and foil) and poncho-pink lippy can be a distracting prospect for a traffic cop. That's just how Prancer rolls. ☺

A Dirty Shiny life

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beings are created to worship, and it's what we worship that defines us. Whether it is God, drugs, people, money, power, sex, art, nature, whatever – the act of worship gives us our identity.

When I accepted Jesus, I was simply desperate and broken. I may have been clean, but I had no freedom. I was depressed and white-knuckling my way through life.

What did religion give you that the support of family, counselling and medical help couldn't?

Not so much religion as my relationship with God. I came to know Jesus, not only as my personal saviour, but also as my best friend. For many addicts, getting into recovery means only doing so after hitting rock bottom (which I did). Methadone, naltrexone and rapid detox didn't work for me. I had to get totally clean to begin to start having a life that was worth living.

When I asked Jesus to help me, he did. I felt so guilty about the person I had become, as well as fiercely angry at my father and an

uncle who had sexually abused me when I was a child. Accepting God meant learning to forgive myself as well as forgiving others. I found freedom in Jesus and forgiveness.

Some AOD workers and clients may be sceptical of religion. What would you say to them?

Like an atheist friend of mine says, "Junkie Lil versus Christian Lil? There's no comparison. Give me Christian Lil any day."

Outside of Christopher Hitchens, I don't think you could have met a more sceptical person than me when it came to organised religion. I embraced the relationship with God and received genuine healing.

Do you think there are certain personality types (or traits) that are more open to religion?

I do. Addicts are perfectly suited to immersion, and falling in love with the Lord is as immersive as it gets.

Heroin wants you alone in a room so it can kill you. The life of a full-blown addict is a dark and hidden, lonely life. Getting clean

and getting God is the exact opposite – it means being in a community with all that life has to offer again. In the way that addiction imprisons you, God or religion can free you.

Are you more comfortable with your religion now? Where do you think you might be today without it?

Much more so.

The burn of shame I used to have at telling people I was a Jesus lover was intense. Now, almost 10 years later, it's just who I am and what I believe. Without God I would be like a ship without a rudder – just aimless and floating any which way. Probably sinking fast.

For some drug users, Christmas can be a difficult time with loneliness, going back to estranged family, etc. Have you ever had a particularly difficult Christmas?

For some reason, my worst times like that have been at Easter – trying to get clean, hanging out like a dog, feeling isolated and despairing, not wanting to see or be with anyone. For the most part Christmas has always been a good time for me.

Morals

have greater role in policy and action

Professor Bob Batey

- Clinical Advisor, Centre for Drug and Alcohol New South Wales Health Dept (2004-2011)
- Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (2004-present)
 - National Hepatitis C Subcommittee
 - HBV working party
 - HCV and prisons working party
- 200 articles published
- Clinical Advisor, Viral Hepatitis Program, Australasian Society for HIV Medicine (ongoing)
- Director of Toxicology, Drug Health Services, Royal Prince Alfred Hospital, Camperdown (2008-2011)
- Clinical Professor of Medicine, University of Sydney (2009-2011)
- Deputy Dean, Faculty of Health, University of Newcastle (2001-2005)
- Director, Drug and Alcohol Department, Westmead Hospital and member Gastroenterology Department Westmead Hospital (1981-1991).

The Bulletin spoke with Professor Bob Batey about spirituality, morality, science and evidence concerning programs and interventions in public health. In this wide-ranging discussion, the eminent thinker and practitioner discusses how his religious outlook still shapes his commitment to improving policy and practice. Professor Batey was raised as a Methodist and is now a Baptist.

Do you think that we rely too much on medico-scientific approaches in policy discussions? Is there room for having more values-based approaches to advocacy and policy making?

The answer is yes so long as the moral, the other aspects or side of the debate, is validated by the same sort of data gathering that we would have in the medical scientific approach to understanding our problems.

I'm for open minded discussions that take account of all of the factors that influenced a particular condition, and in drug dependence, I think that spiritual issues do play a profound part in what drives people to drug use in the first place and often helps them [or] prevents them from getting off drugs in the second place.

I think there has to be an acknowledgement of the moral/spiritual/emotional side of the argument. And this crap about evidence-based is run around by scientists - as it is by anyone else - they just use the term now to avoid actually looking at evidence unfortunately. I think it's a term that has to go, I hate it.

Why is spirituality and also formalised religion a legitimate dimension of drug misuse prevention and treatment for individuals and family?

The spiritual side of things is far broader than organised religion ... there is something more than just the physical, medically-defined biology of an individual.

And I think we have to say there is something in the individual, and we call it 'spiritual' for the want of a better term which allows some to survive and others not to survive given the same degree of trauma.

There is a spiritual world that we need to understand better, and if we don't take account of that we underplay what treatments we might offer to people who have all sorts of illnesses.

Can you expand on what you meant when you said that the term 'evidence-based' has to go, as if it's become devalued?

I think it has become a catch phrase for anybody who has never done any research, who has never really looked at the complexity of data gathering, to make excuses for not doing anything ... They say 'Oh yes, it has to be evidence-based blah blah blah', and we presume that what is going now is evidence-based.

Well, a lot of what we are doing doesn't have a lot of evidence. But it is also used to stop people acknowledging that there are situations where we haven't got evidence, in terms of randomised control trials. But lack of evidence doesn't mean you shouldn't be doing something ... so it's almost become a 'stop' to thinking for a lot of people and I just feel it needs to be really tidied up.

'We do stupid things, and I think that we therefore have to have things in place that do encourage the person tempted to do stupid things to do them in a way that is going to minimise the harm.'

Can you give a concrete example of where you think morality has played an important role in influencing policy around drugs in either a positive or negative way?

I think in the past it was a morality-based argument that led to the six o'clock closing. In the 1940s and 50s, you could see people that stayed in the pub and got drunker and drunker and then went home and bashed their wives and bashed their children and did all those things that were not benefiting society in a positive way. And I think it was a moral perspective that led to that approach to try to restrict alcohol.

And it's really interesting, when you go to any working group today and say what we should do to reduce harms associated with alcohol use, they say, 'Increase the price and decrease availability'. That's no longer a morals-based argument - it's a factual, data-driven answer. So the moral approach understood what was going on and wanted to help people.

Why should we care about the health and welfare of a drug user?

I sincerely believe that the dependent drug user is no longer able to control their actions. And we therefore, either paternalistically or objective/scientifically need to step in and take some control and help them. Because I think drug dependence, once established, alters pathways in the brain so that they're simply no longer consciously able to be altered. Put a person like that in a situation and the drive to use becomes uncontrollable.

We have got a moral obligation to look after these people who sit in front of you and say 'I really want to stop'. And I believe them. But, given the right cue, they will use again, and then use again and again and end up doing something stupid. And I think we need to do that to protect them, as well as their family and other close associates from the harm that intoxication can produce.

If someone proposes that harm reduction is an ill-founded concept, how would you argue against that, without using arguments such as return on investment evidence?

I would argue that the reality is that people will do dumb things. I will drive at 170km up the freeway at two in the morning to get home quickly, and hope I don't blow a tyre. We do stupid things, and I think that we therefore have to have things in place that do encourage the person tempted to do stupid things to do them in a way that is going to minimise the harm. I'm aware that if my tyres are bald they are more likely to blow. People should be aware that if you share a dirty needle or drink 10 drinks there are consequences. So I think that's why you can justify harm reduction.

How have your religious values influenced your life work and some important decisions that you've made?

It probably influenced me when Jim Rankin, a delightful Catholic man as most people know in the drug and alcohol world, challenged me to take up drug and alcohol work when I was fully trained as a liver specialist back in the late 1970s early 80s. He suggested I should take up the challenge of going to Westmead to do D and A and to work with these more underprivileged people. So it was probably a Christian perspective that made me see that

the challenge was worth doing when everyone said 'Why would you do that crap job?' It was really exciting, and I've learnt so much from doing that work.

The teaching of Christ seemed to be 'I'm going to mix with all the down and outers and not can them. I'll actually be a friend of them and mix with them and through that process encourage them to look at a more positive way of dealing with problems in life'.

Where is the potential discussion around 'the right thing to do, loving your neighbour, etc' in having more doctors become involved with opioid replacement therapy?

How do we get them to take a more moral approach to it? I think it's by drug and alcohol becoming more scientific and generating more data which will answer the fundamental question ... I've been asking of NSW Health's program for the last four years, and I still don't have an answer ... I've been asking the OTP strategic planning process 'what is the minimum we need to do to the average heroin user to get an acceptable outcome, and what do we define as an acceptable outcome?'

I would predict that we only have to prescribe methadone or bupe, and respond to requests for help when they come in a caring and timely manner, and we would see more patients doing better. Currently we dump a whole lot more on the program, don't meet their needs in a timely fashion, don't ever suggest that they ought to come off 'Because this is harm reduction you know' and abstinence doesn't come into their thought processes.