

INTRODUCING: TWO POSITION PAPERS ON THE CHURCH AND THE PROBLEM OF DRUG ABUSE

WRITTEN BY: Rev. M. John V. Shaver and Mr. Timothy J. Pringle - June, 1973

COMMISSIONED BY: Metropolitan Council of the United Church of Canada
First United Church, Vancouver
The Outreach Department of the B.C. Conference of the United Church

DRUG ABUSE -- SO WHAT???

Drug abuse is our problem -- NOW -- especially now when the B.C. Government is actively shaping a new approach to it.

The papers are intended to focus dialogue in the church and community on this problem. Their chief value will be the interest and study they provoke.

Perhaps, growing out of the study and debate, some court of the church will issue a resolution stating the mind of that court.

Hopefully, growing out of the study and debate, church people will be called to ministries and responses that are at hand for them.

Hopefully, awareness will increase as to where church people need to learn and grow in order to be useful in the drug-abuse scene.

The authors and the people who commissioned the papers hope the documents and the discussion they precipitate will result in more people doing more useful things.

WHAT STARTED THIS STUDY???

At a meeting of the staff team of First United Church and several Metropolitan Council officers, Dode Stansfield reported on her experiences on the edge of the heroin street scene in downtown Vancouver. Her comments precipitated a very agonized discussion. What is the church called to do in situations where teen-age girls are with seven men each night to support a heroin habit?

The enormity of the problem was recognized. Although hidden from or put out of mind by many churchmen, the problem was thought to have touched many families and clergy who would be sensing their isolation as they attempted to deal with it. No one felt either informed or wise. Everyone felt guilty.

The rambling discussion came to focus when it was remembered that the provincial government was preparing for a whole new attack on the drug-abuse problem. The Minister of Human Resources had announced the establishment of a commission on alcohol and drug abuse. It would be sad if the recommendations of this new commission were dropped on an unprepared public and church, and the only response forthcoming were to be sudden and unreflected.

The group decided to seek the support of the Outreach Department of Conference and together commission a position paper on The Church and the Heroin Problem,

requesting Jack Shaver and Timothy Pringle to work on it during the month of June. The first word heard from the church would then be the result of some reflective study.

WHY TWO PAPERS???

By the end of June there were two papers.

Jack's deals with his feelings after several months of close involvement with youth in the downtown streets through the Outreach Project. He discovered after interviewing many people who were in or on the edge of the drug scene that the literature on the subject reinforced what he identified. He records his theological reflections on the issues identified by his experience.

Tim's paper sets out the scope of the drug-abuse problem -- the legal and illegal aspects in the light of a new status-quo on drugs. He draws together much of the research done in this field and relates it to the Vancouver area, pointing out, for example, that 70% of Vancouver high school students are offered drugs at some time in the year.

WHAT IS IT????

The document is called a POSITION PAPER. It is intended to be a studied, informed document and to be taken seriously. It is intended to bring theological reflection to bear on the problem, and to take a position as to what is the Word to and from the church on the issues that are identified. But it is not put forward as the mind of the United Church of Canada.

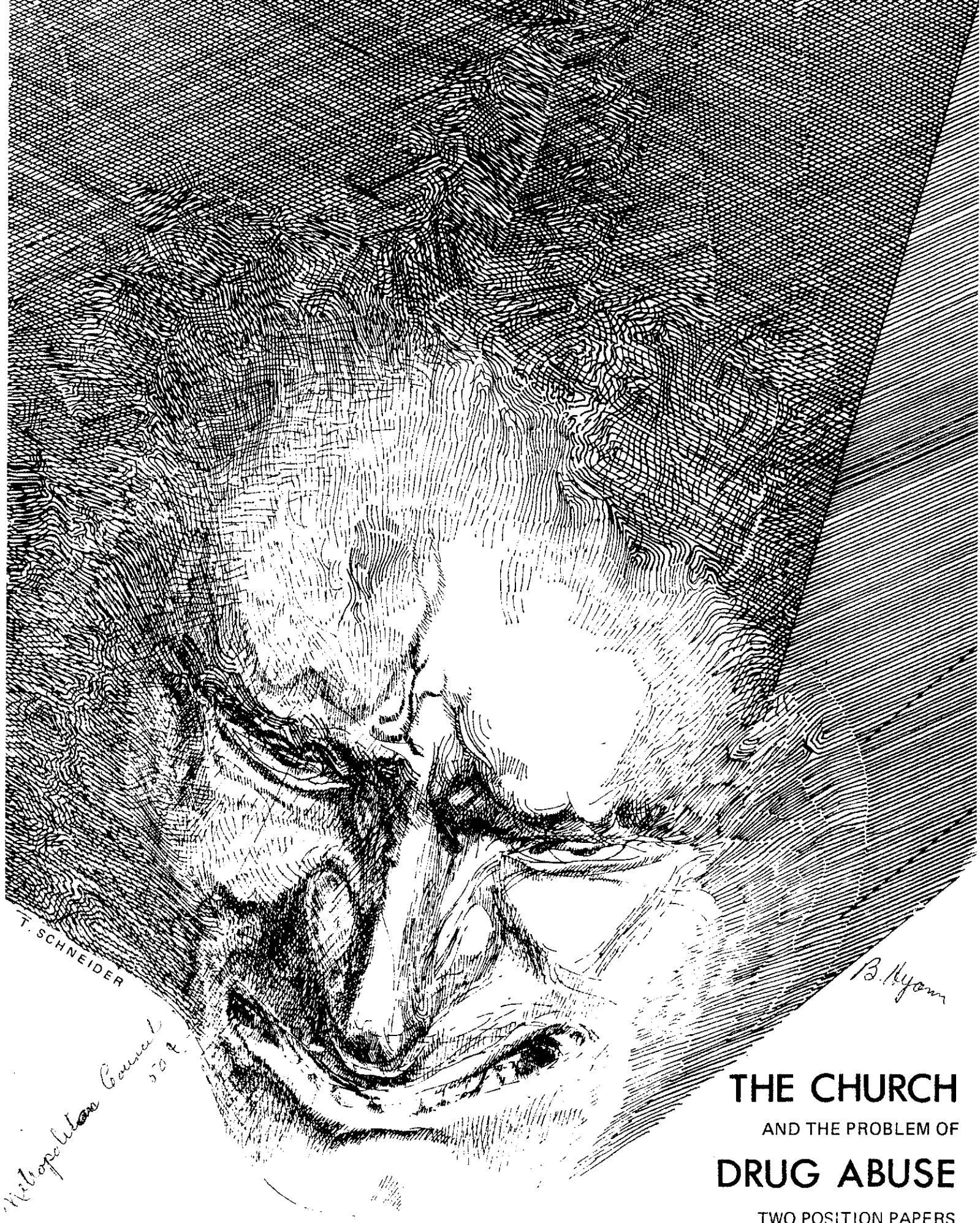
We are including, with permission, an excerpt from a position paper by the Honourable Norman Levi, Minister of Human Resources, presented in the B.C. Legislature on March 2nd, 1973.

HOW TO GET???

A copy of the papers can be obtained from --

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THE CHURCH
AND THE PROBLEM OF
DRUG ABUSE
TWO POSITION PAPERS

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July 1973

Art courtesy of T. Schneider
North Vancouver, B. C.

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Within the Community Resources Programme"

from a position paper "Toward a Government

Policy on Drug Abuse."

by The Honourable Norman Levi

Minister of Human Resources (pink pages)

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THE CHURCH, SOCIETY AND THE HEROIN PROBLEM

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July, 1973

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THE CHURCH, SOCIETY AND THE HEROIN PROBLEM

Position Paper No. 1

This position paper has two purposes.

Purpose number one is to provide a kind of introduction to the heroin problem for church people, and was undertaken in the conviction that this frightening complex problem and its victims ought not to be swept under the rug and forgotten by the church.

Purpose number two is to provide some theological reflection upon the heroin problem and the responses to it on the part of society. It was undertaken in the hope that the document would focus dialogue and debate during these months when British Columbia will be redesigning its procedures for dealing with the problems of drug abuse.

A second position paper will present a wider perspective. Its purpose is to provide a kind of introduction to the drug scene where legal mood-changing drugs are involved. It was undertaken in the conviction that the misuse of legal drugs and illegal drugs are deeply interrelated problems and that an exclusive focus on the heroin problem is bound to produce distorted answers.

These papers were jointly commissioned by First United Church, Vancouver B.C., the Metropolitan Council of the United Church of Canada in the Lower Mainland of B.C. and the Outreach Department of the B.C. Conference of the United Church of Canada. These sponsors wished to have some considered word from and to the church ready to place alongside any unreflected responses that might be forthcoming upon publication of the recommendations of the Commission on Alcohol and Drug Abuse recently appointed by the Provincial Government.

1. An Introduction to the Heroin Problem.

The purpose of the paper in calling the church's attention to the heroin problem is not simply to generate alarm. The church is already alarmed. It is in flight. We have no ministry directed to the heroin street scene although it flourishes on the edge of some of our special ministries. Where heroin abuse has penetrated our middle class communities, those involved are left to ache in isolation. The goal of the paper is to help create a more appropriate alarm.

It is estimated that in 1971 there were 4122 heroin addicts in British Columbia and that this represents 64% of the victims in all of Canada. (1) While the yearly rate of increase may not exceed that of the general population a new clientele is being involved. Heroin abuse is increasing among people under twenty years of age and is moving into middle class communities.

Whether or not the number of heroin addicts is climbing steeply, the problem remains serious. The dismaying thing is what heroin abuse does to its victims.

An even more frightening dimension to the problem is the inappropriate nature of some of the responses made to it on the part of society. A kind evaluation of these responses is that society neglects these victims and ignores their vital needs. A more devastating evaluation is that society turns these victims into monsters in order to appear virtuous to itself.

a. The Drug Heroin

To a cultural era deeply committed to instant solutions, often of a chemical nature, heroin is a wonder drug. It has been called the best pain-killer known to man. It blocks the psychological reaction to pain. It brings fast relief, though of short duration, from all psychological distress such as guilt and anxiety. With many it produces a rush of euphoria when taken intravenously. As one junkie put it "It's so good - don't even try it once". (2)

(1) Towards a Government Policy on Drug Abuse. Victoria 1973.

(2) "It's So Good - Don't Even Try It Once" - Heroin in Perspective, New Jersey, 1972

The only detrimental physical side effect is a slight constipation.

However heroin is physically addicting. First, withdrawal from the drug is very painful and these symptoms appear less than a day after the last administration of the drug. A kind of gross recovery requires a week during which the victim is in severe distress. Complete physical recovery takes up to six months. Secondly, regular heroin use produces tolerance. It requires an increasing dosage to produce the original results and to block withdrawal symptoms.

An overdose of heroin is lethal but most deaths due to heroin abuse are caused by other factors - such as the mixing of drugs, malnutrition and other ills caused by the neglect of health precautions and infections caused by the use of unsterile needles.

Not everyone who experiments with opiate narcotics becomes addicted. Many report unpleasant first experiences. Nonetheless, for those who do become addicted the drug comes on with powerful winsomeness.

"The early thrill of subterfuge, the paraphernalia involved and the route one has to go through to acquire the drug - its very illegality - tempts them to follow what seems to be a natural pattern of evolution to this perfect drug of social escape." (3)

Finally, heroin appears to create an irreversible dependency. 'Once hooked is to be hooked for life' is an idea that lurks in the back of everyone's mind. Heroin addiction is the hardest to cure of all the varieties of drug-dependence. Remedies, other than those which affect a small fraction of the constituency, remain elusive. It is this terror of an inexplicable affliction, for which there appears to be no known cure, that triggers throughout society a complex of reactions not all of which are helpful.

b. The Heroin Street Scene

Churchmen on the edge of the heroin scene see enough of it to appreciate its enormity. The depth of the addict's compulsion is incredible. Everything is sacrificed to provide for the next fix which is only hours away from the need to provide for the next one. As in the case of one's discovery of a pearl of great price, all other considerations give way -- such as attention to nutrition and health, such as loyalty to family and friends. The situation is compounded by the fact that while under the influence of the drug one does not feel the loss of any of these. As the drug becomes a total substitute the dependent person becomes an empty shell.

The latter dynamics are especially frightening because they appear to be a function of the difficulty of acquiring the drug and its high cost. In Britain, where it is possible to treat an addict with a programme of heroin maintenance, drug use is not incompatible with productive employment and positive social relationships.

A typical habit for a Vancouver heroin addict consists of from three to six caps per day. Up until the June 1973 arrests, the cost per cap was fifteen dollars. A sixteen year old female street addict will frequently have a seventy dollar per day habit. Inevitably prostitution comes to be her main source of income. The highest fee an amateur is likely to command is ten dollars per rendezvous. For male addicts, crime soon comes to be the only source of income sufficient to support an expensive habit. While some alternate hustling is sophisticated enough to generate the required income, trafficking in the drug presents itself as a seductive possibility. At pre-June prices, heroin pushers could make five hundred dollars per day. Once involved in the traffic the pusher is in an almost no-exit situation. He is under constant surveillance, especially if he owes money to his supplier. While in jail he can look forward to a supplier pressing eight hundred caps on him upon his release. At pre-June

prices this represents a sixteen hundred dollar profit.

Street young people on the edge of the heroin scene are supplied with introductory fixes free of charge and will even be kept by pushers for a short period.

The fact that the drug is illicit and expensive itself contributes pressure to increase its use and perpetrates other criminal activities.

II. Society's Responses and Reflection Thereon

a. Legal Intervention and Law Enforcement

Based on the common assumption that a reduction in the availability of the drug reduces the number of addicts, society's central reaction to heroin abuse is the prohibition of its possession and sale. Canadian law prohibits heroin use for any purpose including medical.

This simple answer creates a complex enforcement problem. Prohibition forces the price of the drug to a level that makes trafficking enormously profitable. A criminal hierarchy forms in which each successive middleman takes a hundred percent mark-up and adulterates the product. The higher one is in the hierarchy the harder he is to get at. Enforcement officers admit that their only workable recourse is to attempt to deny the operator his market. The main impact of law enforcement is aimed at disrupting the sales organization on the street.

Even the attack at this level is problematical. Legal intervention to prevent one person from harming another is society's most legitimate kind of intervention. In most criminal matters a party has a complaint to make. When the crime is the sale of a commodity considered a social danger which is being purchased by a person who wants it anyway, there is no complainant. Trafficking is a difficult crime to detect and a difficult charge to make stick.

Canadian drug laws permit exceptional procedures. 1. People can have their persons searched and their homes ransacked on the reasonable suspicion that they are harboring illicit drugs. A writ of assistance can stand by as a kind of perpetual warrant to legalize such a search. A degree of violence is permitted, either in breaking into the home or in preventing the swallowing of evidence. 2. In the process of making a trafficking charge stick, once criminal possession has been established, the accused can be presumed guilty of trafficking unless he can prove that the drug was not in his possession for that purpose.

The heaviest impact of law enforcement falls on the user and, to accomplish even this, Canadian law considers the breach of civil rights necessary.

Comment

Society's two strongest reactions to the heroin threat seem to be ---

'Make the drug hard to get!' and 'Hit the pusher', the one who profits by the victimization of others. A thoughtful consideration of the impact on the community of enforcing these simple principles is long overdue.

The price of the drug is forced up and criminal syndicates are encouraged to enter the market. The heroin sold in the street is subject to extreme adulteration greatly adding to the health hazard. Drug dependent people are pressured into a life of crime to support their habits. Generally they move into the crime of pushing which creates more pressure to sell the drug and to introduce it to vulnerable novices.

There is a basic moral distinction between a society's intervention to prevent one person from harming another, and society's intervention to alter a person's behaviour. In the second case society has much less title and it behooves it to proceed with restraint. Also with respect to the second case, the central consideration is to select procedures which bring the desired result. Present enforcement procedures, written into law, confuse this distinction. In practice,

'Get the pusher' means primarily 'Get the user'. Civil liberties are infringed upon and violent actions **are** permitted. "Such methods are not only a serious violation of respect for human persons but are counter productive in that they create a contempt for law and law enforcement." (4)

The heroin victim is singled out for special inhumane treatment. This brutalization of a section of law enforcement procedure cannot help but infect the whole. The price we pay for our present method of keeping the drug scarce is the brutalization of society and the further alienation of the victim whose behaviour we are trying to change.

LET THE CHURCH WORK FOR A TRANSFORMATION IN SOCIETY'S LEGAL-INTERVENTION RESPONSE TO THE HEROIN THREAT, TO THE END THAT -

1. THE BRUTALIZING AND UNPRODUCTIVE ELEMENTS IN THESE PROCEDURES MAY BE ELIMINATED, AND
2. SOCIETY MAY EXPEND MORE TIME, MONEY AND ENERGY ON THE TREATMENT OF ITS DRUG-DEPENDENT VICTIMS THAN IT DOES ON REPRESSIVE MEASURES.

b. Rehabilitation and Treatment

The most immediate reaction to the problem of heroin addiction is to incarcerate the addict. The aim is to punish the drug abuser and to enforce abstinence. However, for the heroin addict, life in prison is hardly more therapeutic than life on the street. While consumption is drastically reduced, the importance of heroin in the addict's life is reinforced. As drug use dips into the younger age groups the inappropriateness of incarceration becomes even more appalling. Juvenile offenders with a heroin dependency are totally without treatment facilities. The Vancouver Children's Aid Society is circulating a report which points up the enormity of the situation. An overwhelming number of case histories are cited with the comment "There is nowhere to place this one, let alone treat

(4) Le Dain Commission of Inquiry - Interim Report. Ottawa, 1970. page 250

him or her." (5)

No firm knowledge is at hand which indicates that alternatives to incarceration fare much better. Due to complications in obtaining adequate data, there is little hope that scientific research can deliver firm answers in this area for a long time. Evaluations of remedial procedures contradict each other. Instant knowledge is proving as elusive as instant cures. Society, if it is to be responsible, must proceed without either.

The Matsqui Institution, which was built at great expense as a special federal prison for the treatment of drug-dependent persons, has been a disappointment. Participants in the treatment programme proved, upon release, to have become more efficient operators in the illicit drug scene than those who did not enter the programme. Institutional treatment of addicts, even in an improved atmosphere, has not been a success. Large institutions gather the addict community thereby reinforcing the life-style pattern already in operation. They inhibit individualized treatment and limit the number of alternatives that can be applied.

The Narcotics Addiction Foundation of British Columbia elected some time ago to embark on a methadone maintenance programme. Methadone is an opiate which can be taken orally. It blocks heroin hunger. Its effects last longer than heroin, and there is a slower development of tolerance, withdrawal symptoms are less sudden and less severe. There is no euphoria. However methadone is itself addictive.

Some of the problems of this treatment method, such as the possible creation of a methadone black market amongst a whole new crop of methadone addicts, can be minimized by the application of careful controls.

Recently the Foundation has adapted its methadone maintenance programme. Distinctions were made concerning the appropriateness of the treatment for each patient. With more individual attention a greater variety of treatment modalities were brought to bear.

(5) Report on Treatment Facilities for Juveniles. CAS Vancouver, 1972.

While the methadone treatment programme enjoys wide, if far from unanimous support, heroin maintenance remains a more problematic alternative. Contrary things are written about Britain's programme of heroin maintenance where clinics administer heroin to addicts on a controlled basis at little or no cost. A 1967 Church of England publication reports on a clinic in Birmingham where a high percentage of patients elected to attempt abstinence. This same clinic established fruitful relationships with educational authorities and with the police. (6) Illegal trafficking in heroin was almost completely eliminated.

Many Canadian authorities comment on the British system by declaring that we have a very different drug culture here as well as a very different general culture. However, the LeDain Commission, agonizing over this alternative, was not prepared to throw it out entirely. Canadian Law prohibits heroin use for any purpose but the Commission saw the permitting of heroin maintenance, under strict controls, as a possibly valuable addition to a clinic's arsenal of treatment alternatives in a field where flexibility was a distinct advantage. (7)

The attraction of both the methadone and heroin maintenance programmes is that they draw a high percentage of patients. They are feared in case they encourage perpetuation of drug use rather than abstinence.

Therapeutic communities such as X-Kalay and Dismis point to healthy, productive ex-addicts produced in their programmes. In the case of X-Kalay, the rehabilitated addict is expected to remain in the community for the rest of his life. These programmes clearly work for a fragment of the addict population but have limited appeal and many who enter the programmes drop out early. Success appears to require high motivation.

The crucial frustration facing all rehabilitation efforts is the matter of the drug user's motivation. Most motivation to attempt abstinence, when it does

(6) Drug Dependence in Britain. A Church of England Council for Social Aid Information paper, London 1967.

(7) Treatment, Le Dain Report, Ottawa 1972.

function, appears to rest in the addict's desire to reduce his tolerance so that he can resume his habit at a less expensive level.

There is one strange phenomenon, the reality of which is also contested. A surprising number of addicts quit at thirty-five years of age, Also, a higher percentage of the victims who are in this age bracket admit drug abuse to be a serious problem.

Finally, the abounding evidence that cure is a very unlikely prospect confounds the problem. Heroin is the supreme drug of escape. The conviction that one cannot be cured is the supreme stance of escape. The addict would like to believe that he cannot be cured and there is hardly any proof that he can. This vicious circle cannot be broken by the addict alone. If hope is to penetrate the addict who doesn't want it, other members of society will have to provide it.

Comment

People get into drug abuse not so much because society is too permissive but because they themselves feel inadequate. PUNITIVE MEASURES DO NOT ADDRESS THE PROBLEM OF THE DRUG DEPENDENT PERSON. PUNISHMENT IS NO CURE FOR INADEQUACY.

Magistrates are even now ready to sentence convicted drug users to any remedial programmes that are available. THE CHURCH SUPPORTS THE MULTIPLICATION OF SUCH PROGRAMMES; ESPECIALLY NEEDED ARE REMEDIAL FACILITIES FOR JUVENILES.

As alienation is one of the causes of drug abuse, the generating of rehabilitative programmes by establishment social planners only, contributes to their failure. Ex-addicts as well as addicts who are openly concerned over their drug dependence are invaluable resources in the planning and operating of such programmes.

Within the last decade innovative services have emerged which are conceived and staffed by persons indigenous to the communities they serve. Personnel with a history in these services are also invaluable resources in planning and executing

society's response to the heroin threat. The risk of adding these innovators to the mix is far outweighed by the certainty of failure if all the planners are 'straight'.

The purpose of treatment aimed at total abstinence is to get the addict to the place where he feels good about himself for reasons other than that he has taken a drug. The locale of such treatment should be close to the community in which the patient intends to live.

THE CHURCH AFFIRMS THE DIRECTION TAKEN IN MINISTER LEVI'S POSITION PAPER OF BASING THE ATTACK ON THE DRUG ABUSE PROBLEM IN RELATIVELY SMALL UNITS WHERE INDIVIDUALIZED TREATMENT AND SUPPORTIVE PROCEDURES CAN BE APPLIED AND WHERE A VARIETY OF SOURCES CAN SUPPLY INPUT INTO THE PLANNING AND EXECUTION OF THE PROGRAMMES.

The Church has no basic quarrel with programmes which include aims at less than total abstinence. Christian theology has a necessary eschatological dimension which sees everyone's salvation as a down payment or a first harvest of things to come. (8) THE CHURCH CAN HAVE NO OBJECTION IN PRINCIPLE TO MAINTENANCE PROGRAMMES OF EITHER THE METHADONE OR HEROIN TYPES.

The Church ought to have a deep understanding of both the absence and the impurity of the heroin victim's motivation towards undertaking treatment. "God commandeth His love for us in that while we were yet sinners Christ died for us." (9) is, after all, a fundamental Christian statement. IN ORDER TO CONDEMN ADDICTS FOR THEIR POOR MOTIVATION THE CHURCH WOULD HAVE TO OUTDO GOD.

It is only realistic to admit that the United Church, containing as it does a large middle-class 'straight' component, will not generally be competent to mount its own programme in the heroin scene. However the attrition on caring-people who

(8) Romans 8:23 ff

(9) Romans 5:8

are equipped to undertake rehabilitative programmes will be enormous. THE CHURCH IS CALLED TO UNDERTAKE A MINISTRY OF SUPPORT AND UNDERSTANDING WITH THOSE WHO ARE IN THE FRONT LINE OF THE BATTLE AGAINST HEROIN DEPENDENCE.

The people who have heroin victims close to them also need a ministry and this is within the competence of our Church. THE CHURCH IS CALLED TO UNDERTAKE A MINISTRY WITH THE FAMILIES AND FRIENDS OF THE VICTIMS OF DRUG DEPENDENCE.

Problems related to the abuse of legal drugs such as barbituates, amphetamines and alcohol are also an appropriate focus of United Church ministry. Activity in this field would also help produce a more appropriate over all climate for facing the total problem of drug abuse. THE CHURCH IS CALLED TO A COMPREHENSIVE MINISTRY AMONG VICTIMS OF THE ABUSE OF LEGAL DRUGS.

The general panic that heroin addiction is incurable contributes to the acuteness of the problem. While there is not much cause for hope, hopelessness will guarantee perpetuation of the affliction. What is required in the public attitude is disillusioned optimism - a spirit of realistic persistent caring. This is no easy task in the absence of any firm knowledge as to what will be helpful. THE CHURCH IS CALLED TO INJECT INTO SOCIETY THE KIND OF IN-SPITE-OF HOPE THAT IS SUPPOSED TO BE ONE OF THE GIFTS OF THE SPIRIT.

c. Education and Prevention

Drug education is a response to the heroin threat that enjoys general approval. However, simplistic answers in this area can be futile also. What passes for drug education is often a combination of pharmaecological information about the drug plus information about the dangers of its use. The incidence of tobacco use in our society, since the relationship between smoking and cancer has been established, indicates that a scare programme accomplishes little, even among adults. The young, who are more non-rational, risk-oriented and unbelieving will

be touched even less. An educational programme that strains credulity is unproductive and serves to undermine trust -- a vital element in the educational enterprise. Educational programmes will have to lean over backwards to earn credibility.

The transference of information, even if accurate, cannot be the only goal of an educational programme aimed at diminishing drug abuse. Drug use offers the instant provision of goals which can be achieved in preferable ways from within the person, provided maturation is taking place. The kind of education which will combat drug abuse is education in the art of living. This is a societal responsibility because no one can learn the art of living in isolation. Educational programmes to combat drug abuse will need to include the provision of relationship experience -- the provision of trust experience, -- the experience of dealing with fear, failure and stress without the use of chemicals.

Comment

EDUCATIONAL PROGRAMMES SHOULD BE DEVISED WITH THE HELP OF THE MEMBERS OF THE SUB-CULTURE WHOSE EDIFICATION IS INTENDED. IN PLANNING AND EXECUTING EDUCATIONAL PROGRAMMES ABOUT DRUG ABUSE, EDUCATORS NEED THE HELP OF EX-ADDICTS AND ADDICTS WHO ARE DISTURBED BY THEIR DRUG DEPENDENCY.

THE CHURCH AND CHURCH PEOPLE SHOULD WORK FOR AND HELP FORMULATE COMPREHENSIVE PROGRAMMES AIMED AT THE DEVELOPMENT OF LIFE STYLES WHICH DIMINISH THE DESIRE TO USE DRUGS TO ATTAIN LEGITIMATE PERSONAL ASPIRATIONS.

Conclusion - The Total Stance

On a couple of counts this paper is ill conceived. It has proceeded as though the heroin problem could be isolated from the general problem of drug abuse, and as if the problem of drug abuse was one that could be successfully attacked in isolation. These errors in fragmentation were committed intentionally because it was felt that the Church was especially ignorant of the heroin scene. How can you

learn or decide about anything unless you deal also in fragments?

In conclusion, however, the paper fully admits that drug abuse cannot be fully appreciated until it is seen as a sickness of our total society. Two indications of this sickness can be identified:

1. Drug use is a majority phenomenon. Our chemical culture has produced an atmosphere leading to the naturalness of using drugs to answer all manner of complaints and needs. If the basic motivation for heroin use is the reduction in distress that an individual cannot as easily achieve by his own conscious effort, then drug use is not a minority problem but a present day social norm.
2. Our society is so constituted that among the results of its functioning is that a bottom layer of its members are forced below the poverty line and below the adequacy line. Society plays a part in the creation of its heroin victims.

Heroin addiction is the dark side of us all.

The heroin problem awaits the healing of the whole body politic.

Comment

THE CHURCH IS CALLED TO HELP CREATE THE TOTAL STANCE WHICH WILL BE REQUIRED OF SOCIETY IF WE ARE TO DEAL REDEMPTIVELY WITH THE PROBLEM OF DRUG ABUSE.

1. LEST WE CONTINUE TO TURN OUR HEROIN VICTIMS INTO MONSTERS IN ORDER TO PROVE TO OURSELVES THAT WE ARE INNOCENT, THE CHURCH MUST HELP MEMBERS OF SOCIETY KNOW THE MEANING OF THE STATEMENT -- "WE ARE ALL CULPABLE."

2. FAULTS IN THE FOUNDATION OF OUR SOCIETY WILL HAVE TO BE REMEDIED BEFORE WE CEASE TO VICTIMIZE SOME OF OUR MEMBERS. IF HEALING IS TO REACH EVERYONE THE CHURCH MUST BE PREPARED TO UNDERGO RADICAL CHANGES IT KNOWS NOT OF.

3. CHRISTIANS HAVE BEEN TOLD THAT THEIR GROANING, AS THEY WAIT FOR THE FULL

FLOWERING OF GOD'S KINGDOM, IS NOT IN VAIN. THE CHURCH IS CALLED TO SHARE THIS FAITH WITH SOCIETY.

4. SOCIETY WILL NEED A SPIRIT OF CALM AND CARING HOPE WHICH ABANDONS NO ONE IF IT IS TO DEAL REDEEMPTIVELY WITH THE HEROIN PROBLEM. THE CHURCH IS CALLED TO MEDIATE THIS GIFT TO MAN.

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