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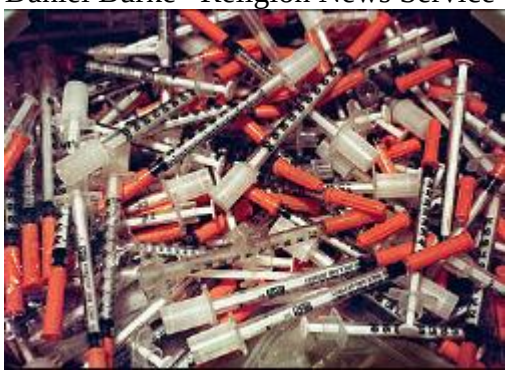
Catholic needle exchange raises moral questions

Daniel Burke Religion News Service | Feb. 11, 2010



In launching its needle-exchange program last week, the Catholic Diocese of Albany, N.Y., said the decision came down to choosing the lesser evil. Illegal drug use is bad, but the spread of deadly diseases is worse.

The medical evidence is clear, the diocese argued on Feb. 1, when it began "Project Safe Point" in two Upstate New York locations through its local branch of Catholic Charities. Public health studies document that exchanging used syringes for new ones can effectively stanch the spread of blood-borne diseases such as AIDS, and even lead drug abusers to treatment and recovery.

"To guide us, the church provides us with the principles of licit cooperation in evil and the counseling of the lesser evil," the Albany diocese said in a statement.

"The sponsorship of Catholic Charities in Safe Point, then, is based upon the church's standard moral principles."

In citing the "lesser evil" argument, the diocese is drawing on a tradition of ethical reasoning that dates to 13th-century theologian St. Thomas Aquinas, said the Rev. James Bretzke, a professor of moral theology at Boston College.

"When you cannot reasonably expect a person to avoid the moral evil itself," as may be the case with some drug addicts, "you can counsel them at least to lessen or mitigate the potential damage of their action and can even help them in doing that," Bretzke said.

But some Catholic scholars question the diocese's moral calculus, and argue that the church should never be involved -- to any degree -- with the sin of drug abuse.

"Enabling someone to do an evil act is, in no way shape or form, ever to help that person," said Edward Peters, a professor of canon law at Sacred Heart Major Seminary in Detroit. "This is elemental moral theology."

"Regardless of your motives (which might be benign, though quite misguided)," Peters said in an e-mail interview, "you can't engage in action that you know to be evil, and helping drug addicts to do illegal drugs is evil."

Needle-exchange programs have become fairly commonplace in Europe and elsewhere since their inception in Amsterdam in 1983. But in the United States, they have often been a source of deep controversy. Even amid mounting medical evidence of the positive effects of such programs, Congress and successive presidents refused to fund them for fear of seeming to condone illicit drug use.

But the tide is turning. Last year, Congress voted to allow needle-exchange programs to receive federal funding, a move President Obama echoes in his 2011 budget proposal, according to a White House official.

The Albany program will be financed by $170,000 in grants from New York State. Catholic scholars who study the morality of needle exchanges say they know of no other U.S. diocese that offers a similar program. Catholic Charities USA's national headquarters said it did not know whether any of its 1,700 regional affiliates maintain needle exchanges.

The U.S. Conference of Catholic Bishops, in a 1990 statement reprinted in 1997, questioned the morality and practicality of needle exchanges, expressing concern that they may lead to an increase of drug use, the spread of disease through poorly monitored programs, and "send the message that intravenous drug use can be made safe."

Dr. Jon Fuller, a Jesuit priest and medical doctor who treats AIDS patients in Boston, many of whom, he says, became infected through sharing needles, said "It's been 20 years since the bishops' statement. It's time to come to a new reflection."

Catholics who oppose needle exchange programs argue that it could cause scandal, a term of art in Catholic moral theology that essentially means the church is sending a message that might lead to confusion about its stance on an issue -- in this case, that the church sanctions drug use.

"But scandal can cut both ways," said Fuller, an associate professor of medicine at Boston University School of Medicine and a staff physician at its Center for HIV/AIDS Care and Research. "If we know programs are scientifically validated to save lives, than condemning them can be more scandalous than the possibility of being seen to condone drug use."

Supplying addicts with clean syringes is not necessarily wrong if the intention is to limit the spread of disease, argues Germain Grisez, a prominent moral theologian and emeritus professor of Christian ethics at Mount St. Mary's University in Emmitsburg, Md.

But, Grisez said, because of its caretaker role in society, the Catholic Church should not be involved needle exchange programs.

"The question is: What would you do if it was your children? You'd go all out to get them off drugs. Think of what Jesus would do. I think the church should do what Jesus would do."

In 2000, the Rev. James Keenan, a theologian at Boston College, successfully pushed the Society of Christian Ethics, a non-denominational association of scholars, to pass a resolution in support of needle exchange programs.

"It's about mercy, love of neighbor, the common good, human dignity and responding to human suffering," Keenan said. "The question is: What are we doing for the IV drug user, and I think Catholic Charities just gave an answer."

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