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We ask precisely you,
that are weak, to become
a source of fortitude for the Church
and mankind

(Christifideles Laici, no. 54)

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A Church Symposium on Drugs: "United for Life"

Organized by the Pontifical Council for Pastoral Assistance to Health Care Workers

October 9-11, 1997
Vatican City

Words of Greeting for the Holy Father

Most Blessed Father,

Health Care Workers involved in the fight against drug-addiction along with persons who work in the juridical, social and political fields of our reality, coming from various countries, are meeting these days in the Vatican to discuss pastoral approaches that are more suitable for solving problems arising from drug abuse for many persons who are under its evil influence.

We have reflected on theories and pastoral applications, recalling different experiences that emerge in preventive Centers involved in the cure of drug-addicts in various parts of the world. Our task will not finish with this Symposium, but will be followed by preparing a kind of manual which will be a great help in the pastoral orientation of health care workers in this particular sector of drug-addiction, and without doubt a valid instrument also for those men of good will who pursue our own goals.

Being aware of the importance Your Holiness attaches to our work, we humbly request your authoritative word, so that we may be sustained, enlightened and shown the ways for our future activity.

We will listen with religious attention to your orientations.

+JAVIER LOZANO B.

The Struggle Against the Scourge of Drug Addiction Is Everyone's Business, Each According to His Own Responsability

THE HOLY FATHER'S ADDRESS ON OCTOBER 11, 1997 TO THE SYMPOSIUM HELD AT THE VATICAN

"The struggle against the scourge of drug addiction is everyone's business, each according to his own responsibility... I encourage the public authorities, parents, teachers, health-care professionals and Christian communities to be jointly and increasingly involved in the work of prevention among young people and adults," the Holy Father said on Saturday, October 11, to those taking part in an international colloquium on drug addiction organized by the Pontifical Council for Pastoral Assistance to Health-Care Workers. Here is a translation of his address, which was given in French.

Dear Brothers in the Episcopate
and the Priesthood,
Dear Friends,

1. I am pleased to welcome you on the occasion of the international meeting on drug addiction. I thank Archbishop Javier Lozano Barragàn, President of the *Pontifical Council for Pastoral Assistance to Health-Care Workers*, for his words of welcome and for organizing this meeting. Indeed, it is particularly appropriate to reflect on the serious questions arising from the phenomenon of drugs and on the urgent need for research that will help political and economic leaders, teachers and families tried by the tragedy of drug addiction.

2. For some years the Holy See has been able to express its ideas on this subject, making pastoral, educational and social proposals. *We must unfortunately note that today this phenomenon is reaching every milieu and region of the world.* More and more children and adolescents are becoming con-

sumers of toxic substances, often because they were first tried casually or defiantly. Parents and teachers often find themselves unprepared and discouraged. Doctors, as well as health and social services, encounter serious problems when it is a question of helping those who seek their aid to escape the drug scene. It must be recognized that a crackdown on those who use illegal substances is not enough to contain this scourge; in fact, *a significant criminal network of trafficking and financing has been organized on an international scale.* Most of the time the economic power connected with the production and commercialization of these substances escapes the law and justice.

It is therefore not surprising that a great feeling of helplessness and powerlessness is overrunning society. Some are of the opinion that the production and sale of certain drugs should be legalized. Certain authorities are prepared to do nothing, seeking merely to limit drug consumption by trying to control its effects. Consequently, in school the use of certain drugs is becoming common; this is encouraged by talk that tries to minimize the dangers, especially by distinguishing between soft and hard drugs, which leads to proposals for liberalizing the use of certain substances. This distinction disregards and downplays the risks inherent in taking any toxic product, especially *behavioural dependency*, which is based on the psychic structures themselves, *the blurring of conscience* and *the loss of one's will and freedom*, whatever the drug.

3. The drug phenomenon is a particularly serious evil. Many young people and adults have died or will die as a result, while others find their personal capacities diminished. Young people resort to drugs for many reasons. At critical moments in their growth, drug addiction is to be considered symptomatic of problems in life, of difficulty in finding a place in society, of a fear of the future and of an escape into an illusory, artificial life. Youth is a time of trial and questioning, of searching for meaning in life and of making future commitments. The increased selling and consumption of drugs show that we are in *a world pressed for hope*, lacking vigorous human and spiritual prospects. Hence many young people think that all behaviour is the same, and do not differentiate between good and evil or acquire a sense of moral limits.

Nevertheless, I value the efforts of parents and teachers to *inculcate moral and spiritual values in their children*, so that they behave as responsible people. They often do this courageously, but they do not always feel supported, especially when the media spread morally unacceptable messages which serve as cultural standards in all the countries of the world, advocating, for example, many family models which destroy the normal image of the married couple and disparage family values, or which consider violence and sometimes drugs themselves as signs of personal liberation.

4. The fear of the future and of adult commitments which can be observed in the young makes them particularly vulnerable. Often they are not encouraged to struggle for a good, upright life; they have the tendency to withdraw into themselves. One can no longer minimize the devastating effect of unemployment to which young people fall prey in proportions unworthy of a society that wishes to respect human dignity. The forces of death then urge them to abandon themselves to drugs, to violence, sometimes even to the point of suicide. Behind what can appear as fascination with a sort of self-destruction, *we must see in these young people a call for help and a deep thirst for life*, which should be taken into account, so that the world will radically modify what it offers and its ways of life. Too many young people are left to themselves and do not benefit from an attentive presence, a stable home, normal schooling or a social and educational framework that arouses a moral and intellectual effort in them and helps them to steel their will and master their emotions.

5. *The struggle against the scourge of chemical dependency is everyone's business, each according to his own responsibility*. I first urge *husbands and wives* to develop stable conjugal and family relations, based on a love that is exclusive, lasting and faithful. They will thus create the best conditions for a peaceful home life, offering their children *the emotional security and self-confidence they need for their spiritual and psychological growth*. It is also important that parents, who have the primary responsibility for their children, and, with them, the whole adult community, be constantly concerned about the education of youth. I therefore invite *everyone who has an educational role* to intensify efforts with young people who need to form their conscience, develop their interior life and create positive relationships and constructive dialogue with their brothers and sisters; they will help them become free and responsible for their lives. Young people who have a structured personality, a sound moral

and human formation and harmonious and trusting relationships with their peers and with adults will be more likely to resist the enticements of those who spread drugs.

6. I invite *the civil authorities, the economic decision-makers and all who have social responsibility* to continue and intensify their efforts to improve *anti-drug abuse legislation* at every level and to oppose all forms of drug culture and trafficking, sources of wealth scandalously acquired by exploiting the frailty of defenceless persons. I encourage the public authorities, parents, teachers, health-care professionals and Christian communities to be jointly and increasingly involved in *the work of prevention* among young people and adults. Wise and accurate medical information must be given, especially to young people, stressing the harmful effects of drugs on the physical, intellectual, psychological, social and moral levels. I am aware of *the tireless devotion and patience of those who care for and attend to persons ensnared in drugs, and their families*. I invite the parents whose child has a chemical dependency never to despair, to stay in communication with him, to show him their affection and to encourage his contacts with facilities that can care for him. A family's warm attention is a great support for the interior struggle and for the progress of detoxification.

7. I salute the tireless and patient pastoral commitment of priests, religious and lay persons in the world of drugs; they support parents and are keen to welcome and listen to young people, to understand their radical questions in order to help them escape the spiral of drugs and become free and happy adults. *The Church's mission is to transmit the word of the Gospel that opens us to God's life and enables us* to discover Christ, the Word of Life who offers a path of human and spiritual growth. Following the example of her Lord and in solidarity with her brothers and sisters in humanity, the Church comes to the aid of the lowliest and the weakest, caring for those who are wounded, fortifying those who are sick, seeking the personal growth of each one.

At the end of our meeting, I salute the mission undertaken by *the Pontifical Council for Pastoral Assistance to Health-Care Workers* in carefully considering the human and spiritual problems posed by drug dependency and by all health-care and social issues, in order to offer solutions for situations that are gravely harmful to men and women, our brothers and sisters. Likewise, in conjunction with the Pastors of the particular Churches, the faithful and the competent services involved in supporting those with a drug addiction and their families, the Council is called to offer its support to local initiatives.

I entrust you and your activity to the intercession of the Blessed Virgin Mary; I also beseech her for the young people who are in the grip of drugs, and for their loved ones. May she surround them with her motherly concern! May she guide the world's young people to an ever more harmonious life! May the Holy Spirit go with you and give you the necessary courage for your work on behalf of youth! I impart my Apostolic Blessing to you all, to your collaborators and to the members of your families.

JOHN PAUL II

Greeting and Introduction

It is with great hope and gratitude, that I, as the President of the Pontifical Council for Pastoral Assistance to Health Care Workers, greet all of you participants in this Symposium on Solidarity for Life. You are all most welcome to this work, which without doubt will be of great benefit to all, especially those under the harmful influence of drugs.

In a special way, I welcome His Eminence Angelo Cardinal Sodano, the Secretary of State of His Holiness, who kindly agreed to give the opening address to this Symposium.

This Symposium arises from a request made by the Executive Director of the UN International Program for the Control of Drugs, Dr. Giorgio Giacomelli, stationed in Vienna, Austria, to the Holy Father, John Paul II, in connection with what the Catholic Church was doing to solve the enormous problem of drug consumption around the world.

Our Council received, then, through His Eminence, the Cardinal Secretary of State, the mission of responding to this justifiable concern.

As a follow-up to this, an informal study group was set up which for nine months dealt with answers to the question. It is now completing its work with this Symposium. This group was created within our Council, and, under the immediate direction of Monsignor Jean-Marie Mpendawatu, has carried on its work up to the point where we are now.

The objective of this Symposium is to draw up both theoretical and practical directives for efficacious pastoral care by the Church to help drug addicts.The papers and statements will be collected by a group of experts of the Symposium with the ultimate goal of producing as soon as possible a pastoral manual for assistance to addicts. In this manual we shall convey appropriate doctrinal principles and different experiences at the international level in the cure of addicts; and it will be directed especially to the bishops of the Catholic Church, pastoral workers, and all those interested in the topic as a help in the work they carry on in this difficult field of their daily activity.

The Symposium will commence with anthropological and theological reflections on the harmony of the person and drugs, on drugs and the value of the body, and on education for the promotion of life and regarding the person as a value. These reflections will be followed by the sharing of various experiences on the prevention and recovery of drug addicts and the role of the family and society. Tomorrow we shall consider the biological roots of substance abuse, drug addiction and criminality, and the fight against drugs through international regulations, and, as on the previous day, we shall continue sharing experiences on both prevention and the recovery of addicts. Finally, we shall consider our reflections on spiritual and pastoral assistance to drug addicts and conclude with three messages: one from the Office of the United Nations in Vienna, another from the WHO Office for Drugs, and a third one from the European Data Center on drugs and substance abuse.

We shall have an audience with the Holy Father at the appropriate time. And our whole Symposium will have as its soul the Eucharistic Sacrifice, which will be presided over by different personalities accompanying us.

We entrust our Symposium to the special protection of the Holy Virgin Mother, *Salus Infirmorum*. We ask for her help, that we may be able to identify in the concrete pastoral action of the Church the needed resources so that the many people under the fatal influence of drugs can find sufficient light and guidance to emerge therefrom victoriously.

+ JAVIER LOZANO B.
President of the Pontifical Council
for Pastoral Assistance to Health Care Workers

The Address by Secretary of State Angelo Cardinal Sodano

Venerable Brother Bishops and Priests,
Ladies and Gentlemen,

It is with great satisfaction that I am taking part in this meeting on drugs, which, through the initiative of the Pontifical Council for Pastoral Assistance to Health Care Workers, brings the Holy See once again to the forefront on the issue of drugs. Given the number of victims it produces, with families thrown into distress and young people struck down on the threshold of life, it constitutes one of the most serious problems in contemporary society.

In a special way I welcome all of you present and at the same time wish to express my sincere thanks to the promoters of this symposium, which confronts a subject with such a great personal and social impact. In fact, the drug phenomenon is both an expression of the criminality that asserts itself economically and socially with unprecedented force, making huge and dishonest gains, and a symptom of the great malaise affecting the culture and ethics of societies which are economically more advanced. Because of its manifold implications, the issue of drugs goes beyond the limits of a medical question and cannot be limited to a particular sector. It attacks crucial aspects of life, posing unavoidable questions on the meaning of life, on personal and social ethics, and on the profound motivations of civilized community life.

Consequently, the range of topics to be considered at this meeting is fairly broad. As such, the symposium presents itself with a wealth of specialized contributions from qualified international authorities and that makes my introductory task particularly easy, for I can then limit myself to conveying the Holy Father's appreciation for the initiative of the Pontifical Council and his warm greetings for the different speakers and all the participants, and lastly his wish that the reflections of these three days will result in significant principles, not only for further deliberations and inquiry into this serious problem, but also for the development of an appropriate strategy for eradicating it.

However, I consider it appropriate to draw our attention to some of the many affirmations of the present pontificate on the problem of drugs, pointing out the salient aspects. From these magisterial pronouncements, rather than general information about the phenomenon, which others are capable of providing with specialized competence, there emerge the criteria for both a careful and enlightening interpretation of the phenomenon from the Church's point of view.

The "Drug Scourge"

On observing the repeated pontifical statements on the problem, the first thing one notices is the marked attention which the Holy Father gives to the drama of the phenomenon. Here are some of the ringing terms which the Holy Father uses in speaking about the problem: "Today the drug scourge rages in shocking proportions and cruel forms that overwhelm many provisions. Tragic episodes show that the disgusting epidemic has attained wider ramifications, supplied by a vile market that surpasses national and continental boundaries. The malignant implications of this underground stream and its connections with delinquency and crime are such that they constitute one of the principal factors of general decadence." (*Teachings of John Paul II*, VII, 2, 1984, p.347)

Behind such strong words are facts well known to you all. It is true that, with regard to statistics, it is difficult to get precise data, given the nature of the use of drugs, which is extensively clandestine. But it is a common conviction based on facts that the phenomenon is expanding in all directions. The use of synthetic drugs, as compared to those derived from plants, has the sad advantage of bringing the drugs to the consumers, making their control ever more difficult, for you may have, on the one hand, excess production followed by diversions and, on the other, totally illegal production (Cf. *United Nations International Drug Control Program, World Drug Report*, Oxford University Press, p. 41). Looking at the estimates offered by the United Nations' Program for the International Control of Drugs, we learn that in order to be able to reduce the profit of the traffickers it is necessary to intercept at least 75% of the international drug traffic. However, this objective is far from being realized, and is indeed very difficult to achieve, given the fact that the trafficking of heroine and cocaine is controlled by transnational organizations and managed by criminal groups that are strongly centralized, with a wide range of specialized personnel ranging from chemists to experts in communication and money laundering, from lawyers to security guards etc. (*ibid.* p.123). As noted, in the last 20 years the organizations of traffickers have extended their interests into other forms

of illicit activity which incredibly increase the profits and consequently the excessive power of this unscrupulous criminality.

Devastating Effects

In these years, besides the quantitative dimension of the phenomenon, the voice of the Magisterium has been preoccupied with guarding against the *devastating effects* of drugs, not only on health, but also on one's conscience, as well as on culture and the collective mentality. This is in fact both the fruit and cause of great ethical degeneration and a growing social disintegration which corrupt the very fabric of morality, of interpersonal relationships, and of civilized community life.

Furthermore, in these years increasing physical damage has also appeared, ranging from hepatitis to tuberculosis and AIDS; we need not mention the violent environment, sexual exploitation, arms trade, and terrorism associated with this phenomenon. And who can ignore the way family relationships have been harmed by it? A particular burden falls on women, often forced into prostitution to support addicted husbands.

It thus seems far from an exaggeration when John Paul II describes drug traffickers, as *"merchants of death" (Teachings,* XIV, 2,1991, p. 1250). A death which, though not always physical, is nevertheless always a moral death, a death of the liberty and dignity of the person. Drugs tend to enslave the person. The Pope noted this during his pastoral visit to Colombia in 1986. He referred to narcotics traffickers as "traffickers in the freedom of their brothers, enslaving them in a slavery sometimes more terrible than that of the black slaves. The slave traders used to hinder their victims from the exercise of freedom. These narcotics traffickers reduce their victims to the point of destroying the personality." (*Teachings,* IX, 2, 1986, p.197). Looking at these effects, one then realizes why the moral assessment of the Church in this field is particularly serious. Hence the automatic condemnation of all who are directly responsible for the phenomenon, through the clandestine drug production and trafficking, as well as those who indirectly become accomplices. Moreover, the *Catechism of the Catholic Church* also reminds all drug abusers or those tempted in this direction that "aside from strictly therapeutic grounds, the use of drugs is a grave offense" (CCC 2291). Surely, the intention here is not to make a judgement on subjective responsibility, given the fact that, once one has entered into this dreadful dependence, he also becomes at least partly incapable of the necessary radical choice to emerge from this distressing slavery. However, the moral principle recalled without hesitation is not only a norm, but also a help to the conscience to acquire strength and coherence.

Public Responsibility

Facing the enormity of the phenomenon and its tragic effects, there is no doubt that the greatest responsibility to confront it and subdue it falls on public authorities. This is an appeal, which John Paul II has on several occasions renewed, that at both national and international levels people may respond to the challenges of drugs in a decisive way, adopting resolutions that discourage the dreadful trafficking in its initial stages. Of course, for regions where the illicit cultivation of crops destined for the production of drugs seems to be the only profitable option for farmers, such an issue is both difficult and delicate. It is clear, therefore, that in such cases one must foresee and offer other resources in their place "which can guarantee workers and their families a situation in accordance with the dignity of persons and of children of God" (*Address to the Bishops of the Bolivian Bishops' Conference during the ad Limina visit,* 22 April 1996, *L'Osservatore Romano,* 22-23 April 1996).

However, this particular aspect does not exempt public authority from the responsibility of undertaking the other necessary measures. In this regard, the Church follows with particular concern the debate that has been going on for a long time between so-called "prohibitionists" and "anti-prohibitionists." It is to be noted, in fact, that the latter have in an ever more vigorous way promoted the legalization and liberalization of drugs—at least those called "soft drugs"—with varied forms of argumentation, raising the point that prohibition politics may have not only failed to solve the problem but even aggravated it. The prohibitionists, however, hold that the absence of sanctions would provoke problems which are more serious than those already in existence, thereby giving a wrong signal to the young and facilitating the first step that might lead them to hard drugs. Liberalization would move in a direction opposite to that of education and prevention and would involve serious risks to health and major costs for society and would neither eliminate the black market for narcotics nor reduce violence and criminality. One of the major risks would be the irreversibility of such an option and the difficulty of such a regulation.

In the face of this "regulation debate," the position of the Church has always been clear. It does not deny the fact that the problem is complex and that among the anti-prohibitionists there are people who pose the problem with a sense of responsibility and seriousness. But the issue in question is too big and the reasons that lead to a different line of thought are more convincing. Speaking to the therapeutic communities in 1984, John Paul II said, "Drugs are an evil, and one does not give in to evil. Legalization, even if partial, apart from being disputable in relation to the nature of the law, does not evade the already established effects. This is confirmed by an al-

ready common experience. Prevention, suppression, and rehabilitation are the focal points of a program conceived and applied in the light of the dignity of man, sustained by the honesty of relationships among people; such a program enjoys the trust and support of the Church" (*Teachings,* VII, 2, 1984,p.349). Recently the Pontifical Council for the Family in one of its pastoral reflections, specifically on this topic, urged the avoidance of generalization and simplification and, "above all, the politicizing of an issue which is deeply ethical and human." In regard, then, to the distinction between soft and hard drugs it observed that "the products may be different, but the underlying motives remain the same. It is for this reason that the distinction between "hard drugs" and "soft drugs" leads to a dead end. Addiction does not work through drugs themselves, but in what leads the individual to addiction... The legalization of drugs brings with it the risk of effects opposite to those that are being sought... In the legalization of drugs... it is the reasons which lead to the consumption of such products that are ratified." (*Liberalization of Drugs? Pastoral Reflections by the Pontifical Council for the Family: L'Osservatore Romano,* 22 January 1997).

To the Ethical-Cultural Roots of the Phenomenon

These considerations bring us to the key aspect of the problem, upon which converges the attention of the Church in a special way: why do people get addicted? It is in fact clear that beyond all the conditioning of irresponsible trafficking and all that organized crime offers, it is always the individual with his freedom and responsibility that crosses the dangerous threshold of drugs, ending up at a point of no return.

Why do they do it? The extension of the drug phenomenon makes one think of a deeply rooted malaise which touches the conscience and at the same time the collective ethos, culture and social relationships. The Pope calls for attention to this issue. He observes that usually at the root of the addiction problem there is an "existential void caused by an absence of values and lack of self-confidence, trust in the others, and life in general" (*Teachings,* XIV, 2, 1991, p. 1249). Furthermore, drug use involves an interior emptiness that seeks to escape and leads first to the darkness of the spirit before physical destruction (*Teachings,* XIII, 2, 1990, p.1579). There is a connection between illness caused by the abuse of drugs and the pathology of the spirit which leads the person to run away from himself and seek illusory satisfactions avoiding reality, to the point of negating the significance of his own existence.

However, one cannot deny the fact that drug addiction is also closely related to the present state of a secularized permissive society in which hedonism, individualism, pseudo-values, and false models prevail. *Familiaris Consortio* considers this to be the consequence of a society risking being ever more depersonalized and standardized and also inhuman and dehumanizing (*Teachings,* IV, 2, 1981, p.1087).

In such a "sick" context assailing both the individual and society, those who get addicted, in the words of the Holy Father, are "like people who, while on their way, searching for something to live by, fall instead into the hands of merchants of death who overcome them with the allurement of deceptive freedom and false prospects of happiness" (*Teachings,* XIV, 2, 1991, p. 1250). One could as well say that the great "trip" that people seek in the drugs is the "endless perversion of human aspirations..., the pseudo-ecstasy of a world that does not believe, but all the same cannot shake off its shoulders the tension of the soul towards paradise" (J. Ratzinger, *Svolta per l'Europa,* Ed. Paoline 1992, p. 15).

An Appropriate Strategy

Given the nature of the problem, it is obvious that prohibition, though necessary, is not enough. "This evil," says the Pope, "has to be overcome by a new pledge of responsibility within the structures of civil life, and in particular through the proposals of alternative models for life" (*Teachings,* XII, 2, 1989, p.637).

This is the strategy of prevention, for which, emphasizes John Paul II, the assistance "of the whole society—parents, schools, social environment, means of social communication, international organizations—is necessary, as is a commitment to form a new society on a human scale: education for being human" (*Teachings,* VII, 1, 1984, p. 1541). This entails concerted action proposing authentic values and, in particular, spiritual values at all levels of community life.

For those already entangled in the abuse of drugs, there is need for appropriate forms of treatment and rehabilitation which exceed simple medical treatment because in many cases one finds a complex set of problems which require the help of psychotherapy for both the individual and the family nucleus, together with appropriate spiritual support, and so on. The replacement drugs to which people often resort do not offer sufficient treatment; they are more or less *a veiled way of surrendering to the problem.* Only the personal effort of the individual, his own will to revive and ability to recover, can guarantee a return to normality from the hallucinating world of narcotics.

However, one undergoing such a demanding process also has need for social help. The family remains, of course, the principal reference point for any preventive action. This has been emphasized by the Holy Father on various occasions, without overlooking the importance of "therapeutic communities," "which by aiming at and indefatigably keeping their attention fixed on 'human value,' under their various aspects have shown

themselves to be a good system" (*Teachings,* VII, 2, 1984, p.346).

A Challenge for the Church

In this concerted effort there is a duty that involves the Church in a specific way: the Church feels called into action not only as a herald of the Gospel, but also as an "expert in humanity." To those undergoing the tragedy of addiction she brings the good news of the love of God, who wants conversion and life and not death. The Church then comes close to them in order to help them embark on the itinerary of liberation that leads them to the discovery/rediscovery of their proper human dignity and their dignity as children of God.

It is, above all, by this witness, which comes through the varied forms of evangelization, liturgical celebrations, and community life, that the Church renders a service of prevention and rehabilitation to the victims of drug abuse. Christian families, parish communities, and the different educational institutions must commit themselves to this task. The means of social communication also have to play a special role at the various levels of the ecclesial community. A special and concrete witness, moreover, is that of the therapeutic communities of Christian origin, whose methods, though varied, maintain the characteristics of adhering to the Gospel and the teaching of the Church.

The Horizon of Hope

We are here at this symposium, which, with the support of the present pontificate, would like to offer not only proposals and elements for reflection to the entire society, but also in a certain way give a new impulse to the duty of Church in this sector.

We know very well the complexity of the problem does not leave room for ingenuous optimism. However, we should not forget that the motives for Christian hope are based not only on human endeavor, but, above all, on the help of God, who knows how to multiply our efforts. In hoping this meeting may prove to be a major contribution to this noble cause, I would like to conclude with the words of the Pope about the extension of this sad phenomenon in his address at the conclusion of the Fourth International Conference on Drugs and Alcohol: "Indeed, in such a situation the reasons that lead to the loss of all hope would seem convincing. Well aware of this, however, you and I would like to show that the reasons for continued hope do exist and are in fact stronger."

These words are reassuring and, indeed, invite us to work with renewed vigor at the service of all who might be drowned in the deadly whirlpool of drugs.

ANGELO Cardinal SODANO
Secretary of State, Holy See

Drugs and the Harmony of the Person Theological-Anthropological Reflections

The purpose of this Convention is to examine the possible ways of both averting the spread of the drug phenomenon and helping drug addicts recover their full dignity as free and responsible human beings. Theological-anthropological reflection, rather than giving direct answers for operational purposes, gives the vision of the person, reference to which is necessary for solving recourse to drugs from its very roots and in this way showing its meaninglessness and absurdity. The title of this presentation rightly puts drugs and the harmony of the person into opposition. The "and" in the title, rather than being a conjunction, is indeed disjunctive; it is intended to indicate the absolute contrast between the human person as a being with harmony, called to unity and relational nature, and recourse to drugs as the shattering and loss of unity and relationship, a crack and void, to use the very language of the drug addicts.

The topic that I would like to develop here seeks to answer the following question: *Doesn't resorting to drugs in the final analysis derive from the problem of body/spirit disharmony, which makes the human person, especially the young, dissatisfied and void—a dissatisfaction and void to which the very image of addiction refers?* The young and even adults do not become potential addicts only by the act through which they begin using narcotics, but in the moment they are not educated to live in "harmony with" and "in harmony for;" it is this situation of anthropological indisposition, of the pathology of the person, that gives rise, after all, to recourse to drugs as an attempt—obviously wrong—to come out of a condition that does not correspond to the real identity of the human person. The Holy Father has several times repeated that "there is an existential void at the root of drug addiction." Proper therapy must therefore work at a deep anthropological level to be able to remove the disharmony and educate the person to live in unity and harmony with himself, with nature, with others, and with God. "The Gospel of grace" moves in this direction. The announcement of the mystery of the Only-Begotten, incarnate Son is presented to the faithful as the proclamation, the magna charta, for overcoming any dualism or division within the person and as a possibility granted for the realization of that deep longing for unity hidden in the human heart. This shows the real profound connection that exists between the inclination to harmony inscribed in the heart of the human being and the gift of grace poured on those baptized by the risen Lord.

The problem concerns theology, anthropology, and Christian education at the same time. *What is "harmony" for a human being, when theologically considered, and how can one understand the gift of grace as an event of recovered unity and new relationship? What are the fundamental lines of action for the education of the young for "harmony," understood in a Christian sense?*

I. THEOLOGICAL-ANTHROPOLOGICAL PERSPECTIVES

The theological-anthropological aspect involves two fundamental points of particular importance.

– The unified totality of the human person and therefore his self-realization in relation to body-spirit unification as an ethical task entrusted to the human person and his freedom.

– Grace as an event "from above," as an event of reconciliation in the Spirit and the ability to acquire the harmony restored through Christ's redemption.

1. The unified totality of the person and the task of self building

The concept of "harmony" refers above all to the *original unity* of the human person. The person is constituted by the harmony established between the body and the spirit, *psyche* and *soma.* Every individual person is an incarnate spirit.

– A spiritual ego, unique and unrepeatable, that presents and realizes itself in the corporeal state;

– A corporeality that is more than just the body, inasmuch as it carries in itself the infinite demands of the spiritual ego and thus transcends corporeal physicality.

The human person is made up of both a spiritual and corporeal whole, in a relationship of reciprocal and dynamic interdependence: such is the unified totality to which the Holy Father repeatedly refers (see, for example, FC 11). One may not speak of the body if not in relation to the spirit and its infinite extension; just as one may not speak of the spirit if not in relation to the body and the realization role it plays, at least as far as our historical condition is concerned. *The origin and effects of the drug drama are to be found in the relationship established between the three components, spirit, body and person.* The initial track of re-

flection on the drug addiction problem is contained in such a frame of reference; the resort to that blissful illusion called drugs rises from the person, spirit, and body in disharmony.

The original unity mentioned above is characterized *by the infinite extension of the spiritual ego*, in a real relational nature in both the vertical and horizontal senses. B. Paschal said that "man surpasses man infinitely." Many contemporaries say that the body is more than the body; it carries in it the demands of the spirit and the symbolizations in its very physique. Here one thinks of the upright position of the person, upwards, high up, towards the transcendent, to whom we stretch out with all our being; one also thinks of the disposition towards receiving and giving, helping each other, in a true companionship of life. The *relational mystery of the person* is inscribed in the body: his existence is characterized by his freedom and rationality, faculties that control the opening of the human person towards ever-wider horizons, towards a relationship with the other, and in the final analysis towards a relationship with the absolutely Other, God, the infinite interlocutor.

Both original unity and relational nature, in the vertical and horizontal sense, are entrusted to man and woman as an ethical task, as ability and responsibility tied to freedom and vocation before God. It is the personal ego, the incarnate spirit, that has to respond positively to this appeal: the harmony of the person as unity and relational nature thus represents the result of an ethical task which bursts open before the freedom of the human being and demands his consent. The biblical creation narratives express this fundamental anthropology in a different and complementary way. God, who is both unity and relationship in himself, creates the human being as a creature of unity and relationship, in harmony with himself, with nature, with the other, and with the Creator. The human person is meant for unity and not for division. All history, the history of religions, philosophies, and ideologies, is nothing but the difficult, uncertain, and often vain attempt to reconstruct the lost unity and the shattered relational nature. The original sin described by Genesis expresses this situation symbolically. *GS* affirms that "*the dichotomy affecting the modern world is, in fact, a symptom of the deeper dichotomy that is in man himself. He is the meeting point of many conflicting forces. In this condition as a created being he is subject to a thousand shortcomings, but feels untrammelled in his inclinations and destined for a higher form of life... Feeble and sinful as he is, he often does the very thing he hates and does not do what he wants. And so he feels himself to be divided...*" (GS 10)[1]

2. Grace as harmony restored through Christ's redemption

The realism of this anthropology expresses the concreteness, the realism of the Christian message. *GS* adds that "*in reality it is only in the mystery of the Word made flesh that the mystery of man truly becomes clear... Christ... in the very revelation of the mystery of the Father and of his love fully reveals man to himself and brings to light his most high calling.*" (GS 22) Christology is a fulfillment of anthropology. The only-begotten Son, who was made flesh, died, and was resurrected, is the great reconciler between heaven and earth, the reunifier of man, the reharmonizer of his being. It is only in the discovery of Christ that we are able to rediscover our own selves and overcome the division of sin. It is in this perspective that we have to understand the mystery of the Easter grace.

As a gift of the Spirit of the Risen Lord, grace is both the gift of a "healed finiteness" and the possibility of participating in the Trinitarian ontology—rediscovering oneself in the fullness of the original plan of God. It is necessary to emphasize this "gospel of grace" as an event of unity, and self-realization, of "relationship with" and "relationship for." Grace in the New Testament perspective is a gift of new harmony; it is the beauty of the Son radiated over all of us, as new beauty, "gracefulness."

II. TOWARDS THE EDUCATION OF THE PERSON AND CORPOREALITY

There is not enough time at this session for dwelling further on the above-mentioned aspects. However, I hope that it is clear enough that the theology of the person and his corporeality require *an adequate and corresponding education of the two,* with regard to both prevention and cure in the case of drug addicts. In this direction, one can briefly indicate four pedagogical tracks corresponding to the anthropological aspects already mentioned.

1. Educating to live out the unity of the very being of the person, with awareness that if the body is transformed through spontaneous automatism, the spirit is transformed only in relation to given values which it assumes in a personal and convinced way: it is the unity of the spiritual ego around a cognitive chart of values and authentic ideals that establishes the unity of the person and represents the principle of his harmonization.

2. Educating the human spirit towards transcendence, with awareness that the body, insofar as it is human, is more than a simple biological fact; it carries in itself the infinite aspirations of the spirit, which call upon it unceasingly. Therefore, authentic education for the experience of corporeality cannot limit itself to a merely naturalistic affair; it must educate the spirit to giving and receiving love, giving and accepting, in both the vertical and horizontal senses.

3. Educating for the ethical task of becoming adult persons, learning to experience bodily existence not just as a simple historical fact, but as a duty, entrusted to the responsibility of every individual: the body is not just an object that I have, but the very subjectiveness in which I am. Accepting the toil of becoming adults means accepting the duty of making one's corporeality the sign of interpersonal communion, making it a "nuptial reality." And this requires sacrifice and perseverance. Here the analysis of K. Lorenz, in which he speaks of the general softening of the young, caused by the disappearance of sentiments and emotions, is quite acceptable. "Technological and pharmacological progress have favored an increasing intolerance towards anything that causes pain. In this way one looses the ability to obtain that type of joy which comes only by overcoming obstacles through tough strains." [2]

4. Proclaiming the "gospel of grace" as the fullness of life and a gift of self-realization. Christ, the ultimate truth of human existence, is the prototype of any authentic personal realization and the icon of the new relational nature inaugurated in history. If it is true that every human being has a deep longing for unity and harmony in himself and even outside himself, then the grace of the Lord Jesus *is a real gift of true and effective reconciliation* which is both a task and a possibility offered to the baptized so that they may be able to overcome any form of division and live in unity and harmony, in this way offering prophetic testimony to all. This "gospel of grace" does not impose itself on created beings, but accepts them, recovers them, and directs them to their full realization. There is no dualism between nature and grace; on the contrary, one calls for the other, and it is only together that integral education for life can be achieved.

It is clear that the four tracks are not automatic formulas; they require intelligent educational ways and models, including ways of a true education for contemplation and prayer. I shall conclude with the beautiful invocation of the Indian poet R. Tagore, which should be voiced by every young person in difficulty: *"Lord, that I may make my life something simple and upright, like a flute which you can hear with melodious music."*

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Notes

[1] "Man therefore is divided in himself. As a result, the whole life of men, both individual and social, shows itself to be a struggle, and a dramatic one, between good and evil, between light and darkness." (GS 13)

[2] *Gli otto peccati capitali della nostra civiltà* (The eight capital sins of our civilisation), Adelphy 1970, p.30.

Drugs and the Value of the Body

The topic of this meeting very much concerns the Church. All the problems of man are at the same time problems of the Church. In fact, since the Church is the sacrament of Christ it cannot but be concerned about both the totality of every individual and all human beings together. When the Son of Man took on human nature—or, rather, when He became one with every human being—He did so in order to redeem man integrally. In other words, the Word Incarnate wants to save not only every single soul from the spiritual death of mortal sin, but also each and every body from physical death, which is the penalty for mortal sin.[1] Now if the Church, through the express will of the Divine Redeemer, should continue "historically" this same redeeming[2] mission, it is clear, then, that it must attend to the problem that scourges our times.

More and more people fall into drug addiction. Those hit most by the problem are the young, who are most fragile and most vulnerable, easily influenced by the temptations of a so-called alternate experience arising from a provocative and rebellious[3] attitude and an erroneously libertarian culture. From this provocative and libertarian culture one arrives at the political tendency in a number of European countries of accepting the status quo of many people who are enslaved for years by their dependence on heroin. In Holland, for example, they are about to start the experiment of free distribution of heroin, three times a day, to people who have been enslaved to this drug for almost five years... If the experiment goes on successfully in the pioneer city, it will then pass on to another eight or nine cities. Behind this experiment lies the hope that they will be able to reduce the crimes committed by these people in the effort to satisfy their needs as drug addicts. Besides, the experiment should contribute to the integration into social life of a small number of people. The Dutch press was filled with the issue, presenting the arguments for and against the measure used by various political parties; however, at the suggestion of the ministry of health, parliament decided in favor of the experiment on a reduced scale.[4]

In this episode one notes something strange: the same minister intends to prohibit the use of both alcohol and tobacco by minors below the age of 18. The main reason for this prohibition is not only the numerical but also the quantitative increase in consumption, with all its negative consequences for both their health and civilized, peaceful community life.[5] Discussion has focused on the benefits of such a prohibition and come to the conclusion that it is more a question of a problem with many causes which cannot be resolved just by prohibition.[6] It appears contradictory, when, on the one hand, you foster the abuse of drugs and, on the other, do not seek to permit moderate use of alcohol and tobacco. The real alcoholics and chain smokers could ask why they do not also start an experiment offering alcohol and tobacco. In any case, I feel such experiments do not deal with the problem of either drugs or alcohol and tobacco, but only seek to reduce the harmful consequences.

Given its ethical-moral character, my presentation will first of all be an in-depth moral evaluation of drugs, tobacco, and alcohol, and then I shall move on to suggest a strategy related to the value of the body.

1. Different Moral Appraisals

Responsible policy on the problem must include insight into the difference between toxicant-addictive substances and tobacco and alcohol. Facts do confirm that alcohol and tobacco also lead to dependency or enslavement. However, such a condition is the result of a prolonged period of abuse, whereas drug addiction is simply a consequence of use of the substance, which then leads to permanently enslaving and dehumanizing abuse. In any case, I would consider it improper to classify narcotic substances unequivocally alongside tobacco and alcohol. It is true one can use either to become addicted, thus becoming enslaved or dependent;[7] nevertheless, one should not confuse the intention of the user with the enslaving nature of the substance and/or the content of what is being taken.

Indeed, I do not agree with the position of one commission in Holland which holds that alcohol and tobacco are in effect drugs, since nicotine and alcohol are themselves toxic-addictive substances.[8] I prefer to speak of drugs as narcotic substances and alcohol and tobacco as substances that "may be used." This linguistic distinction also implies a difference in moral evaluation.

From a moral standpoint, drug use is always illicit since it causes an unjustified renunciation of thinking, willing, and acting, which are all duties expected of any free and reasonable person. They are duties regarding which no hu-

man being should be found lacking, without justifiable reasons. Yet drugs are known to reduce the reasonableness of thought, free will, and responsible action, even in small quantities. The so-called "love pill," XTC, which is frequently used by the young in both Holland and Belgium, has disastrous consequences, not only for physical health, but also for the dignified behavior of a human being. Some observers are upset about the harmful effects of this intoxicating pill.[9] One Belgian priest reports that people coming out of discotheques under the influence of drugs drive at a suicidal speed towards a "thrilling death."[10] I would like to note immediately that such a moral judgment of the use of drugs and their consequences is not a condemnation of the person who uses drugs. Such a person often experiences an unfree life condition from which he would like to be liberated.[11]

In any case, the attribution of illicitness, motivated by the great harm done to both the life of the person and his dignity, demands that one should never speak of the freedom to use drugs. Nobody has the right to harm himself or renounce the dignity given to him by the Divine Creator; on the contrary, we all have the duty to preserve this human dignity and take care of the health of both our body and psyche.[12]

Concerning the evaluation of alcoholism from a moral standpoint, one may say that alcohol in itself is not illicit, nor is its moderate use as a beverage in contrast to moral prohibitions. Within reasonable limits, as indicated by common use among European populations, beer and wine are considered as nourishment. In relation to this point, I find the answers of a certain group of youths very interesting. About 92% of them consider the habit of taking wine at meals a normal practice, and 40% are of the mind that drinking wine and other alcoholic beverages helps digestion; 20% do not consider drinking large quantities as being toxic to the physical organism; on the contrary, alcohol is a valid element for the body; 87% do not agree with the statement that "one drinks to overcome sad moments," but at the same time a quarter of the students claim that "drinking a bit to ease oneself from tension does help." We find that 32% of the young regard alcohol as a very pleasant drink.[13]

Nevertheless, I note that the judgment on licitness certainly concerns moderate use, yet any abuse becomes illicit and therefore condemnable just because it enslaves people and disorientates their minds, jeopardizes the use of their will, and therefore reduces their sense of responsibility. Many car accidents are a proof of this. Consequently, there is justifiably very rigorous legislation concerning this matter. Furthermore, when abuse has reached a chronic stage, the entire organism and the spirit of the person suffer serious damage.[14]

I would like to caution that I do not intend in any way to condemn the alcoholic person, since often in such cases one has to deal with a person who is already seriously sick and therefore in need of both medical treatment and therapeutic assistance which must aim at the integral recovery of the person.[15] It is indeed evident that prohibitions up to a particular age do not solve the problem but simply cover it up and in a certain sense legally approve what they seek to prohibit.

The same goes for tobacco. Its use *per se* is not morally unacceptable. In fact, ethical illicitness arises not from its use, but from abuse. Excessive use of tobacco is illicit because it seriously endangers one's health and also causes dependency. However, moderate use is licit because it is not harmful to health and does not create dependency; moreover, the moderate smoker does not seek to get from nicotine the effects proper to drugs, but just a pleasant sensation. In all this, however, I do not want to deny or undervalue the fact that "smoking poses a problem of dissuasion and prevention which should be carried out especially through health education and information, even by way of advertisements."[16]

From what I have set forth one realizes that there exist quite diverse ethical assessments. To grasp this clearly one must not focus too much on the real danger of dependency because all consumers of alcohol and tobacco, because of the possibility of abuse, run the risk of becoming addicts, especially when they are still young. It is therefore necessary to offer health education and humanitarian guidance aimed at either abstinence or a moderate use which is acceptable and relaxing, offering momentary pleasure. However, by turning to drugs one does not only run the risk of dependence, but—it is here I find the reason for the varied evaluation—the substance itself is essentially toxic. It is therefore harmful to health, and, as regards human dignity, it is both dehumanizing and depersonalizing. Because of this, health information should be provided and a humanitarian education given as well as personalizing and moral guidance. It is to this guidance that I would now like to turn, beginning with the dignity of the human person.

2. An Axiological Approach to the Human Body

What follows does not seek to deny the pedagogical value of specific legislation on the matter, but to arrive at a proposal that calls upon all, including the users of alcohol and tobacco and, above all, drug consumers, to conduct reflection which, more than all other proposals, would lead to serious personal, sociopolitical, and pastoral-ecclesial dedication to liberation from enslavement, and eventual integration into both the life of society and that of the ecclesial community.

Both believers and nonbelievers have long been con-

vinced that the human being is the center and summit of the created world. Nevertheless, when man poses questions about his identity and, above all, his very finality, then the answers touch the extremes. In effect, when he looks at his scientific progress and his almost unlimited technical capacity, man is tempted to consider himself as a being that is completely autonomous and also touches almost "divine" power and knowledge. It is this postmodern man who considers himself absolutely empowered to determine good and evil in a world of his own making. On the contrary, touching the other extreme, when he searches his own heart, he discovers a radical division within himself, for, on examining his existence, he experiences a deep social disharmony, and, on turning to the world, he often finds it almost hostile to him. Thus he is prone to desperation, which both depersonalizes and dehumanizes him, filling him with uncertainty and fear.

The Church has been increasingly aware of this "extremist" approach, and the Second Vatican Council even offered a response.

2.1. Human Dignity and the Great Gift of Freedom

Inspired by divine revelation, the Church teaches that man is created in the image of God, capable of knowing and loving his Creator, who entrusted to him the responsible use of all creation, not as an ultimate end, but while honoring God.[17] It is exactly this "religious" orientation of man and all creation that gives the human mind its true dignity and human freedom its true magnitude. The CCC teaches that God created everything, not to increase his glory, but to manifest and communicate it. Here, then, is the reason for the dignity of the human mind and the magnitude of human dignity; this communication and manifestation is living man, one destined to see God "face to face," to love Him freely for all eternity. In short, to know and love God, in the beatific vision, *as He is:* Triune.[18]

According to the Council Fathers, man justly considers himself as being above the whole material world because he transcends it by virtue of his mind, which is in fact a participation in the light of the Spirit of God. A convincing proof of this transcendence comes from all the progress achieved by humanity through history, in the fields of empirical science and technology, art, and the sciences of the spirit. Today this is also particularly demonstrated by the extraordinary results of research on the material world and mastery over it. Nevertheless, in all this progress and research, man has always sought the most profound truth. Ultimately, in his search for truth, whether he knows it or not, man is in search for God.[19] If we want to know the intrinsic reason for the "religious" character of all man's research, we must search for it in the subject himself. If, indeed, God created all things, these things not only have their own consistency, with a real truth and goodness, but also their own rules and structures. So, then, when man seeks to discover in the material world this real truth and goodness, these characteristic rules and structures of things, in the final analysis he is not seeking anything but Him who is the primary cause of this, their creaturely cohesion.[20] This explains why God in the Book of Wisdom and the Apostle in Acts teach that nonbelievers are capable of knowing the Divine Creator just by reflecting with their minds on the created world.[21] In fact, I do think that God and the Apostle can still expect from every man of our age to an even greater extent what they expected from the people of that time. In effect, today more than ever, it seems unquestionable that man and the world testify that they do not have their prime principle and ultimate end within themselves and depend on a *Being* with no end or beginning. Therefore, man can in various ways arrive at awareness of the existence of a reality that is the prime cause and ultimate end of all that exists, and this cause, this end, is called *God*.[22]

Here, therefore, is the dignity of the human mind. Is it the true magnitude of freedom?

With this query we come to an important theme greatly esteemed by our contemporaries, one that they jealously try to safeguard. And rightly so, for God Himself willed that man should be responsible for his decisions,[23] so that he within himself might seek his Creator and adhere to Him in full freedom, to reach his own fullness and joy in this way.[24] Freedom is, then, a power rooted in reason and the will to act or not to act, to do this or that in other words, to perform acts that are well thought out. Freedom is therefore the God-given capacity of every human being to order himself. And so, freedom is a force placed by God in every human being to enable him/her to grow and mature in truth and goodness. Of course, this possibility for freedom to grow and mature is conditioned by the search for real truth and the adherence to true goodness. And since, ultimately, God is real truth and true goodness, for He is, indeed, the source, it is evident that the freedom of man grows and matures in the measure in which he turns towards God. It is thus clear that man becomes freer the more he dedicates himself to doing good, and there is no true freedom if not ordered to moral good. Consequently, the choice of evil is an abuse of freedom and leads to the "slavery of sin."[25] This true freedom, which prefers true goodness to evil and in fact avoids the latter, is the sign *par excellence* of the image of God in man. It is therefore clear that human dignity demands behavior that is based on free and conscious choices that spring from one's conscience and confirm the voice of God speaking to one's heart.[26]

One who is liberated from any form of enslavement to his passions acquires such dignity, moving towards his ultimate end through the free

choice of the good and dedicating himself thereto seriously and zealously.[27] Freedom is, then, a great gift of God and a duty for which man is answerable. There thus arises a question about the link connecting the dignity of the mind, the great gift of freedom, and the value of the body.

2.2. Man: The Union of Body and Soul

The answer to the above question comes from reflection on the constitutive elements of man. The human person, created in the image of God, is at once a corporeal and spiritual being. Holy Scripture reveals this to us in a very symbolic account when it says, "God shaped man from the soil of the ground and blew the breath of life into his nostrils, and man became a living being."[28] Man willed by God is, then, that whole, a being with an animated body or an incarnated soul. Man is not, therefore, a being that *has* a body and a soul, but a being that is a union of the body and the soul. Indeed, Sacred Scripture often uses the term "soul"[29] to indicate human life or the whole human *person.*[30] It also designates all that is innermost to man[31] and of greater value,[32] and, above all, what makes him the image of God: "soul" signifies the spiritual principle in man.[33]

It is this meaning of "soul" in particular that determines the value of the body in all its basic dimensions and offers all its anthropological aspects. The human body is, in effect, human precisely because it is animated by a soul, by which—and this is very important—it participates in the image of God.[34] The human body is thus raised to the greatest heights by the Creator Himself. This is what the Church means when it teaches that "every spiritual soul is created directly by God,"[35] not "produced" by parents, and is immortal.[36] As a result, at the moment of its separation from the body at death, the soul does not die, but is aware, waiting to uplift the value of the body once again, when the soul rejoins with the body at the moment of resurrection.[37] Here the philosophical specification that "the unity of the soul and the body is so profound that one must consider the soul as the "form"[38] of the body is both interesting and important. The major anthropological significance of this precise statement is the unitive relationship of the body and the soul. "Thanks to the spiritual soul, the body made of matter becomes a living human body; spirit and matter in man are not two natures united, but, rather, their union forms a single nature."[39]

This unity of nature in all its entirety constitutes every human being in the dignity of a person, or, rather, as a being capable of knowing himself, controlling himself, freely giving himself, and entering into communion with other people. At this point it is also significant that the spirit is separated from the soul because this fact greatly increases the value of the body and hence the duty to respect it. The Apostle prays that our whole being, "spirit, soul, and body, be kept blameless for the coming of our Lord."[40] We immediately note that the distinction between soul and spirit does not introduce duality into the soul or into the unity of the body and the soul. By the term "spirit" St. Paul wants to indicate that the soul has the transcendent capacity of being gratuitously elevated to communion with God.[41] However, even the body shares in this elevation of human nature, precisely because of its constitutive unity with the soul in human nature.

The body arrives in this way at the summit of its value. In fact, with the "unity of body and soul man through his physical condition synthesizes in himself the elements of the material world in such a way that through him these elements both reach their peak and praise the Creator in freedom.[42] Because of its ontic condition the human body synthesizes the whole material world, for which it becomes the instrument of "worship." This is why, according to the Second Vatican Council Fathers, it is illicit for man to despise physical life; he is, on the contrary, expected to consider his body as both good and worthy of respect, for, having been created by God, it is destined for the resurrection on the last day.[43]

This axiological judgment of the human body is made more evident by God through the resurrection of the human body of his Son. The same Holy Trinity that intervened in the resurrection of Christ will also intervene for us human beings at the end of time. The importance of the resurrection of the body of Christ and hence that of our bodies is for the Apostle so crucial that upon it depends the salvific validity of Christ's death and preaching. "If Christ was not raised, then our preaching is without substance, and so is your faith."[44] In effect, the "Resurrection constitutes, above all, the confirmation of everything that Christ Himself taught and did. In it all the truths, even those inaccessible to the human mind, find their justification; by rising from the dead, Christ gave the definitive proof (which He had promised) of his divine authority."[45]

Conclusion

Evidently, the human body has a transcendent value in the plan of God. The fact of its resurrection that is, participation in the resurrection of Christ though it is to happen at the end of time, already demands that all human beings respect their bodies and see to it that they increasingly become a reflection of the spiritual soul. One who recognizes the body as the image of God, for it is animated by the spiritual soul directly created by God, must never relinquish this transcendent dignity.

However, that is what happens when the use of drugs and the abuse of alcohol and tobacco prevent the mind from being a flash of divine light and the freedom of the

will from displaying the sign *par excellence* of being the image of God. That is why the Church may never accept certain "political" solutions which consider the enslaved human person as one incapable of recovery. For he is fundamentally one created in the image of God, with a vocation to become more and more a person in the likeness of God.

Indeed, we must cry out against strategies that aim at just reducing "social" damage; these are not worthy of a civilized society. A society—and, above all, a political system—which treats some of its members as unrecoverable social rejects, especially when they are still young, is not worthy of the name "civilized." Besides, one must censure the mentality which from a moral standpoint confuses the use of toxic substances with the use of normally agreeable substances and gives rise to "free" distribution of heroin and, even worse, to legalizing it and liberalizing the sale of so-called "soft drugs," while at the same time prohibiting all use of tobacco or alcohol by minors under age 18. Obviously, I do not want to underestimate the difficulties of drug addiction; rather, in the name of human dignity and the value of the body, I ask that the problem be faced by using measures and instruments which are in conformity with this dignity and with the value of the body in particular, willed by God himself.

In summary, the dignity of man as the image of God, even from a corporeal point of view, demands liberation of the drug addict and not the liberalization of drugs. We must therefore not liberalize toxic substances, but liberate the addict from the slavery of addiction.

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Notes

[1] Cf. *Gaudium et Spes*, 22.
[2] Cf. Matthew 28:19-20 and The *Catechism of the Catholic Church*, 849-851 (hereafter cited as CCC).
[3] *Drugs: Resistance or Surrender? Proceedings of the Fifteenth Conference on International Problems* organized by the Rezzara Institute of Vicenza, September 9-11, 1982 (Vicenza, 1983), p. III. (Hereafter cited as *Drugs.*)
[4] One article presents political advocacy of limiting the sample group of addicts to a few people in one city instead of 750 in several localities. Cf. *Dagblad de Limburger* (a newspaper in the Province of Limburg), August 18,1997, 1.
[5] Cf. *Limburgs Dagblad,* July 11, 1997, 3.
[6] Cf. *Dagblad de Limburger,* July 19, 1997, 21.
[7] Cf. *The Charter for Health Care Workers* (Vatican City, 1994), no. 92. (Hereafter cited as *Charter.*)
[8] *Vrijheid en Verantwoordelijkheid: Over Verslaving en Jongeren* ("Freedom and Responsibility: Dependence and the Young") (Amsterdam: Stichting de Regenboog, 1997), pp. 6-7.
[9] "Veel stappers Zuid-Limburg slikken XTC," in *Limburgs Dagblad*, July 17, 1997, 1.
[10] "Dood als ultieme Kick" ("Death as the Last Kick"), in *Dagblad de Limburger*, February 3, 1996, 47.
[11] Cf. *Charter,* no. 94.
[12] JOHN PAUL II, "Address to Participants in the Eighth International Conference, on Drugs and Alcohol," November 23, 1991, in *Insegnamenti* VII, 2.
[13] Data Center on Young People and Alcohol, *Condizione giovanile e consumo di alcool. Dalle motivazioni alla regolazione* (Rome: OTET, 1993), pp. 170-171.
[14] Cf. *Charter*, no. 97.
[15] Cf. *Ibid.*, no. 98.
[16] *Ibid.*, no. 99.
[17] Cf. *Gaudium et Spes*, no. 12.
[18] Cf. *CCC*, nos. 293-294.
[19] Cf. *Gaudium et Spes*, no. 15.
[20] *Ibid.*, no. 36.
[21] Cf. Wisdom 13:1-9 and Acts 14; 15:17; 17:27-28.
[22] Cf. *CCC*, no. 34.
[23] Cf. Sirach, 15:14.
[24] Cf. *CCC*, no. 1730.
[25] Cf. Romans 6:17.
[26] Cf. *Gaudium et Spes*, no. 16.
[27] Cf. *Ibid.*, no. 17.
[28] Genesis 2:7.
[29] Cf. Matthew 16:25-26; John 15:13.
[30] Cf. Acts 2:41.
[31] Cf. Matthew 26:38; John 12:27.
[32] Cf. Matthew 10:28; 2 Maccabees 6:30.
[33] CCC., no. 363.
[34] Cf. *ibid.*, no. 364.
[35] Cf. PIUS XII, Encyclical *Humani Generis;* Denzinger, 3896; Paul VI, *Creed of the People of God,* 8.
[36] Cf. Fifth Lateran Council (1513), Denzinger, 1440.
[37] Cf. *CCC*, no. 366.
[38] Cf. Council of Vienna (1312), Denzinger, 902.
[39] *CCC*, no. 366.
[40] 1 Thessalonians 5:23.
[41] Cf. PIUS XII, Encyclical *Humani Generis*, Denzinger, 3891.
[42] *Gaudium et Spes*, no. 14.
[43] *Ibid.*, no. 14.
[44] 1 Corinthians 15:14.
[45] *CCC*, no. 651.

Education to Promote Life

Introduction

It is a great honor for me to contribute to reflection at this Church Symposium which the Pontifical Council for Pastoral Assistance to Health Care Workers has wished to hold on the problem of drug addiction.

I thank Archbishop Javier Lozano for having invited me and hope I will not disappoint his expectations regarding my participation.

1. Drug addiction is situated in the so-called death culture, which, as Pope John Paul II states, dominates a large part of human behavior. How can we fail to consider...the sowing of death which is effected by the imprudent disturbance of ecological balances, the criminal spread of drugs, or the fostering of models of sexual practice which, in addition to being morally unacceptable, also bear serious risks to life? (*EV*, 10).

Drug addiction compromises the basic values of life, freedom, health, and the capacity to construct projects for the future. Society has the duty to organize itself so as to offer all, especially the youngest, the values needed to build a life of quality.

2. Aware of this, we know that the problem of drug addiction is not resolved by repression, though it is an important aspect in the fight against the drug traffic; nor is it resolved even by medical intervention, though it is indispensable for some who have already let themselves get hooked; furthermore, it is not resolved by liberalization or mere depenalization, though this might be agreeable to all who like to immerse themselves in the easiest experiences.

The prevention of drug addiction is carried out particularly through global education of the person, over the course of an educational process which is carefully directed, especially in the early years of life. Michel Merson, Coordinator of WHOs programs on AIDS, was once asked about the age at which prevention of this illness should begin. He replied, At age six, at the latest. As regards drugs, we may say that it is appropriate for prevention to begin at about age two, when the child starts to say no. It is a problem of global education.

3. The Church, expert in humanity, having devoted herself to education for centuries, must be at the forefront in preventing this disease of our time, drug addiction and AIDS. She must take on her responsibility to educate by preventing and to prevent by educating.

1. To Educate for Life

1.1. What is education?

For some it consists of creating habits; for others, of learning rules; and for others, of following traditions. I prefer to say that to educate is to liberate, help people take up their own freedom with the responsibility demanded by social life in relations with others. Butwhat is freedom? As Vatican II affirms, freedom is the capacity to choose; it is the chance to opt for the better of two things; it is to accept and prefer what is good for others, even with personal sacrifice. In the happy phrase of the Council, freedom is the special sign of the image of God in mans heart (*GS*, 17).

Education, which frees and bestows responsibility, is thus the integral formation of the human person through the systematic and critical assimilation of culture (*Document on the Catholic School*).

1.2. The need to overcome a restricted view of education

Examples of restricted views are traditionalism (to follow traditions) and utilitarianism (to pursue interests). Educate must liberate, bringing the person to adopt attitudes which will serve the common good. So that they will not let themselves be dominated by the freedom of instincts, but live out the freedom of the spirit, the freedom of the children of God, as St. Paul says in his Letter to the Galatians (cf. *Ga* 5:13-19).

To achieve this freedom almost a whole lifetime is needed. The coordinates of education in this connection are quite clear. The first one embraces all of mans life; the second demands dialogue for complementarity among people; the third involves attention to our surroundings so as to be consistent with the major problems of the human being and the basic currents in contemporary society.

Education also possesses some characteristic aspects. It is built in freedom to achieve responsibility; in justice, for Love; in the values which are the foundation for human rights. Moreover, it demands attention to sexuality and affectivity as essential elements in the formation of the person. Finally, education must contemplate transcendence, opening out to faith, prayer, and community life.

We might speak of the vectors which should be borne in mind. Indeed, without them the personality is not constructed. We educate when we respect and promote self-es-

teem, when deep affective relations are completed and accompanied, when the initiatives of adolescents and young people in doing what they like and what is positive are supported, and, finally, when prospects for the future are opened up which will permit the construction of valid projects, projects for life.

1.3. Let us educate for life.

To do so, each educator must possess a global conception of life:

life and health as biopsychosocial and cultural reality and well-being;

life as the integral realization of the person;

life as rights and duties, as a gift for which each is responsible and an inalienable good which is not at anyones disposal;

life as a consuming dynamism, the source of all possible creativity, openness to a happiness which is constantly recreated;

life with quality, not a quality of life mainly or exclusively interpreted as economic efficiency, disorderly consumerism, beauty, and the enjoyment of physical life which overlooks the deepestrelational, spiritual, and religiousdimensions of existence (*EV*, 23), but an overall quality of life wherein the aspirations of the person involve, above all, integral improvement of life conditions in all dimensions.

1.4. Educating for life involves anticipating risks

Many risks appear in the normal course of human life: illness and underdevelopment, accidents and disabilities, and behavior which may provoke threats to health and life, as well as social violence, ecological imbalance, and consumerism. It is time to educate for life and the quality of life, especially if they depend precisely on human behavior itself.

A moral theologian, Bernard Hring, clearly stated, God always forgives; human beings sometimes forgive; but nature never forgives. Many situations of dependence, involving alcohol, tobacco, drugs, and licit pharmaceuticals, are the result of aggression provoked by the misuse of freedom and of substances which ought to be used for other purposes.

Drug consumption often occurs because an adolescent, a young person, or even an adult is unable to bear the anguish of existence.

There is escapism, an effort to get free. The availability of a substance facilitates this experience, and, in terms of dependence, the consequences are not long in coming.

We know that many began after dropping out of school or while waiting for their first job or during serious family crises. At root, existential anguish is always present, psychological suffering which is apparently insurmountable. It is clear that if life were oriented and educated in times of crisis as well, the road would really be different.

In the final analysis, the meaning of life is involved in the educational process.

1.5. To educate to promote life involves providing orientation for personal fulfillment and the meaning of life

Many of our contemporaries have lost sight of the meaning of life. How can they convey it to the young? In terms of culture and life projects, most people have lost their reason for existence, or it has become diminished through the influence of lesser motives which at most provide ephemeral pleasures. The result is an immense void.

In the educational process it is thus necessary to tend towards the dignity and freedom of each person, individual and social development, ethical sensitivity, and the social values which are indispensable for human relations. Tolerance, community life, dialogue, and solidarity are indispensable values for constructing a project which will give meaning to life.

Not all find the reason for their lives in Christ. Those who one day received the gift of knowing and following Him readily accept Him as the only absolute, as a permanence reference point enabling them to be guided by the Spirit (cf. *Rm* 8:14), experiencing the freedom of the children of God (cf. *Ga* 5:15) and attaining to the joy of living fully (cf. *Jn* 15:15).

To educate for promoting life is, then, to educate people who want to be free and happy, in a community seeking to realize itself justly and fraternally.

2. Promoting Life: The Churchs Responsibility

1.1. The Churchs first concern is to educate the new generations in full Christian life

This is the responsibility of each Christian family, catechesis in parishes and Catholic schools, and youth movements, especially in this time of new evangelization.

The announcement of the Gospel with new ardor, a new method, and new forms of expression also means fostering attention to the new problems in todays society and the different coordinates motivating and providing the context for teenagers and young people.

When in the Synod on catechesis there was reference to education in faith, it was expressly stated that what was being debated was initiation into Christian life (*CT*, 21). And a Christian is always required to live in the freedom of the children of God.

As a result, the concrete objectives of Christian education are the development of the person for the sake of integral realization, the announcement of Christ so that He may give meaning to life and become the basis for all options, and the introduction into Christian communities a sense of faith and prayer, including the sharing of goods. Logically, promoting life consists of this educational responsibility of the Church and implies preventing all that may be harmful to life.

Biopsychosocial, cultural, religious, and supernatural

development involves organized action in the area of preventing drug addiction.

For many, prevention means speaking about drugs, about the different drugs, with their characteristics and consequences, ongoing attention whose purpose is to keep young people, above all, away from drug use. This is specific prevention which is justifiable when the target group is made up of people at risk.

When the whole population is being addressed, the main strategy is nonspecific preventionthat is, global education providing elements to inhibit all behavior which may harm human life and divert people away from the reason for their lives.

We may thus speak of prevention of drug addiction through a global process involving education in

responsible freedom;

a healthy lifestyle;

balanced affection in interpersonal relationships;

a sexuality whose aims transcend momentary pleasure;

the major values at the root of life: justice, solidarity, and peace.

Primary prevention, as referred to by those working in the struggle against drug addiction, involves speaking about life, the meaning of life, rather than about drugs.

When teenagers and young people know why they are living and how they ought to live, they do not need drugs. This is the challenge of an educational process which leads to the happiness that everyone has a right to, lasting happiness.

2.2. There are essential elements for promoting life without which educators feel frustrated

To educate does not mean to teach concepts or impose attitudes. To educate is to accompany people in their normal growth. This accompaniment calls for pathways where it is easy to move at the same pace.

It is helpful to recall some frameworks for action where the educational process is more pleasant for both educators and teenagers or young people.

To convey a balance between the new culture and traditional values; there can be no contradiction, but, rather, complementarity imposes itself;

To develop the idea and the practice (experience) that a profession is a service and not just a source of gain, since money is not the most important thing;

To direct people towards art and aesthetic perception to educate the sensibility of children and young people: music, painting, drama, and many other arts are basic to integrally building the personality of each individual;

To support the practice of sports, not as a form of competition, but rather as a source of physical and psychological stability;

To open oneself to ethical and moral concerns as a reference for relations with others, for only by respecting the rights of others will we arrive at a just society; respect for conscience is related to the establishment of brotherhood;

Not to fear the challenge of Christian faith and the expression of religiosity, for human beings encounter full realization only in transcendence and a relationship with God is the best way to encounter oneself in the depths of ones being.

Every human person finds self-realization only in this global process. It is along these lines and in this context that educators can develop their educational program.

The Church has a large responsibility in this whole area.

Such realization is the source of true joy enabling one to respond, Drugs? *No, thank you. I dont need them.*

2.3. A time of new evangelization

It is the duty of Christian communities to renew their efforts in the educational sphere in those places frequented by teenagers and young people so that they will systematically and critically assimilate Christian culture for Christian life and behavior.

The first major sphere is the family, the social place where life is born, grows, and develops (*CFL*). The family is a community of persons whose duty is to educate through the constant presence of parents who offer ongoing witness and speak at the right time and where a simple but happy environment is created.

Parish catechesis is a second educational sphere; it must not be limited to teaching doctrinesconcepts are certainly important, but even more important is teaching people how to live, beginning Christian life with positive relationships with others, as well as a continuous relationship with God. Fraternal love and prayer, involvement in temporal duties and apostolic responsibilities, the use of free time, and, above all, the openness of ones heart are also factors which dissuade people from taking drugs and engaging in negative behavior which cancels out dreams.

The Catholic school has a specific mission in this educational process. If it complements the family and often replaces it as well, it must for the same reason overcome the temptation to be just a place for learning and really constitute a global educational context where the human being is built up on an overall basis. In going beyond mere knowledge, the Catholic school accompanies and develops the person as a whole so that young people will be useful to society, friends to all men, and also Gods co-workers.

Youth groups and lay apostolic movements are also places for initiation into Christian life, in terms of time and worship. No one can give what he lacks; no one conveys something he is not. How can young people free others if they are prisoners? How can they convince others if they themselves are vulnerable and let themselves be caught up easily in compromising experiences?

The youth apostolate in

groups and movements is indisputably a special context for preventing drug addiction, not because of prohibitions or threats, but because it initiates them into responsible freedom and provides fulfilling, happy experiences of group life. With social concerns and a positive relationship with God and others, young people have no time to devote themselves to *drug taking, which cuts off the road they want to travel*.

In all educational action the Church prohibits nothing, but presents certain objectives which, if pursued, help people to be happy.

2.4. A summary of our collective responsibility in education to promote life

In terms of preventing drug addiction, we may perhaps make some suggestions on the action to be taken.

To act with all possible means towards global education as a nonspecific form of prevention.

To provide information and guidance in the framework of specific prevention as regards groups at risk in certain situationsthat is, not to be afraid to talk about drugs, but, above all, to convey values which will enable people to grasp that drugs are of no use.

To work on the recovery of people who have fallen into the trap. This can be done through a bold effort to re-educate character and personality until obtaining a conversion, a change into a new creature. It is a very difficult but essential process in which Christian values can be quite positive.

To effect the social and professional reintegration of those who recover, in collaboration with businesses and institutions that are prepared to accept people who, once the crisis is overcome, want to be useful to society.

To bring the light of faith to bear on all of this action, in the certainty that, even if we do all we can, there is no other name under heaven given to men by which we can be saved except that of Jesus Christ (*Ac* 4:12).

Conclusion

The drug problem is clearly the most serious one at the close of this millennium. We all have a responsibility. No one is exempt. The Church, expert in humanity, has a major duty to perform. If it is good to work on treatment of drug addicts, it is much better to keep teenagers and young people from falling into this nightmare. We shall do so only if we educate them in life.

May Mary, the source of life, who has given us to Christ, also be a source of hope for those of us who want to transmit life, Jesus Christ, to the young.

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From Treatment to Self-Discovery: The Person as a Value

The life of drug addicts is marked by risky ventures. Addicts are often forced to hide acts and occasions even from their intimates and loved ones; caught up in difficult relationships; often in conflict; conditioned by the need to manipulate and exploit both their own sentiments and those of others, and marked also by self-deception.

The violent negation of one's situation, the inability to realize the need for help, internalized contempt and loss of prospects, a kind of moving on hopelessly, the weight of rankling defeats, the painful memory of harm suffered and caused, the loss of confidence and the disappointment of a growing mistrust—all these enclose them within the circle of their solitude.

Alternating between the desire to change and the dream of dominating the drug, the desire for tranquillity and normality and the impossibility of holding up the daily routine plus the boredom of an ordinary life, the fragmentary impulses to free oneself from the spiral of an existence bound up by a very intense attraction, the burden of pervasive anxiety, and the aspiration towards serenity make his internal world both contradictory and lacerating.

Taking care of oneself

Contact with these brothers and sisters of ours cannot but raise a long series of questions, about which we feel greatly concerned. It seems to us that the hope or the illusion of finding the cause of the problem that afflicts them could lessen the seriousness of the damage we notice in them, make less painful and paralyzing the powerlessness experienced in trying to help them to free themselves from a bitter slavery or achieve their goals. It also seems to make our intervention more rational, more predictable and programmable, making us feel apparently more secure and capable of managing our decisions.

But the causes of addictive behavior are varied. A number of factors are hidden within the history of people who take to the fatal use of narcotics, underestimating their dangers, and making them both desirable and part of their very lifestyle. And therefore the problem of drug-addicts must be considered from various points of view.

The definitions formulated so far mostly offer the perspective of the one defining rather than the nature of the phenomenon as such. None of them can be taken as being definitive. All must be understood and taken as an interesting contribution to the understanding of the background of drug addicts.

Like fever, drug-addiction is a condition caused by a number of interacting factors which mutually reinforce each other, and, just like the former, it is not a disease, but a symptom.

The uniqueness of the manifested disturbance may be related to personal, relational, and social problems different from the self-evident uneasiness that acts in behavior as a character disorder, sometimes manifesting neurotic or even psychotic disturbances. Because of this complexity and the plurality of factors, the psychological approaches to the cure of addiction are diversified, and experience shows that none of them can produce remarkable results when singly applied. It is therefore necessary to use them in conjunction.

Moreover, the motivation to change undergoes oscillations in decisiveness and intensity. It cannot be induced from outside, but it can be prompted by one close to the addict, by affection offered through a modality that is the fruit of reflection and continued meeting with others, including professionals who have specific experience in the field. It is necessary also to propose ways that are appropriate to the particular situation of the user, identifying solutions in reference to the uniqueness of his problems.

Only through self-care by the drug-addict with all the burden of his suffering, and without external stress or preconditions, is it possible to establish a helping relationship that gives rise to an initial motivation capable of dealing with his moods, always accompanying him even when the chosen activities are not shareable, without giving up or giving in to his slumps and failures.

There are some necessary qualities, such as having extra hope and the readiness to receive and listen to people, which one may not attain just by professional training alone, but only through choosing a coherent and clear life, also outside the work schedule. An authentic faith, enriched by a permanent search for the face of Christ in the poor, the lost, and those with bewildered hearts, can greatly help to maintain and enlarge these dimensions. It is the passion for man that makes professional knowledge fruitful and helps one persevere gratuitously in an often frustrating relationship.

Every addict has his own history different from the others. He has his own name. His uniqueness is often dangerously sought, obstinately pursued by going against all advice re-

ceived. He has potentialities which have never been fully expressed, a memory of positive experiences in life and bits of kindness experienced and yet marked by contradiction and negativity.

This person who is internally broken is to be accepted and recognized without being justified. He needs to be listened to, without allowing self-justification, encouraged, and followed with demands that stimulate his potentialities and do respect his dignity.

He needs a partnership, not sympathy; sharing, not pity; warm and demanding relationships, not permissiveness. He does not need to have someone take his place in duties he is capable of accomplishing. He needs one who can inquire with firmness about the responsibilities he is capable of assuming.

He needs to be considered a person and not a problem, a person to be loved and not a case to be analyzed, not an individual to condition and indoctrinate, but one to be appreciated and helped to discover himself in his needs and riches.

Self-discovery

The difficulty of recognizing one's basic needs, such as a sense of belonging, being esteemed, being loved, valuing oneself, and searching and finding meaning in existence, generates confusion in adopting suitable behavior to meet these demands effectively.

An inability to identify the sources of pleasure and the satisfaction of joy is the source of the indisposition that torments the person tied by chains of addiction.

A drug-addict is incapable of orienting himself among values, attitudes, and behavior proposed by educational agencies and by messages conveyed through the media. Contemporary myths propose happiness as the immediate satisfaction of one's desires, presenting a mature person as one who is self-sufficient, with no need of being with others, and thus present the dream of simple relationships which are spontaneous and immediate and do not demand any effort for confrontation, dialogue, acceptance of change, readiness to admit difference, or managing conflict and frustration.

These myths, which often impress people with images of self-value and realization portrayed as material and social success, take a strong hold on individuals who do not accept themselves in their hearts and do not value themselves for the human qualities and potentialities they possess.

They are like people off track, following the very way that leads them far from themselves. They either do not know how or are unable to express themselves as they would like to, nor can they relate themselves according to their needs. Their affectivity needs to be rehabilitated. The use of drugs, which is a very strong emotional experience, accelerates self-deterioration and always locks them deeper into a dissatisfaction that apparently sees the temporary relief given by a binding and narcissistic pleasure of disorder as the only solution. They are adolescents fixated in the anxious phase of self-discovery who, having been lost in shallow fruitless attempts, are forced into repetitiveness with rigid behavior which is not constructive, but only ends up isolating them more in the tragic and seductive cocoon of their own emotions.

Self-knowledge is indispensable if one is to escape from this prison in which people stay badly within themselves, very suspicious of the external and paradoxically clinging to their own chains. It is a process that requires moments of reflection, meeting with others, and the expression of one's sentiments.

To come out of the sad situation, one must have the courage to admit both the drama of it and the impossibility of being able to free oneself from such a complex problem without the help of others.

It is necessary, however, for one to assume responsibility both for one's own actions and condition and also to stop blaming situations and other people for causing this suffering. It requires both going beyond the anger of rebellion in falling back into victimization and looking back over one's history in order to overcome unassimilated sufferings and conditions which interfere with the present, hindering the action of appropriate behavior. It is also necessary to re-examine family, friends, and social relations in order to reorient relational styles in a manner that better meets one's affective and communicative needs.

This work of liberation requires the active and attentive presence of well-prepared experts who set up positive dynamics and work in a team within a definite educational plan, with clear objectives and appropriate instruments. They must keep themselves up-to-date and be able to verify both their work and the suitability of proposed rehabilitative measures for the problems of the people in question.

Though the creation of this consciousness is necessary, it is, however, not sufficient alone to remedy the situation. In order to recover the trust that helps one live as an individual who can both love himself and others and is also capable of dedication and gratuitousness, there is need for sharing of experiences in the life of a group or in a common life where reciprocal exchange and interest in others facilitate the discovery of the peculiarity and uniqueness of oneself, the maturation of one's potentialities, and the ability to give and receive.

Self-discovery is, therefore, putting up with both one's own weakness and that of others, communicating while sharing the difficulties of others, and assuming responsibility for both one's own change and that of others.

– It is experiencing and expressing the beauty and power of sentiments, without using them for exploitation and manipulation, and the courage to be consistent with oneself.

– It is devoting oneself to a temporary environment and accepting the discipline established for practical purposes

and the formation of a community life in which each participates according to his own capacity.

It is facing together with others the will to set objectives for personal growth and be able to reach them. It is also making daily choices, knowing how to plan.

The educational process

The concept of self-help clearly expresses this conviction. The experiences of recovery programs for alcoholics, like A.A (Alcoholics Anonymous) and C.A.T (Club for Alcoholics on Treatment) and the fundamentals of therapeutic communities for drug-addicts, initially organized by people who had the problem themselves, are based on this assumption, which today is even accepted and proposed in academic circles.

It is they who transformed their own personal experience into an educational project. They assert that, despite the fact that many factors contributed to favor the onset of addiction, the individual remains to a certain extent responsible for his own behavior and is capable of exercising an active role in his recovery.

In this way therapist-patient polarity is overcome, and the intervention concentrates on the person, who is asked to assume responsibility for himself and get himself to act by investing all his potentialities in the educational context. Though he must be helped, he also does his best. He is helped by helping both himself and others, who then become the mirror for his needs and stimulate his efforts.

The helper should not be lost in the defense of his role, however; he must be able to establish a helping relationship based on listening, empathy, and sharing. Though he must be able to propose clear directions for growth which are firm and destined towards personal development, he ought to participate in the educational process and the dynamics of relationship, while at the same time exercising his role.

The vigor of the educational environment depends upon the intensity of the involvement of all, plus their sincere participation. The objective is to create conditions that help people in difficulties to work out choices directed towards the taking on of a new lifestyle, based on values that are truly internalized.

One cannot condition or direct people according to preestablished schemes; one can only offer opportunities that lead to self-discovery and the making of choices. Neither is it possible to force the stages of change. One must instead offer stimuli and hints in order not to leave the person idle and bent on himself, and also wait

patiently while keeping a certain pace.

One can and indeed should demand without imposing. After failures, it is necessary for one to go beyond personal emotions and be able to start anew, allowing the other to recover confidence and take on his own responsibilities.

The human person as a value has always been at the center of reflection and effective action. This is at the heart of the Gospel, and Jesus shows himself as the healer *par excellence.* Every believer should draw inspiration from Him in both helping and agreeing to be helped, not only as an example for adequate behavior, but also as a source of motivation and the foundation of being.

His relational style must be ours, but this can only come from a heart purified by asceticism, to be able to conform to these sentiments, so that one's action is not a result of just an external effort that one makes in particular circumstances or for a certain period. It should be part and parcel of us.

– Which of us agree to be approached and touched by others without the barrier of social conditioning and personal fears, or without the shadow of opinions and prejudices, or with a clear and willing heart, as sinners were approached by Him?

– Which of us can break the circle of condemnation and the wall of solitude, as He did with the adulterous woman? Which of us are capable of intuiting the ability to love hidden in incoherent and destructive behavior?

– Which of us can invite ourselves into the inner house of others with absolute liberty and gratuitousness, as He did with Zaccheus?

– Who has the power to awaken the desire for conversion and change, as He did with Matthew?

– Who can tolerate weakness of heart and inconsistency in behavior, keeping others company, as He did with Peter?

– Which of us can approach others, pervaded by absolute trust in meeting brothers and sisters to whom we can announce by our presence the good news that they are sons and daughters of God, chosen, accepted, favored, and loved exactly because of who they are, regardless of whether they are suffering, sick, or sinners?

Of course the concept of self-help does not convey all of this, but it contains or proposes an approach to the person that both points to and recalls Christ the Lord as the ultimate horizon. It is a preamble that leads to Him, if one is able to follow all its development. It is not a matter of mere chance that it was indicated for the sick and not for the healthy, for sinners and not for saints.

The self-help experience is undergone in fixed meeting groups at definite times during the week or in residential and semi-residential communities relating to the history and characteristics of the person.

It is practiced in two types of situations.

a) During meetings

These are of various types: individual, group, family, community, etc. Here more varied psychological approaches are used, making sure that they are geared towards facilitating relations in the group and in shared life, and also helping the individual to program himself to be able to build up an autonomous and responsible life in society. This corresponds to the need for self-awareness.

b) In the community or group context

The knowledge and discovery of oneself is an element of one's process in change, which runs the risk of being weak, partial, and unverified if it is not transformed into an experience that provides the individual with a way of measuring himself in the concreteness of relations and difficulties brought about by participation in community life.

Self-knowledge has meaning if it is learning to open up oneself and make significant decisions for oneself, in relation to the lives of others. In fact, man is what he becomes. This experiential aspect of knowledge is much more necessary when the individual is negatively marked in his background.

There are factors that contribute to the quality of common life and its transforming capacity, within which the individual is called to look into himself and make choices. These factors can partly be measured by following certain approximate criteria for verification which takes into consideration parameters applied to human action.

Here are some of them.:

1) A clear anthropological vision

In order to bring about change it is not enough to have a well-defined methodology and follow techniques in an appropriate way; one needs to have a vision of man capable of attracting and liberating. Our vision of man is inspired by the Gospel. The person and his goodness is an end and can never be a means. He conserves his dignity even when he is lost in feelings of discomfort and deviation. He is always redeemable. He is accepted with total openness without prejudices. The suffering that is part of every human life is listened to and shared. It is a guide that leads to the discovery of the essential, and the genuineness and deepness of a meeting with others.

I cannot declare myself unconcerned about the suffering of my brother; on the contrary, I am even united to his sin. In his inconsistencies, I can read my own inconsistencies, and I am both involved and responsible in a certain way. I cannot answer the question "Adam, where are you?" if I cannot at the same time answer the other: "Cain, where is your brother, Abel?" My place is next to my brother, and I am asked to walk with him in order to make an appeal for change, prompt longing for a full life. To this end I must be able to cope with my own consistency and make demanding requests directed towards personal growth and an aptitude for choice.

A life plan cannot be imposed; rather, it is discovered through listening to the needs of the person, facilitating conscious and responsible acceptance of the objectives which are gradually identified, with determination and patience.

2) To recognize the need to be helped and be able to ask for help

Drug-addicts have a tendency to deny the complexity of their situation, enclosing themselves into self-sufficiency or victimizing themselves, attributing the blame to others (that is, certain individuals or society) and in this way justifying their failures. An involving common life where people know how to take care of each other paves the way towards trust and the possibility of being true to oneself, sustained by the warmth of being welcome and the absence of accusation. When I feel myself welcome, the fear of my weaknesses is reduced, and the support I receive is transformed into trust and the discovery that expressing one's need for help is rewarding because it means experiencing closeness.

3) Learn to recognize, understand, and express one's emotions and sentiments

The use of drugs, involving very intense emotions, reduces sensitivity to perceiving the many nuances in normal existence: the beauty of life, the value of small gestures, and the recognition that one receives by accepting responsibilities. Everything becomes uninteresting and boring and provokes anxiety and fear. The emotional life flattens, and one is reduced to feeling either downcast or in high spirits.

Feelings of inferiority, inadequacy, guilt, unworthiness, or unrealistic security; the need to hide oneself; and the impossibility of being sincere even to loved ones provoke the inability to recognize sentiments and the habit of using them for arbitrary ends.

One's emotionality must be re-educated by following specific techniques in such a way as to help the individual express himself in a direct and appropriate way what he really feels. It is only in this manner that he will be in a position to develop relations in which reciprocity and interdependence allow an authentic and reassuring exchange.

4) Knowing how to deal with the behavior of others in order to motivate them towards change

The narcissistic retreat into his emotions and his concern for pleasure make the drug addict incapable of acting in the

true interests of others. With his isolation from the rest of the world as well, he gets used to relationships of complicity and silence. The other drug-addicts serve as a prop and confirm continual behavior contradictory to social and private life.

Changing this manner of relationship is particularly difficult, for it requires a sense of one's identity that is already solid. To use confrontation in order to contribute to the behavioral change of the other without causing harm entails going out of oneself, overcoming the fear of being rejected and remaining alone after expressing what one really thinks, with the result that one accepts the conflict and tension demanded by any authentic relationship. As one exercises oneself, self-confidence also develops, trust emerges, and protection decreases; one experiences the joy of being accepted just as one is and loved for what one is, with no need for demonstrating or hiding.

5) Strengthening self-esteem through participation in common life and the acceptance of responsibility

The effort to build authentic relationships is tied up with the duty to exercise responsibilities which the individual accepts and are entrusted to him. However, this is an uncommon position for the drug-addict, whose usual tendency is to isolate himself from the environment in which he lives and practice negative criticism, alternating rebellion with indifference. He learns to make decisions by considering the thoughts, sentiments, and reactions of others.

If the participation in shared concerns is a stimulus for the improvement of one's potentialities, for the development and exercise of relational competence, and a source of positive affirmations that strengthen the self, then the acceptance of responsibility in such a context facilitates the understanding of organizational aspects and the significance of roles; it also obliges one to come out of one's individualism and share the objectives and purposes of the community, experiencing approval in maintaining relationships which are not only friendly, but also functional, and in seeking and bringing about collaboration in the process.

6) Presence of positive pressure from the peer group

The intensity with which people dedicate themselves to common life, the will with which they follow up the realization of the objectives of personal growth, and the degree of honesty and genuineness in relationships exert positive pressure on every involved member towards change and foster the overcoming of the rule of complicity and mistrust

that often characterizes drug-addicts, especially when they have suffered long imprisonment. One opens up to the construction of a new scale of values.

7) Internalization of the system of values

The ability to listen, taking care of others, the sharing of problems, sufferings, and successes, honesty in relationships, acceptance of responsibility, attention to and respect for people, agreeing to enter into discussions, the practice of solidarity, the exploitation of everyday life—all this facilitates not only adaptation to the environment, but also the internalization of values.

8) Growth through crisis

The educational process is marked by crises which characterize the moments of decision and passage involved in every change. Re-entry into society is especially delicate because the external environment puts both personal objectives and proven values to the test. Internalization then takes place, with a daily confrontation in a setting where values not so pervasive and evident as in a protected situation. The group backed up by the presence of helpers is an acceptable reference to the individual for the verification and strengthening of his personal convictions.

9) The change of negative attitudes to life into positive ones

Deep sentiments, like feeling inadequate, lacking rights, not deserving to be loved, a sense of uselessness, and an inability to confide in others, are common among drug-addicts and determine their attitude towards life. They constitute a serious obstacle to well-being and are a source of continued lack of motivation.

However, the experience of common or group life, the fabric of immediate and warm relations, along with the accompanying involvement and participation, influence more than anything else both the mitigation and overcoming of negative sentiments. One starts to think of a different future and experiences a new mode of existence in the world.

10) The improvement of one's relations with one's family

The time spent in the rehabilitation program establishes a sufficient distance from the parents to help overcome resentment and guilt feelings, to feel tranquil and be able to endure positive criticism. The desire to ameliorate one's relations with one's family grows and is destined to elicit a response.

The Family

Putting the individual at the center of our discussion means both respecting his situation and treating his family with interest and discretion. By working in this direction, the help offered to the drug-addict acquires major value because it allows him to process and overcome deep afflictions and

also contributes to the stability of the new-found equilibrium.

The family that presents itself at the rehabilitation center is one that has suffered serious internal conflicts. Usually, each of its members has developed convictions and attitudes towards drug-addiction which are different. Overwhelmed by shame, they isolate themselves from the environment, reducing relationships with the primary and secondary systems. Failure, guilt conscience, helplessness, and resentment hinder them from having a clear vision of the problem and being able to make constructive decisions.

Such a family needs, above all, to be accepted without being judged, sharing its sufferings with other families experiencing the same problem, so as to feel protected and regain confidence. It should not be taken as a problem, but a resource to be exploited. It therefore must be helped in the following areas.

a) Expression

To be able to express emotionally one's solitude, anger, and pain in a trusting environment opens up communication and gives rise to a desire to change. The family is then open to correction, ready to present itself for discussion and accept the suffering that this process entails.

b) Clarification and communication

Acceptance, the possibility of self-expression, and the fact of belonging to a group where one experiences comprehension and support are not enough alone to modify family dynamics. One must also assist the family to redefine the manner of relation (adequately reappropriating roles, straightening out relationships, avoiding substitution, and overcoming the attribution of guilt or lack of decision). This work helps the drug-addict go over his personal history together with family members. It helps the family to develop a certain sensibility so that they are able to see the reasons for both the discomfort of the addict and other related factors, making it possible for them to go through the conflict in a constructive way, avoiding the ineffectual explosion of emotions, but learning how to express feelings opportunely.

c) Decision

Going over one's personal history and current situation together and becoming aware of one's sentiments helps one to go beyond anger, pain, guilt feelings, disappointments, and unrealistic expectations. It allows the exercise of an efficacious ability for decision making and favors the identification of educational and relational objectives, unmasking the old mechanisms, recurrent

copying and manipulation. The acceptance of daily resolutions prepares one to meet those which are more demanding.

d) Discovering the joy of change

Step by step, as the family straightens out relations, it learns to overcome conflicts. The process of self-esteem of the members is started anew, and the joy is perceived of staying together in a different way, and a desire for and openness to change also develop. Starting and keeping this process dynamic, thus activating inherent potentialities without imposing pre-established models, helps one arrive at positive results under favorable conditions.

e) Reconciling oneself

There are painful experiences in both the family and personal history which need to be revisited in order to overcome them and be able to cope with life. Achievable change has limits. One needs to learn to recognize the difference, be tolerant, and evaluate objectively whether life together is still sustainable without causing harm to oneself, and, in any case, be able to reach agreement without demanding impossible changes.

f) Participation

From the very beginning, the centers for rehabilitation ask for the participation of the family. At first, they come to the meeting for their own maturation; then they are gradually asked to collaborate in carrying on activities to assist individuals when they have reached serenity and are at a sufficient distance from the painful experience. This helps the individuals feel themselves to be useful and also avoid passive behavior in shirking responsibility, typical of people who pose as consumers (want to be at the receiving end).

g) Getting into action

Participation in life at the centers promotes the internalization of values like sharing and solidarity. The awareness of being a responsible citizen in the face of the problems afflicting society produces more sensitive people involved in finding solutions. When this happens, the guarantee of stable results is great, because the individual rediscovers or acquires values and interests that give a new sense to life.

Voluntary service

Just like other deviations, the problem of drug-addiction cannot be reduced to a personal or family problem. It is a manifestation of deep and extensive malaise manifested in various ways and is connected to lifestyles in our society, which suffers particularly from the disintegration of both primary and secondary ties and social fragmentation.

The priority, therefore, of both prevention and recovery

work is to set up solid systems that are capable of ensuring a sense of belonging, offering support and occasions where one feels both capable and involved in the tackling of a problem.

Recovery centers that arise from voluntary service are quite aware of this function and duty. They always aim at the involvement of a maximum number of persons, including families that come to them seeking help, making sure, however, that they give adequate formation to all. Affirming the centrality of the person as a value, with his demands, necessities, and potentialities, is tantamount to recognizing him in the concreteness of the environment in which he lives and attending to the fabric of his relations.

To arrive at this objective the centers promote volunteer activity that not only offers specific assistance to people in difficulty, but seeks also to maintain processes of reflection within civil society, in order to avoid a distorted perception of problems, so that the new forms of indigence will not give rise to fear and defensiveness in the collective imagination capable of making solutions involving expulsion or repression seem desirable.

Volunteer service thus does valuable work in mediation, promoting the building of a bridge between the marginalized and the normal, and through its widespread presence brings institutions closer to citizens. It thus keeps prevents numerous groups of citizens from falling into anonymity and non-involvement and impedes the censuring and isolation of those who find themselves in difficult conditions. It also promotes contact and communication by each individual with different people, aspects which are the foundation of fundamental democracy.

This patient work of integration or inclusion does not mean simply adapting to the rhythms of society as it is, but proposes and expresses a strong demand for change in order to set up a civil community at the pace of the poor, so that the weak are not crushed and overwhelmed by the strong.

However, it is not enough just to speak out for the downtrodden, acting as an accusation and stimulus for institutions; there is a need to stop society from bending back upon itself, with the result that it no longer listens to the wealth of the questioning and the appeal to transcendence which suffering and limits carry within themselves.

The experience at centers of beneficiaries, volunteers, workers, and families is characterized by a plurality of opinions and orientations; however, this vision of man, when accepted in its integrity and completeness, represents the dynamic factor of unity which opens up perception of the presence of what is beyond the existence of individuals; a stronger experience, a greater love.

And so it happens that some seek and find that love which is gratuitously given, an unpredictable and ever-awaiting superabundance of divine life that transforms, when accepted: Jesus Christ.

BIANCA COSTA BOZZO
President of the Italian Federation of Therapeutic Communities

Report by the French-English-Italian Study Group

REPORTER: REV. ORESTE BENZI
DIRECTOR OF THE JOHN XXIII COMMUNITY IN RIMINI, ITALY

– The Church presents itself in a specific fashion, goes its way, communicates in a particular manner, and makes suggestions that originate from its identity as the universal sacrament of salvation. One needs, therefore, to emphasize the primacy of the spirit over psychological aspects, which should not in any case be underestimated. A community that reflects communion in Christ takes precedence over therapeutic methods. Integral education also includes prevention.

– With great pain, reference was made to the case of Switzerland, where the populace was asked to opt for freeing young people from drugs. Those who responded negatively to the request exceeded 70%. What is more painful and incomprehensible is the attitude of important sectors in the Church that called for the rejection of the referendum. One expects greater unity of the Church on such important questions so that we may have a convergence of opinion founded on faith.

– The observation by a Palestinian couple is interesting: drug addicts should be taken care of by the whole community. In other words, no one should feel unrelated to the situation of drug addicts.

– Since 85% of addicts come from separated families, a community directed by a family is a genuine way of rehabilitating them.

– There has been marked reference to the demands of Christian faith. Those who do not belong to the Church would like to see what Christian faith has to offer in regard to the drug problem.

– Even in poor countries drug abuse is on the increase. In such places so-called “drugs for the poor” are being used, such as gum, petrol, and other local substances.

– We must not legalize drugs. You cannot fight drugs by using drugs. Instead, we even have to face other drugs, like alcohol.

– We must not limit ourselves to consideration of drug dependence. We have to aim at liberating people from all types of enslavement.

Report by the Spanish Study Group

REPORTER: REV. MANUEL ZUBILLAGA
FROM THE INTEGRAL YOUNG PEOPLE'S HOME RUN BY CARITAS, MEXICO

1. Participants: a total of nineteen people from seventeen Spanish-speaking countries.

2. Specific points on the questions that came up during the symposium on drugs.

– The Church should train people to deal with this problem.

– The Social service network should be organized in such a way that it comes into closer contact with the young.

– The education and catechesis offered should accompany the life of every individual in order to be able to respond to the questions posed by children and the young when faced by difficult situations.

– Turn parishes into preventive communities with strong community ties.

– Develop a family volunteer service that plays a fundamental role in prevention.

– Adults should offer more supportive assistance to the youth, since it is often from the relationships between the two age groups that misunderstandings crop up leading to the eventual use of drugs, and it is therefore here that one should effect true prevention;

– In the centers for prevention give primary consideration to the poor.

– One needs to prepare leaders who in the populated areas will operate within the common family routine.

– The Church should facilitate work with universities and also collaborate with all initiatives, including those of the young, aimed at raising awareness of the need for education in true values.

– The families should not give up their duties in education, which means renunciation, self-negation and the chance to opt for the maximum values of brotherhood and meaning in life.

– We should not condemn or stigmatize the young; rather, we should make them understand that their problems are a sign of our problems and those of the Church. One should not look at drug addicts in the community as a renunciation but as a new opportunity for growth. Neither should we call for the social exclusion of youth.

– It is necessary for candidates being trained for the priesthood to know about drug problems.

– Promote professional activities and those of the laity in general which will include all who can work in this area.

The Family and Drug Addiction

Some time ago the Pontifical Council for the Family organized an International Conference on the above theme. As a conclusion to the three working days, we were received by the Holy Father, who, summarizing the itinerary of a drug victim, told us that there was a shift "from desperation to hope." This had been the title of the final document, thanks to the contribution of institutions and individuals who have considerable experience in liberating people from this new slavery.

Some of the reflections that I will put forward in this important Congress involve elements taken from discussions that I have had on different occasions concerning the topic which has brought us here.

Since that conference a number of years have gone by, and during this time I have been reassured on certain positions and orientations that are, we may say, indispensable.

1. The Seriousness of a Profound Human Problem

Drug addiction reveals a whole set of symptoms that are evident signs of a distressing problem which has much to do with the truth and dignity of man, and the very meaning of existence. Drugs offer a kind of escape or flight by which one seeks to fill in *gaps.* It is the void of an existence that is not based on fundamental values and as such remains rootless, unprotected, and exposed to every storm. This void deprives life of meaning. It is something that touches the root of the identity of the individual, who, when caught up in such a situation, undergoes a terrible and painful experience of enslavement. Because of the giddiness caused by the void that has to be filled, one gives in to the phenomenon of despair. The gap may be filled artificially (of course, thereby aggravating the phenomenon) through turning to the same drug or, by a slow process which is that of liberation by *entering into oneself,* one takes on the biblical attitude of the prodigal son, which enables one to regain the *dignity* that to some extent he was no longer aware of. The core of the problem is an anthropological issue which extends to the area of relations whose crux is in life within the family and society.

The person experiencing drug-addiction is in a way both a victim and a sad product of society, sick in many respects, incapable of giving meaning to life and experience, who only transmits his own emptiness. Here we are dealing with a confused society from which faith is uprooted, and it no longer shapes either individual or collective existence. The justifications for life itself are overshadowed, fomenting a confusion that becomes a gnawing at the soul.

A disjointed society off its hinges produces phenomenona typical of it. It transmits or transfers them to families (without the deliberate intention of parents, who are most often good and well-intentioned persons with irreproachable behavior), which suffer the impact of a society that suffocates them, causing a felt void in their actual capacity to embody values that serve as a mainstay to illuminate and orient existence. When we state that families are rootless, this is not to increase the dimension of their tragedy by making them feel guilty. The intention is not to point out who is responsible, but to understand both the causes and thrust of certain phenomena.

I do believe that the so-called "Peter Pan syndrome" helps us to understand a number of phenomena by way of the general approach conveyed by the book bearing that title. At one of our meetings some time ago, Professor Tony Anatrella told us to watch out for "indefinite adolescence" (a title of one of his books), which is the state or situation of one who never matures. The Peter Pan syndrome helps us to see a whole set of behaviors according to which the protagonist's choice *to ever remain a child,* is linked in a disastrous conspiracy to the attitude of a family that hesitates to educate. Such a family renounces its central mission, so that we are faced with parents who, though they are essentially generous, cannot be described as good parents, since they neglect the demands of their mission, appealing in fact to their children's right to be free. They do not educate because they fear encroaching on the freedom of their children. This is worse when the life of the parents themselves is not exemplary, either, and does not offer a process of self-realization in responsible love.

From our vantage point at the Pontifical Council for the Family, we can affirm that today many families are like a running tape of a wrong conception of man which produces children in its own likeness. The void becomes a caricature, a parody of an insufficient human project or the lack of one.

What has been said so far must be contrasted with what is and ought to be the family, in line with authentic humanism, as a place in which the person is rooted in the initial stage of developing his own personality. The family is a

formatter of persons. This social and essential mediation of the family cannot be replaced. Allow me to use the expression of St. Thomas, which he attributes to early childhood, but whose significance can today be extended to adolescence in regard to the process that fosters maturity. The expression of the holy doctor goes as follows: the family is the *"spiritual womb"* (II,II, 10.20).

What significance does this concept have in terms of education, or integral formation? This notion detaches us from the biological conception in which giving birth to somebody is not separate from the process of education and formation in love and responsibility.

The family is a life-long community, one of love in which education builds the existence of the children according to a model, project, or truth of man. It is an environment or an atmosphere of protection for the growth of the children as persons. A few moments ago, the professor presenting the Pope at the seat of Lublin, noted that in Polish the word *rodjina* means to 'make grow,' or 'give birth to'. This is the reason why the two poles are inseparable: *family* and *life.* A family that is not a dynamic source, cannot be a subject of growth in the process of life and has no reason for existence! To give life or make someone grow entails certain questions: What life, quality, and style? We find ourselves at the heart of an anthropological context in which the social being of man discovers its very self in the first community, which is the primary cell of society.

Within the family there is contained the truth of man brought to life, not only in the perspective of human wisdom present in it in a precious synthesis, but also in the whole extraordinary illumination received from the Lord, in which the mystery of man is revealed and discovered. In the family the human person opens to his very reality, as an individual subject. Besides, in it one goes on enlarging his moral universe, according to the measure in which, through a dialogue of love, he experiences his worth, his dignity, by becoming an object of parents' love and the center of their life; this constitutes a prelude to the moment when he will discover that, in the depth of his dignity as a person there is the fact of being loved as a person (one not treated as a thing or instrument) by the Creator himself.

Many of the great pioneers in the liberation of their brothers and sisters well knew how to accompany and guide them through this process in such a way that human beings manage to internalize or enter into themselves, in order to begin the journey (which in most cases is one of conversion and return) that leads to the Father, to God. Man in his entirety needs to experience the reality of his worth in feeling that he is loved. This worth increases in unlimited measure when one becomes aware of the fact that he is an object of the love God Himself.

May I here give two complementary examples, which for me were useful lessons of "anthropological experience." The first one was the assurance I received at the International Congress on the *Meninos da rua,* "street children," which we organized in Rio di Janeiro. The fact that street children or abandoned young people have no fear of death had always attracted my attention. Many times they are used to carry out criminal ventures, which they execute without even realizing what they are doing. They have no self-esteem. They believe they are "more than what they are." A series of testimonies convinced me of one reality: when these children or young people start experiencing that they are loved, that they have a value and are persons, for them this is like a resurrection. For this reason the institutions that care for these children ought to transmit respect and love, which is like giving them what they missed in their families. I really saw many faces of children and young people being changed and brightening up, as if the light of the Word Incarnate, the image of God, was being reflected in them (and, indeed, it was). The other complementary example has to do with what I experienced in a dialogue with drug addicts, during the first stage of their liberation, which is both difficult and painful. I asked them how they felt. Their answer was, "We are discovering what we are." All in all, every individual human being continuously discovers what he or she is or ought to be; however, for those who go through the drama of drugs, this itinerary of liberation and hope is a special moment of discovery.

In many dialogues and visits to various institutions, above all in the diversity of positive Italian experiences, I gradually came to understand something which, I must confess, I did not understand entirely at the beginning: not only that "you cannot use drugs to fight drugs," but also that the problem of drug addiction, in which man is deeply entangled, is not a question without an answer or a tunnel without an exit. It is in the first place a question of values, one that calls for a return to the center of existence, where man is not an obscure entity, but a mystery (the idea of Gabriel Marcel). New ways are being opened up and daybreak is advancing, according to the measure in which those who have been enslaved by the void of society (for the moment, without considering what comes from personal responsibility) see the doors of their dark and restricted world opening onto a journey that leads to the Other and others, by way of incarnate values that are recovered.

I was very touched by some of the letters of Victor Frankl and what the experience of survivors of Nazi concentration camps meant to him. Despite everything, these people managed to survive and overcome every torture and abuse. They loved life and still found meaning in it, for the ideals in them had not died out. He has translated much of this experience into his "speech therapy," which is a method used to re-

vive ideals and transmit values where everything has been muddled and lost.

In view of these considerations, I very much agree with the idea of following ways of recovery based on profound anthropological insight into the processes of liberation. In fact, in societies that have deep Christian cultural traditions, this process must take the form of a personalized evangelization, in such a way that when one undertakes the journey of discovery and return to the Father, it becomes a passage into resurrection and hope, a meeting with the Lord, a meeting with God. In the parable of the prodigal son, there is a key word which is the Greek term *anastasis*, meaning 'resurrection', but also 'standing up or rising to one's feet', as a vital decision by one who in an actual dialogue, even if more hidden than the conscience, has managed to enter into himself and come to terms with himself. In this sense, liberation goes through a new network of human relations, whereby institutions act as a family, a "community," or centers in which one experiences new dimensions of a love that liberates, redeems, and transforms. In other words, the liberation process is a question of personalization and not a medical one, or at least a process in which medicine is an aid and not a principle factor.

The lifeblood in processes of internalization involving the identity of the human person, or his "irrepressible thirst for dignity," less deeply felt in situations of derangement, is the discovery of the fact that man is not an obscure entity, but that the sense of his existence and his profound reality is exalted in God. He is the *Veritatis Splendor* that illuminates the truth of man. He is not someone totally unknown to man; indeed, he would not even have approached the threshold of his Transcendent existence. It is as if what Kafka poetically wrote were true: "Therefore God must remain hidden in obscurity. And since man cannot approach Him, he arrives at the obscurity that envelops the divinity. He throws burning coal on the frozen night. However, it is as elastic as rubber. It shrinks..." (Cf. *Il Pensiero Debole*, ed. Feltrinelli, p. 212).

To one who has faith, and for cultures that have been profoundly penetrated by revelation, God does not reign in shadows. He is the sun from above that enlightens man's movement in the world, saving him from moving on hesitantly like a blind man. In a word, the itinerary of internalization entails the dialogue of man with God. Man alienated from himself, one who, according to the expression of Hegel, breaks away from his center towards X, becomes an obscure entity marked by "disenchantment."

On various occasions this aspect has arisen when the recovery and incarnation of values takes place in the presence of (at least implicit) faith and Christian values, or explicit evangelization, or where there is Christian culture (at least where it is not completely overshadowed or where it has not completely disappeared). **Liberation is a fruit of true evangelization,** in which the good news of Christ operates in such a way that the lofty dignity of life is liberated. In this case, if we are talking about physicians, Jesus is the one. It is, however, obvious that in countries where the Gospel has not yet penetrated into society or has not yet given rise to a Christian culture the process cannot be identical. Nevertheless, even where the young have had some contact with a Christian education, the bulk of the process is simple work permeated by reasons illuminated by faith.

2. From a Damaged Family to an Accompanying Family

We could ponder a lot about what may be necessary so that the drama which leads many people into the tentacles of this modern slavery may be avoided, starting from the family. The complete answer is a profoundly evangelized family, rendered capable of fulfilling the sacred mission to which it is called by God Himself in which the duty of education is seriously taken into consideration.

Forming families as domestic churches provides assurance of overcoming gaps and considering life as a mainstay. The duty of the family as a "formatter of persons" where parents are the primary evangelizers ought to be fulfilled step by step. Births lead to the formation of the family, which as a spiritual womb permits genuine growth similar to that of the Son of God in the Nazareth family.

With regard to this mission, I would like to stress the importance of adequate sexual formation in love and the content of our Document on this subject, entitled *Human Sexuality: Its Truth and Significance*. In summary, we may briefly state that the truth of man embraces the unity of all that is truly human sexuality (not beastly), in which the reality of the human personality, body and soul, takes on its full dimension: sexuality in love, as opening out, altruism, responsibility, and respect for others. A love which in matrimony becomes concrete and achieves its greatest depth and seriousness as total love and fidelity, both exclusive and fruitful, and at the service of the family, which is in turn at the service of society.

I would now like to tackle the issue of families hit by the drama of having their own children caught up in drugs that are, however, not afraid of making an examination of conscience or deciding, in any case, to help these children overcome a struggle in which their own joy is involved. It is not possible for families to just ignore the drama of their own children, as if it were something that did not concern them. In our experience, at opportune moments institutions do associate more and more with families during the process of liberation and reinforcement. Families need, above all, to be helped and formed, so that they may exercise a positive role and avoid

being an obstacle on the way towards hope. One day I met a group of families that had gone to visit their children at a rehabilitation center. Someone said to me, "As usual, we are here this week *'to get a fill-up'* (comparing it in this way to the fact of filling up the fuel tank of a car)—that is, to be charged with all the necessary energy that enables them to be good collaborators, facilitating the complete recovery of their children.

Certainly, there has been a lot of progress in recent years, and new experiences have been accumulated in this field. Together with the Pontifical Council for Health Care Workers, we have for some time been thinking out and preparing a special meeting on this particular task, with all the creativity that this challenge demands.

One may not expect that those leaving recovery centers after having attained hope and are in possession of new reasons for living can avoid falling back into the problem without the active involvement of their families. This and many other questions, together with the pertinent answers, are to be the object of the meeting mentioned above.

3. The Role of Society

Here we are taking the concept of society in its broader dimension, above all in reference to the wide scope of culture.

In fact, cultural changes today have a lot to do with the political community, the role of legislators and governments, inasmuch as many laws with a manifest relation to *the common good* involve implicit anthropological concepts or forms of behavior.

When we speak of serious gaps, one might think that we are exaggerating. However, there are many thinkers who today complain of a situation of pronounced pessimism and desperation, in a society that is intoxicated, if you will, with its successes and the myth of a progress that is sustained and constant. We could even cite many highly qualified observers. But, for reasons of time, I would like to place myself in the perspective of what, after various clarifying discussions, the Apostolic Exhortation *Reconciliatio e Poenitentia* called "social sin." Today there are many forms of life which are widespread and accepted and are also reinforced by laws and institutions, but have all the requisites necessary for being labelled a social sin. In a society bombarded day after day by numerous messages and experiencing a series of alterations in its spirit, to the point of undergoing serious forms of spiritual illness, we cannot but be preoccupied about the human beings, especially the frail ones, who thirst for truth and meaning in life in order to emerge from their tragedy.

Here we have to take into consideration two complementary conceptions, concerning the significance of *original sin* which are dealt in the Apostolic Exhortation *Reconciliatio et Poenitentia.* The first one refers to the human solidarity of original sin, which is very mysterious and imperceptible, yet very real and concrete. One could speak of a "communion in sin" because of which "a soul degraded by sin degrades the Church, too, and to some extent the entire world. In other words, no sin exclusively concerns the one who commits it, even that which is innermost and secret or most strictly individual" (Cf. no. 16). We could speak of an expansive force, like an explosion of sin, that pulverizes human relationships and ruins both human society and the persons themselves. The second aspect is social, inasmuch as sin tends towards direct aggression of one's neighbor. This implies sin committed against justice, sins against the community. In the case of aggression against the rights of the human person, beginning with the right to life and without excluding that of the unborn or any sin against the common good or the sin of commission or omission by leading politicians and economists, etc. As far as this reflection is concerned, other conceptions may be of minor interest (Cf. *RP* no. 16).

Social sin can more or less be particularly bound up with and go through a consideration of an anthropological nature. This does not just concern the severe conditioning which the individual suffers in a society where oxygen is rarefied, but, what is worse, it is connected with a certain conception of man that debases him. It is a conception that generates a particular type of person. This is the drama of this age, in which, amid moral erosion and conceptual confusion, hypotheses that destroy man are being spread. It is not only a question of a wrong attitude, but also a defense and dissemination of error as if it were the truth. This amounts to defending a void, a situation where disorder and deterioration pass for the conquest of freedom. With things going on like this, we find ourselves with a sick society, which not only does not educate, but also disintegrates, and does not allow the family to fulfil its essential function. One arrives at a categorical pluralism, where people have to protest in order to denounce a certain situation. Just as Cyprian back in his time complained of crimes which, when committed by the state, passed for virtue *(De Unitate Ecclesiae),* so *Evangelium Vitae* denounces the acceptance of crimes as rights because of unjust laws.

In this case the social illness is more dangerous and disastrous, for both the individual and society at large, because it is equivalent to a systematic burying of values which are necessary for the formation of a person within the dimension of true humanism and also for the building of society. In such cases the "culture of love" becomes a mere ideal, for time bombs have been put in place to demolish the human person. Is this not a disastrous situation, one which like a wave uproots, disturbs, and confuses man? I do think that all this applies when we speak of a void society.

All that concerns the relationship between the Family

and the State ought to be given special attention so that the family may not only be respected, but also helped in its duty of formation. When, through the conspiracy of the means of communication, attempts are made to harm so-called "human ecology," the result is that the foundations are laid for a dangerous increase in the number of persons who take refuge in drugs. These are especially people who not only have experienced a void, but have also been disturbed by the organization of life offered by a crumbling culture, commonly known as the "culture of death."

Conclusion

In reference to this anthropological concern, it is evidently necessary during the journey of the son who returns home to his Father to recover certain truths which allow one to look honestly into oneself, rise to one's feet, and embark on the return journey, a journey of freedom which in the Gospel parable is described as a "resurrection." He who was dead has come back to life. This resurrection is possible because man recovers his dignity at the very moment when he meets God and in Him comes to terms with himself. Therefore, this resurrection becomes a passage from despair to hope. The Church must occupy a prominent position in this undertaking, and that is why we are gathered here.

In these simple reflections, then, rather than insisting on the obligations of organized society or the state in the face of the crime of drug trafficking or reminding them of the assistance they ought to give to institutions that are dedicated to the liberation of the young from drugs, I would like to launch an appeal in favor of social conversion to the dignity of man. We must advise caution so that the comfortable but destructive permissiveness of governments may not be used as an instrument for aggravating the existing problem. This social conversion goes hand in hand with the conversion of the family to what constructs the plan of God. Only a few days ago, at the International Congress of Rio di Janeiro, the Holy Father, in a beautiful improvisation, referred to both the divine and human architecture of Rio di Janeiro. All this concerns the family, which is, above all, architecture of both God and man. It is the harmony of this construction that will permit the harmonious development of children in such a way that they both grow in humanity and do not become victims of the drug tragedy.

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The Medical Aspect of the Drug Phenomenon Definition, Drugs and Disease, Ethical Reflections

This presentation starts with a brief compendium of definitions and clarifications. To some they may appear unnecessary and tedious; however, I have the impression that contrasts of opinions are more often due to semiological or language misunderstandings than to substantial motives. It thus seemed opportune to me to bring them forward here. To avoid uncertainty, these definitions have been extracted from pharmacological treaties and from documents of the World Health Organization (WHO, 1973 and 1991), about which doubts on authority should not arise. Besides, I will be making references to a book of mine (Silvestrini, 1995) in which many basic notions on drugs were expounded in a much more detailed way than one could do within the limits of a presentation like this.

After clearing the field of possible causes of divergence and misunderstandings, in the second part we shall try to draw attention to some medical aspects of the drug phenomenon which up to now have been underestimated or ignored. This is done following the line of argument which I have already set forth in other conferences of this Pontifical Council (Silvestrini, 1992 and 1997). In the third part these same aspects are briefly reconsidered for the purpose of offering an ethical interpretation of the phenomenon.

Definitions and Clarifications

Drugs or addictive substances are *those natural and synthetic compounds producing effects of mental pleasure, desirable and sometimes useful, but associated with risks of abuse, addiction, tolerance, and other negative consequences on both the individual and social level.* Drugs have, therefore, two distinctive characteristics. On the one hand, they influence the mental processes which provide self-consciousness and awareness of the world, contributing in this way to the determination of one's behavior, in a manner that is "good, desirable, and sometimes even useful." This first characteristic presents one of the principal motivations for their use. On the other hand, they involve various risks and forms of damage which render them both dangerous and dreadful. I consider these profound aspects well known to all, and I would not dwell on them if not for the issue of drug addiction, about which it is worth making some clarifications.

It is defined as *"the irrepressible and conscious need which generally manifests itself after repeated consumption to take a particular drug, not just to arouse the initial effects, but more to avoid the disturbances caused by its deprivation and to maintain an acceptable state of both physical and mental well being."* This is a feared phenomenon, continuously cited to demonstrate the dangerousness of drugs; however, it is not very well known. Despite its dramatic negative consequences, dependence is an expression of homeostasis, a defensive mechanism which is at the basis of life in all its manifestations, even the most elementary ones. This capacity allows for the safeguarding of one's internal state through internal functional or physiological adaptations capable of neutralizing all that tends to disturb it. For example, if the temperature is too high, the organism reduces it by dissipating excessive heat through sweating; if, however, the temperature goes down, the adjustments take the opposite direction.

The same happens with drugs. Their fundamental characteristic, that which beyond their distinctive properties unifies them, is to liberate the mind from bonds that keep us in the area of normal behavior which is perhaps restricted, but well checked and secure. One derives from them a sense of pleasure, of liberation from both physical and mental suffering, of strength and confidence, of escape from reality, but also the risk of supinely abandoning oneself to the course of events, of overestimating one's capacity, and losing self-control. The organism notices this danger and takes measures capable of neutralizing it. The operation takes on varied modes and proportions, depending on the effects caused by each class of drugs.

The opiates ease, subdue, and clear up physical and mental suffering. These changes are contrasted with adjustments of the opposite symptom: hyperexcitability against sedation, hypersensitivity to suffering against algesia, and so on. Cocaine and amphetamines stimulate, excite, and cause a sensation of power and strength. And then the organism slows down and restrains the corresponding mental processes. These homeostatic changes are not prompted as long as the drug counterbalances them. Their presence is demonstrated by the fact that with the advancement of dependence the organism becomes more resistant to drugs. In this way the phenomenon known as tolerance begins. A typical case is that of heroin. At the begin-

ning its effects are manifested by just a few milligrams, but in time one might need quantities up to 100 times higher.

Through these homeostatic reactions the organism recovers its proper functional state, but, as we have seen above, this is done through adjustments that must be counterbalanced by the force of a contrary symptom in order to attain the desired effect. In other words, the organism attains a new state of equilibrium, different from the initial one, which required the presence of drugs to maintain it. If this last one is then lacking, the abstinence crisis arises, during which the functional adjustment of the organism is no longer counterbalanced, and it therefore surfaces. With heroin there arises a state of hyperexcitability and hyperalgesia, and with cocaine, depression. One is therefore faced with defensive measures that paradoxically end up in a state of enslavement to that very agent against which one is being stimulated.

The intensity of the homeostatic response generated by dependence varies from drug to drug. It is highest with opiates that act on mechanisms that are indispensable for survival, which are represented by a warning sign inherent in physical or mental pain. It is intermediate with psychostimulants, acting on mental processes which the organism usually leaves to oscillate freely between two directions. It is absent with hallucinogens, whose point of attack is not subjected to any strict control: to understand this one only needs to think about sleep, during which the mind wanders physiologically without any sort of constriction, freeing itself from the reality of circumstances.

From this there follow two consequences which any person speaking about drugs cannot ignore. First, dependence is not a necessary connotation of drugs. The drugs that lead to it are under certain circumstances the most dreadful ones and yet are less dreadful under other circumstances; they are most dreadful because they enslave and lead to the worst crimes in order to satisfy the compulsive need of having them and less dreadful because they elicit a defensive mechanism that contrasts the direct effects of the drug, including those that are harmful. That is why, other conditions being equal, cocaine and hallucinogens cause more deaths than heroine.

Incidentally, while the term toxicomania is used to designate all forms of drives due to consumption of drugs, including even those that do not lead to addiction, the latter designates only those that cause it.

The final clarification is the fact that addictive drugs belong to the larger family of medicines, a term that indicates *"all the natural and synthetic substances, which when introduced into the living organism, can modify one or more of its functions"* (WHO, 1973). The quality of this modification, known as "pharmacological effect," depends more on the dose and mode of application than on the intrinsic characteristics of the medicine. For example, insulin
is an antidiabetic, but with increased doses it becomes a lethal poison. On the other hand, botulinus toxin is a potential poison, but when used in a proper manner it becomes medicinal. The fundamental characteristic of anticholinesterasic agents is that they turn into medicines, insecticides, poisons, or biological weapons depending on the way they are applied. In other words, a medicine is like a knife that can kill, but is also used to slice bread.

This principle also holds for drugs and implies an important postulate. Drugs are not such in themselves, but in relation to the use made of them. For example, morphine can
be a drug in certain circumstances, but when used in very painful conditions, like infarct or acute pulmonary edema, it becomes medicinal. We shall come back later to this issue, in relation to the attitude of the Catholic Church.

These are simple elementary concepts; however, I do hope that the reader can now agree with me that it was useful to repeat them here.

Medical Aspects of Drugs

The frequent occurrence of serious mental disturbances, especially those of the depressive, schizophrenic, phobic, obsessive, and maniacal nature, among addicts is based on ample evidence (see Silvestrini, 1995). To establish when and if these disturbances precede or follow the taking of a drug is not easy. In the first instance, they can act as predisposing factors, since a mentally ill person is an easy prey to the drug dealer. Besides, he can take refuge in drugs, instinctively seeking relief from his discomfort. In the long run the remedy might turn out to be worse than the disturbance for which it was intended to provide relief. Bleuler (1924), one of the fathers of modern psychiatry, had already recognized and reported the antidepressive action of morphine in his fundamental treatise. In the second instance, mental disturbances are consequences of the devastating effect that many drugs have on the organism. A devastating action, which for the reasons mentioned in the above paragraph, is particularly striking with drugs that do not lead to addiction. What interests us here is not so much to establish whether the mental disturbance opens the door to addiction or whether it is its consequence, but more or less to underline a fact of great practical relevance, besides the theoretical interest, which is the existence of two different types of toxicomania, simple and complicated.

Simple toxicomania is induced in drug consumption by contingent external motives, which are environmental, cultural, or social. However, the personality can for long remain integral. As a consequence, withdrawal has resolutive effects, as long as it takes place before the drug

causes irreparable damage and the contingent factors that triggered it are also eliminated. In the case of *complicated toxicomania*, the drug problems are dominated by a different type of disturbances, sometimes mental, sometimes psychosomatic. Here withdrawal may not only fail to resolve the problem, but also be inopportune in some cases. This is clear in the case of an incurable illness, like a tumor, which requires the administration of morphine to alleviate the sufferings that accompany it. Yet it may not be the same in the case of a serious depression, whereby the recourse to drugs, as mentioned above, could represent a kind of self-medication. Even this, however, is a sickness, during which mental suffering can reach intolerable levels, to the point of pushing one to suicide. However, the difference from a tumor is that today depression can be cured in other ways, either by psychotherapy or by antidepressive medicines. It would nevertheless be a grave mistake to think that for a toxicomaniac who also suffers from serious depression the giving up of drugs alone could act as a resolutive measure; on the contrary, it could result in a crisis with dramatic consequences, like suicide. It is therefore important to be aware of this particular form of toxicomania and also offer the appropriate care.

Let us now pass on to drug addiction. Its medical importance is implicit in the definition cited above. For your benefit we repeat it here in its essential terms: *"Drug addiction consists of the inability to maintain an acceptable physical and mental status, without recourse to drugs."* It is therefore an infirmity, a sickness caused by a functional imbalance which finds in drugs an element of equilibrium. Once this element is lacking, then the crisis of abstinence appears, with its set of symptoms, which, in the case of opiates or other drugs, could even lead to death. Under this aspect drug addiction is not different from diabetes, which is caused by the lack of insulin. It is true, however, that drug addiction is different from this illness in that it is always due to an initial mistake of the affected individual; nevertheless, on the medical level this makes no difference. Otherwise all those who are sick as a result of their own mistake would not pass for patients: the victims of car accidents caused by their own imprudence, or a cancer patient who is one because of the vice of smoking. This is surely not licit.

Accepting the medical component of drug addiction and of some toxicomanias does not mean a lowering of the level of vigilance. On the contrary, this permits confrontation of the drug problem in a more direct way, and as a result more effectiveness. It permits a differentiated approach to simple and complicated toxicomanias. For the first group one focuses in the first place on information, education, and the values of individual and social solidarity; and with the second, one concentrates on the sickness that torments them. In both cases one ought to aim at disintoxication, keeping in mind, however, that its effectiveness depends on the underlying pathology. There are some forms of addiction, though, which are extremely resistant to any type of intervention. He who denies this need only think of how difficult it is to liberate oneself from the vice of smoking, which is a form of addiction that is a thousand times weaker than that of heroine. What must one do in these specific and particular circumstances? Is the medicalization of drugs to be considered licit as an extreme remedy? This is not to hit the criminality fed by clandestine trafficking in drugs, but to allow the person who is not able to get out of enslavement a dignified and relatively normal existence.

A heated debate on this problem has been going on for some time. In one of the preceding conferences of this Pontifical Council, I did say that "some people are of the mind that, when withdrawal is not successful, then rigorously controlled drug administration is preferable to both the medical and social drawbacks associated with its illegal distribution." (Silvestrini, 1992). I then confirmed this opinion, adopting it in the book quoted above (Silvestrini, 1995). On the other hand, I am perfectly aware of the practical difficulty of medicalization, for its effect is very limited. In short, this is a very complicated issue, involving a lot of suffering, with individual and social tragedies, too complex, indeed, to be approached rigidly by moving behind antithetical lines. If I am not mistaken, even the Church in her wisdom maintains an open position; the *Catechism* explicitly speaks of the *therapeutic prescription* of drugs. Of course, this expression does not refer to the medical utilization of the active principles of drugs, like that of morphine, to relieve pain, because in these cases the drug becomes medicinal. I explained this in the first part of this presentation. It is therefore an open problem, which no doubt needs further study.

Ethical Reflections

Drugs and suicides have many things in common. Both of them are an escape from life, achieved first of all by relying upon an illusory instrument, which in the long run worsens the problem instead of alleviating it, and secondly by voluntarily destroying one's own personality. As a result, both are strongly condemned by the Church. This is the statement about suicide in the *Catechism:*

Everyone is responsible for his life before God, who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners of the life God has entrusted to us. It is not ours to dispose of.

Suicide contradicts the natural inclination of the human being to preserve and perpet-

uate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor, because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

If suicide is committed with the intention of setting an example, especially for the young, it also takes on the gravity of scandal. Voluntary cooperation in suicide is contrary to moral law.

Serious psychological disturbances, anguish, or the serious fear of hardships, suffering, or torture can diminish the responsibility of one committing suicide.

We should not despair of the eternal salvation of the persons who have taken their own lives. By ways known to Him alone, God can provide the opportunity for salutary repentance. The Church prays for people who have taken their own lives.

The acknowledgement of illness and other factors that attenuate the guilt of the suicidal is now explicit here, but also a relatively recent acceptance, the fruit of a long and painful journey.

Here, then, is the judgment on drugs.

The use of drugs inflicts very grave damage on human health and life. Their use, except on strictly therapeutic grounds, is a grave offense. Clandestine production of and trafficking in drugs are scandalous practices. They constitute direct cooperation in evil, since they encourage people to practices gravely contrary to the moral law.

Apart from the mention made of *strictly therapeutic reasons*, for which the interpretation is, moreover, ambiguous, we are still far from acceptance of the medical aspects of the substances abused, despite the fact that this is equally or even more widely documented than the case of suicides. To the study of these aspects I think that everyone should make his own contribution, in the field of his own specific competence. I have sought here to make my own humble contribution.

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Drug Addiction and Crime

1. The complexity of the drug problem, particularly as regards the "development of the human person," indicated as *the basic task of a modern state* by the Italian Constitution (article 3), brings under consideration the very meaning of life in a society at "high risk" because of lacerations in the connective tissue of its values, and people today seem not to have thoroughly assimilated *the lesson of this century*, with its story of the horrors of war and inconceivable massacres at the core of the human race. The drug problem has been carefully examined by many in its multiple aspects. Different moments have thus been grasped in a world marked by treachery, concern, anguish, misdeeds, and death. And from one standpoint or another—but always referring to the *invariably devastating consequences of drugs*—there have also been analyses aimed at hoped-for normative action or other possible remedies and, therefore, at instruments for combating drugs which would really ensure, if not complete victory, at least a reduction of this serious malaise, which may not be regarded as superior in strength to *effective commitment by man to man.*

Broadly-based cultural research and reports by "investigative commissions" have in the past contributed to determining the symbolic and other meanings of drug-taking in general and of each of the different substances, especially by young people. It has thus been necessary to realize that malaise, marginalization, degradation, and self-destruction are usually associated with the use of psychotropic elements and also that punishment and its deterrent effect are certainly unable to avert or eliminate it because voids, disturbances, or other psychic sufferings, as well as absence, concealment, or reticence and emotional or relational privations or impediments, might prove to be unmeetable needs, gaps which could not be filled through the additional, deeper *loneliness of prison*, as would occur in the event personal freedom were restricted by having to serve a sentence or be subjected to protective custody. Indeed, to seek to counteract addiction—or, rather, *enslavement to drugs*—by way of *that other form of subjection*, incarceration, might well correspond to the not-at-all new idea of the "vice model"—involving blameworthy conduct which is thus deserving of punishment—but it would certainly *not* represent a *rational approach* to the addict's recovery of physical and psychological health and integration into the mainstream of society.

On the other hand, avoiding entry into the drug circuit is clearly the task of *general social prevention*, as is universally recognized. And with good reason there is insistence upon the indispensable role of adequate information and concrete discouragement of drug-taking by all social agencies, especially the ones closest to the lives of young people, with particular emphasis on those who are prevented by a lack of real love in a true family from experiencing progressive and appropriate realization of their personalities, both individually and socially, in the more sensitive time of adolescence, for example.

Today there is still talk of a "drug culture," which may to some extent be a way of cloaking another serious problem, that of the "drug industry." A perverse plot—even collusion—could in fact be established between those charged with combating drugs and those putting on the market—especially by way of small dealers—the amounts required for their maximum profit, with no concern, needless to say, about the obvious and immediate *harm and danger to the life or health* of drug buyers.

Such a disturbing, widespread human situation, on both a personal and social level, has thus demanded additional commitment from legislators around the world to deal with so many insidious snares from both drugs themselves and that human environment acting on the fringe of a society where proper attention to current forms of poverty—deviance, degradation, exploitation, and different kinds of corruption—is largely diverted by well-being and affluence.

Furthermore, it has happened that more than one legislator—while showing understanding for the state of people who are already a prey to drugs or have just begun use and thus need care so as to get off them, if possible, rather than punishment as deterrence from crime, which is an epiphenomenon of the very nature of drugs—has, however, ended up supporting the "need for punishment," a widespread notion among citizens, who with good reason, especially today, have lost patience everywhere on observing a daily increase in the number of people who, already caught in the drug net, come to commit even serious, violent crimes, which are thus even less tolerable, in order to get their required "fix."

And it has also happened that legislators inwardly prepared to support the despotic profit motive of individuals and groups devoted to drug production and traffic have, perhaps as a result of circumstances, provided for relatively mild punishment of such acts, while also resorting to fine shades of interpretation of presumed misdeeds so as to give magistrates the broadest discretion in relating real actions to the criminal code—in substance, a devaluation of the principle of legality, which then becomes a collapse of the very guarantees of penal law.

A criminal policy in keeping with the complexity of the drug phenomenon we have touched upon which is able to translate into operative terms a conscious *responsibility for freeing persons from a real form of slavery* (more treacherous in its apparent benevolence towards weakness and strongly suggestive—and no less persuasive—when the lure derives from ideologies) certainly requires robust *solidary tension* with a view towards adequate care and rehabilitation of victims, but must be equally committed to an *intelligent, serious struggle* against those who, for the sake of drug profits, do not hesitate to overturn *basic human rights*: the life and health of their fellow men.

2. As pitiless as it is far-reaching and resistant to all dissuasion, criminal involvement in drug production and traffic—usually structured into organizations with changing personnel which faces high risks, but is extremely well remunerated—has never concealed its true visage from the community of nations, which, since it perceived the *enormous offensive potential* of this attack on vital human interests—blinded by a progressive thirst for profit (how could it be otherwise?) through a mad multiplier effect—sought, at least initially, to involve each nation in the "fight against the drug scourge."

Very soon, however, that same community had to gain awareness of the unity needed for its effort and, therefore, of the demand for coordinated strategy in a dynamic common front to fight the drug traffic, which had quickly become worldwide and was already organized to some extent, especially in its kingpins. But what specific response was made to this determined, intense offensive? Apart from appeals and gestures, there was perhaps not even careful reflection on the need for a serious, rational, and unified war on drugs.

With the New York Treaty of March 30, 1961 (amended by the Geneva Protocol of March 25, 1972), however, countries agreed not only to "provide for limiting the use of drugs to medical and scientific purposes," but also (and this should be stressed) to "devote special consideration to measures aimed at treating drug addicts and thus fostering their effective social rehabilitation" (article 38). Promoting health, then, came to express a broader perspective differing from the prior one, limited to punitive action, which was then regarded as the only effective means of prevention.

In terms of evaluating the drug phenomenon in its capacity for generating crime, however, there was reference to a very limited, if not deficient, sensitivity to the need for a common front against the drug traffic. The document in fact points to a lack of attention to induced criminality and even to the bloody battles among bands to dominate and split up markets and a neglect of the many-sided (and very intricate) world of the small dealers, at once the authors and the victims of crimes, to be combated with measures appropriate not just for some of the goals to be pursued.

An obvious hesitation may thus be noted regarding the *criminal-capitalistic expansion of drugs*, in the face of which from that very moment the adoption of a clear position of real opposition, with recourse to common action by the whole international community, should not have been lacking.

The UN Convention perfected in Vienna on December 20, 1988, though admittedly insufficient in some respects, stands out, however, for its increased awareness of the enormous danger of drugs for individuals and society and of their effects on generating crime directly and indirectly. And consequently, alongside a clear statement of social and health policy on the obscure world of drug consumption, we find an equally clear commitment by nations to legislation containing the obligation to combat—by deterrents and the imposition of punishment—production of and traffic in these substances and also to prohibit the purchase and possession of drugs, even when intended for "personal use" or involving circumstances regarded as "minor," with the possibility in such cases of *accompanying* or *replacing* sanctions with measures for treatment or social rehabilitation.

The expansion of this treaty beyond the 106 nations signing it and its both broad and detailed content should have allowed the countries involved to keep the commitments they had made by way of specific legislation and to create (in ten years) an organic system for action in every area of this complicated field. Yet, aside from norms not appropriate for the exigencies of prevention, care, and rehabilitation of drug addicts, it should be noted that these and other more advanced legal systems lack penal norms able to respond effectively to the offensive of *criminal groups*—the ones devoted to drug traffic—which, it must be repeated, are almost always *organized*; *powerful*, thanks to enormous human and material resources; and *well-armed*, because they are spurred on by high profits which are increased by *more and more extensive recruiting and distribution.*

Not only on account of the

inadequacy of the different national laws, however, particularly as regards the demands of prevention and repression, but, above all, in terms of a strategy to deal with the characteristics and potential of the above-mentioned criminal groups working throughout the world, and in view of the lofty values at stake, it would perhaps have been necessary for the whole international community and the UN itself to face up to "drugs as a major power" with the support and commitment of each Member State, with the modes and conditions proper to a *real battle*, though, let it be understood, with respect for effective guarantees regarding persons. If it had adopted this position—particularly towards the large-scale drug distributors and dealers, who would otherwise have been quite unlikely to undergo the sanctions established by governments, which, though severe, are so hard to enforce—*all of humanity* could have effectively protected *basic universal values* which differ from everything else it readily protects.

3. *Ultra vires suas* could thus be applied to each country in the face of the *major criminal action of the drug traffic*! And it must be added that, in response to widespread and understandable apprehension among those who are affected by macro- and microcriminality arising from drug consumption and denounce the inadmissible inaction of government, legislators (the experience of Italy speaks loudly in this regard) sometimes do not hesitate to turn over to the judiciary or—by way of a referendum, in spite of the complexity of the subject in all respects—to the population itself the task of adopting a basic determination, particularly for limit situations, where political responsibility clearly is greater. In this way, however, government displays its gruesome inconsistency rather than its intrinsic weakness. It is in fact not in a position to guarantee *the certainty of law* and, therefore, the sure, effective protection of the basic legal concerns of individuals and society.

The attack, it is true, is seen to be more massive than ever here, but for this reason government response should be even more intelligent and serious, though it ought not to take up at once the (two-edged) sword of punishment, since this can only be the *extrema ratio* of criminal policy, alongside other measures to be resorted to according to circumstances, always proportionate to real human and social needs.

In the firm conviction, then, that the international community's battle is indispensable against a *juris gentium* crime—the drug traffic, unassailable by any other means—the task of legal policy in each country remains urgent to seek out rational measures, within existing juridical frameworks, to reduce, if not exclude, the serious individual and social effects of drug production, traffic, possession, and consumption. Indeed, everyone is disturbed over the advance of such a high-risk phenomenon and its effects, like *deaths from overdoses*, which are increasing everywhere each year.

People wonder about the reason for this enormous sacrifice of lives, which can be linked to an incorrect concentration of heroine in doses only as an immediate cause. The kingpins of criminal groups, it should be observed, always keep an eye on the checkerboard of market influence and expansion; they do not hesitate, then, if necessary, to corner the market with violence or split up part of the product truculently to gain hegemony over a territory. Consequently, who can doubt that they hesitate to resort to overdoses (or adulterations or mixtures which are just as toxic) for the sake of a *market strategy*? Perhaps just to invigorate or depress sales by way of qualitative/quantitative modifications of drugs? The risk to the lives of drug users would not suffice to block the projected maneuver, just as the threat of punishment would not be enough.

The activity of the criminal associations usually working *on an international scale* thus becomes clear: their goal is to expand the already enormous proceeds from drug traffic (if the return on cocaine is about 1:200, the return on heroin is a good ten times higher), perhaps with a view towards compromising vital sectors of a nation's economy or its political and administrative institutions.

In the face of this reality, the permanent opposition between *prohibitionism* and *antiprohibitionism* rears its head up, not just in the eyes of legislators, and the latter is supported (aside from a *vindicatio libertatis*) by the long list of social evils attributed to the former. The *têtes de chapitre* of the dispute (whose ideological aspects must intervene at times to keep it from losing all interest) remain *depenalization*, *legalization* (of hard drugs), and *liberalization* (at least of "minor" drugs). And there is no lack of attention to new criminological and therapeutic views, not involving the liberalization of sale, but the *administration of drugs by medical prescription*, as part of health programs for the social integration of addicts. This prospect is sometimes marked by a glimmer of en-

thusiasm (and optimism) for proposals which would seem "new" if they were not indebted to orientations apparently not aimed at protecting personal life and health, but, rather, the search for *social tranquillity*, which we do not feel authorized to link to the meaning and value of legality. The ambiguity of legal administration of hard drugs (illegal consumption is not to be combated with legal use when the good to be protected is health), in logical terms, does not warrant approval; and, empirically, the "legal medical dose" might prove insufficient and thus give rise to a parallel black market—this is not the place to deal with its negative dimensions.

The option of antiprohibitionism, aside from all contraindications, to be implemented effectively would require uniform international norms which are now lacking, since the Vienna Convention chose the opposite, though moderate, solution for users of complementary measures to rehabilitate them or substitute for drug use.

In reality, apart from actions performed under the effect of drugs, the additional or cumulative interference between criminality and drug consumption or traffic shakes up prospects for the criminal policy which a welfare State based on law is committed to applying. Arguments and counterarguments succeed each other, if only because of marked ideological/political tensions. And the State would appear not to have at its disposal any real means of protecting the legal goods associated with the persons affected. For instance, how can the *vinculum servitutis* which is so strong in the small-scale *dealer/user* be broken? How can we avoid the *periculum clam proficisci* of the drug addict in the face of the concrete risk of punishment? And what would be an effective strategy to fight against a drug traffic which is almost always tied to one mafia or another whose extraordinary economic power is able to corrupt government itself?

4. *The sense of community life* which ought to animate government and point to the limits needed for a *humane perspective on law* demands constant attention to the factor of money in drug traffic and consumption and of momentary flights from reality involving solitude, frustration, opposition, or malaise. Drug merchants and users are ready to sacrifice or risk their own lives and others', as well as health, in terms of genuine physical and psychological well-being.

The perception of the values at stake here, even more so from the standpoint of

"human rights," enables us to ponder all the reasons for effective commitment—not only by government, by way of law—on everyone's part to use all licit means to contain, if not overcome, the drug scourge, so as to impede its advance to the utmost.

The State itself, it must be stressed, is at risk in its nerve centers. In the drug marketplace criminal groups are at work which are so well organized that they can surmount almost any obstacle—by bloodshed, if necessary. Rival bands fight over profits and influence, with no holds barred. *Political and administrative corruption* provides safe-conduct to reach otherwise inaccessible points and illuminate dark or shadowy areas. Economic activity itself is greatly facilitated, as we know, by immediate possession of *reserved information*. Links among *usury, receiving stolen goods, money laundering, and jobs in economic and financial activities* involving money, goods, or other drug-derived assets are extremely productive. These are almost unimaginably huge resources which also move over the—riskier, but equally profitable—routes of *major construction and service contracts*, where competition can be eliminated by persuaders who do not mince words.

To this picture we must add underground dealings in *arms, tobacco, and prostitution*, either as subsidiary activities or directly financed by the drug traffic, with its army of recruiters and distributors.

The small pushers, usually working for a daily fix, are recruited by the middle- or small-range distributors. Whether they are students, clerks, nurses, soldiers, or prisoners, they must ensure that a drug supply is always available at the workplace and seek, for an appropriate reward, to expand the market.

Myriad small businesses are involved in distribution; profits aside, risks for them can get very high. Invading another's territory brings down the harshest sanctions, and claims to control over an area extend to the practice of usury, which represents a prime conduit for employing large profits where the multiplier is not left to the discretion of workers. At the same time, other routes, involving commerce or real estate, though controlled, are generally not blocked.

Closely associated with distributors, in addition to the small dealers, are *immigrants and minors*, especially in the Western countries. The former, usually not deterred by incarceration (their massive presence in jails is no accident), invest or find themselves needing to invest their human capital in drug dealing. Mere survival may be gained, or certain comforts may be in store for those

demonstrating good results in the volume of business. Ending up in prison is certainly a risk, but it is, however, covered in terms of legal defense and economic aid to one's family from those who have profited from one's service. This model has been functioning for some time among workers capable of barbarous crimes on commission and also among some minors, who are clearly willing even to kill and are apparently less inclined to turn state's evidence or "collaborate with justice." For compensation, they are quite active in "home delivery" of drugs, supplying "group" or "street" fixes, and, above all, reviving demand if it declines.

The criminal and economic turnover undergoes the inevitable instability of figures. But in all likelihood about 33% of all those jailed in Italy, who are incarcerated for drug traffic and consumption, account for a similar proportion of all the yearly income attributed to criminal activity as a whole. At this moment there are thought to be about 240,000 heroin addicts in Italy, and this market is felt to be the leading one by far, followed, in order, by the sale of cocaine, morphine, LSD, cannabis derivatives, and amphetamines. Italy, it is true, is now a hub for drug importing, refining, distribution, and transport and is also regarded as a center for the production of synthetic drugs, *but criminal involvement in this field is seen to be markedly on the increase everywhere in the world* and for this reason prompts the greatest concern in those conscious of the ethical dimension of individual action and shared responsibility in respect for the basic values of the person and the community.

5. To assume that any State, independently of a solid network of intelligent partnerships aimed at real organizational integration, could deal with the gigantic criminal potential of the drug traffic would be an inexcusable mistake. At the same time, the fact that governments have not integrally implemented the Vienna Convention represents a significant failure, especially as regards the agreed-upon economic measures to combat the advance of "drugs as a major power." *Crop replacement*, in the ten years or so which have gone by, could, for example, have notably reduced the production of substances and contributed to the economic and social development of the populations growing these crops. Is it the *resistance* of the governments specifically involved or the *inaction* of others that could

have contributed in one way or another to crop replacement operations and the conversion of local economies?

It perhaps remains to wonder why other measures, such as the *confiscation of income* and the overriding of *bank secrecy*, appropriate for combating to some extent money laundering, illicit financing, and other uses of the huge proceeds from the drug traffic, have been relegated to the sphere of mere good intentions by many governments. And this question must be followed by another one concerning the real implementation of the obligations agreed to in the aforementioned Convention as regards mutual juridical assistance, particularly in terms of penal enforcement. And yet, in the light of the awareness of the community of nations of the limits of each regarding effective resistance to an increased offensive by the drug traffic, it is far from easy to grasp the reasons for blameworthy inaction or delay, certainly to be avoided in the future, if liberating man from drugs truly falls within "the aims shared by all and which all intend to pursue."

To desire the life and freedom of others for their own sake ought to represent the normal basis for regarding oneself as honest in relations with others. This has rightfully been stressed as the principle for an ethics also applying to the community of nations. An effective response to a drug trade which is ferocious because it is wealthy (even in comparison to the oil market) is thus urgent, for, *once again in this century*, man's life and freedom are at stake.

As usual, there has been a succession of solemn official declarations of purpose concerning a unitary, operative "international front." But not even the most severe lesson of this time has sufficed to prompt real action. Consequently, unopposed, drugs have continued their advance involving violence, marginalization, and mourning. And their terrible wake has served to strengthen the tones of antiprohibitionism, which has gained a comprehensible following among those who, while not directly caught up in the matter, cannot remain indifferent to a drama of such human scope.

The idea of liberalizing minor drugs and legalizing hard drugs, perhaps as a result of the social extenuation brought about by the phenomenon, has widely and increasingly been pointed to as worthy of consideration, at least with a view towards superseding the drug trade. According to the manifest terms of antiprohibitionism in citing the "social harm" of prohibition and its inevitable accompanying effects on drug production and traffic, collusion between the two poles has even been concealed. The twofold visage and noose of

drugs thus seem to have emerged, along with their identity. Once the drug traffic is forced to obey the first law of the market, it virtually collapses, in the case of liberalization/legalization, because the drug user—an addict for the criminal world—is no longer dependent, though this outcome is neither certain nor complete, as has been noted.

Such a consequence, certainly not to be taken for granted, is usually presented as the least harmful way out. But it is precisely here, it must be stressed, that the trap lies: addicts' life and health would not be safe. Indeed, if administration were insufficient, the *risk of overdose* would become real, as in recourse to clandestine drugs, with all the dangers of infections and other illnesses.

Nor would the intricate knot of the *user/dealer* be untied, as is apodictically affirmed by the supporters of legalization/liberalization. In reality, breaking this bond is not easy—and experience has been careful to demonstrate this through the effects obtained by the substantial depenalization of small dealing—because *a firm decision to recover freedom* is indispensable for *real liberation from drugs*. And if, as we know, enticement is frequently resorted to by the merchants of heroin and cocaine to draw into their net those who have shown an ability to multiply profits by taking fixes wherever demand is greatest, it is also evident, on the other hand, that people may flee from this strong attraction if the fragile opposition of users/dealers is reinforced by intense, empathetic support rooted in human solidarity as a real sharing in life situations.

6. No matter how enlightened and expert a State is, in terms of its system of norms and judicial structures, it is always faced with diverse obstacles when taking on the insidious, cunning, and aggressive drug offensive. The welfare State based on law is also aware of its role in socially integrating the weak, and drug addicts certainly are weak, for their human—perhaps not material—poverty escapes no one, but drug merchants also are, inasmuch as they have not discovered the true meaning of life. And we know the State constantly has to draw from culture to vivify law reflecting life needs.

Both prohibitionism and antiprohibitionism, then, with their varied approaches to one aspect or another of the complex drug problem, must certainly remain ideologically and politically committed to seeking solutions or even suggestions leading in the

right direction. How can legislators find clarification for effective norms which meet the needs of different people in a complex society, especially when they are weak, if not by way of a debate open to all serious contributions?

It is also indispensable to stress that *personal drug consumption*—whether initial or occasional, with the different effects of habituation, dependence, or addiction on generating crime—in almost all countries is now distinguished from other illicit uses because it is regarded as warranting rehabilitative treatment, either to substitute for or complement a sanction, which should preferably not be penal.

Is this a fortunate choice? It is certainly the result of careful reflection, perhaps with inevitable drawbacks. The Italian experience, especially after the referendum of June 1993, admitted by the Constitutional Court on the basis of a daring mental construction. The compatibility between the "lawfulness of consumption" and the "unlawfulness of possession for the purpose of consumption" (Sentence 28/1993), for example, while striking a blow to the certainty of penal law (after elimination of objective reference to the "average daily dose," it is now up to the judge to determine the amount of the active ingredient in the substance and also its being destined for personal use), since *separation between nonpenal and penal unlawfulness* remains directly linked to the *purpose of personal use*, has also involved a *substantial depenalization of small-scale drug dealing*. Indeed, it is common for addicts to possess drugs with the intention of devoting part to their own consumption and part (perhaps not a great deal, but not a "reasonable" amount, either) to sale, and this situation is not punishable, provided unlawful acts are presumed not to exist from a penal and administrative standpoint.

This norm led the Supreme Court (United Sections, May 28, 1997, *Cass. pen.*, 1997, 3350, 1833; 1998, 399, 205) to decide that the following actions are "not punishable and are classified as administratively unlawful: the purchase and possession of drugs destined for personal use which occur, from the outset, with a view towards the interest of other parties as well, where the latter's intention is verified of later acquiring the drugs for their own consumption," and the possibility for "group consumption" to constitute a crime (as provided for by article 73, d.P.R.n. 309/1990) is thus excluded.

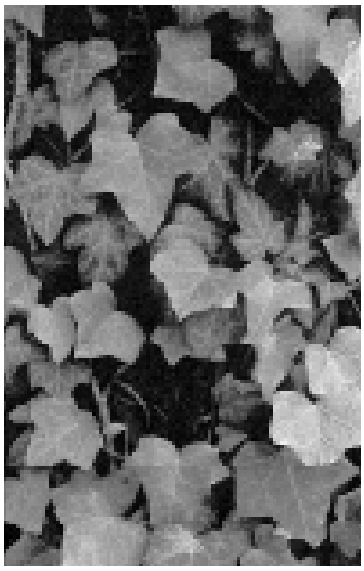
The disconcert arising is, of course, understandable. But this outcome is to be taken for granted in the light of the premise on which the Council made its decision to admit the aforementioned referendum hinge. And there is also a

very high price to be paid, which a diligent legislator would
perhaps have been unable to impose on health, which the Republic seeks "to protect as a fundamental right of the individual and concern of the collectivity" (*Italian Constitution*, article 32). It will thus be up to future legislators to return to this premise and once again not lose sight of the basic value referred to.

This Italian experience—whether or not it is to be deemed "utopian" in insisting on the "personal and social recovery of an offender/victim"—will certainly be useful to legislators in other countries when responsibly protecting the health of those enslaved to drugs.

7. The repressive penal system now in force in a large part of the world is generally limited to actions connected with the production of and traffic in narcotics and psychotropic substances, as well as instigating and facilitating their consumption. Habitual personal use (not the occasional variety, for which social services are created to remove the malaise and its causes), on the other hand, is usually dealt with by way of medical and social/rehabilitative treatment. In Italy, article 122 t.u.n. 309/1990 thus states, "The public service for drug addiction, after necessary verification and dialogue with addicts, establishes a personalized therapeutic and social/rehabilitative program aimed at full social integration through guidance and professional training or socially useful activities. In the framework of the program, where there is recognized urgent need, the service can apply disintoxication therapies as well as appropriate psychosocial and pharmacological treatments; in all cases it verifies implementation of the program by addicts."

The unlawful possession of narcotics for personal use—as a result of the 1993 abrogative referendum and the new norm in the above-mentioned article 75 c.t.—is, as we stated, depenalized, but on the basis of an ambiguity, which could perhaps better be termed a purely mental distinction, involving "means" and "end." The Constitutional Court (in Sentence 28/1993) indeed declared, "There is no contradiction between the permanence of the sanction for narcotics possession for personal use and the abrogation of the prohibition of the personal use of these substances as behavior considered in its own right." And it felt it could prop up the assertion with the tautology "The behavior sanctioned is not the personal consumption of nar-



cotics, but possession for personal use," a proposition which is evidently crippled. An antilogy (lawful/unlawful) would certainly have been verifiable, not, however, by isolating the terms (personal use as lawful/possession for personal use as unlawful), but by evaluating them in their recognizable teleological nexus. Only after demonstration that consumption of drugs without their possession was possible—that is, the full independence of the two terms—could legal compatibility and incompatibility (lawful/unlawful) have been determined and asserted.

The mental procedure here betrays the malaise of a real void regarding sanctions which is rooted in depenalization. The "revocation of a driver's license, arms permit, passport, and any equivalent document" established by article 75 t.u. clearly does not contain any major dissuasive force in the matter at hand. But the terrain is so rugged that it shakes up ordinary reference points. In reality, the human dimension of the drug problem relativizes the power of sanctions, and it is up to the legislator as a human being (who can certainly conceive of narcotics as capable of altering the psyche) to see the drug phenomenon as a current reality—not, though, with cynicism and detachment, but with awareness and empathy—to which the commitment, solidarity, and responsibility of individuals and the community must respond.

Serious and, therefore, effective criminal policy requires that the State be very alert to addicts' decision to set out upon the hard road of personal and social rehabilitation in the certainty that they are not alone and can feel helped along the way.

But how can the restrictions on the freedom of those in precautionary custody or serving a sentence be reconciled with a full recovery program? The Italian experience may provide further help, since norms have gradually been trimmed in the light of the most frequently observed needs. Indeed, article 89 t.u. 309/90—whereby precautionary custody in jail must not be applied or is revoked, unless there are exceptional reasons for custody, when the convicted person is engaged in or intends to begin a treatment and recovery program—is paralleled by the norm in article 90 whereby "in the case of a person sentenced to a prison term not surpassing four years for crimes committed in connection with a state of drug addiction the surveillance tribunal may suspend enforcement of the sentence for five years if it sees that the person has accepted or is engaged in a therapeutic or social/rehabilitative program." And it is not by chance that the text adds, "Suspension of impris-

onment also makes security measures inapplicable."

The intention of freeing people from drugs is thus pursued by seconding the idea that a twofold *status captivitatis* (narcotics and a jail term) would make the recovery of full freedom even more difficult. This idea also animates "entrusting someone to social service on a trial basis," which the surveillance tribunal can resort to (even twice, cf. article 94 § 5) by suspending imprisonment, even if it does not result from crimes connected with a state of drug addiction, provided the request aims at "continuing or embarking upon therapeutic activity, in keeping with an appropriate program." Finally, also to ensure full physical and social rehabilitation for convicted drug addicts who are not eligible for alternatives to incarceration, as with addicts in precautionary custody, there is provision for "confinement at facilities suitable for implementing therapeutic and social/rehabilitative programs," to be created by local health administrations, to which "those directing penitentiaries must indicate the persons who, when freed from prison, still need care" (cf. articles 95 and 96 t.u.).

Among the measures serving as alternatives or substitutes or complements to punishment, particularly incarceration, Italy (as we have observed in the norms cited), in a perhaps imperfect, but nonetheless praiseworthy manner, has clearly sought to stimulate, support, implement, or contribute to creating a therapeutic and social/rehabilitative program for drug addicts. One of its basic interests—also shared by the collectivity—is indeed the recovery of their physical and psychological well-being—in a word, their health, especially their liberation from drugs by regaining freedom, to be used with responsibility in a society which is not hostile.

8. How should a State dedicated to the necessary protection of everyone's life and health deal with the serious, insidious, and ongoing offensive of drug traffic?

Basic human rights, to which we have just referred, first of all demand (*hominum causa omne ius constitutum est*) the universal protection of international law, all the more so when, on seeing *iure gentium* legal goods offended or subjected to risk (how, indeed, can the drug traffic not be termed a *hostis humani generis*?), the international community cannot fail to feel itself stricken by this blow and danger and therefore negated in its intrinsic value—justice, protection, security, and understanding among peoples.

Yet a realistic vision of the potentialities of international law as a system of organization of social life and thus of the current exceptional repression of international crimes (among which, it must be stressed, the drug traffic should be included) demands an observation: *effective protection* today can only be that which is seen to be necessary and *implemented by national States*, which *punitive power* and *criminal sanctions* allow to act incisively, particularly in the sphere of personal freedom, so as to avoid socially undesirable behavior through the *dissuasion* which is at the root of the *system for protecting juridical goods*.

It is certainly the task of every State which has incorporated the Vienna Convention into its norms to adopt and implement the penal and judicial measures in keeping therewith, which for years should have been supporting other positive effects or even acting as a basis for additional internal steps within countries.

To fight the drug traffic, as some have rightly requested, flexible, but *clear and precise* responses are urgently needed from government. These are quite different from penal measures alone and even less (as opposed to what happens in most nations) *very severe punishments*, which are, moreover, used only as threats. In Italy, for example, imprisonment from eight to twenty years is established by article 73 § 1, t.u.n. 309/90, for each of the twenty-two forms of conduct by one person involving hard drugs; and, significantly, in the case of minor drugs prison terms for the same actions range from two to six years (§ 4), and from six months to four years in cases where "because of the means or modalities or circumstances of the action, or the quality and quantity of substances, the *actions* are seen to be *of slight import*" (§ 5); and, above all, "confinement may not be inferior to *twenty-four* years when three or more persons associate for the purpose of committing the crimes of producing and unlawfully trafficking in narcotic or psychotropic substances, and the association is armed"; finally, the same punishment (§ 2) "may not be inferior to ten years for those taking part in the association."

This is a picture whose harshness is increased by various *aggravating circumstances* involving actions by individuals and associations. On the other hand, there is provision for *mitigating factors* and also for the possibility of judicially recognized amendment after a crime has been committed—for example, on the part of those contributing to keeping "criminal activity from leading to fur-

ther consequences by helping police and judicial authorities to remove resources needed to commit crimes" (article 73 § 7), or "those acting effectively to guarantee evidence of crimes or deprive the association of resources which are decisive for committing them" (article 74 § 7) , or, finally, those providing aid in the case of a danger of death or personal lesions to drug users (article 81). As we see, in this picture the inhumanity of those producing or selling drugs is avenged (perhaps proportionately, given the offense, with some openings towards re-education and a marked desire for emotional reassurance) by a State unable to prevent or avoid (in keeping with its mission) such a serious attack on personal life and health.

The limits and insufficiency of punishment, especially incarceration—in view of the unending debate on it—do not require further observations here. But recognition that the threat of *excessive punishment* is an index of a "subrogating function" in penal legislation (as compared to other purviews of the law) must exist, along with a much more serious realization of the *evident injustice* (proper to a "scapegoat") perceived by those undergoing punishment and not seeing it as conducive to *rehabilitation*, in addition to its obvious *ineffectiveness*, which is even more pernicious than insufficient punishment.

The fight against the drug traffic, then, aside from severe, but just punishment, also requires from the State intelligence and—not occasional, but constant—commitment in using available means, beginning with *rigorous control of all economic activity*, with the indispensable seizure and confiscation of all gains, which would otherwise be channeled at once into money laundering and the most disparate enterprises. *Ex rebus* dissuasion would prove effective here, because it would be immediate and less complicated within each State, would not meet with obstacles and delays, and would lend itself to complementary forms of action. Moreover, this punishment would allow drug traffickers—whose reformation is pursued after their loss of resources which may have been acquired over a long period—to seek self-renewal and real social integration.

9. Drug addicts and traffickers represent two complex poles of extreme malaise that deserve careful analysis and adequate personal and social action based not only on the antithesis defense/offense, but also on *solidarity*,

which allows freedom not to be separated from man's responsibility for man.

Drug addicts/dealers represent an antithesis, offenders/victims, as regards crime. Slaves to drugs, they say they want to live this way to vindicate their freedom; they say they want to combat *hostile society*, but they only withdraw into themselves, in the desperate loneliness of those carrying out their own physical and psychological destruction—a tangle of contradictions, as we see, which is encountered in all drug users, who are clearly *fleeing from responsibility* to seek refuge in unreality. These are the two dimensions of a single act whereby they give up trying to overcome anxiety by seeking solutions to the intricate problems of life—alone in an equally lonely society, locked into its increased material well-being, which is at the root of the neglect regarded as intrinsic to the current complex society. This is the explanation for a supposed need for "coexistence of drugs and social life," which can give rise to nothing but "ties among different forms of loneliness" and a definite absence of the vivifying connective tissue of authentic relations among human subjects, who are certainly desirous of not being left alone.

Drug dependence in current society is, in plain terms, *slavery*—only an illusion of freedom, revealing nothing but man's loneliness, indigence, and vulnerability—from which law, two thousand years after the incarnation of God in Jesus Christ, *must liberate man*. "The social forms of training where [man's] personality develops, [in carrying out] their imperative duty regarding social solidarity (*Italian Constitution*, article 2), may never to any degree be exonerated from contributing to the physical, psychological, and social recovery of drug addicts. Families, schools, parish recreation centers for children, youth associations for culture and sports, military bases, and therapeutic communities, among others, must respond to calls for help from those who, in the noose of drugs, are even afraid to ask for it, so as to break the heavy bond of dependence, at least through treatment incentives, which have been resorted to as an alternative to punishment—though the hardest task, but perhaps the most stimulating one, is to *lead addicts back to the adventure of freedom*, tearing them away from the trap which is driving them into flight. "It is precisely in this utopian view that there is situated the false conviction that freedom begins where need diminishes," observes Hans Jonas, also specifying that "only the most radical misunderstanding of the very nature of freedom can give rise to such a conception, [for] freedom lives in con-

stantly confronting need..., and separation from need would remove freedom's object, without which it would be destined to be annulled, like force without resistance. Empty freedom, indeed, like empty power, suppresses itself" (cf. *Das Prinzip Verantwortung*, Frankfurt, 1979).

The analyses regarded as most perceptive of the data and real significance of drug consumption around the world always point to serious malaise and loneliness associated with it and exacerbated by the increasing rent in the web of personal and social values. It is almost as if, more and more often in the most advanced areas, an adult freedom has to include *cupio dissolvi* and human dignity—which also means respect for one's life and health as presuppositions for the conscious exercise of freedom—can be real without affirming its value. *Liberation*—definitive departure—from drugs thus implies *personal commitment*, or *usucapio libertatis*, by human subjects who grasp their responsibility to themselves and other members of society.

Just as to be rescued from the slavery of crime it is indispensable to engage in true renewal and recover awareness and freedom in the light of a judgment of how one has acted, so those seeking to "emerge from the drug tunnel," though feeling themselves to be supported by the help of others, must commit their full selfhood to recovering freedom, which is their human dignity.

To discover in legal norms (especially at their origin) a sense of *community life*, thus impressed with the values of freedom and solidarity and bound together by the responsibility of the individual to others and vice versa, means to note (as Jonas does) that a sense of what should be is concretely contained in one's existential being and one's capacity for acting causally implies an objective obligation, in the form of external responsibility. We may thus state that it is everyone's duty—the responsibility of each by reason of one's position and capacity to act—to contribute to the liberation of those enslaved to drugs through serious commitment to fight them and all manifestations of criminality associated with them.

10. The State's war on drugs boils down to this sense of responsibility. The State may not renounce the values at stake, but the enemy is treacherous and by way of corruption can sometimes rely even on parts of the government apparatus claiming to combat drugs. And the adversary is also *efficient*, given the extraordinary material resources available and the various overlapping or independent organizational structures at work. The battle must thus be relentless, intelligent, and effective, in the conviction that we can eventually get the better of events regarded as inevitable and factors deemed insurmountable.

The first urgent measure, it must be stressed, is to deprive the drug traffic of its possessions and conspicuous gains. This requires rigorous verification of the use and camouflaging of goods to avoid money laundering or transfer to other branches of the drug business. Only if seriously damaged in its income will it begin to yield, for voids must be filled before long. An overall clean-up can be implemented if there are no truces, surrenders, compromises, or defections. If determination remains strong, success may take time, but will be ensured.

Not the *harsh sentence*, but the *just sentence* represents a response to the drug offensive. Defeating it lies entirely in condemnation, in the social discredit associated with the fact that these "pretentious swindlers" have offended or brought serious risk to the very life or health of many persons—and such weak ones—for the sake of enormous, but squalid personal gain. The sad part of this human episode is that *one man has betrayed humanity by reducing others like himself to slavery in taking away their freedom for the sake of profit.* The ruinous nature of the drug trafficker's influence upon his victim consists of having acted not to make him freer and more alive, but to extinguish or obscure his freedom, if not his very life.

In the light of this terrible harm and laceration, can those who have caused such evil to mankind be left alone?

The marginalization of the guilty for the sake of vengeance, perhaps with the false spoils of justice, may never acquire logical or ethical meaning. Nor can civil society, by way of punishment, absolve itself of a shared responsibility for crime (it was Max Scheler who recalled that a plant grows only in a certain soil, in a suitable climate) or for the series of crimes committed (only in a law of June 26, 1990, article 26, no. 162 was provision made in Italy for "the Ministry of Education to promote and coordinate the different educational activities on health and information concerning the harm caused by narcotic and psychotropic substances, as well as related pathologies").

The rehabilitative dynamism of punishment, in the context of its necessary humaneness, and personal penal responsibility (*Italian Constitution*, article 27) certainly raise questions for the con-

science of the jurist and of all men regarding the full redemption of those who have committed serious crimes. Hans Jonas, referring to the *courage of responsibility*, has also specified that "responsibility lies in care for another being when it is recognized as a duty and becomes apprehension in the event the vulnerability of that being is threatened" (cf. *op. cit.*).

The guilty, in order to return to community life with those whose basic shared values have been offended by their criminal action, once they have served a significant part of their sentences, must offer assurance of their amendment by their efforts in work or study and by showing interest in their victims and also a real intention to make up for the harm they have caused. On this assumption, as, for instance, articulated in Italian law (article 176 c.p.), those who, on conditional release from confinement, decide to use their newfound freedom differently (positively, as opposed to the past) can show how useful the lesson received has been for them and orient themselves towards definitive respect for the goods protected by law.

The Vienna Convention, with evident attention to the seriousness of the crimes of the drug traffic, notably limited *measures alternative to incarceration* and other benefits related to confinement. Therefore, *conditional release* (which the Italian Constitutional Court, on certain assumptions, correctly deemed a *right* of convicts, as in Sentence 201/1974) may constitute the most significant example of renewed friendship between man and the law, where the legal order thereby displays a desire to show faith in those who have changed their outlook and firmly decided to amend their lives.

An act of faith by the State in man's recovered conscience, which is a synthesis of awareness, freedom, and responsibility. Clearly, an act of faith to be made—in the creature willed by the Creator in his image and likeness.

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The Fight Against Drugs and International Regulations

I would like in the first place to thank Archbishop Lozano for the invitation extended to me to participate in this symposium, prepared by the Pontifical Council for Pastoral Assistance to Health Care Workers, to address the problem of drugs, which is of extreme and worrisome gravity because of its constant development, despite the long-standing commitment of the international community, the Church, and many states to hinder its spread and redress the harm done and the disastrous effects on both the individual and society, and if I may say so, on nature, too, taking into consideration the ecological damage that is caused, as reported by experts, in the Andean countries, where increased cultivation and refining of cocaine has brought about massive deforestation and pollution of rivers.[1]

The development of the drug phenomenon concerns, above all, the universalization of the illicit traffic in drugs: in fact, the recent statistics supplied by the UN's Commission on Narcotic Substances show that illicit traffic in heroin and cocaine is extremely widespread, even in Africa and the Middle and Near East, where a new traffic route has been opened along the Transcaucasian corridor.[2] And, back in 1990, the reports of the UN's International Agency for the Control of Narcotics observed that universalization also involved the abuse of drugs, with the consequence that the distinctions between supplying, consuming, and transporting countries were becoming increasingly evanescent.[3]

Besides, the phenomenon of drugs concerns the emergency of the spread of new "synthetic drugs," produced mainly in the countries of the European Union and Central Eastern Europe, drugs which, as observed, are more economical than the traditional ones of plant origin and are even more available on the free market.[4]

As indicated by the first agreement on the control of the trafficking in and consumption of narcotics, which dates back to the beginning of this century, the drug phenomenon, with its intrinsic transnationality, has drawn the attention of the international community since its appearance.[5] Concentrating on the current responses of the international community to the drug problem, I will proceed by outlining first of all the framework of regulations, so to speak, with basic and global concerns, elaborated in the sphere of international cooperation, which all converges into the UN system. I will subsequently indicate the part played by international organizations in a more restricted sphere, be it spatial and/or functional, and, above all, dwell upon the action of the European Union. I will conclude with a brief comment on the prospects and effectiveness of the system outlined.

The current framework of the regulations drawn up in the sphere of the UN comprises the single convention on narcotics of 30 March 1961, the convention of 21 February 1971 on psychotropic substances, the protocol of 26 March 1972 for the amendment of the single convention, and the most recent convention of 20 December 1988 against trafficking in illicit narcotics and psychotropic substances.

The convention of 1961, which is currently in force in 150 states, subjects to international control more than a hundred narcotics indicated in the annex tables, which can be modified or supplemented by the UN's Commission on Narcotics at the recommendation of WHO.[6] This control, which is intended to regulate the production and sale of narcotics for legal purposes and avoid improper use and their being destined to illegal ends, involves approval by the International Organ of Control of reports which every contracting state is supposed to submit containing the relative estimates of legitimate narcotics needs and annual statistics on the substances produced, imported, and exported.[7]

The convention of 1971, which is presently in effect in 146 states, is also founded on the principle which forbids the use of psychotropic substances beyond the needs of medicine and science. Like the 1961 convention, it promotes the legal marketing of narcotics, and even though in a less rigorous way, subjects to similar control an additional one hundred substances not included in the previous convention, such as hallucinogens, amphetamines, and barbiturates.[8] These conventions do not provide direct measures for the suppression of illicit trafficking in narcotics, but limit themselves to requesting the contracting countries to cooperate in the subject and also introduce in their own regulations offenses connected to narcotics and psychotropic drug production, trafficking, and sale.

The need to improve, on the one hand, the functioning of the International Organ of Control and, on the other, to specify the procedures for the prevention of addiction and the social recovery of drug addicts led to the adoption of the Protocol of 1972 for the

amendment of the single convention, presently in effect in 142 states.[9]

And, finally, the 1988 convention, to which 138 states and the European Union are parties, constitutes the central instrument for cooperation in the fight against drugs, especially because it expands the one-sided vision of the previous conventions, inspired by the philosophy of controlling supply, or production and also tackling the problem of demand (hence consumption), and proposing, therefore, global regulation of the drug phenomenon, with the suppression of illegal trafficking and the recovery of addicts.[10] Besides, the convention broadens the strategy of the fight against drugs in three directions, with the monitoring of precursors and the chemical substances needed for the fabrication of drugs listed in the two annex tables; measures to check the transporting of narcotics by sea (since vigilance at boarders and airports had indeed been more assiduous and had reduced the expedition of narcotics by both land and air, thus making the seaways preferable); and, above all, identification of the criminal channels for laundering the proceeds derived from the cultivation, buying, sale and exportation of narcotics and confiscation of such proceeds.[11]

The 1988 convention situates itself in the framework of the intense activity of the UN which culminated in the International Conference of 1987 on the abuse of drugs and illegal trafficking, which concluded with both the adoption of a political declaration, acknowledging the "collective responsibility of states" in fighting the illegal drug trade, and a multidisciplinary document that is a kind of epitome for the anti-drug action of governments, international organizations, and nongovernmental organizations.[12] Later a special general assembly on the drug problem was held in 1990, which proclaimed the period 1991-2000 as the UN decade against drugs, adopting a global plan of action, which, while presenting significant similarities to the multidisciplinary document of 1987, is different inasmuch as it assigns to the UN the role of a center for consulting and coordination of the activities of the states and also ensures their uniformity in approach and methodology in combating the drug problem.[13] Presently, preparations are going on for another special session of the General Assembly to take place in June 1998, also dedicated to the fight

against drugs, in which the budget for carrying out such a program or even that of the 1988 convention will be worked out, along with other matters. The session will study the most suitable measures for both eradicating illegal crops in favor of other forms of agricultural development and fighting organized crime engaged in narcotics trafficking.[14]

Passing on to the second point in my report, concerning regional cooperation in the fight against drugs, I will only mention the most recent conventions drawn up in the domain of the European Council, which, on the basis of the 1988 UN convention, formulated the 1990 Strasbourg convention on money laundering, investigation, seizure, and confiscation of illegal earnings. This convention, which reflects the need for collaboration, above all by states with a high rate of industrialization, where, in fact, the problem is greatly developed, provides a basis to attack laundering, allowing homogeneous planning in the various signatory states, and adopts strategies for combating the problem, with measures such as blocking financial transactions, seizure, and confiscation of illegal proceeds.[15] The European Council also formulated the most recent convention, of 1995, specifically dedicated to the suppression of drug trafficking by sea.[16]

Central within the European context is the action of the European Union, which with the Maastricht Treaty expressly mentioned the fight against drugs in the new forms introduced, as a matter of public health (Document 10, art.129), and in cooperation in matters of justice and internal affairs (document 6), and, besides, the sector was singled out for primary action within the field of external politics and common security (so-called "EPCS"). For the implementation of such provisions the Commission has already worked out two programs for action by Europe in the fight against drugs. The second, for the period 1995-1999, outlines a global strategy which treats demand reduction, fighting illegal trafficking, and international action, with both more intensified cooperation in the UN's program of International Control of Drugs and the Pompidou Group of the European Council and the insertion of clauses related to the fight against drugs in the agreements made by the Community with developing countries.[17] A central element of these programs is the provision of preventive measures (e.g., provide information to the groups at risk, health education, and professional train-

ing), measures for rehabilitation and social integration of drug addicts, and supporting recovery initiatives.[18]

Among the most recent and significant normative results of common action we note adoption of the council's regulation of 31 March 1992, which contains measures intended to discourage the diversion of certain substances towards the production of illegal narcotics or psychotropic substances;[19] the current directives which the governments of the European Community follow in regulating the manufacture and sale of precursors;[20] the policy for the prevention of the use of the European financial system for the purpose of laundering proceeds from illicit activities;[21] the agreements with the Andean countries on the control of precursors and the drugs themselves, and the formulation in 1995 of the Europol Convention, which constitutes an extremely important element for the cooperation of police in the member states.[23] In the same way we note also the Schengen agreement of 1984 and the pertinent 1990 convention for its application, agreed upon by European states, which provides for the abolition of internal border controls even for foreigners who have legally entered and are travelling within a Schengen state.[24] However, since criminals could take advantage of free circulation to further expand their illegal activities, in order to guarantee the safety of the contracting states, the agreement provides norms for mutual assistance by police forces, which agree to carry on surveillance or follow up people who have committed crimes, including the trafficking of drugs in a Schengen state.

I now turn to concluding remarks. The system of norms for international cooperation in the fight against drugs, which we have just treated in its major concepts, appears impressive, broad, and incisive for the whole range of problems posed by drugs, thus displaying the clear and determined will of the international community in opposing drugs. Such a will is also expressed by the existence of equally impressive institutional machinery (e.g. the UN's International Program for Drug Control, the Pompidou Group of the European Council, the European Committee to Fight Drugs, the Trevi Group, and the European data center for drugs and addiction in the European Union), a machinery which I chose to consider because of its close relationship with the topic assigned to me. Such a will by the international community is also identifiable in the tendency to classify the trafficking of drugs among "crimes against humanity." This is expressed in the deliberations of the Commission on International Law when dealing with such criminals.[25]

If, however, as I noted at the beginning, the drug problem continues to expand, universalizing itself, then there arises an immediate question about the level of effectiveness of such a system of cooperation. The answer could be positive, but ought to be interpreted in the light of those limits intrinsically proper to the application of international norms, which definitively depends upon the political choices of the individual states—that is, questions of strict domestic jurisdiction. In other words, the system functions, but it always hovers between the need to ensure the effectiveness of international action against drugs and the need to respect the legislative, judicial, and administrative independence of the states.[26] This explains why the choice of a conventional instrument, even though it is the preferred one, is not the most recurrent one, since, as is well known, *pacta sunt servanda.* In fact, the risk is that the states will not take part in the agreement. Take the case of Switzerland, where experiments for the liberalization of drugs are certainly facilitated by the Switzerland's failure to ratify the 1988 convention, whereas in the case of Holland the UN's International Organ for the Control of Narcotics, in its 1995 report, expressed its concern for similar initiatives, questioning, in fact, their compatibility with the obligations of the convention agreed to by the state.[27]

No wonder, therefore, that most of the norms for the fight against drugs within the framework of the international organizations mentioned above belong to so-called *soft law*—that is, they have recommendatory, programmatic, and persuasive value, but are not really binding; they carry on the function of forming the conscience of the States, predisposing them towards later development of conventional instruments or even of *hard law.* The only exception in such a situation is the European Union, which is capable of intervening in a binding way in sectors removed from the sovereignty of the states, thus making its action notable, above all in the fight against drugs.

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Notes

[1] On this last aspect, see G. GATIANIS, La dernire victima de la cocaine: Quand rougissent les rivires, *in Chronique ONU* (1995), p. 66ff.

[2] See the following documents: E/CN. 7/1997/4 of February 3, 1997 and E/CN. 7/1997/4/Add. 2 of March 6, 1997.

[3] See the OICS *Report* for 1992.

[4] For the general picture of the problem and the European Unions strategy in response, see the Commissions communication to the Council and European Parliament on controlling new synthetic drugs, in *COM* (97) 249 def. of May 23, 1997 and also *the joint action of June 16, 1997 adopted by the Council on exchanging information, evaluating risks, and controlling new synthetic drugs*, in *GUCE*, no. L 167, of June 25, 1997.

[5] This is The Hague Convention on Opium of January 23, 1912 (in the *Treaty Series*, League of Nations, vol. 8, p. 187ff.), partly replaced by the Convention to limit production and regulate distribution of drugs (Geneva, July 13, 1931, *ibid*., vol. 139, p. 301ff.). The Convention for the Repression of Illicit Traffic in Harmful Drugs (Geneva, June 26, 1936, *ibid*., vol. 198, p. 299ff.). For commentary on these conventions, see L. SBOLCI, the entry on *stupefacenti* (dir. internaz.), in *Enc. dir*., vol. XLIII, 1990, p. 1231ff.

[6] For the text of the Convention, see *United Nations Treaty Series*, vol. 520, p. 151ff.

[7] Regarding this control mechanism, see M. BETTATI, Le controle international des stupefiants, in *Rev. gen. di internat. public* (1974), p. 180ff.

[8] For the text of the Convention, see *United Nations Treaty Series*, vol. 1019, p. 175ff.

[9] For the text of the Protocol, see *United Nations Treaty Series*, vol. 976, p. 3ff.

[10] For the text of the Convention, see *Comunit internaz*., 1989, p. 799ff.

[11] Regarding the 1988 convention, one of the references is F. Rouchereau, La convention des Nations Unies contre le traffic illicite de stupefiants et de substances psychotropes, in *Ann. francais Droit Internat*. (1988), p. 613ff.

[12] See R. SALERNO, Conferenza Internazionale sullabuso e il traffico illecito di droghe, in *Comunit Internaz*. (1989), p. 562ff. For the text of the Declaration and the multidisciplinary Compendium, see *International Legal Materials* (1987), vol. 26, p. 1638.

[13] See Resolution S-17/2 of February 23, 1990 and R. Salerno, Il recente dibattito internazionale sulla droga: gli incontri di New York e Londra, in *Comunit internaz*. (1990), p. 301ff.

[14] See Une session extraordinaire sur les drogues recommande pour 1998, in *Chronique ONU* (1996), p. 77 and UN Doc. E/CN. 7/1997/PC.3 of February 26, 1997.

[15] For the text of the Convention, see *Riv. Dir. Internaz*. (1993), p. 834ff.

[16] For the text of the Convention, see *Rev. Gn. dr. internat. pubblic*. (1995), p. 212ff. and Gilmore, Narcotics Interdiction at Sea: The 1995 Council of Europe Agreement, in *Marine Policy*, vol. 20, no. 1, p. 3ff.

[17] See Doc *COM* (94) def. of June 23, 1994.

[18] On this point, also see *GUCE/C 37* of February 9, 1996, p. 1; *GUCE C 141* of May 13, 1996, p. 42; Doc *COM* (96) 201 def. of May 8, 1996.

[19] In *GUCE L 96* of April 10, 1992.

[20] In *GUCE L 370* of December 19, 1992, p. 76ff.

[21] In *GUCE L 166* of June 28, 1991, p. 77ff.

[22] In *GUCE L 324* of December 30, 1995, p. 1ff.

[23] In *GUCE L 326* of November 27, 1995, p. 1.

[24] For the text of the agreements, see *Riv. dir. internaz*. (1991), p. 355ff.

[25] See *Report of the International Law Commission*, for May 2-July 21, 1989, p. 170ff.

[26] On this point see G. PORRO, "Le competenze comunitarie per la lotta alla droga e al traffico di stupefacenti," in *Riv. dir. internaz. priv. e proc. (*1992), p. 40.

[27] See the OICS *Report* for 1995.

Spiritual and Pastoral Accompaniment of Drug Addicts

Introduction

When I was asked to speak here, my spontaneous reaction was to refuse. The venture surpassed my experience and knowledge. But at the same time there awakened in me a sense of challenge, so to speak, and a clear awareness of bearing the concerns of many other pastoral workers who in one way or another seek to be witnesses to the living, liberating God in a context of death and slavery, as is the world of drugs.

As I worked out my paper, the statement by Saint-Exupéry in *The Little Prince* came to mind: *"When the mystery is too impressive, it is not possible to disobey."*

Delimiting the Field: Experience in a Complex World

To come to earth in the drug world is to look out over a coarse, obscure, complex terrain of planet-wide scope and fatal repercussions: it cuts down life and slashes possibilities for human growth.

A world rooted in the inevitable human tendency to seek happiness. A world taking the model of our society to a crisis point. For believers, it manifests the power of evil embodied in social structures and individual lives. An enslaving world. In short, a serious social problem.

My framework will not and cannot be this complex, vast world, but the concrete person who is a drug user or addict.

The backdrop to my paper consists of the faces of hundreds of thousands of young people between eighteen and thirty-five who are victims of deadly substances, especially heroin, cocaine, and synthetic drugs.

Young people who, in seeking to live without drugs, have begun a rehabilitation process at one of the multiple Therapeutic Communities. My reflections refer to these young people and this context.

They are no doubt an important part, but not the whole complex world of drugs.

1. The Drug Addict: An Anthropological Approach

The UN's official data for 1994 referred to forty million drug addicts. And the figure is growing. We may thus speak of a sort of pandemic. It is present at all social and cultural levels of the vast human community.

In spite of social givens, however, it is impossible to define a specific type of personality or family and economic situation which determines addictive behavior.

"...There are no psychological profiles, fixed models of inner conflicts, or specific phases of development sequences which can be set forth beforehand as decisive factors in the history of drug addiction or other forms of addiction" (Zinberg, 1975).

In addicts we find the same problems and situations which may lead other personalities to different personal solutions and/or successful, useful outcomes.

The young addict is no different from other people. Though familial, scholastic, and environmental factors have an influence, they are not decisive for addictive behavior. Many other young people in more favorable conditions also fall into drugs, and many in the same or similar negative circumstances have not turned to drugs.

People do not slip into hard drugs all of a sudden. They take a number of steps in the direction of addictive behavior before getting there. "Drugs do not enter a person's life like a lightning bolt out of a clear sky, but like a seed taking root in soil which has long been prepared" (Pontifical Council for the Family, *From Despair to Hope*, 1992).

One observation based on statistics concerning the start of use is that people seldom begin alone. The inception of tobacco use is a good example of group learning. Mass psychology is highly developed in some people for the simple reason that they do not identify with good parents and are capable of following fashionable trends, but not their own vital tendencies.

a)Reasons for Taking Drugs

I shall not attempt an exhaustive study of motivations, but stress the symptoms which may invite or stimulate pastoral action.

At the outset it is appropriate to specify that drug addiction is essentially a symptom. And symptoms require detailed analysis because they are a result of one or several unresolved conflicts which remain repressed or denied. Symptoms have a hidden language which must be deciphered, for they proceed from conflicts enveloped in the unconscious. To decipher them it is necessary to understand them, and that is the task of all therapy. Within the multiple causes of drug addiction we point to the following: regressions, emotional alterations, and attacks by others on mental health in work,

family, or school environments, where self-esteem and self-image are assaulted.

Wurmser says drugs are "used by people with an intense feeling of loneliness, emptiness, and depression to try to defend themselves from the impact of those sentiments, eliminate or reduce rage over their limitations and shame over weakness and impotence, repair the feeling of being wounded and rejected, and maintain an infantile world of idealized objects. The effect of some drugs is used to try to palliate a lack of personal meaning, goals, and values." In an attempt at summarizing, specialists speak of "structures with a narcissistic deficit in self-esteem" when determining the "basic lack or fundamental defect" which the addict seeks to correct with drugs. Moreover, the addict's capacities for mental elaboration and introspection are limited.

We know many people use all kinds of drugs to escape from apathy. We are even sold the idea that life without drugs is very boring. At heart this defense of drugs reflects a weak self and fear when dealing with suffering and depression. "Addicts' selfhood is weak and they lack the strength needed to face suffering." Drugs of every kind are used "to erase and mollify persecution by the superego. In fact, many addicts begin with self-administration of drugs to deal with the anxiety produced by the superego's persecution, to treat the intolerable inner tension caused by a suffocating superego" (Masson, *Suffocating Superego*, 1981).

These simple references lead us to the conclusion that it is necessary to consider the personality in which drugs have become installed and individual psychodynamics before beginning the task of rehabilitation and pastoral care. Though there is no stable personality structure necessarily leading to addiction, psychologists point to some common characteristics present in almost all, whether users of hard or soft drugs, whether or not they are tolerated by society.

b) Listing of Addicts' Behavior Patterns and Character Traits

– Compulsive behavior. Addicts want things at once and cannot stand delays or long, arduous mental effort. They seek to satisfy desires which cannot be satisfied. This can explain their compulsive conduct and the obsessive ritual they create around the use of drugs, to which they also attribute supernatural powers.

– A lack of tolerance of frustrations.

– Altered judgment of their reality out of excessive or deficient self-esteem.

– A basic note of depression, with a need to depend on groups and leaders and little esteem for relations with their equals.

– Easily influenced, though not always in a good direction.

– Restless and unstable, with avid desires.

– On account of low self-esteem, they always feel threatened: "I did not deserve to be born."

– Addicts experience the dissatisfaction and stress produced by chronic self-disparagement.

– In general, they are credulous, open, generous, and unable to say no. They propose major projects and leave things undone. They are like spoiled children—demanding and selfish, but lacking a sense of guilt.

– Lack of motivation. They cannot rely on their will, which is undermined by masochistic attacks, and their selfhood is debilitated. This generates guilt.

– A low level of understanding due to scanty cultural tools. Most have not finished elementary studies (Pampuri statistic: 80%).

– They lack conviction about the power of goodness and positive motives to hold on to.

– If we have focused on these behavior patterns and character traits, it is because they relate to the pastoral task, for without detailed, exhaustive knowledge of these people we cannot seek to do much for them. This is the initial conclusion and the starting point for pastoral assistance.

– A lack of interest in people and things.

– Concentration of intelligence on everything regarding the drug world.

2. The Church and Drug Addicts

a) Theological-Pastoral Approach

The Church possesses an unsuspected *kairos* in regard to drug addicts in both pastoral care and her presence among the least favored, socially and religiously.

In dealing with them, pastors can again learn that persons cannot be healed except through unitary, integral comprehension of them. Either persons are saved in their totality or there is no salvation for souls. This was the way Jesus of Nazareth acted.

"To evangelize represents the joy and vocation proper to the Church, her deepest identity. She exists to evangelize" (*EN*, 14).

The Church's action derives from her being. The Church feels called to evangelize. The Church needs to understand the world and men as the destination of her mission, the object of evangelization. "The cause of

God is the cause of man."

As Christ took up all of humanity, so the Church in her evangelizing action must take up the concrete situation of each and every person. "What is not taken up is not redeemed," states a classical theological axiom.

EMMAUS:
A Model for Pastoral and Spiritual Accompaniment

Jesus' words and gestures are the necessary model for the Church.

In the Emmaus episode we discover a pastoral model for disappointed people. The scene deals with introducing faith in the Risen Jesus into the hearts of his disciples, filled with questions and fears; it offers us the healing process and Jesus' personal strategy.

According to the story, the first step in spiritual and pastoral accompaniment consists of *approaching and walking together*. This model reproduces the style of Yahweh, who "walks with his people." He places Himself alongside those traveling "blindly and sadly." It is an attitude or movement of *koinonia*.

In Jesus there shines forth most clearly God's imperturbable inclination in favor of the sick and suffering human being.

From the beginning to the end Jesus draws near and accompanies those needing guidance. The Gospels amply narrate examples of the way He lets Himself be kidnapped by the poor, the condemned, children, the disoriented, and the sick.

The signs of the arrival of the Kingdom are evident: "The blind see, the lame walk, and the Kingdom is announced to the poor."

The surprise and scandal of normal society over Jesus are reflected in the Gospel of Luke: "He welcomes sinners and eats with them" (Lk 15:2).

What does Jesus offer the 'poor'? He does not give them wealth, but a new dignity and a powerful impetus. He gives them their dignity back. He brings them the certainty of possessing indestructible dignity in the eyes of God—He prefers them. In this certainty they can rise from the prostration to which they are subjected.

Jesus' accompanying human beings, in the confusion of suffering and death as well, reaches the point of identification. He identifies with the mortal destiny of man and travels the road of man until death.

The cross on Golgotha becomes the symbol of nearness

and accompaniment.

There is a fundamental article in our faith: "to believe that Jesus was true God and true man."

In the Crucified One God is present, and in the eyes of the poor and oppressed the Christian believer must glimpse the disfigured face of Jesus.

Christ hands Himself over to humiliation and abandonment to become the brother of the humiliated and abandoned and take them to the Kingdom of God. Christ's sufferings are not his alone, but include ours.

"The Christ who passionately loved, the Christ who suffered in the face of God's silence, is our brother, the friend to whom we can entrust everything, for He knows and has suffered all that can affect us—and even more" (J. Moltmann, *Christ for Us Today*).

Jesus Christ is thus the guide for mankind on its way to God. From his Resurrection hope originates, and the certainty that pain and death do not constitute the last word on human existence.

The followers of Jesus who live out his spirit introduce God's nearness and accompaniment into human times and spaces. The Church is the location, the house, for practicing *diakonia* and *koinonia*. She makes visible what Jesus did—to reflect God's imperturbable passion for man.

b) "He Asked Them...."
Pastoral Care and Healing Spiritual Accompaniment of Drug Addicts in Relation to Psychotherapy

Let us return to the Emmaus scene and Jesus' first intervention to approach and accompany the two disappointed disciples on asking, "What are you discussing as you go on your way?" (Lk 14:17)

His question goes to the heart of their experience. It is not a question to satisfy curiosity or request information—it goes to the core of their concern. He forces them to relive the "painful events" which affect their lives. And the Gospel concludes by saying Jesus went in with them and sat down at the table.

In these brief references Jesus' manner and pastoral "style" are suggested. Is the pastoral accompaniment of drug addicts so simple?

Of course it is, but since arriving at simplicity requires previous travel over a long road through complexity, I shall attempt, though in summary fashion, to move along it with the help of the psychotherapy and philosophy underlying Therapeutic Communities. They are the context in which I move and from which I have drawn the tools that have helped me to approach drug addicts pastorally.

I am aware that the "human situation" cannot be resolved by way of therapy. After attending to wounds, there remains an incurable residue

which cannot be treated in therapy. But the road to pastoral accompaniment of drug addicts passes through psychology and psychotherapy. They are indispensable vehicles for this kind of pastoral care. Of course, pastoral workers need not be specialists, but they must have some training, be open, and maintain dialogue with psychotherapists. Psychology can give the pastoral worker more precise knowledge of the psychodynamics of religious experience. With its help, pastoral care can speak concretely to announce God's salvation in a way drug addicts can understand.

This call also involves a clear warning not to turn pastoral care into a sort of psychology of religion—that is, limit itself to investigating addicts' religious or conversion experience, practices, and so on, stopping, in short, at analysis of religious phenomena while neglecting or dispensing with Gospel models.

Moreover, in the dialogue between pastoral care and psychology it is vital to make clear the limitations of psychological diagnosis from a theological standpoint. The transcendental dimension and the search for meaning escape psychology, when it does not expressly exclude them. We must also expect professionals' fear—if not rejection—of dealing with these questions.

In any event, the pastoral worker must reinterpret anthropological/psychological analyses theologically, since the image of the human being to which psychology refers contradicts the Gospel's image of man. The pastoral worker, in the light of the Gospel, must order the different human situations of addicts which psychology brings out.

A Meeting Point: To Look Beyond Appearances

One thesis, embraced by some writers (including Jung, Guardini, Kierkegaard, and Drewermann), affirms, "Only in the sphere of religious thought can the inability to accept oneself and fear of finitude be healed."

Socially, addicts prompt rejection and condemnation in many people, like the lepers in Jesus' time. Indeed, many have an excessive idea of addicts' responsibility for their situation.

Addicts experience this sensation: they feel observed, judged, and rejected. And those who are excluded are deeply wounded in their self-esteem and feel like the dregs of humanity—hence their

partly justifiable self-disdain and self-hatred. On the other hand, if they meet someone who accepts them unreservedly, they feel encouraged and liberated.

On the basis of repeated experiences, we know addicts harbor deep suffering, and meaningless suffering with no way out leads human beings to seek God by crying out or to despair. The deepest roots of both faith in God and atheism are in such pain.

At first glance, young addicts' religious experience presents a set of foreseeable deficiencies. Religion is marginal to their lives. On the other hand, they feel imprisoned by a life they do not like and wish to emerge from this abyss.

The whole drama of their lives may be expressed by what Viktor Frankl calls "existential void"—that is, a feeling of meaninglessness or insignificance and absurdity in life. Others call it a "life crisis," referring to all that becomes imprisoning and unbearable in life: illness, hidden psychic wounds, radical changes, loss of loved ones, deep disillusionment, and shifts in life direction.

Maslow sees the "will to meaning" as the basic, leading motivation in human behavior.

This existential frustration acts on all levels of personal psychology, dominating thought, feelings, action, and religious faith and manifesting itself in a state of tedium and boredom from which people seek to free themselves—by recourse to drugs, in the addicts' case.

This existential void becomes a source of confusion and the occasion for pastoral work.

From this experience in man there emerges, in the case of addicts, a so-called "unconscious leaning towards God," or, in a religious sense, "the unknown presence of God in man" (Victor Frankl).

The pastoral worker must not pass before addicts too quickly; he must profoundly interpret the reality presenting itself. In the desert of their spiritual lives there issues forth, though in a faltering manner, a need for a "new life." The unconscious leaning towards God arises in them, almost always manifested in terms of guilt, which spurs them towards a deeper catharsis than the one achieved in therapeutic sessions.

At that time the pastoral worker must be a messenger of hope and of the Gospel, which is salvation and liberation, not condemnation, for man. "He welcomes sinners and eats with them" was the remark people made about Jesus (Lk 15:2).

By Way of Conclusion: Pastoral Suggestions Drawn from Experience

The basic pastoral mission is to accompany human be-

ings in a state of crisis spiritually. It is proper to Jesus alone not just to preach salvation, but to seek to heal man's bodily sufferings. The *Basileia* of God which Jesus preached was an enormously realistic question: He preached and healed all suffering and illness (Mt 4:23). And He commissions his apostles, entrusted with this ministry, to do the same and gives them "power over demons and to cure illnesses" (Lk 9:1).

We cannot regard pastoral care in this context as a matter of humaneness which then arrives at the specifically Christian; rather, it is to relieve sufferings and make space for the dignity which has been stripped away to arise.

1. Pastoral Care Inspired by the Mystery of the Incarnation

In relation to drug addicts, the Incarnation translates into an effort at "inculturation" since they have their own cultural world, with certain values, like solidarity, a lifestyle, and special language.

Their lack of concern for religion must be taken into account; it is simply insignificant for them. The marginalization into which they have fallen has led them to break with every allusion to meaning, including the Christian one. Christian symbology does not connect with theirs, and, when before an image of Christ Crucified, they may thus ask, "Who is that naked man who is nailed onto those boards?" Examples could be multiplied.

In addition, they display distrust and rejection of norms and persons representing the dominant society and culture. What effort should pastoral workers make to enter the world of addicts? Their disturbed and disturbing state challenges our messianism and oppressive haste. It also forces pastoral workers to put aside the referents which are meaningful to them and relativize many convictions thought to be unshakable, including the absolute value attributed to the word as a means of evangelization—the value of gestures is discovered. In this context many pieces of bread must be sincerely and genuinely shared before saying a word. Addicts need encounters leading them from outcry to words, from self-harm to self-esteem, and from slavery to freedom. And this process is slow and tense.

Acceptance, or at least non-rejection, is the first thing to be gained. It must never be forgotten that, no matter how

close we get, we are not them. There is no symmetry between them and us. It is undoubtedly a privilege for them to accept you. Comparative studies of the different schools of psychology conclude that the therapeutic effect depends decisively on the quality of relations between the therapist and the client.

2. Awareness of Complexity

In addicts there is a synthesis of experiences of uprootedness, marginalization, youth, and drawing away from or forgetting religion. It is a complex world, with profound and varied sources which to some extent can be reduced to one aspect alone.

Consequently, in the face of this group many questions are posed for pastoral care. To be aware of this complexity and accept it is our first pastoral task.

3. Witnessing to Hope and Instilling Hope

Hope is crucial for those whose "identity is failure." It is necessary to believe to an incredible degree in the possibility of change and growth in the human being. This is the basic philosophy and starting point for rehabilitation of addicts and for pastoral workers as well. If almost everyone doubts Him, may they at least find that we, as followers of the Messiah, who does not snuff out the smoking wick, trust Him.

Furthermore, the possibility of "being reborn" must be awakened in them. In Therapeutic Community language, "hope therapy" is spoken of. Addicts have no confidence in the future and feel basic distrust of themselves and others.

4. An Essential Pastoral Approach: Going to the Core of the Gospel Message

This approach examines situations and adapts content and demands with an educational purpose. In the tradition of the spiritual life there is reference to the different phases of processes. To evangelize is much more profound that to obtain Church membership. Before arriving at the explicit Word there is much to do. In this context one must not be conditioned by a restricted or dualistic conception of evangelization. We must give ourselves time.

Proposing lofty goals or unreachable ideals generates very low self-esteem in addicts. To deal with exaggerated goals they have resorted to drugs.

Alexander describes addiction as a way of coping with problems. In his model of adaptation, the people who face a high risk of addiction are the ones who have failed in their attempt to reach the generally recognized levels

of independence, competence, social acceptance, and self-confidence representing basic adult expectations.

Addicts have failed in the process of personal growth, and addiction provides them with a kind of identity and life meaning.

5. A Capacity for Listening without Condemning or Clock Watching

Addicts wish to be helped, but at the same time are skeptical and distrustful. They hide behind a defensive image keeping their true feelings from emerging.

When not under the effect of drugs, addicts may experience guilt intensely. Though they try to deny their guilt, when they allow themselves to feel it, they are crushed. At that special time for spiritual and pastoral accompaniment, they need to give vent to the feeling oppressing them. Particular guilt is produced by observing the ongoing faithfulness of their parents—especially their mothers—who, in spite of their harmful behavior and constant deceit, go on supporting and hoping for their rehabilitation. This experience has a twofold effect: to dynamize their rehabilitation and act as a check through their fear of deceiving their families again.

In such a situation of overall judgment of one's life, addicts with prior religious experience often ask for Confession. After they have given vent to their interiority at different therapeutic sessions, there still remains an indefinable dissatisfaction leading them to speak with a priest. Expiation is seen to be necessary to be able to live, given the weight of sin or remorse. Without forgiveness, the guilty cannot live. Expiation—beyond human scope, for the injustice of what occurred cannot be "made up for" by any human action—is projected upon the so-called "scapegoat," whereby man frees himself of the evil dwelling in him.

In addicts, confession, or verbalization of the evil they have done, produces a great sense of relief. To be listened to in a context of deep seriousness possesses enormous therapeutic value.

At Therapeutic Communities the chance to face guilt and confess bad action is experienced as a crucial element in healing.

Unexpressed guilt feelings are thought to be the practical reason for acting self-destructively. On the other hand, when all thoughts and feelings are communicated, the person becomes a free individual.

Though we do not wish to describe this experience as religious in all instances, it definitely is a time of great depth for pastoral and spiritual accompaniment. We may call it the alpha point and, if fully developed, the omega point for spiritually accompanying addicts, regardless of their religious convictions.

6. In Keeping with the Rehabilitative Context

Pastoral workers must not be snipers. For the complexity of addicts, more than in other pastoral fields, contributions by other professionals must be relied on—psychologists, therapists, and TC monitors.

Specifically, pastoral workers can draw abundant criteria and norms for action from the outlook and therapeutic dynamics of a Community. Let us recall that the principles of humanistic philosophy, along with spiritual and religious characteristics, underlie the TCs, and some of their dynamics are inspired by religious communities. In general, they start from the conviction that if effective treatment is to be given addicts, they must learn new values and attitudes.

Moreover, the objective of rehabilitation is to move from dependence—slavery to drugs—to freedom. Addicts must be the main actors, and no one can take their place. It is a long process of rehumanization, and at heart what is being requested is a radical change in life—in religious terms, a conversion.

Most communities have adopted the Daytop Village approach in their therapeutic program.

"We are here because there is no refuge where we can hide from ourselves. Until people face themselves in the eyes and hearts of others, they escape. Until they let others share their secrets, they do not get free of them. If they are afraid to make themselves known to others, in the end they cannot know themselves or others. They will be alone."

"Where can we know ourselves better than in our shared points?"

"Here, together, people can manifest themselves clearly, not like the giant in their dreams or the dwarf in their fears, but as human beings, part of a whole with their contribution to others."

"On this basis we can take root and grow, not alone, as in death, but alive for ourselves and others" (Richard Beauvias).

In addition, communities have rehabilitation techniques which may be readily incorporated into pastoral care.

– Help and self-help. In communities no one may refrain from making an observation or correction for the purpose of helping another.

– *Encounters* based on communication and affection,

where, thanks to others, one may learn about oneself. They seek to expose the points to which each is blind.

When people take a selfish attitude, they are left in an existential situation of loneliness, "and there is only one pain in life: to be alone" (G. Marcel).

7. Credible Pastoral Care

As people with life experience, addicts put the authenticity of others to the test. The attitudes demanded of a pastoral worker may be summarized by the terms consistency and transparency, which arouse trust and enable others to lose fear of being deceived.

In regard to Mother Theresa of Calcutta, Cardinal Martini writes, "She simply said what emerged from her soul. That is why people understood her and regarded her as credible." And, on comparing her to Pope John XXIII, he added, "Both were simple and spontaneous. Both were capable of making themselves understood by anyone and with no need for many words. Moreover, in the diversity of their roles, they became portraits of a fully credible Christian man and woman."

8. Healing Pastoral Care

Addicts are sly manipulators. Their ability to lie and deceive themselves is enormous—it is a sort of weapon. And their tendency to live outside reality is constant. Pastoral workers should not enter into these games. Rather, they should confront addicts with objective facts and bring them to reconciliation with a life different from their childish demands. To this end, they must be led into the painful events they recall and be helped to discover that their whole life is accepted by God. They must accept their story as the story of salvation. This is achieved when the relationship between pastoral workers and addicts is sufficiently stable.

There should be instruction, but not solutions to the spiritual problems they may present. As a general rule, people have already used a lot of psychic energy to find a way. Providing a solution in an instant devalues the effort they have made and wounds them.

Furthermore, proposed solutions create feelings and attitudes of helplessness, impotence, and dependence. Solutions are experienced as precepts, orders, and/or prohibitions and reinforce addicts' superego, not the needed development of their authentic selfhood.

9. Not to Preach to Oneself (2 Co 4:5)

One must nevertheless speak of oneself—"of what we heard, what our eyes saw, what we contemplated and our hands touched" (1 Jn 1:1). Words of salvation and healing cannot be pronounced outside the context of personal faith experience—not in speaking by rote or from a theological chair. In awareness of the value of our personhood as a sign. Nonverbal messages, spoken between the lines, suggest to listeners the way they should understand verbally expressed content. We sometimes speak of a God of love who addresses people. But the way of speaking manifests a God who condemns and uses them, walking at a distance from man and humiliating him. We must be witnesses more than teachers. Emotional and concrete involvement with addicts is a pastoral need rendering the pastor's word credible. Such involvement is often frightening, for it is very uncomfortable, makes us vulnerable, and may generate unhealthy dependence. Christian discernment is undoubtedly needed, but not flight or defensive rationalization to keep a distance.

10. Not to Give More Than One Has

We can speak of God only in approximate terms. Our knowledge of God is always quite limited and inexact. One must be able to endure silence and not rush to fill it with words. We must learn to live with silence in pastoral and spiritual accompaniment of addicts and not resort readily to the doctrinal formulas of faith. To speak not so much by concepts, but by "narrating stories of salvation."

Addicts, sick of words and turning their backs on the dominant culture, see themselves reflected better in flesh-and-blood people rather than in ideals and doctrines. Moreover, listening to stories represents an original need of persons and forms part of their nature. It may not be fashionable in present-day culture, but at the heart of social interest there is a need for stories of life and death, suffering and love, conflict and reconciliation, and anguish and consolation. The content of biblical stories reflects this need.

"Then Their Eyes Were Opened" (Lk 24:31)

We shall conclude our paper. We began by turning to the Emmaus episode as a model for pastoral and spiritual accompaniment of people at a crisis point. I also wish to close with the end of that episode.

Something utterly unexpected happens to the Emmaus disciples because of their encounter with the Risen Lord.

The blindness which disfigured them previously and darkened their view of the cross on Golgotha, their lives, and their future disappears. On the contrary, their perception of reality is broadened, and their sadness vanishes. A completely new light is shed on their situation. They become aware of their blindness and of how different things are from the way they thought.

Through the crisis they have found themselves. They have found their identity on being transformed by the Risen Lord, who has accompanied them on their way of disappointment.

Jesus' death and resurrection open up a new mode of accepting oneself and one's life. He has conquered death and all the little deaths in each man. God accompanies the critical moments in life.

The basic problem for modern man, according to R. Guardini, is "self-acceptance," particularly as a result of an incapacity to integrate the dark side of one's personality. Self-acceptance is quite the opposite of an easy road of selfishness. Cardinal Joseph Ratzinger says, "Self-acceptance is not at all natural." It is possible only when one has experienced being accepted by someone else, when one has felt that "it is indeed good for you to be alive." People thus have an absolute need for God, even if it is not consciously recognized. Where persons find themselves, God, too, is with them.

In Jesus Christ God accepts our existence, our mode of being, and ourselves as unconditionally good.

This is a great message which it is good for addicts to hear—in short, it is the word God pronounces upon them: *"You are my child, whom I love"* (Mt 3:17).

Rev. ADRIANO
YUGUEROS, O.H.
Expert on Drugs and AIDS, Spain

Senator Arlacchi's Message

I feel greatly honored to have been invited to deliver a message on behalf of the United Nations, to this prestigious ecclesiastical congress on drugs. I would like to take the occasion to thank the Pontifical Council for having wished to give the necessary international dimension to this discussion, through both my participation and the presence of many important guests.

In fact, the whole drug problem in all its aspects and manifestations, is to be interpreted and confronted in a communal perspective. This is not only in respect to norms set by international operative treaties, but also for practical reasons related to the control and resolution of a transnational problem in all its components. The 25% increase in opium production in Afghanistan, reported in the last month by the UNDCP, should not represent a remote problem, but rather a serious warning to all of us. Additional opium produced in a distant country will arrive very soon in our own public squares, offered to the youth at lower prices.

However, it is not only the techniques of combating the production and trafficking of drugs that demand concentrated action by the international community. The strategies adopted to combat at the grass roots the causes and consequences of drug abuse, such as the necessary techniques for the rehabilitation of drug-addicts, should be developed in the light of common experiences and necessary information. It is only through a correct and broad vision of the problem and the collaboration of various sectors of our society that a solution to such a complex problem can be found.

UNDCP is the promoter of this difficult effort. It spearheads the anti-drug activities of the United Nations and has also in the past year taken on the important role of coordinating the programs of various governments in fighting drug abuse. Governments which contact the UNDCP for help receive legal, technical, and financial assistance, which is facilitated by 19 Field Offices spread around the world, and the numerous projects going on in the various sectors (the rehabilitation of drug-addicts, crop conversion, the fight against money laundering, etc.)

One never hears of the successes achieved in the field of drugs even when there are many. This contributes to the lack of confidence in solving the problem, which is otherwise possible when confronted with the trust and support of all. The responsibility of the Catholic Church in the fight against drug abuse, of which this gathering of experts is a manifestation, is always a great support and constructs a precious point of reference for many of the drug victims.

The UNDCP has benefited a lot from this support. On behalf of the program which today I have the honor of directing, I would like to thank the Catholic Church and also express again my gratitude to the Pontifical Council for the invitation to this meeting, which represents a significant step forward in favor of the fight against the serious phenomenon of drugs.

Dr. PINO ARLACCHI
Executive Director
of the UN International Drug
Control Program, Vienna

Message from the World Health Organisation

First of all, I wish to thank Archbishop Lozano and the Pontifical Council for Pastoral Assistance to Health Care Workers for the invitation they sent to Dr. Jorge Alberto Costa e Silva, Director of the Division for Mental Health and the Prevention of Substance Abuse (MSA), whom I am representing on this occasion.

WHO Strategies in the Field of Drug Dependence

In the field of drug dependence, WHO performs one function involving control and another in terms of public health. Both functions are part of the Substance Abuse Program (PSA).

As for its control function, WHO studies natural and/or industrial products to justify inclusion of substances not yet subject to control on the lists arising from the 1961 and 1971 Conventions, transfer a substance from one list to another, or eliminate restrictions altogether.[1] WHO has examined over 400 products, and on the basis of its recommendations 116 substances have been included on the narcotics list. There are 105 substances on the list of psychotropic drugs. These figures show that the production of psychoactive substances is continuous, and it is thus necessary to exercise careful, untiring vigilance over new products.

WHO supports Member States in their control policies so that use of these substances will be limited exclusively to medical and scientific purposes.

To perform its public health function WHO integrates its activities into the global strategy of Health for All, whose purpose is to create the conditions so that all people in the world throughout their lives may enjoy the basic human right to achieving and maintaining the highest possible level of health. The Health for All strategy is, then, a defense of social justice.

To achieve this aim in the twenty-first century, WHO will seek a balance between ethical and moral demands and the analytical formulations of science and technology.

The PSA takes up the principles of the Health for All strategy, including equity, access to Primary Health Care, intersectorial coordination, solidarity, and the leadership role of the community. PSA stimulates intersectorial/international alliances to respond to the complex problems connected with use of psychoactive substances. Through this strategy, the PSA channels international technical and financial support into the most vulnerable countries and groups.

Health and Psychoactive Substances

Though our planet has witnessed impressive advances in health over the past thirty years, WHO laments the persistence of major forms of inequality among and within nations. This inequality has a serious effect on users of psychoactive substances when discrimination and stigmatization are added to the adverse consequences of their habits.

WHO stresses that consumption of any psychoactive substance is potentially harmful to health and recommends that, where appropriate, similarities be considered in action for prevention, treatment, and rehabilitation, regardless of the legality or illegality of substances.

Tobacco causes 3.5 million deaths a year—or 10,000 a day—but if current trends do not change, this figure is expected to double by the year 2020. This increase will take place at the expense of developing countries, where an exponential increase in tobacco use is being observed among young people of both sexes, with an expected impact on mortality rates within twenty or thirty years. The developed countries have meanwhile adopted forceful measures to reduce tobacco use and the harm it entails.

Alcohol causes at least 750,000 deaths each year. In addition, alcohol is an important factor in the social and economic burden of illness due to disorders and disabilities which, without producing death, affect many people for years—e.g., psychoses, somatic disturbances, injuries from accidents and violence, loss of employment, and criminality.

Alcohol consumption is tending to stabilize or even diminish in many developed countries, whereas in developing countries there is a constant increase in production and consumption of alcoholic beverages.

The deliberate inhalation of volatile solvents is a public health problem mainly affecting poor, unprotected population groups in many countries, like street children, indigenous peoples, and the inhabitants of poor, neglected neighborhoods.

The use of internationally controlled psychoactive substances, or *illegal drugs*, is on the rise in all regions, as are its adverse effects on health. These consequences involve not only their toxic/pharma-

cological effects, but also the risks inherent in certain modes of use and the behavior associated with the criminalization of users.

Drug use by injection entails serious risks. Drug injection has been detected in 127 countries, and in 94 there is a connection between HIV and needle sharing. The primary cause of death among these users is overdose, related to various factors, including poisoning and impurities. It is estimated that 200,000 people die annually as a result of these nonmedical, deliberate injections of psychoactive substances.

WHO Activities

Working with the six Regional Offices of WHO, the PSA has reinforced and broadened cooperation networks, including new Cooperating Centers and organisms in the UN system, NGOs, and members of the Panel of Experts.

The Tobacco or Health Program coordinates national and international policies and research models for tobacco-related health problems. It organizes a world day to combat smoking and is preparing an international convention for tobacco control.

The PSA develops and field tests innovative primary prevention models in several Member States in different regions.

In collaboration with the International Work Organization, the PSA develops programs for prevention of the problems deriving from consumption of alcohol and other substances at the workplace.

In regard to the most vulnerable, unprotected populations, the PSA at twenty sites in different countries is developing the methodology and tools to work with street children who have problems with the use of psychoactive substances. The Indigenous Peoples Project is a shared activity stimulating initiatives by native communities to solve their problems by way of their traditions and spirituality.

A Work Group conducts field studies to include handling of substance abuse problems in primary health care and to promote community leadership. The Equal Opportunity for All Project fosters Community-Based Rehabilitation for those with physical and mental disabilities which may or may not be related to psychoactive substance abuse.

The PSA develops and coordinates an international network of researchers to study the behavior at risk of those who inject drugs. This work helps us to understand the factors contributing to propagation of HIV and identify the most effective action to be taken.

A project is under way to study and evaluate different drug-replacement treatments, particularly with opioids.

The PSA will begin new projects this year, such as undergraduate education for health professionals and the study of links between psychoactive substance abuse and sexual behavior at risk.

The PSA prepares manuals and handbooks to assist countries with epidemiological and treatment-evaluation studies and in specific areas such as 1) sports and psychoactive substances, 2) legislation on treatment and rehabilitation, 3) the effects of cannabis use on health, and 4) WHO/UNICRI research on cocaine.

In conclusion, I wish to convey to this distinguished audience Dr. Costa e Silva's deep interest in forming and reinforcing alliances with churches and those working in the religious field, especially with the Catholic Church, which has taken this initiative in inviting WHO to deliberate on a problem affecting us all.

Dr. MARIO ARGANDOÑA YAÑEZ
Substance Abuse Program
Division of Mental Health and Prevention of Drug Dependence
Geneva, Switzerland

Notes

[1] United Nations, *Single Convention of 1961 on Narcotics*, amended by the *1972 Protocol Modifying the Single Convention of 1961 on Narcotics* (New York, 1977), pp. 17-18.

The EMCDDA: Fields of Intersection

1. The Aims of the EMCDDA

As a Community information agency, the EMCDDA aims to provide "objective, reliable and comparable information at European level concerning drugs, drug addiction and their consequences." Since the drug phenomenon comprises many complex and closely interwoven aspects which cannot easily be dissociated, the Centre has the task of furnishing an overall statistical, documentary and technical picture of the drug problem to the Member States and the Community as they embark on measures to combat it. Its tasks are divided into 4 categories:

– Collection and Analysis of Data

– Improvement of Data Comparison Methods

– Dissemination of Data

– Co-operation with European and International Bodies and Organisations and with Non-Community Countries

As an information agency, the EMCDDA does not develop drug policy strategies.

Neither does it give valuing statements nor recommendations to certain approaches in the member states.

2. International partners

The EMCDDA also co-operates with important international organisations and coordinates projects with them in order to avoid duplication of efforts and to enhance synergy in common activities. These organisations are:

1. The United Nations Drug Control Programme
2. The Pompidou Group of the Council of Europe
3. The World Health Organisation
4. The World Customs Organisation
5. The EUROPOL Drugs Unit
6. INTERPOL

3. Reitox

The work of the EMCDDA extends beyond its headquarters in Lisbon to a network of 15 National Focal Points or national "observatories" plus the Focal Point at the European Commission. Together these form REITOX, the European Information Network on Drugs and Drug Addiction.

REITOX is set to become both a human and computer network at the heart of the collection and exchange of data on drugs in Europe linking the information systems of the 16 Focal Points. The Commission Focal Point provides a general overview of activities within the Commission and at Union level. Each National Focal Point fulfils tasks, as for instance to provide:

– descriptions of the existing information structure on drugs in their country and their role in this context

– details on the network of institutional and non-institutional partners co-operating with them and an evaluation of the information needs of this network.

– the development of common definitions and linguistic equiavlents of the key drug terms

– the drafting of National Reports, with a comparable structure, on the drug situation.

These characteristics are similar to the network, which also exists inside the Catholic Church and to the reporting structure you have used during this conference. The EMCDDA experiences of standardising the information provided by our REITOX Focal Points and of setting up a structured and co-ordinated reporting system may be useful, if you plan to further develop your network of Episcopal Conferences.

4. Epidemiology

Modern epidemiology is a general discipline that evolved as a medical science but incorporates influences from sociology, anthropology, criminology and economics. The aims of our work in epidemiology is to provide a description of a phenomenon in a population by its nature, its extent and its distributin, as well as to identify factors and processes related to changes over time, and differences between groups or areas.

Problems encountered are often definitions—(What is a drug user?) and the illegal and hidden nature of the phenomenon to be described.

The objectives of the EMCDDA's epidemiological work are to provide a global overview of the situation in the European Union regarding drugs, drug use, drug addiction and their consequences, which is objective, reliable, comparable and useful for Policy-makers and professionals at European level.

5. Activities in the field of Demand Reduction

If Epidemiology focuses exclusively on quantitative data describing the extent and specific features of the drug phenomenon, Demand reduction is more interested in qualitative information about

the measures taken in the member states to curb the problem.

Like so many terms used in the drugs field, there is *no clear definition* of demand reduction. Read literally, "demand reduction" implies decreasing the desire for and the use of drugs. In practice, this term is used to contain a diversity of prevention, assistance, treatment and rehabilitation interventions, the mix varying by time and place.

The EMCDDA has adopted an *operational concept* and includes all activities aimed at decreasing the demand for drugs at an individual or group level in its information collection. Interventions aimed at reducing the harmful consequences of drug use are also included:

– Prevention of drug use
– Prevention of risks and harmful consequences related to drug use
– Assistance to drug users
– Treatment of drug abuse
– Aftercare and rehabilitation

According to this concept, drug demand reduction can be seen as *complementary to the drug supply reduction approach* which comprises measures to reduce availability of and access to illicit drugs.

Demand reduction interventions have a broad and multifaceted scope, ranging from preventive actions aiming at forestalling the demand for drugs to specific operations leading to an addict refraining from drug use or from especially harmful practices involved in drug use, for example through:

– Community-based projects
– School programmes
– Mass-media programmes
– Outreach work
– Treatment
– Prevention of infectious diseases.

The role of the EMCDDA in this field is to collect information on demand reduction interventions in Europe, which is objective, reliable and comparable, but this task is not easy because of the difficulties in collecting information from decentralised or regional sources, the lack of accessibility to expertise in the field of demand reduction, and differences in concepts and terminology between the Member States. Our strategy therefore is based on the systematic collection and improvement of the quality of demand reduction activities.

The focus herein lies on psycho-social aspects and the dynamic of drug use development. Here are some areas of intersection, where the Catholic Church is very active and where information exchange could be possible. I will sketch them out in the following part:

6. Fields of intersection

As it was pointed out by some participants at this conference it is not enough to focus solely on the reduction of "risk factors," factors that frequently can be found in the biography of drug users and thus are believed to predispose for drug use. It is even more important to try to determine and positively influence the "protective factors," looking into the characteristics of the majority of young people not using drugs. Examples for activities related to this latter approach are to promote skills in coping with life, to promote changes in behaviour towards a lifestyle free of substance abuse, to promote the ability to create a lifestyle and to create the responsibility of ones own behaviour. Also important is that drug prevention is not to be seen as an isolated issue, but included in a wider concept of health promotion and the development of healthy life-styles (childhood and youth). It is contrary to the some statements I heard during this conference—of crucial importance that prevention is not only concerned with illegal drugs but take into account other substances (tobacco, alcohol, pharmaceutical drugs). There is broad consensus among scientists and professionals that early preventive strategies and messages have to include alcohol and tobacco, also in order to beware the credibility of the "preventionists" facing a critical and informed youth.

The most important settings for prevention interventions are:

1. First childhood interventions
2. School programmes
3. Youth programmes outside schools
4. Community programmes

First childhood interventions depart from the knowledge that family has both the greatest influence on the formation of certain behaviours and the greatest potential to instil a lifestyle that promotes the emotional and physical health of a child. It is also an important setting, because drug prevention should start very early and, as a first phase, should give parents assistance in the education of their children. This is a setting were the Churches can exert substantial influence and reach families and their children in an effective way, provided that the workers in this field have received prevention-related training.

Youth programmes outside school often use peer-group approaches, which are preferred in youth organisations, featuring special youth-to-youth and youth leader programmes. These activities have a wide scope, involving cultural events, rock concerts, theatre, video productions, exhibitions, etc. The active participation and elements of personal and cultural experiences, adventure, body expression techniques, controlles risk are main features of these programmes. This is also a field where the Church can reach—by her existing infrastructure and means—a big part of the target population for effective prevention.

Community programmes: Their common characteristic is a global approach, involving the whole society (*school / youth centre / neighbourhood / city / part of a city*). The rationale of this strategy is that individuals are most

susceptible to the influence of people in their immediate surroundings. Activities in this field aim to enhance communication between adults and young people. The Churches influence and power to advocate and to mediate community programmes is considerable strong and can be used for setting up innovative demand reduction programmes in neighbourhoods at risk.

Evaluation research—one of our major priorities in the field of demand reduction identified some clues to good prevention:

1. It should aim toward strengthening protective factors
2. Like skills training must be a central component
3. It includes both substance-specific and substance-unspecific elements
4. It starts early, is long-term and continuous
5. Family and peer-group influence is seen as important
6. Mass media are to be combined with interpersonal communication.

Further information about the content and the scope of demand reduction activities in Europe which could serve as example or inspiration for your own prevention strategies you will find in the EMCDDA's Annual Report on the state of the drugs problem in the European Union. The highlights of the Annual Report in the eleven languages of the European Union are at your disposal.

Mr. GREGOR BURKHART
Officer for Issues of Prevention and Evaluation at the European Data Center for Drugs and Substance Abuse, Lisbon, Portugal

United for Life

CONCLUSIONS OF THE INTERNATIONAL SYMPOSIUM

I thank Archbishop Lozano for having given me the honor of concluding the sessions of this Colloquium of international experts to prepare the drafting of a manual in the near future for the use of pastoral workers dedicated to combating drug addiction.

I would like to speak on behalf of all taking part and thank the President of the Pontifical Council for Pastoral Assistance to Health Care Workers and the members of his office for having brought us together here. These valuable talks and exchanges have opened up perspectives for our work and encouraged us in our service to life and to those who are addicted to drugs.

I also express our gratitude to the Holy Father, who wanted to hold this Colloquium so that the Church could make her contribution to the problems raised by drug addiction.

I propose concluding our reflections by way of three questions:

1) How have our work sessions been conducted?

2) What is at stake here?

3) What pastoral orientations have been observed?

1. How have our work sessions been conducted

1.1. Becoming Aware of the Breadth of the Phenomenon

Drug production and supply, along with demand and use, pose numberless problems. This pandemic hits all countries. We are faced with the Third World War, involving the destruction of man's spirit through the use of toxic products. In considering the power of the drug traffickers, the barons of finance, the distribution networks, the trivialization of consumption, the public health problems caused by drugs, and the increase in demand among young people, we have gauged the extent of the phenomenon more fully. If we are invaded by a sense of impotence in the face of such a scourge, we still cannot resign ourselves.

1.2. Numerous Statements of Witness

We have heard numerous statements witnessing to the involvement of local churches in prevention and the educational, social, and pastoral treatment of addicts. Many actions are undertaken, a proof that the Church has not remained passive in the face of this phenomenon. But we ought to do more.

By means of her members, the Church thus works and manifests herself regarding the problems posed by drugs. For many years the Holy Father, John Paul II, has had occasion to set forth essential ideas enabling us to orient pastoral action so as to create psychological, social, and spiritual conditions which foster personal development, education, the growth of social bonds, and the quality of participation in professional life. These are the tools needed to win the battle against drug use.

1.3. An Ecclesial Experience

Over the course of these three days we have had an experience of the Church, which, in the unity and diversity of her members, has reflected on human problems, considering their structure in the light of *Evangelium Vitae*. This meeting has allowed us to acquire a shared awareness. We must now take to our local churches the fruit of our exchanges and the message of hope by which people can shape themselves humanly and spiritually.

2. What is at stake?

2.1. The Search for Sensations

It is important to examine the conditions spurring a person to use psychostimulant or psychosedative products. The former offer the illusion of conferring energy whereas the latter are thought to have calming effects. There may be a suffering in drug users which keeps them from living or an inability to choose, an existential boredom. In others who do not necessarily present special problems, drugs are a source of curiosity. They start taking them for the sake of recreation, but very soon psychological and social problems are created. The product then becomes an answer for those lacking motivations for their existence and for others caught in the trap of euphoria or relaxation of the inner tensions caused by drugs. But in all cases they become prisoners of their own sensations. Unable to receive nourishment from life, they consume themselves with just any substance, which often turns into the only purpose of their lives: "It's happiness." They take drugs to remain "hooked" on themselves while losing themselves. In this gesture we must see a search for relationship with themselves and others which, however, in this manner leads to failure.

2.2. The Search for Happiness. In What Way?

The question posed here concerns human well-being. It is a question which has always existed, but which is revived when people are unable to accept and give meaning to their lives. In that case they risk provoking limitless desires and silencing them with drugs. Human desire is insatiable, to

the point of negating itself when it becomes its own objective. It needs to be developed, oriented, and given an aim in order to unfold and enrich it and ensure the very consistency of the personality. However, in wanting to fulfill desires as they appear, autonomously and impulsively, the personality can soon be overcome, no longer able to know what it desires. If people let themselves go in desiring in this way, they do not construct anything.

The men of antiquity, especially the philosophers, were able to pose the problems which concerned the economy of desire. We may summarize their thought as follows.

– Plato criticizes limitless desire which is impossible to satisfy. He proposes using it to see the truth about human life.

– Aristotle affirms that when we abandon ourselves to desires, they take us over entirely and carry us away from all reflection.

– For Epicurus we must avoid suffering over our desires and suppress worries. We must thus appropriate objects so as to be immediately satisfied. The central concern is "the styles and uses of desires" so as to exploit the boundlessness of desire. We find this idea again in contemporary concerns when some people leave the stage of life to live in an artificial universe made up of multiple sensations.

– In Christianity a hermeneutic of desire is initiated, a search to understand and interpret human desire. It makes man emerge from the tragic thought in which he was enclosed by Greek philosophy. It presents itself through a message of life (cf. the mystery of the Incarnation of the Son of God) and invites man to take possession of his humanity rather than flee from it. This message of hope is a life project inviting him to shape his existence as a response to God's love (the Paschal mystery, with the Resurrection). Death cannot be the last word on life. It is worthwhile to experience and transform life. We therefore move from the metaphor of food used in antiquity (as experiencing the pleasures of life) to the metaphor of sexuality in Christian thought to express the dimension of conflict between infinite desire (which may cause anguish) and understanding of what we need. Christianity proposes taking human desires into consideration, examining them, and seeking to satisfy them in certain perspectives rather than wanting to empty them through multiple uses.

2.3. Christianity Liberates Work on the Meaning of Desire

Desires have always disturbed human awareness to the point of leading people to flee them, cultivate illusions of happiness, negate them, or act as if they did not exist. The psychoanalyst E. Jones introduces the Greek term *aphanisis* (the act of causing disappearance) to designate this need present in some people to abolish the very function of desire. The idea of death thus prevails over vital functions. The psychology of drug addicts may develop in terms of this problematic. The militancy of some politicians who would like to depenalize the use of drugs, particularly cannabis, remains imprisoned by the symptom and does not perceive what is really at stake in the crisis. Depenalization would only legalize *aphanisis* and the symbolic death of the individual.

Christianity, then, has opened another dimension to reflection on human desires. For the ancients, desires were a sort of anguish, and it was preferable to keep to food, whereas for Christianity they are a source of life. In this perspective, we must be able to choose our desires and know the kind of man we are becoming.

The question, we repeat, is not new. More recently, Freud analyzed it in *The Discontent of Civilization*. Civilization is a human progress forcing us to organize and give meaning to our pulsions regarding structural ideals. Man is brought to renounce his infantile feeling of power and part of his self-sufficiency and narcissism. This is needed to be in a positive relationship with others, in a position to act and find pleasure in reality. All of these operations involve psychic sufferings (in the sense of effort and work directed towards oneself), but also acts of renunciation. They can be carried out only with a view towards a life project, an ideal proposed by society. People encounter an objective reality limiting them, but at the same time opening them to life and developing their inner life. Turning to drugs, Freud explains, annuls this process. He speaks of drugs as "using something which shatters concern;" the person's energy becomes indolence. There is concern only for the substance keeping one from thinking about oneself and reality. It is the search for illusory pleasure.

In effect, to develop means being able to shape one's desires, postpone their satisfaction, and choose objects compatible with the world. Pleasure is otherwise sought in immediacy so as to be heedless and anesthetized in the face of apparently insurmountable difficulties for life. We are not made for all the pleasures we can experience to the point of destroying ourselves. This is, however, the message spread by drugs.

2.4. What are the consequences?

1 – People are unable to occupy their inner space. It is a crisis in resources, an inner void, a cognitive disturbance, and a difficulty in concentrating.

2 – The negation of the body. Everything is done to make the most of the body in today's mentality. But this attitude covers over disdain of the real body as compared to an imaginary body which one seeks to experience as such through drugs.

3 – There is no more sensation. The psychology of addicts expresses a paradox: narcotics are sought to multiply sensations, and sensations are sought so as to become insen-

sitive to the life that is in oneself.

4 – Temporary immaturity. Time is reduced to immediacy, with no historical awareness. This short time relation no longer sustains psychology and leads to addictive behavior to gain reassurance.

In view of these observations, drugs are not just a medical problem to be controlled by replacing with other substances, but an anthropological and existential problem. When millions of people are no longer able to summon their psychological, social/cultural, and spiritual/religious resources, it means that in our societies a conception of existence is lacking on the basis of which they may shape and deal with themselves. Seeking to reduce existential difficulties to a mere medical approach shows the extent to which our societies are regressing and are sick with a malaise affecting life.

3. Educational Orientations in Pastoral Care

1) The Church must be at the center of education, inasmuch as education forms part of her mission in conveying humaneness by showing men that they are called by God to life. In our societies, education has been neglected for thirty years, and children have been left to themselves under the pretext of not influencing their freedom and not making choices in their place. This attitude has contributed to a break with the necessary forms of transmission which have shaped mankind. Education begins when children can identify with trustworthy adults and institutions that help them to grow and become free by learning how to choose.

2) Children are returned to themselves, and what they hear from adults could often be translated as "Don't identify with us; we have nothing to tell you!" Society, reduced to economic terms, produces consumers who will conform to products. But people's awareness is not awakened. It is not accompanied in its full unfolding in history. It does not receive a faith and hope through which to discover the meaning of life. Individuals must handle things on their own.

3) Children seek words by adults. Contemporary education does not help them withstand inner and outer stimuli. There are thus impulsive, violent personalities not engaging in the work of sublimation to transform the primary manifestations of human psychology into higher functions. They do not engage, either, in symbolic thought or a sense of law. This work is possible only to the extent that young people receive ideals from the outer world, consistent social models and a spiritual message (catechism). Pragmatic thought, on the contrary, dominates spirits to the point where individuals no longer seek to comprehend and interpret the meaning of what each desires. Some even go so far as to affirm that we must get used to living with drugs and liberalize and depenalize some substances, such as cannabis. Acting in this way would be a symbolic sin contributing to locking young people and society into this pragmatism of immediate satisfaction, justifying the drug traffickers trivializing notions.

4) The multiplication of precautionary measures in all areas of life is a sign of the failure of education in general. We must educate on the meaning of life and at the same time on the risks in life. We must be able to say no to children and have them face the limits of life in order to develop their potential.

5) Action by Christians to combat drugs and foster life must be explicit so that the specific nature of the Church's message will be seen as a life project. The example of therapeutic communities is undoubtedly a model to be presented; it permits liberation, socialization, personal progress, and discovery of life-giving words based on the Gospel as transmitted by the Church's tradition.

6) To restore trust in the family by associating parents with prevention as the primary educators of children. To comfort them in their role and provide them with the means to perform it. The family is a source of relationships and life and also a cell of the Church.

7) To renew catechesis through acceptance of life, a life willed by God. To teach the young to measure themselves by the truth of the word of God to reflect on their existence and nourish it. The young in particular need to discover the objective truths on the basis of which life is possible. It is these truths that Jesus Christ came to reveal to us and that his Church continues to bear through human history.

8) To develop the spirituality of the Incarnation. The Son of God has shared the human condition to free us and open us to accept the Love of the Lord. He invites us to receive this word of life so as to be in the world without fleeing from it. But this word is not to be confused with ephemeral modes. It has not been adapted to the world. When catechesis is confused with worldly frameworks, under the pretext of pedagogy, we risk getting disoriented and no longer letting the originality and wealth of the Word of God appear. This Word educates human interiority.

9) To learn to ritualize life to avoid repetition, dependence, and neglect. To learn the meaning of simple gestures in daily life and of more solemn gestures through celebration of the major moments in history. Many people, for example, no longer know the significance of a family meal. Others no longer know the meaning of the festivities celebrated. Recently some young people asked a priest, "Why do you get Christmas mixed up with religion?" For them, Christmas is just a worldly celebration placing value on childhood and encouraging commerce with the exchange of gifts. This testimony says a lot about our cultural deficiencies. With this ignorance of the meaning of festivities and rites which structure our soci-

ety, other celebrations are invented which lack meaning and tie in with earthly, pagan celebrations, like a tree festival or a music festival.

Conclusion

The Church's observations on drugs cannot fail to be anthropological and moral. The Church points to a sense of overall education of persons with respect for their dignity. She must ask nations, "What is our conception of man if citizens are forced to adopt the liberalization of drugs?" The only vision of life society provides is oriented towards health and hygiene. Society promises to accompany people to a clean, medically-supervised death. There is a desire to foster prevention and avoid addiction while at the same time affirming the following countermessage: "You can take drugs. There will always be someone to take care of you, even if this costs the collectivity a fortune." The legalization of drugs threatens to produce effects contrary to the ones desired, since we know that today it is readily thought that what is legal is normal and moral. Through depenalization it is not the substance which is liberalized; rather, it is the motivations and behavior leading to consumption of the substance which are validated with no personal questioning about oneself and life. The distinction between hard and soft drugs is false to the extent that recourse to and dependence on substances are based on the same psychological structures: a lack of support, deficient interiority, and self-doubt. So many foreseeable deaths in a society which accepts the futile sacrifice of its young wherever needed acts of renunciation are refused.

How can we educate and provide care when the law recognizes the possibility of this behavior? We are faced with an additional contradiction in the current world, which trivializes a phenomenon and then seeks to discover how to deal with it. Will citizens continue to pay taxes to deal with the health problems of those handing themselves over to every excess? A very serious social problem threatens to present itself in the face of the enormous costs for the collectivity of prevention and care for drug addicts, among others. We can always appeal to solidarity, but the essential problem is the education of behavior. The liberal attitude of politicians and decision-makers is paving the way for severe repression in the future. Compassion is not indulgence. Addicts are not victims: it suffices to give them a sense of their responsibilities and sanction them, when necessary, to avoid rendering them infantile.

The Church must react prophetically to this suicidal climate. We must pay attention to two problems.

– The Church is concerned about man for the sake of the Love of God. Her message aims to educate human behavior. She cannot be satisfied with messages on hygiene and health which are partial and immediate.

– The Church must remind nations that "drug addiction is the result of a culture emptied of many human values which compromises the promotion of the common good and therefore personal development" (Pontifical Council for the Family, *From Despair to Hope*).

The *Manual for Pastoral Workers on the Problems of Drug Addiction* must thus express what is at stake clearly, along with the pastoral orientations and pedagogy needed to be "united for life." For no one can love God without loving man. God may be deeply wounded if man is wounded.

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The Sixth World Day of the Sick

Loreto, Italy
February 8-11, 1998

The Sixth World Day of the Sick in Loreto

In the year devoted to special reflection on the Holy Spirit, as desired by the Holy Father, the *Sixth World Day of the Sick* was celebrated, with the motto "The Holy Spirit makes us a house of health and hope."

The site designated for the principal celebration was the Marian sanctuary in Loreto, Italy. As the Holy Father recalled in the Message for this Day, dated June 19, 1997 and published on July 3, "Loreto, recalling the moment when the Word became flesh in the womb of the Virgin Mary by the work of the Holy Spirit, invites us to set our gaze upon the mystery of the Incarnation." The Pope's Message for this Sixth World Day of the Sick thus comments on this statement: "And the Word became flesh, by the work of the Holy Spirit, in the womb of the Virgin Mary."

The Pope wished to add to this ideal motivation for choosing the site a personal recollection, writing in the same Message, "In my repeated pilgrimages to this first Sanctuary of international scope dedicated to the Virgin...I have always felt the special closeness of the sick, who come here trustingly in great numbers."

The outstanding characteristic of the Sixth World Day of the Sick was the joint effort by the Pontifical Council for Pastoral Assistance to Health Care Workers; the Health Office of the Italian Bishops' Conference; the Most Rev. Angelo Comastri, Archbishop of Loreto and Chairman of the Italian Bishops' National Committee for the Jubilee of the Year 2000; Monsignor Sergio Pintor, Director of the Office and National Council of the Italian Bishops' Conference for Pastoral Care in Health; the Marches Region, with its bishops, priests, and religious; and in a special way the Capuchin Friars at the Sanctuary and the personnel of the universal Congregation.

This unified cooperation made possible not just a fitting preparation and celebration of the Day, but also its singular effectiveness in touching the sensibilities of numerous members of the faithful and religious and secular institutions engaged in health care in a widening radius.

Preparation of the Day

After being announced and instituted by the Pope's Message, the celebration of the Sixth World Day of the Sick immediately became the object of numerous preparatory initiatives. It should not be forgotten that over a month before the publication of the Pontifical Message, Mother Theresa of Calcutta, then approaching death, had sent a letter (May 22, 1997) to Archbishop Angelo Comastri precisely on the World Day of the Sick.

The Pontifical Council for Pastoral Assistance to Health Care Workers, by way of its President, Archbishop Javier Lozano Barragán, and his staff, in unity of purpose with others working on this effort, effected a broad dissemination of the Pope's Message internationally, prepared the official *Manifest* for the Day and numerous complementary materials. *Radio Maria*, based in Italy, offered a valuable service through live broadcasts of the main events connected with the celebration.

On November 21, 1997, in Loreto, the official presentation of the Day's program to the press took place in the small dining room, with remarks by Archbishop Comastri, the Most Rev. Donato Bianchi, Archbishop of Urbino and Chairman of the Italian Bishops' Council for the Health Ministry, Rev. José Luis Redrado, Secretary of the Pontifical Council for Pastoral Assistance to Health Care Workers, Italian Health Minister Rosy Bindi, and the President of the Marches Region, Vito D'Ambrosio.

On November 27, 28, and 29, the first national meeting of the directors of the diocesan and regional health apostolate offices was held, sponsored by the Italian Bishops' Conference.

On the occasion of the Feast of the Translation of the Holy House (December 9 and 10), pilgrims were given a copy of the Pope's Message; Cardinal Bernardino Gantin, Dean of the College of Cardinals and Prefect of the Congregation for Bishops, took part. The Loreto monthly publication *Il Messaggio della Santa Casa*, was also providing simple, but significant information, thereby becoming a valuable historical source for the event.

On January 15, at the Ancona Faculty of Medicine, through the joint organization of this Faculty and the Marches Theological Institute, a scientific meeting on "Health Facilities and Patients' Rights" was held, with the sponsorship of the President of the Italian Republic and of the Presidency of the Council of Ministers and of the Marches Region.

On January 22, during the prayer octave for the unity of Christians, an ecumenical

gathering took place in Loreto devoted to "The Experience of Pain as a Context for Reconciliation." There were talks by Armenian Orthodox Archbishop Datev Sarkissian; Pastor Domenico Tomasetto, President of the Italian Federation of Evangelical Churches; Rev. Oreste Benzi, founder of the John XXIII Community; and Dr. Silvia Maragoni (Comunitˆ di Sant'Egidio). Three days later, on January 25, a meeting was held at the Loreto Sanctuary on "Control of Human Procreation and Ethics," organized by the Catholic Medical Association of Italy, with remarks by the Most Rev. Elio Sgreccia, President of the Pontifical Academy for Life.

In the period from the 23rd to the 30th of January, the Marches dioceses organized three pilgrimages for the faithful, including patients and others, and a triduum for prayer began on February 6 which concluded with the consecration and offering of suffering. Each of the three days was enriched by contributions from patients and volunteers from the Marches Region.

On February 5, at the Vatican Press Center, a briefing was held on *The Sixth World Day of the Sick*. It was marked by the presence of the President of the Pontifical Council for Pastoral Assistance to Health Care Workers, Archbishop Lozano; the Council Secretary, Rev. José Luis Redrado, O.H.; the Undersecretary, Rev. Felice Ruffini, M.I.; Archbishop Angelo Comastri; Monsignor Sergio Pintor; Dr. Giampietro Ragagna; and Marino Cesaroni, press officer of the Pontifical Delegation in Loreto. The moderator was Dr. Lina Petri. At the end of the press conference some special gestures were made, such as giving those attending silk scarves to mark the event, with the image of the Holy Father and the prayer he had composed for the World Day, a copy of the letter sent by Mother Theresa, a commemorative card, and a rosary.

In the course of the press conference there was a presentation of two stamps issued by the Republic of San Marino's Stamp and Coin Administration, and it was announced that the Italian Postal Service had prepared a commemorative design for canceling stamps.

On Sunday, February 7, at the *Angelus*, John Paul II reminded those present of the significance of observing the World Day of the Sick and called Loreto a "celebrated icon of the mystery of the Incarnation, an extremely suitable site in the second year of immediate preparation for the Great Jubilee devoted to the Holy Spirit."

The Celebration

The key events held were the International Scientific Congress (February 8), the Meeting with the Bishops Responsible for the Health Apostolate in Europe (February 9), the Day of Prayer and Fraternity (February 10), and the major celebration on February 11.

The *International Congress* was devoted to "The Economics of Health Care: Priorities and Equity in Resource Distribution." It was held in the large John Paul II Auditorium. At the morning session Professor Stefano Zamagni of the University of Bologna dealt with sociological aspects; Dr. Fernando Antezagna of WHO spoke on the political and economic dimension; and Archbishop Lozano, President of the Pontifical Council, considered the pastoral/ethical perspective.

At the round table in the afternoon, whose moderator was the Hon. Maria Pia Garavaglia, Extraordinary Commissioner of the Italian Red Cross, there were remarks by Italian Health Minister Rosy Bindi, Albanian Health Minister Leonardo Solis, Member of the Ukrainian Academy of Science and General Director of the Kiev Medical Center for Radiation Anatoly Romanenko, and Rev. Franco Decaminada, President of the Immaculate Mary Dermopathic Institute in Rome.

At the opening of the session, Archbishop Lozano stressed that it was absurd "to regard profit as the core of the healthcare system," inasmuch as "health is a good in itself" with which society is concerned and it must thus "be guaranteed for all the earth's inhabitants by using resources in the best way." The General Secretary of the Italian Bishops' Conference, Monsignor Ennio Antonelli, recalled that a large portion of the projects financed by the Conference for the third world involve health care.

In all the talks the urgent need emerged for affirmation of a solidary outlook supported by the Christian vision of man.

Monsignor Sergio Pintor closed the Congress. In the evening Maestro Giuseppe Di Mare presented an organ concert structured around the theme "Jeshua: From Expectation to Glory," taking up the life of Jesus by way of poetry linked to musical compositions by M.E. Bossi, J.S. Bach, G. Frescobaldi, D. Zipoli, F. Mendelssohn, and Di Mare. Gianni Alderuccio recited verse.

On Sunday morning Archbishop Comastri presided at a Mass which was nationally broadcast, and in the evening there was a solemn Mass celebrated by Archbishop Lozano.

The meeting with the Bishops Responsible for the Health Apostolate in Europe (February 9) considered the work of these prelates in relation to the plans of the Bishops' Conferences and the Pontifical Council. The basic questions posed were how the European churches were responding to the field of health policy and care, what resources were being used, and what problems had to be faced. The sessions began after a concelebration at which the Most Rev. Franco Festorazzi, Archbishop of Ancona, presided. In addition to the President of the Pontifical Council, who spoke at the start of the meeting, there were remarks by the Most

Rev. Georg Eder, Bishop of Salzburg, Austria; the Msgr. Jacques de Vlieger, delegate of the Bishop of Bruges, Belgium; the Most Rev. Guergui Yovcev, Bishop of Plodviv, Bulgaria; the Most Rev. Armando Brambilla, Auxiliary Bishop for the Health Ministry in Rome; Msgr. Rimantas Norvila, delegate of the Lithuanian Bishops' Conference; Msgr. Czeslaw Podleski, delegate of the Polish Bishops' Conference; the Most Rev. Frantisek Vaclav Lobkowkicz, Bishop of Ostrava, Czech Republic; Msgr. Joze Stupnikar, delegate of the Slovenian Bishops' Conference; the Most Rev. Javier Osés, Bishop of Huesca, Spain; and the Most Rev. William Dèkani, Auxiliary Bishop of Eszterg-Budapest, Hungary.

After observing the differences between western and eastern Europe as regards the situations faced by the churches, it was seen that the former are excessively influenced by past experiences in the health ministry, whereas the latter, after decades of communist, atheistic regimes, must organize a health apostolate all over again in many respects, though burdened by a shortage of priests.

At the end of the time there was moving testimony by Msgr. Giuseppe Beretta, brother of Blessed Gianna Beretta Molla; Maria Grazia Bolzoni, friend of the Servant of God Benedetta Bianchi Porro; Luciano Mazzini, a young tetraplegic who communicates only by eyebrow movement; and Rev. Daniele Simonazzi, the spiritual guide of Paolo Caccone in a time of illness (AIDS) and return to faith. The Marian songs of Nunzio Farsi, accompanied on the accordion by Valentino Lorenzetti, further enriched the gathering.

The *Day of Prayer and Fraternity* (February 10) was celebrated in the Indoor Sports Arena, where patients and young volunteers were brought together by UNITALSI. The topic for the gathering was "To Communicate Hope in Prayer and Service."

Cardinal Angelo Sodano, Secretary of State of His Holiness and Pontifical Legate for the Sixth World Day of the Sick, also took part in the evening prayer vigil, whose theme was "Mary, the Woman Who Said Yes." In addition to the President of the Pontifical Council, the Most Rev. Alberto Ablondi, Vice President of the Italian Bishops' Conference, also participated.

The audience was delighted and moved by appearances by the popular singers Morandi and Scialpi and by Scarlet, who was left paralyzed after a serious traffic accident.

The concluding celebration, on February 11, commemoration of Our Lady of Lourdes, was both solemn and well attended. There were 2500 patients, accompanied by numerous volunteers and members of the faithful. Pontifical Legate Angelo Cardinal Sodano presided, and leading religious, civil, and military authorities were present. Rev. Corrado Brida directed the hymns accompanying the Mass.

At 10:15 a.m., on a live television link to Loreto, the Holy Father, John Paul II, spoke from Paul VI Hall and blessed those taking part in the Sixth World Day of the Sick. These words in his message were central: "In the significant atmosphere of the holy place, let us receive the light and power of the Spirit, capable of transforming man's heart into a dwelling of hope. In Mary's house there is a place for all her children. Indeed, where God dwells, every man finds welcome, comfort, and peace, especially in the time of trial."

An article in *L'Osservatore Romano* stated, "Loreto and the Pope; Loreto and the vast multitude of the sick and pilgrims; Loreto and the Vatican Audience Hall: two sanctuaries, with so many souls in prayer, on the day of the feast of Our Lady of Lourdes."

Cardinal Sodano's homily, after recalling the meaning of the World Day of the Sick, dwelt upon the mystery of human suffering and Christ's response to the problem of pain by way of love. Then, citing a passage from John Paul II's Apostolic Letter *Salvifici Doloris* ("Together with Mary, the mother of Christ, who remained by the cross, let us pause alongside all the crosses of man today"), the cardinal invited the sick who were present to entrust themselves to the support coming to them from the Church and those who were healthy to make a priority commitment to serving those suffering.

Insistent applause arose every time the cardinal named the Holy Father.

The presence of the Pontifical Legate at the Loreto Sanctuary, along with numerous bishops, priests, religious, and lay people from all backgrounds (all of them encircling the sick and reflecting on the Christian meaning of suffering), offered a moving and very realistic picture of the universal Church, which in attention and service to those suffering can and must find one of the deepest and most efficacious sources of her inner unity and witness in the world.

The meeting held on May 1, 2, and 3 in Loreto, devoted to the theme "The Spirit Comes to Our Aid in Our Weakness (Rm 8:26): Spirituality and Suffering," was virtually a prolongation of the World Day. It was organized by the Volunteers in Suffering Center, and Cardinal Giacomo Biffi, Archbishop of Bologna, took part.

To Our Venerable Brother, Cardinal of the Holy Roman Church, Angelo Sodano, Secretary of State:

Our Lord Jesus Christ came down to earth to bring us relief and assistance in our affliction due to sufferings of the body and the soul and to teach us the salvific value of pain. And He taught us this, not only by words, but also by his example, bearing our pains and sufferings upon Himself and becoming obedient until death (Ph 2:7-8).

The Pontifical Council for Pastoral Assistance to Health Care Workers proposed that this salutary message, in the perspective of the Jubilee in the Year 2000, be celebrated in 1998 and manifested by the world day devoted to the sick. With the greatest joy we accept this proposal and indicate Loreto as the site for the celebration, at the famous Marian Shrine which is usually termed the icon of the mystery of the Incarnation. It is an illustrious place. For centuries the faithful from many parts of the world have made devout pilgrimages to it to venerate the Heavenly Mother and ask her for health in soul and body. Next February 11 will be devoted to the faithful around the world who are afflicted by illness. This day must be celebrated with special solemnity. To indicate our personal spiritual presence and involvement in this celebration and in the most fitting way stress the importance of the event, we turn to you, venerable brother, with singular confidence, that you may carry out this ministry. We name you our *Pontifical Legate* for the World Day of the Sick to be celebrated at the Holy House in Loreto, in consideration of the innumerable merits you have acquired day by day in assuming responsibility for the public affairs of the Church without sparing yourself any effort. By means of this letter and by way of you we also greet the venerable Bishops and all the priests, religious, and lay people who gather together there.

Representing my person, you shall preside at the liturgical rites and by your words testify to our filial affection for the Virgin Mother of God and set forth in accordance with our thought the importance of that event for all, especially for the sick, whom you shall confirm in the Faith. Lastly, you shall convey to them our affection, that it may embrace all, console them in their sufferings, and bring joy to their hearts. You know we shall follow your mission with our prayers, in the confidence that your it will produce the best results for all present there.

Finally, we are pleased to impart our Apostolic Blessing as a most certain assurance of health and promise of divine graces for all taking part in the celebration. We particularly want you to extend this Blessing to the whole Loreto community.

From the Vatican, December 29, 1997, the twentieth year of our Pontificate.

JOHN PAUL II

The Pontifical Mission which will accompany Cardinal Sodano shall be made up of Archbishop Javier Lozano, President of the Pontifical Council for Pastoral Assistance to Health Care Workers; Rev. José L. Redrado, O.H., Secretary of the Council; Rev. Felice Ruffini, M.I., Undersecretary; and Monsignor Timothy Broglio, counselor of the Nunciature.

Christ Reveals to Us the Meaning and Value of Suffering

THE HOLY FATHER'S MARIAN MEDITATION AT THE ANGELUS ON SUNDAY, FEBRUARY 8, 1998

Beloved brothers and sisters:

1. Next Wednesday, February 11, the Sixth *World Day of the Sick* will be celebrated, placed under the spiritual patronage of Our Lady of Lourdes, whose liturgical commemoration falls on that date. It will take place in *Loreto* this year, at the Holy House, a famous image of the mystery of the Incarnation, a very appropriate site in this second year of immediate preparation for the Jubilee, dedicated to the Holy Spirit.

For this important occasion I have named the Cardinal Secretary of State, Angelo Sodano, my Legate; he will go to Loreto together with those responsible for the Pontifical Council for Pastoral Assistance to Health Care Workers. I cannot fail to recall here the great merits of Cardinal Angelini, who contributed to the beginning of that Council.

2. The Day of the Sick invites everyone to *reflect on the meaning and value of suffering* in the light of the good news of Christ—that is, of the revelation that God is not indifferent to the dramas and trials of men, but, on the contrary, has taken them upon Himself to open the way of salvation for us.

During his earthly existence, Christ approached the suffering people with special love. He cured the sick, consoled the afflicted, nourished the hungry, healed the deaf, the blind, and lepers, freed those possessed by the devil, and raised the dead. At the culmination of his mission, he went out to meet passion and death with the awareness that, precisely by means of the cross, He was to arrive at the roots of evil and perform the work of salvation.

Christ, spurred by love, suffered voluntarily; He suffered, though innocent, and thus demonstrated the truth of love by way of the truth of suffering, a suffering which He, as the God-Man, experienced with boundless intensity. But, precisely through that sacrifice, *He joined suffering to love once and for all and thereby redeemed it*.

3. In this mystery of suffering and love, *his mother Mary* is, first of all, *associated with Jesus*. Her pain is joined to that of her Son. On Calvary she becomes the perfect model of sharing in Christ's cross.

Every man is called to suffer. Every man, imitating Mary, can cooperate *in the suffering of Christ* and, therefore, in *his redemption*. This is the good news does not cease to announce, especially through the wonderful testimony of so many men and women who with faith accept and with love live through the physical and spiritual trials in life.

I entrust all the people who are sick and suffer to the Blessed Virgin Mary, *Salus Infirmorum*. May her motherly intercession obtain for each the consoling experience of the love of God, who in the night of pain as well infuses the light of hope.

Mary Is Attentive to the Needs of Every Person

"Where God dwells, every person can find acceptance, comfort and peace, especially in times of trial. With Mary, "Health of the Sick", there is support for the hesitant, light for the doubting and relief for those burdened by suffering and illness. Loreto is a house of solidarity and hope where one can almost feel Mary's maternal concern", the Holy Father said at the General Audience of Wednesday, 11 February, World Day of the Sick. In his catechesis the Pope spoke of this year's celebration of the World Day at the Shrine of Loreto and turned his thoughts especially to the sick. Here is a translation of his address, which was given in Italian.

1. Today, 11 February, a day dedicated to the memory of Our Lady of Lourdes, we are celebrating *World Day of the Sick* for the sixth time. This year it takes place in the Shrine of Loreto, at the Holy House, where sick people and volunteer workers, faithful and pilgrims from Italy and from other nations have gathered for this special occasion. I would like to address my affectionate thoughts directly to them, linked with us by radio and televions. I first greet my representative at the celebration, Cardinal Angelo Sodano, Secretary of State; Archbishop Javier Lozano Barragàn, President of the Pontifical Council for Pastoral Assistance to Health-Care Workers; and all who have promoted and organized today's event. I greet Archbishop Angelo Comastri, Pontifical Delegate for the Shrine of Loreto, and the prelates who have wished to attend the prayer meeting. I greet the health-care workers and volunteers, especially the members of UNITALSI.

However, my words are addressed with deep affection particularly to the sick. They are truly in the limelight on this Day, which echoes deeply and vividly in my soul. My most cordial greetings to them!

2. *Loreto and the sick!* How well these words to together! The renowned Marian shrine immediately recalls the mystery of the *Incarnation,* in which the action of the *Spirit* was fundamental. Indeed, 1998, the second year of immediate preparation for the Great Jubilee of the Year 2000, is dedicated precisely to the Holy Spirit.

I would like to make a spiritual pilgrimage to the feet of the Our Lady of Loreto, together with you who have gathered here today in this Paul VI Auditorium for the customary annual meeting of 11 February. In spirit, let us join the sick in Loreto to pray in the Holy House, which calls to mind God's wonderful condescension by which the Word became flesh and dwelt among men.

In the evocative atmosphere of this sacred place, we receive the light and strength of the Spirit, which can transform man's heart into a *dwelling-place of hope*. In Mary's house, there is room for all her children. In fact, where God dwells, every person can find acceptance, comfort and peace, especially in times of trial. With Mary, "Health of the Sick," there is support for the hesitant,

light for the doubting and relief for those burdened by suffering and illness.

Loreto is a house of solidarity and hope, where one can almost feel Mary's maternal concern. Comforted by the assurance of her motherly protection, we are more encouraged to share the suffering of our brothers and sisters, tried in mind and body, to pour on their wounds, after the Good Samaritan's example, the oil of consolation and the wine of hope (cf. *Roman Missal*, Italian edition, Common Preface VIII).

Likewise at the wedding feast at Cana, the Blessed Virgin is attentive to the needs of every man and woman and is ready to intercede with her Son for all. That is why it is very significant that the World Days of the Sick, year after year, take place in Marian shrines.

3. Dear sick people, today is your Day. I am thinking of those of you who are gathered next to the Holy House, of those who are here in this auditorium, and all the sick who have met at the feet of the Immaculate Virgin near the grotto in Lourdes or at other Marian shrines throughout the world. I am thinking of you, still more numerous, in hospitals, in your homes and in the rooms which are the shrines of your patience and daily prayer. A special place is reserved for you in the ecclesial community. The condition of sickness and the desire to recover your health make you privileged witnesses of faith and hope.

I entrust to the intercession of Mary your longing for healing and I urge you always to illumine and elevate this longing with the theological virtue of hope, Christ's gift. Mary will help you give new meaning to suffering, making it a way of salvation, an occasion of evangelization and redemption. Thus your experience of pain and loneliness, modeled on that of Christ and enlivened by the Holy Spirit, will proclaim the victorious power of the Resurrection.

May Mary obtain for you the gift of trust and may she sustain you on your earthly pilgrimage. Trust is more necessary than ever today, because the experience of moderne life is more complex and problematic.

And you, O Blessed Virgin of Loreto, watch over the paths of us all. Guide us to the heavenly homeland where, with you, we will contemplate the glory of your Son, Jesus, for ever.

My affectionate Blessing to all!

To the English-speaking pilgrims and visitors the Holy Father said:

I am happy to greet the students and teachers of the Olso Handelsgymnasium and the Sotra Vidaregaande Skule from Norway, as well as the students of the Junshin University of Kagoshima in Japan. I welcome all the English-speaking pilgrims and visitors, especially the various groups from the United States. Upon you and your families I cordially invoke the blessings of almighty God.

Being Close to Pain with the Gospel of Love

THE HOMILY BY CARDINAL SODANO, THE PONTIFICAL LEGATE, DURING HOLY MASS AT THE SANCTUARY OF THE HOLY HOUSE

The Cardinal Secretary of State Angelo Sodano, Pontifical Legate, presided at the solemn concelebrated Mass for the Sixth World Day of the Sick in the Sanctuary of the Holy House in Loreto, Italy, on February 11, 1998. We are publishing below the text of his homily at that Mass.

"This is God's dwelling with men! He will dwell among them, and they will be his people and he will be 'God-with-them.' And he will wipe every tear from their eyes..." (Rv 21:3-4).

This passage from the Apocalypse we have just heard shows the image of the Heavenly Jerusalem, in which there will no longer be sources of pain and weeping.

It is moving to contemplate our heavenly fatherland in the shadow of this little "House," which tradition presents to us as the place inhabited by the Son of God in his historical existence. We may also apply the words of the Apocalypse to the Holy House: "This is the dwelling of God with men." But this obviously means the earthly dwelling, where tears were not to be lacking, where

Christ experienced life's toil and in a certain sense "trained" for the Cross. Here Mary said her *Fiat*, perhaps intuiting, with her inner docility to the Holy Spirit, that it was also an assent to the sword which would pierce her heart (cf. Lk 2:35).

Christian reflection on suffering thus draws unequaled inspiration from this Sanctuary in Loreto.

1. The World Day of the Sick

The subject for our reflection is offered by the celebration of the World Day of the Sick, instituted by John Paul II in 1992. The date, February 11, gives this Day a distinctly Marian imprint. The Pope in fact chose it in relation to the liturgical commemoration of Our Lady of Lourdes, thus thinking of the celebrated Sanctuary in the Pyrenees, where numerous sick people go to place their sufferings on Mary's heart. In Lourdes, Loreto, and so many other Marian sanctuaries, it is always the Mother herself who becomes the consoler of the afflicted, *Salus Infirmorum*.

Mary carries out her mission by obtaining numberless graces of healing for her children. But, even more, she becomes their teacher, to enable them to face the problems posed by suffering with courage and solidarity. It is precisely this instructive message of hers which the World Day of the Sick seeks to take up and disseminate. It was in fact established to "increase sensitivity in the People of God and, consequently, in numerous Catholic healthcare institutions and civil society itself, to the need to ensure the best care for the sick and help those who are ill to value suffering in human and, above all, supernatural terms" (John Paul II, *Insegnamenti* XV, 1, 1992, p. 1410).

2. Illness Today

And who does not see the urgency of such reflection to augment sensitivity? Illness has always been the major thorn in humanity's side. It continues to be in our time, too, in spite of the admirable progress of medicine. Man advances in the conquest of space, but finds it hard to master himself. The most highly developed medical facilities do, of course, make diseases more bearable physically and allow them to be cured more readily. But, in a certain sense, in the face of illness, especially when it is serious and incurable, contemporary man feels more fragile than in the past. Indeed, widespread well-being sharpens the psychological contrast between the condition of illness and that of good health. Moreover, with the tearing of the fabric of community, in a society which is more and more in a hurry and there is less and less time for others, the sick often feel more alone emotionally. And solitude is certainly more bitter in one who, by a supreme misfortune, has also lost the gift and comfort of faith.

3. Job's Question

Contemporary men continue to ask the question in the Book of Job. Why is there pain? Why do even the innocent suffer? Why do even children suffer? When one is in the grips of illness, no rational argumentation will ever suffice to provide consolation. God has given the answer to the question about pain with the cross of Christ!

In Job's time, a direct correlation between illness and personal sin was assumed. It was a mistaken opinion. But, in keeping with the biblical text, it was rightly believed that God had projected neither pain nor death for man; they had entered the world as a result of sin.

The fullness of revelation is implanted into this Old Testament message. Christ has given us an authentic "gospel"—that is, "good news"—concerning the subject of suffering, too. In fact, in Him God Himself comes to meet his creature and defeat pain and death—indeed, to uproot them, overcoming sin in the Paschal mystery.

4. Christ's Message

In seeking to grasp Christ's message on suffering, it is appropriate to consider it in two stages, as if by way of two settings emerging from the Gospel narrative.

The first setting involves Jesus surrounded by crowds as He announces the impending Kingdom of God. He does so not only by calling men to inner conversion—"Repent and believe in the Gospel" (Mk 1:15)—but also by relieving their physical sufferings. He does so with the paralytic, whose sins He forgives and to whom He says, "Take your stretcher and go home" (Mk 2:11). He does so with all the sick who turn to Him.

But there is a *second setting* which at first glance clashes with the first one. It is the setting opening with the statements announcing the passion and culminating on Golgotha. Jesus Himself provokes this change in horizon when, in Caesarea Philippi, He draws up a

sort of balance sheet on his ministry and asks his disciples, "Who do you say I am?" (Mk 8:29). It is a crucial question. His successes as a wonder worker and healer have brought Him the enthusiastic, but also ambiguous and superficial, support of the masses. Jesus is awaiting something quite different from his disciples! The time has come to lead them to the core of his mystery, with the revelation of the Cross. And in fact, right after Peter's significant confession of Him as Messiah, He announces his death. The disciples react with bewilderment. Peter even rebels, deserving a harsh reproach by the Master (Mk 8:33).

5. The Way of Love

In reality, the episode of the Cross does not contradict that of the healings. Indeed, on close examination, it reveals their profound meaning. The healings are manifestations of God's project: they remind us that God does not will pain and that it should be combated. But the Cross indicates the only valid way to win this hard battle: the way of love. Christ Crucified does not cease to be a "physician," but remains one by identifying Himself with the suffering. He goes out to meet them by placing Himself on their side and asking to be encountered, served, and loved in them: "I was sick, and you visited Me" (Mt 25:36). In this way He makes us co-workers and virtually administrators of his salvific energy, not through the miracles of omnipotence, but through those of love—that is, by asking us to live out *that oblational love* in relation to our brothers and sisters which turns into attention, gratuitousness, and sharing; by asking us to develop the inventiveness and creativity of love by placing study, research, the application of scientific progress, and the organization of adequate care at their service. Prayer to obtain healing is situated within this great way of love. Of course God is able to grant extraordinary graces as well to those invoking Him with faith, but He normally makes use of the concrete mediation of our love.

6. Mary and Pain

Mary perfectly embodied this Gospel of pain and love. It suffices to contemplate her in two typical "icons" of the Gospel narrative.

In regard to the first one, I think of John's account of the wedding in Cana, where Mary gave the "go-ahead" to Jesus' miracles. It did not involve a miracle of healing then, but those newlyweds would have experienced discomfort and sadness if Mary had not looked after them with an intuitive tenderness which was entirely maternal. She was a mediator of grace for them. And hasn't the People of God always represented her this way? Mary is the Mother! The sick who go to her at Lourdes and so many other Marian shrines know they can always obtain some grace—if not of healing, at least of consolation.

But the gospels set the image of Mary's pain alongside that of Mary the Consoler. All four evangelists portray her in the icon of Golgotha: *Stabat Mater dolorosa*.... Mary was at the foot of the Cross to share Jesus' choice, on this occasion making not her Son's power, but his "impotence" her own. On Calvary she is no longer the advocate in the face of pain, as at Cana, but the Mother of Sorrows. And she thus becomes the model for the Church, as John Paul II has written in the Apostolic Letter *Salvifici Doloris*: "Together with Mary, the Mother of Christ, who stood by the cross, we pause alongside all the crosses of man today" (no. 31).

7. The Church and the Sick

Mary leads us by the hand, then, on this World Day of the Sick to grasp and implement Christ's design. The care of the sick has always held a central place in the witness of the Christian community. It is certainly not the function of the Church to carry out healthcare "policies," but it is her specific duty to show concern for the sick in the framework of her concrete purposes of evangelization and service. She thus continues Christ's mission, making healing a sign of the Kingdom of God. Moreover, Christ Himself also pointed to healing the sick by the laying-on of hands as one of the manifestations of apostolic service (cf. Mk 16:18).

The Church takes care of them in many ways, beginning with her specific closeness in prayer, which is sacramentally manifested in the Anointing of the Sick.

No less important is the help she offers the sick by spurring her children towards active solidarity and promoting health care and other forms of assistance throughout the world, especially in the poorest countries.

Furthermore, aware of this mission of hers, the Church does not cease to appeal to civil society so that the problems of illness will be placed at the center of culture and of a policy of solidarity.

The Church asks that the sick be respected in their dignity and cared for in all their dimensions. It is a true "culture of love" that must be embodied in the style of medical and paramedical personnel, called to make their work not just a profession, but in a certain sense a mission.

8. The Pope's Teaching

But those suffering can feel themselves to be not only recipients, but rather "main actors" in this culture of love if they develop that prodigious capacity, typical of faith, which is able to turn pain itself into a ministry of salvation, through union of their sacrifice with Christ's. This is the summit of the Gospel message concerning pain.

I would like to conclude by recalling thoughts which are very dear to John Paul II, who is so experienced in pain and is always able to speak to the hearts of those suffering. He has written, "By working the redemption through suffering, Christ at the same time raised human suffering to the level of redemption. Every man, then, in his suffering, can also become a sharer in the redeeming suffering of Christ" (*Salvifici Doloris*, no. 19).

May the Blessed Virgin obtain the grace for those suffering not only to be consoled by fraternal solidarity, but also, in acceptance of pain, to become witnesses to saving love.

9. Prayer to Mary

We turn to her today, thinking of all the world's sick, with the words of the Holy Father.

"Our Lady of Loreto..., to your tenderness as a mother we entrust the tears, sighs, and hopes of the sick. May the beneficent balm of consolation and hope descend upon their wounds. May their pain, joined to Jesus', be transformed into an instrument of redemption.

"May your example guide us in making our existence continuous praise of God's love. Make us attentive to the needs of others, solicitous in bringing aid to those suffering, capable of accompanying those who are alone, and builders of hope where human dramas are taking place. At every joyful or sad stage on our way, with motherly affection show us 'your Son, Jesus, O clement, O loving, O sweet Virgin Mary.'"

To Be a Fisher of Men

ARCHBISHOP LOZANO'S HOMILY

Lk 5:1-11

In this Gospel text we are struck by the confession of St. Peter, who, falling to his knees, says, "Withdraw from me, Lord, for I am a sinner," and by Jesus Christ's attitude on replying, "Do not fear. From now on you shall be a fisher of men."

Peter was an expert fisherman, and when, in the field in which he regarded himself as most competent, that of fishing, he was miraculously surpassed by Christ, he then noted the great distance separating them, for he was only a fisherman, far removed from the capacity and perfection of the Lord. He therefore fell to his knees, worshipping the Lord. And on the basis of this humility, which is the truth of Simon Peter, he received his basic future mission: to be a fisher of men.

We have gathered for this Sixth World Day of the Sick, with very serious study during the International Congress of Health Ministers and Experts, devoted to the subject of "Where Health Care Is Heading." There have been significant observations. Now, at Holy Mass in this House of Loreto, Jesus encounters us in the Incarnation of the Word, and He truly is able to tell us precisely where health care should go today; we fall to our knees and proclaim He is the Lord of health and life.

This is the house which Pope John Paul II has called the "icon" of the Incarnation. Here we can sense where health care is going, in the knowledge that health is precisely the Incarnation. Man was lying in the shadow of death, and He, the light that is Life shining upon every man coming into this world, comes to give the Life which is Life and to give Life abundantly (cf. Lk 1:79; Jn 1:4-9, 8:12, 9:15).

As the Pope tells us, this is the horizon of true health. The Incarnation of the Word is the horizon of hope for the sick. The Spirit of God, especially in this year dedicated to Him, has us encounter in the Incarnate Word of God true hope of Life and Health. All of our health moves towards Him.

The Virgin Mary, whom we venerate at this Sanctuary as the Mother of the Word made flesh, is the model for this hope, whose fulfillment She experienced on the day of her Assumption and coronation as the Queen of Heaven and Earth. She is our help and indicates to us where health is heading. From this Sanctuary She gives us the meaning and power of our Sixth World Day of the Sick.

We do not tell Jesus Christ to withdraw from us. We recognize we are sinners, but we ask Him not to withdraw, but to be in us and with us, for the mission He conferred upon St. Peter is to some extent conferred by Him upon us, too: to be fishers of men. He now commissions us, in accordance with our vocation in the Church, to fish in the sphere of illness and health—an activity we can carry out only by having the Incarnate Word with us and in us as a remedy for illness and as complete Life. Everything we have said at our Congress amounts to approaching this fullness.

And this is the Eucharist we are celebrating, which the Church Fathers called "the medicine of immortality" (cf. St. Ignatius of Antioch). In this Eucharist we are celebrating Life triumphing over death. It is the Passover of Christ: "We celebrate your death and proclaim your resurrection. Come, Lord Jesus." We say this after the Consecration. It is the unequivocal proclamation of Christ, the way and goal of all health. In Him, in this Eucharist, we fully know where health is heading. Let us encounter one another fully in Him and entrust to Him our Sixth World Day of the Sick, that He may give us the health we are seeking.

STATEMENT BY THE PRESIDENT OF THE SWISS CONFEDERATION IN CONNECTION WITH THE WORLD DAY OF THE SICK
SUNDAY, MARCH 1, 1998

Dear Fellow Citizens:

Our society has thought up many artifices to keep us from meditating on illness. But the person suffering in a hospital bed well knows what it means to be ill. Those who have the good fortune to have been spared by illness readily forget about the sufferings, pains, and impediments which indeed disconcert the existence of the ones affected. On this day our thought goes out, with deep sympathy and warmth, to those for whom illness has become a life condition.

Illnesses, especially when they leave no hope for a rapid cure, bring us face to face with basic challenges. There is, on the one hand, an aspiration to eliminate illness and, on the other, the observation that we cannot do so, but must live with and reconcile ourselves to it. Those not directly affected are unable to realize all this. An authentic living communion is thus much more important among healthy people and sick people. Security, respect, and dialogue are effective medicines which we are all capable of providing. This morning I had occasion to meet some patients at the Locarno Hospital, with whom I had stimulating and moving conversation—an experience always prompting deep emotion in me. In this way I once again realized that illness is an integral part of the destiny of the human being. It is also a unique occasion to understand the relativity and fleetingness of our life. In the face of pain and illness, the pursuit of success and wealth seems like dramatically ridiculous vanity. The sick do not belong to a separate world, but to our own, exactly as we belong to theirs—this is the central message reaching us from this Day.

In Switzerland we have one of the best medical systems in the world. We are proud of it and want to do all we can so that it will remain this way in the future. But this also means that it may be expensive to get sick. In Switzerland everyone has a right to the best possible medical treatment. We have always been firmly convinced about this. In spite of increasing costs and undoubtedly necessary reforms in the health field, we must never arrive at a medicine based on class discrimination. Health must never be linked to the size of one's fortune. In a rich country like Switzerland, adequate treatment and care in the event of illness are a basic right.

The Day of the Sick has as its theme this year "The Sick Spur Our Commitment." On this scale of values, which are life-oriented, not material values, the sick prompt us to change our way of conceiving what is important for us. I convey my most heartfelt and profound appreciation to all caring for the sick and helping them to recover their health. I sincerely wish all our dear people who are ill, wherever they may be, strength, patience, and confidence.

The First Meeting of Bishops Responsible for Pastoral Care in Health in Their Respective Bishops' Conferences

Introduction

It is a great honor for me to be able to greet and welcome all the Bishops and other representatives of Bishops' Conferences responsible for the health ministry in your respective nations. Welcome to Loreto, this "icon" of the Incarnation. The Most Blessed Mother of God will accompany us at this meeting and undoubtedly show us the benevolent countenance of the Father in Our Lord Jesus Christ, the way and goal of true health.

The Pontifical Council for Pastoral Assistance to Health Care Workers rejoices at the presence of all of you at this Loreto Sanctuary on the occasion of the Sixth World Day of the Sick. Our wish is that this event may subsequently be held on all of the continents in such fashion that the health apostolate may truly be celebrated everywhere on this very important occasion of the World Day of the Sick. In past years we had the opportunity to celebrate this Day in Africa and America. We are now celebrating it in Europe. God willing, we shall celebrate it in Asia next year.

In these celebrations, in addition to a central dedication to prayer, we have wanted to maintain dialogue by the Pontifical Council with those who are our natural interlocutors, the Bishops from the different national Conferences, and particularly with those responsible for the health ministry in each Conference. We are very interested in your experiences and in fostering an occasion for us to listen to one another and arrive at a needed exchange of pastoral initiatives.

At the Pontifical Council we understand health to be not just the absence of illnesses, but a dynamic process involving people's equilibrium and physical, mental, social, and spiritual harmony in accordance with the different stages in their lives. In this way we are incorporated into the death and resurrection of Christ and thus do not exclude illness from the very concept of health, but, paradoxically, include it in the Paschal perspective. The Council therefore celebrates the World Day of the Sick. The different vocations we have received require varying kinds of harmony and balance at each stage in life. This is the meaning of health. If we can fulfill the vocation received, we can say we are enjoying the health needed at each moment. It will not be complete health, but we do ask that it be sufficient to carry out what God has entrusted to us.

May the Lord grant all of us this health, through the intercession of Our Lady of Loreto, and may She be for us the health of the sick at this first meeting of European Bishops responsible for the health ministry in their respective Conferences.

I welcome you once again. May the Holy Spirit, whose year we are celebrating, enlighten our meeting.

+ JAVIER LOZANO BARRAGÀN
Archbishop Emeritus
Bishop of Zacatecas
President of the Pontifical Council
for Pastoral Assistance
to Health Care Workers

The Bishop Responsible for the Health Ministry within a National Conference

1. The Persons We Are Addressing

This reflection is addressed to those Bishops who have received from their National Conference this very important mission for the episcopal ministry within the Assembly of Bishops.

2. The Health Ministry in Our Churches in the Past and Present

The health apostolate has been a living, well-known, and widely experienced reality in the universal Church throughout her history. It is rooted in the life, work, and mission of Jesus—in what is termed Christ's Mystery of Healing.

As a constant, uninterrupted tradition the Church has practiced this service wherever the Gospel has been announced, in the awareness that this action is an essential part of the saving mystery of Christ. And she continues to deepen and mature it as she strives to respond to the challenges presenting themselves in the experience of illness, pain, life, and death.

This pastoral care is especially intense today in our Churches.

3. A New, Special Time for the Health Ministry

Vatican II, in examining the mystery of the Church and her relation to the world, asks all Christians, who are also members of society and citizens of this world, to seek to fulfill the mission of evangelization through dialogue and in a spirit of service, imitating God, who has brought dialogue with the world to fullness by sending his Son, the definitive Word of God and the Servant who has come to give his life for many.

This has given a new impetus to the health apostolate, particularly in the following areas.

A. A deeper awareness of the nature, being, and mission of the Church has been gained and, more directly, of the Diocesan Church and her bishop: "The Diocese is a portion of the People of God that it is entrusted to a bishop so that he will shepherd it with the cooperation of his priests, in such fashion that, united to its Pastor and gathered together by him in the Holy Spirit by the Gospel and the Eucharist, it may constitute a particular Church; in it the Church of Christ, which is one, holy, Catholic, and apostolic, is truly present and acts," and he exercises therein his functions of "teaching, sanctifying, and governing" (CD, 11).

B. The importance the particular Church (Diocese) has acquired and communion among all the Churches, united in the Supreme Pontiff, has had as one of its consequences the creation of the Bishops' Conferences in the local Churches, with well-defined objectives: to foster communion among the different Churches or Dioceses, within the dynamic of collegiality; to provide better service to all the Diocesan Churches, seek to respond more adequately to actions affecting all and calling for a greater common good, and coordinate those which go beyond the frontiers of each particular Church.

This objective has also spurred the health apostolate.

C. The field of health and illness, by means of science and technology, has undergone spectacular development in our time. Consideration for health has risen among citizens to very high levels, and concern for health is reflected increasingly in overall government budgets.

These changes pose questions and prompt responses by the Church.

D. The Church, under the direction of the Holy See, has attentively observed these advances, with some particularly decisive measures, like the establishment by John Paul II of the Pontifical Council for Pastoral Assistance to Health Care Workers, as well as its journal *Dolentium Hominum* and the creation of the World Day of the Sick.

E. These new structures for the health ministry have had positive repercussions on the Churches distributed around the world, in both Dioceses and Bishops' Conferences, prompting a generous response in this ministry throughout the Church.

Simply, but truly, we may state that at this time we encounter a wealth of experience in this pastoral care in the different Churches, even if the pace, organization, priorities, and structure of the health ministry may vary.

4. The Purpose of This Meeting

In view of the foregoing, I feel it is very praiseworthy for the Pontifical Council to have called together the bishops responsible for the health ministry in the European Bishops' Conferences. What is the aim?

I think the Holy See, wishing to promote this ministry more and more as a true sign of an evangelizing Church committed to a New Evangelization, under the immediate responsibility of the Pontifical Council, seeks the following.

– To gain direct knowledge of how we are working in this field in each Church.

– To promote exchanges among us in the light of the Church's ample health-related Magisterium.

– To reorient, stimulate, and coordinate this ministry to some degree by way of increasingly shared criteria.

– To achieve a more authentic health apostolate in content and objectives and in relation to the Pontifical Council.

5. The Need for Progress

I feel this time is especially favorable for new advances in this ministry for the following reasons.

1. The Church seeks to make her own the joys, hopes, and sorrows of all men—particularly the poorest and most afflicted (GS, 1). And the world of the sick fully enters into this sphere of the poor.

2. As a sign of the times, pastoral care of the sick is vigorously awakening in many Churches, and awareness is growing in the Christian People of solidarity and responsibility for this care.

3. The new challenges arising in the dynamic of progress, civilization, and history have notably broadened and modified the scope of evangelization in this field and prompt our vigilance.

– There are disturbing, proliferating signs of death—real attacks on human life, such as abortion and euthanasia.

– Genetic manipulation overlooks ethics and gets carried away by the mere logic of scientific knowledge, proving to be not only ambiguous, but extremely dangerous.

– The peremptory philosophy of well-being degenerates into the idolatry of the body and pleasure, generating an individualistic, hedonistic conception of the person.

– These materialistic models have repercussions for the so-called Third World, victimized, on account of our selfishness, by hunger and illnesses leading to early death and lives unjustly deprived of their inalienable dignity.

– These new situations have become a kind of prophetic outcry for the conscience of our Churches, and the result is in-depth formulation of health, illness, well-being, and the meaning of life within their pastoral plans.

All of this represents a very positive reaction by our Churches which is contributing to the rediscovery, study, and activation of a health apostolate seeking to be integral and to include all of the dimensions involved in it.

– It wants to count on the whole Church and all her members as the subject of this ministry.

– It strives to be very aware of the Church's institutions, specifically the Institutes of Consecrated Life whose charism is care of the sick.

– New organisms are being created to respond adequately to this ministry in Dioceses, parishes, religious communities, and Bishops' Conferences.

– The commitment which Vatican II and the Apostolic Exhortation Christifideles Laici request from lay people in the Church and the world is being attained.

– New forms of care and action are emerging in relation to the elderly, the terminally ill, and AIDS patients.

– Concern in our Churches for the poorest also has positive repercussions on a health apostolate motivated by this preferential option for the poor, including those in the Third World.

– A health ministry is being forged which is quite conscious of the structures created by current society for health care and of the dominant mentality and culture, which sometimes have a very negative impact on the conception of health, pain, illness, and even personhood itself.

6. The Bishops' Conference in the Health Ministry

We start from LG, 23.

The Council, after explaining the meaning and content of Collegiality, invites the bishops and the Churches they preside over to manifest this collegial affection and union and concludes, "Similarly, the Bishops' Conferences can now provide effective and fruitful assistance so that collegial affection will lead to concrete applications."

Let us also refer to no. 37 of Christus Dominus and the first paragraph of no. 38.

The health ministry, then, and all it involves, is one of the areas in the Church's mission which, in view of its weight and importance, forces us to seek the greatest good of the Church, for it thoroughly concerns human life and personal dignity, values which the Church must care for, defend, and promote with all her strength, since her mission is to announce the fullness of life which

Christ has brought us and which also includes the life of the person, a gift of God.

And we bishops must unite to "perform this task in a timely and effective way." Indeed, in all of the Bishops' Conferences there is a commission or similar body dealing with the health ministry.

And every bishop, in order for this action to reach his whole Church, creates a corresponding diocesan body so that this ministry will be well conceived, planned, and executed.

In connection with the Synod for America, the President of this Council made some recommendations of great interest for those Churches which are also quite applicable for us, for they directly concern what we are saying. I shall cite some of them.

1. The health ministry should effectively enter into the ordinary planning of each Diocese and the Bishops' Conferences.

2. The Bishops' Conferences should foster the union of Catholic hospitals, chaplains, physicians, nurses, and pharmacists, both nationally and internationally.

3. Each Diocese should commit itself to promoting the culture of life as opposed to the culture of death, with concrete programs crystallizing in the preferential option for the poor and respect for the unborn.

4. We Pastors should be aware of the need for a specific ministry to the elderly and the morality of palliative care.

5. Parish priests should give priority to the health apostolate in all its scope.

6. The health ministry should be taught at seminaries, insisting on the current ethical problems posed by genetic engineering.

With these orientations we can specify some of the lines of action for Bishops' Conferences in this field.

– The Plenary Assembly of Bishops is responsible for pointing out the major guidelines and objectives for all the local Churches, to be implemented, first of all, by the Health Department of the Bishops' Conference and applied by each Diocese, according to the criterion and indications of its Bishop.

– The Plenary Assembly of Bishops, in taking up this project, demonstrates that the health ministry is an endeavor and responsibility of the whole Church, all the Bishops, and each Bishop in his local Church.

And the diocesan Church must use all means so that this ministry may penetrate the whole comm unity increasingly.

The Health Ministry Department in the Bishops' Conference ought to become a very valuable service for Dioceses by providing study plans for training, examining varied experiences to carry out this ministry better in parishes, hospitals, and other environments, and helping to prepare those working in this ministry and in volunteer service.

– There must be an effort to take this ministry into the spheres where vital health issues are at stake—that is, into the structures of social power where health policy is decided, and into hospitals, by establishing and maintaining ethics committees, with all their impact on defending or violating life and personal dignity.

7. The Bishop Responsible for the Health Ministry in the National Conference

This Bishop, named by the Conference to deal particularly with the health ministry, must continually recall and revive this commitment within the Conference as an effort by each Bishop in his Church and by the Conference as a whole.

This stimulus should help the Bishops discover new fields in this ministry, present experiences in other parts of the world, foster greater awareness among the Bishops of this task, and assist them in reviewing their pastoral action.

8. The Health Ministry's Roots at the Core of the Apostolic Ministry

The Bishop, in his teaching, liturgical, and pastoral mission, should always be aware of the health apostolate.

Bishops are authentic teachers and preachers of the faith—that which should be believed (content of faith) and that which should be applied to customs (LG, 25).

They must announce the "Gospel of Life" and shed light on the most pressing problems in health care and facing death and the value, greatness, and dignity of human life, while ensuring the moral and doctrinal integrity of Catholic medical attention. They must denounce violations of life—attacks on those still unborn, euthanasia, and experiments and manipulations contrary to the dignity of the person and of human life—exhorting people to do what favors life and what permits a dignified death, according to the teachings of the Church, in awareness of the fact that such accusations are generally not made, for they are complex subjects and there is fear of

unpopularity. Above all, however, this is one of the serious duties of the Bishop's munus docendi. He must foment discernment concerning the most difficult problems, for current culture, in most cases, prescinds from ethics. And he must constantly point out the dehumanization which is so degrading for personal dignity.

In his liturgical mission, "the Bishop, endowed with the fullness of the Sacrament of Holy Orders, is the administrator of the grace of the supreme priesthood. He oversees every legitimate celebration of the Eucharist and all the Sacraments" (LG, 26).

Consequently, he must ensure that the Sacraments specific to illness—Anointing of the Sick and the Viaticum—are diligently celebrated, with adequate preparation and catechesis and that Catholic religious assistance at hospitals is appropriately established, organized, and applied, with special attention to the ministry of chaplains.

As a Pastor, the Bishop is responsible for promoting, stimulating, and coordinating all pastoral activity, as regards the area of health as well.

He must exercise his authority over all forms of apostolate in his Diocese, as the Church's teaching reiterates (LG, 20; CD, 11; and different canons of the Code of Canon Law. In a word, he must coordinate healing ministries for the sake of the common good. He must invite religious to join forces in fostering the health ministry and ensuring its Christian and Catholic identity. Aware of profound changes in the field of health and life, we must pay attention to the voice of science, assisted by the ministry of theologians and moralists.

9. Some Applications

– To structure and organize the Health Ministry Department carefully in each Diocese.

– To promote schools for the health ministry to train these pastoral workers.

– To develop training programs for parish groups and those visiting the sick.

– To specify the mission of the chaplain and religious assistance at hospitals.

– To prepare and celebrate the World Day of the Sick with the greatest care.

– To prepare lay people for this apostolate as individuals and in associations.

– To avoid identifying the health ministry with religious assistance at hospitals.

Most Rev. JAVIER OSÉS
Bishop of Huesca,
Responsible for the Health Ministry in Spain

Summary of Reflections by Groups

Those attending were divided into two groups to study situations, opportunities, and relations among the different Bishops' Conferences in connection with the health ministry. The questionnaire and replies by the study groups are detailed below.

QUESTIONNAIRE

1. The Status of the Health Ministry in Your Bishops' Conference

– What organism is responsible for this ministry?
– What are its activities?
– What impact does it have on the diocese?

2. Opportunities

– What possibilities exist for coordinating and promoting this ministry in your Bishops' Conference?
– What means would have to be employed to this end?
3. Relations Between the Bishops' Conferences and the Pontifical Council
– What can the Conferences offer to the Pontifical Council?
– What do they expect from it?

ANSWERS

1. The Status of the Health Ministry in the Bishops' Conferences

Hungary
There is no organism on a Conference level, but there is an effort to create it. Work is done through parishes or Catholic Charities.

Slovenia
After a hard period lasting fifty years, reflection is beginning in this field. There is no bishop responsible for it, but there is a national delegate who studied at the Camillianum.

Spain
There is a well-structured national body, with a bishop responsible for it, a national coordinator, regional coordinators, and diocesan delegates. All activities for a three-year period are nationally programmed, and there is an effort to carry them out. All national initiatives have positive repercussions on dioceses and parishes. This kind of organization began thirty years ago and is now yielding its fruits.

Italy
The health ministry has developed on a local level, above all, through charisms of consecrated life specifically related to serving the sick and the suffering, associations of health professionals and patients, service organisms, Catholic health facilities (a great charitable legacy), and hospital chaplains, with their association.

Only later was the National Council for the Health Ministry created, presided over by a bishop designated by the Permanent Council of the Italian Bishops' Conference and made up of representatives of Regional Pastoral Councils and of national associations and organisms for the health apostolate.

A National Office for the Health Ministry was recently created by the Italian Bishops' Conference, and a Director was named. Similarly, there are efforts to establish such an office in every diocese.

There are various training centers on a national and regional level.

Belgium
Health care is divided into public and private sectors. The health ministry is more closely connected to the latter and integrated into the work of Catholic Charities, which has prepared a statute for health workers. Special attention is devoted to training.

Austria
There are two sectors: a) private, with considerable involvement by the Church through religious orders and Catholic Charities, and b) public, where women religious are active, but their numbers are markedly declining. The National Conference has named a Bishop to be responsible for all pastoral care, including the health field. There is a person responsible for the health ministry in every diocese. Nationally, there is an association for the health ministry which is concerned with health professionals. There are three training centers for these workers, and a meeting is organized every year in Bavaria for health professionals.

Poland
The organization of the health ministry embraces two areas.

a) One dimension, presided over by a Bishop for the pastoral care of the sick, is organized through a national secretariat and a national delegate. There is an apostolic and spiritual association (about 84,000 members) for the sick based on three commitments: 1) acceptance of illness as God's will, 2) undergoing it in communion with Jesus Christ, 3) offering suffering for the salvation of sinners. The sick are given a diploma with a cross and are informed by way of a bul-

letin. Every year, for the feast of the Patron, the secretariat for the sick organizes a pilgrimage. Every week there is a radio talk, and spiritual exercises are offered annually.

b) Another dimension, presided over by a Bishop for healthcare workers, is also organized through a national secretariat and a national delegate. This area has markedly developed since the celebration of the World Day of the Sick in Czestokowa, with the creation of different associations and activity on a diocesan level.

Lithuania

As a result of the previous circumstances in the country, there is not yet real organization of the health ministry. Numerous activities are linked to parishes and Catholic Charities. Hospital chaplains are still lacking, but there is pastoral care in parishes. Some steps have been taken by Catholic Charities in collaboration with local government (e.g., diagnostic clinics). Two facilities serve as special "signs": a "house for birth" and a "house" to accompany the dying.

2. Opportunities for the Coordination and Development of This Ministry in the Bishops' Conferences

Hungary

There is gradual progress, especially with some groups of Catholic physicians and in parishes. A few courses in pastoral medicine have been offered. The Bishops' Conference has written a pastoral letter dealing with certain problems and relations with the sick. Since 1990 possibilities for work have improved, with the help of lay groups and, above all, parishes.

Slovenia

The need is felt for training in this field, and work is being begun. Many resources are undoubtedly lacking.

Spain

As presently organized, this ministry is quite effective. Much progress has been made, and a lot of distance has been covered. Many groups are involved, and there is good programming. Two associations, FERS and PROSAC, are very active, as may be affirmed regarding parishes, healthcare ethics, and other areas.

Italy

There should be development of an ecclesial infrastructure through the creation of diocesan offices where they are still lacking and by naming local and parochial coordinators. There is a need for greater cooperation, better use of Catholic health facilities, and more planning.

Belgium

There is a commitment to better cooperation through a monthly meeting of the Vicars for Catholic Charities from every diocese.

Austria

Several steps are seen as necessary.

– Preparation of a document on current cultural and ethical change.

– Establishing an Ethics Institute within the university structure.

– Development of pastoral organization.

– Greater ecumenical effort through cooperation with the Evangelicals in health care.

Poland

– Union of the two areas and secretariats under a single Bishop.

– Promotion of the Association of Hospital Chaplains.

– Fostering volunteer work with the health professions.

– Providing better ethical training.

– Creating ethics institutes.

Lithuania

– Organization of the health ministry on a Conference level, with some shared orientations and cooperation in activities.

– To appoint hospital chaplains.

– To promote a culture of life after the period of intense ideological conditioning within the nation.

3. Relations Between the Bishops' Conferences and the Pontifical Council

a) What They Can Contribute to the Pontifical Council?

– *Ad Limina* visits.

– Information every two years.

– Attendance at congresses.

– Greater communication with the Council (some Conferences have been remiss in not responding to requests).

b) What They Expect from the Council?

– Orientations and programs not only for the Conferences, but also for individual bishops.

– Greater awareness of the situations they face.

– More direct visits.

International Conference on the Economics of Health Care: Priority and Equity in Distributing Resources, February 8, 1998

I: Sociological Aspect

In this introductory note I intend to touch upon a topic emerging forcefully in recent debate on health policy in both Italy and other developed countries: how to deal with the rationing of care and health services. I shall divide the subject into two parts. In the first one, I shall discuss the structural factors accounting for the impressive rise in the percentage of GNP devoted to health expenditures over the last decades. In the second part, I shall deal with the ethical criteria for determining priorities in allocating healthcare resources.

The question spontaneously arises as to why a problem in healthcare rationing is posed today. The response is immediate. Medical progress in the recent past has enabled us to "work miracles," but the costs are so high that these advances cannot be made available to all who could benefit from them. Some people will die and others will suffer not because we lack methods for treatment, but because we cannot extend those methods to them. It is thus necessary to determine who can be treated and who cannot. This is rationing.

The crisis with which the health systems in our countries are struggling is rooted in specific circumstances. These systems were created to relieve the suffering and save the lives of citizens, with no a priori exclusion; moreover, the state of knowledge and, above all, the availability of means permitted only limited action, though substantially within reach of everyone. The situation has been reversed today. Explicit rationing has become inevitable, but a way out has not been found. This is a paradox typical of the period of development we have entered.

1. All economically advanced countries have for some time been experiencing a high growth rate in health expenditures, which, alongside a slowdown in overall growth, has brought about a disturbing increase in health costs in relation to GNP and greater tension in the general framework of financial balance. Together with various difficulties in public finance, a still-unresolved conflict has emerged between the pursuit of the objectives proper to the health system in accordance with welfare policies—that is, an increased lifespan and a better quality of physical life for all citizens—and ever-tighter budget restrictions for the public sector.

To grasp the structural and not merely circumstantial nature of the percentage increase of health expenditures in relation to GNP in the OCSE countries, we must pause to examine the noteworthy fact that over the last forty years the health systems in western countries have undergone radical changes without historical precedents in three specific areas. Firstly, new technologies have revolutionized the ways health care may be practiced. It is obvious that most of the current equipment for the diagnosis and treatment of diseases was still unknown forty years ago. Secondly, the role of public and private health insurance has expanded impressively. Finally, personal health expenditures have grown beyond all reasonable prevision, even in the light of the famous law of Engel.

It can be—and has been—demonstrated that there is a very close connection between the expansion of health insurance and the development of more and more costly medical technology. In other words, it is possible to show the existence of a specific causal nexus between incentives for scientific research—aimed at developing certain types of new technology—and the role of the insurance system, on the one hand, and between the characteristics of the insurance system and the long-term effects of new technology, on the other. B. Weisbrod, in particular, has convincingly shown the ways the quality of the health care which it is technically possible to provide at a given time and the breadth of access to that care by citizens have an impact on each other and also on the aggregate level of health expenditures.

The pull of scientific progress—as an independent variable causing changes in the form and extent of insurance coverage and as a dependent variable influenced by incentives working through the system of health insurance—poses the need to consider the decisive influence of incentives. Specifically, it may be maintained that 1) the total of resources destined for medical research largely depends on the mechanisms which are expected to be used to finance the provision of health services in the future, when the results of the research process can be commercialized; 2) the demand for health insurance partly depends on the state of technology, which, in turn, reflects the scientific research done in the past; and 3) it follows that the long-term growth of health expenditures in a given country is a consequence of the interaction between the medical research process and the health insurance system being used in that country.

In the light of the foregoing, we can understand why the solution to the economic/financial problem cannot consist of a mere reduction in public health expenditures. Three specific reasons may be adduced to support this affirmation. Firstly, we must observe that, as regards healthcare demand, it is not possible to determine a function of autonomous demand—that is, a function which makes the demand for health services derive only from the preferences of individuals and their budget restrictions. As K. Arrow observed over thirty years ago, the relation between patients and doctors (and other healthcare providers) is rendered complex by "problems of agency," which are in turn due to the existence of asymmetrical information among the parties and of specific relations of confidence. Indeed, patients entrust themselves to doctors to seek to define their demand for health services. They may even confer upon doctors partial or complete authority for making their decisions. This is the meaning of the well-known phenomenon of demand induction, a phenomenon which is clearly destined to be reinforced precisely because of the hectic pace of technological innovation in health care. In this kind of framework, the economic notion of a fully informed consumer who looks at prices when deciding the sum of health services to be purchased is obviously out of place. And yet almost the whole current debate on the subject assumes the existence of a well-defined demand curve for health services among citizens. It follows that measures to contain health expenditures based on decreasing the demand for health services can produce only modest effects: the price variable loses force in determining the optimum levels of individual consumption.

Secondly, it is not clear that a reduction in public health expenditures entails a reduction in overall health expenditures, since the costs which individuals have to bear to compensate for reduced public services may prove higher than the savings achieved by the public budget, with an overall loss in efficiency. Finally, the contraction of public health resources may generate other inefficiencies in allocation because health care is characterized by the presence of phenomena which prevent the market, when left to itself, from functioning in a way that is socially optimal. Let us consider the monopoly power enjoyed by some of the suppliers of health services and the positive external factors produced by health care (improvement in the health of each citizen

has a positive impact on the health of others, and the socially optimal level of care may thus prove superior to that which the market would achieve spontaneously).

Therefore, the only strategy to be followed must be complex and based on sound insights, starting from clear objectives for the quality and degree of universality of services and introducing a framework of economic compatibilities for identifying and selecting the instruments and mechanisms needed to pursue those objectives.

2. No society today can afford to offer all its citizens all the health care they could benefit from. Each society must thus establish priorities—that is, what to distribute and to whom and, therefore, who is to remain excluded from benefits.

Someone might be led to think that the rationing problem could be solved only if it were possible to eliminate waste or increase health expenditures. There is no question that health care is a sector characterized by large pockets of inefficiency and still excessive expenditures. But attempting to solve the problem this way would be futile, especially because money is certainly not the only scarce resource in medicine. Let us consider organs for transplants—there will never be enough!

Explicit rationing is thus inevitable. How should we act in this regard? There are two relevant questions: a) What objectives should decision-makers pursue? b) What criteria should be adopted in determining the people for whom certain treatments should be reserved? Another aspect concerns the institutions and procedures through which to implement objectives and criteria. Should we leave rationing decisions to the family doctor or the specialist? To the market or to some public agency? I shall devote attention below only to the first of the two troublesome areas.

The first reply spontaneously coming to mind is that we must use scarce resources in such fashion as to produce the greatest good. This idea is at the root of the use of QALYS ("quality-adjusted life years") as a unit to measure the value of different types of medical treatment. As we know, QALYS are a measure of the "good" produced by care, or the benefit it brings about. Medical care can do two kinds of things. It can prolong the life of some individuals and improve the life of others. QALYS combine these two types of benefits into a single measure. One year of healthy life equals one QALY; the years spent in illness, on the other hand, are adjusted downwards on the basis of a factor aiming to measure the quality of life. Clearly, one arrives at making room for a trade-off between length of life and life conditions.

Once the QALYS associated with a certain treatment have been determined, they

are compared to its costs. Economists in the English-speaking world have estimated the cost per QALY of different treatments. For instance, a kidney transplant may cost about $3000 per QALY, whereas a shoulder replacement may cost about $1200 per QALY; this means that the money spent on a shoulder replacement produces more good than that spent on a kidney transplant and that scarce resources should thus be directed towards the former rather than the latter.

But, on close consideration, not a few difficulties arise from such a methodology. As J. Broome, A. Williams, and others have brought out, the first one is to set the scale of factors to adjust quality for different states of health. If a certain condition has an adjustment factor of 0.5, it means that two years in such a state equal one year in good health. How can we decide which state of health deserves this evaluation? This is certainly a problem of primary importance which still needs to be solved.

However, I wish to dwell upon the general idea that we are to allocate resources so as to produce the greatest good. Are we sure this is the appropriate objective for using available health resources? In the aforementioned example, we ought to ration kidney transplants more severely than shoulder replacements, even if the former save human lives. Is it morally acceptable to deny someone a chance to live in order to use resources to improve the quality of life of others? When we consider alternate treatments for a single patient, it is undoubtedly right to choose the one which will prove more beneficial for the individual. In such cases the use of QALYS does not pose ethical problems. But the situation is different when it is a question of distributing resources among different patients.

Another criterion, different from QALYS, is equity. Let us consider the case where two people are waiting for a liver transplant and there is only one liver available. What should be done? The criterion adopted in countries such as Italy and Britain is urgency: the patient's status is described as urgent if death will occur in three days unless a transplant is effected.

Now, if the objective to be pursued were the greatest good, urgency would not play any role: the transplant would be effected for the patient offering the best chances of success, regardless of the degree of urgency. What is the rationale, then, for the criterion of urgency? Is there some good reason or is it just a compromise?

There is a good reason, and it involves considerations of equity. If the patient in urgent need cannot obtain the transplant, the last chance to go on living will be lost. If someone else, on the other hand, in a non-urgent situation, does not obtain the transplant, there remains hope for a future opportunity. It follows that by giving priority to urgent cases we act in such fashion as to equalize people's chances of survival. By behaving this way, we increase equity in the system.

As is readily understood, the objective of equity is often in conflict with that of the greater good. The question is posed as to whether it is to some degree possible to reconcile the two objectives by balancing them. The reply is not easy, for the basic reason that equity has nothing to do with maximizing anything, not even the greatest good. Indeed, equity demands that people be treated in equal fashion qua persons. As we see, increased intellectual energies have to be applied, and the horizon of our understanding must be expanded to deal with such problems.

3. What are the implications of this discussion for the meaning and practical applicability of deontological codes? To answer, it is useful to consider at least briefly the two major matrices of moral philosophy in which proposals for ethical codes can be situated: on the one hand, the neocontractualist matrix, associated with the now famous names of John Rawls and David Gauthier; on the other, the matrix we can term moral evolutionism, ascribable to the work of F. von Hayek, which hails back to the intellectual tradition of the Scottish moralists (a tradition to which A. Smith belonged).

The essential difference between the two matrices is that, whereas in the neocontractualist conception the basis for values is the impartial agreement of rational individuals, in the evolutionist approach the foundation of ethical values lies in the process through which these values are built up as virtues. In other words, in the neocontractualist perspective, rational individuals realize that it is in their interest—whatever that interest may be—to reach an agreement on shared norms for behavior so as to overcome the problems connected with the rationing of health care. According to moral evolutionism, on the other hand, the basic idea is that, given a certain community of people, those practices and institutions are justified which support the development of the virtues typical of that community. This is the meaning of the "virtue ethic" approach, just as A. Smith posited in The Theory of Moral Sentiments (1759), where he brought out the need for society to create an institutional framework capable of fostering virtuous behavior among citizens.

It is easy to grasp the differences observed in deontologi-

cal codes on the basis of one moral context or the other. If we consider a code from a neocontractualist standpoint, it will strike us as a rational condition—that is, a self-imposed obligation determined by a decision maker to achieve a certain goal; on the other hand, the same code, from an evolutionist standpoint, will appear as an instrument for the practice of virtue—that is, to foster the development of moral dispositions.

What is the practical significance of this distinction? Let us examine the elements characterizing any ethical code. The first one concerns identification of the social pact constituting a form of organization, the pact binding the different "stakeholders" (those with property rights, employees, managers, patients, providers). The second element concerns setting forth all the norms (for impartiality, equity, resolution of conflicts, and so on) which serve to establish the behavior to be adopted by the parties every time the incompleteness of the contract leaves gray areas. Finally, the third element is the identification of the incentives serving to ensure "self-enforcement" of the code.

Now, a structure of this kind will produce the desired effects, and the practice of self-regulated codes will thus be successful, only if one "macrocondition," so to speak, is met: there must be a "reputation market" where good standing has a positive value. Observance by many individual organizations of their respective deontological codes might otherwise lead to a perverse result. This is why acceptance of the neocontractualist approach does not suffice to ensure the success expected from adoption of ethical codes by individual organizations.

If we generalize for a moment, the fact is that there are two categories of moral rules: those which may be conceptualized in the form of human reputation capital (people know they will be subject to major personal costs in the event they transgress, since their reputation will be hard pressed by an immoral act) and, on the other hand, those whose execution depends on internal conditions—that is, the moral constitution of agents. These are the moral rules which, while bringing great benefit to society, may not be to the direct advantage of those putting them into practice. These are all the rules serving to minimize or neutralize various forms of opportunistic behavior, from "free-riding" to "shirking," which are at the root of processes of decay in a society. This dichotomy poses a big problem: whereas to produce and enforce the moral rules in the first category a coherent system of laws is sufficient, when accompanied by well-oiled machinery of justice and a framework of external incentives in the form of reputation capital (as accords with the neocontractualist matrix), to provide society with the other kind of moral infrastructure it is necessary to act upon people's inner motivations—that is, their convinced adherence to shared values (as sought by the virtue ethics approach).

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II: The Political and Economic Dimensions of Health Care*

I think Professor Zamagni has in clear and detailed fashion delineated the major problem presenting itself today when we speak of health and economics or finance. Unfortunately, in this world, which is now described as globalized, everything seems to be reduced to discussing social problems in economic and financial terms. I feel Professor Zamagni has cogently explained and stressed an aspect which I would like to reconsider briefly—the multisectorial nature of health care.

Health, as it was defined fifty years ago by those wise people who, after the experience of the second world war, created the World Health Organization, is not just the absence of illness, just as peace is not just the absence of war. Many years ago a writer, Girondel, stated, "Peace has broken out." Today it seems that what were called the "dividends of peace," which we intended to use and concentrate in the social sector, are for the most part being diluted in the effort to keep this peace. The cost of peace-keeping thus appears to be as great as or greater than that of avoiding a world conflict.

Health and Illness

I wish to touch upon three points in my talk. The first concerns a general vision of health and illness. On this Sixth World Day of the Sick, I feel it is appropriate to recall what health is, for all of us, at a certain time in life, are struck by illness, and illness is, to some extent, linked to health. The definition of health as such, in WHO's language, might thus seem like a utopia. Health is a state not only of the absence of illness, but, rather, of complete well-being—economically productive and socially acceptable, universal. We have mentioned universality. Is this possible? Are our societies prepared to make this description a reality?

I shall then talk about what health for all means in the twenty-first century, the big challenge today for WHO, though it may look like a dream. It is a basic direction of the humanistic vision and thus coincides with the Christian vision of man's destiny. In this sense—today I was reading the Holy Father's Message for this Day—I think it coincides, as you will see, with the main document approved last week by the Executive Council of WHO concerning health strategies in the twenty-first century.

In relating health to illness, I recalled what a famous Spanish endocrinologist, Professor Mart'n Ibá–ez, said: "In studying medicine we have been taught to recognize the symptoms and signs of illness, but they have not taught us to recognize the symptoms and signs of health. This ties in with what Professor Zamagni said about lifestyle: if we could better recognize the signs and symptoms of health, individual lifestyle might perhaps be modified on this basis. We see the risks to which the environment is subjected, but the environment is not just the physical and natural domain—it is also social. The pollution of the social environment is as important today, I think, as the other kind. In this current world on the move, there is a lot of talk of chemical pollution, of pollution in terms of aggression against the individual, but less mention of social pollution. The globalization now bringing so many advantages and possibilities also poses enormous challenges for health. I shall mention some of them.

Investing in Health

The second element I would like to cite is of a general nature—the cost of, or, rather, investment in health. With this much more utilitarian criterion, health services are now multiplying, and they seem to have become a commercial good, like so many others, to the point where, if there are hotel chains, there are also multinational hospital chains where service is gauged in terms of patient comfort, without necessarily being monitored in terms of medical and technical quality. Insofar as possible, they have the most recent technology, but the question we ask is whether the latest technology is the best. It may virtually seem to be so, for, since everything is based on trends, if you do not use the latest technology, the patient is not left completely satisfied. In this respect, I feel the key point is—and I repeat a term used by Professor Zamagni—rationalization. Who rationalizes? Who makes the rules of the game? Public authorities cannot deny their responsibility for health and, though not the care providers, must provide norms according to the constitution of each country.

I would like to refer very briefly now to the fundamentals of WHO around the world. I am trying to reflect the reality of its 191 Member Nations, most of which—that

is, two-thirds of the world—are poor and cannot gain access to many new technical achievements. People now speak of telemedicine, of the whole mechanism created by the information highways. In some cases, as we have stated, the highway may exist, but there are no vehicles to travel on it. Reality is thus somewhat different from that vision because the means for communication available to these communities and countries are, unfortunately, not the same.

A New Policy of the World Health Organization for the Twenty-First Century

Why should there be a renewal of the health-for-all policy? Let us point to one of the main aspects which have been mentioned. Though in the last twenty years the world has produced the greatest wealth in universal history, it has also produced the greatest number of poor people. There is an asymmetry or gap here which we shall explain later when dealing with social benefits and demographic change. We all know that life expectancy has notably increased, especially in the industrialized countries, but also in the developing ones. Today there are health problems and chronic illnesses which did not previously exist, at least in these proportions. In poor countries as well what are called nontransmissible diseases have begun to appear, but the causes are different. Previously, the inhabitants of these countries did not live long enough to contract chronic diseases. Mortality affected the very young. Today, with the increase in life expectancy, other problems have emerged, giving rise to a very different epidemiological profile. Epidemiology has changed in such fashion as to take on a twofold weight: not only transmissible diseases, but also chronic ones are becoming more complex and difficult.

The Social Environment

I am increasingly surprised by the fact that one can watch sixty, eighty, or one hundred television channels without leaving one's armchair. Is this good or not? I think we must wonder about it in many senses. On the one hand, we promote healthy nourishment and, especially at a certain age, its importance, while we are also witnessing a major movement in the same proportion which does not always go in the same direction—not to mention excess smoking, alcoholism, and so on.

The matter of health for all is neither a WHO issue nor a WHO document, but a question concerning the whole health sector around the world, all those involved with health care. WHO does not have a monopoly—it is what health ministers like us want it to be. But health ministers also depend on cooperation with other government ministers and with many sectors. NGOs and religious bodies thus play a big role. In Africa there are countries where over 60% of medical care is provided by the Catholic Church, and conditions are even better where there is ecumenical cooperation. In talking about progress in this field, then, it is vitally important to establish policies and priorities.

I have already mentioned globalization. All I can add is that it is creating winners and losers, and the latter, unfortunately, are always the same. In health care, we are trying to create norms for exchanging health-related goods and services that will permit application of WHO principles concerning equity, cooperation, and social justice.

Values of the New Policy

I would like to refer briefly to the basic values of the new policy. It is essentially based on three aspects: first, the right to health, as you know; second, equity, solidarity, and ethics; and, finally, equality between men and women. I shall say a word on ethics. I think all the values completely coincide with the message of the Holy Father and the principles of the Catholic Church.

There are two points, though, which I would like to consider more at length. The first is equity in health care. In this global dimension, we also want to see equity among peoples reflected, above all, in international cooperation. And I do not mean international cooperation just in terms of economic aid, but in terms of information, knowledge, and access to different sources enabling decision-makers to make more intelligent decisions. We have seen in some cases that cooperation is not necessarily in keeping with the priorities and benefits of certain populations. Cooperation must thus reflect an element of equity between the countries with greater resources and those with fewer options.

The other aspect I wish to refer to is ethics. We have spoken of technology, service, and health. Ethics, in our view and that of WHO, applies to the whole of life, from its beginning to its end. In both curative and preventive terms, then, care must be governed by ethics and the highest respect for the human condition.

As regards access to health services and life expectancy, the latter must not be understood only quantitatively. The fact that people now live until age seventy does not they live well. Quality of life must reflect the means available today to every human community. And the same applies to health services. Their equity should relate to needs, not individual or community financial capacities. I feel need ought to determine the use of these services, and not necessarily demand, as has often occurred until the present.

What do we expect from this new policy? Health must be at the core of develop-

ment. The idea is for health to be mentioned every time we speak of development, for man is the heart of development in this new conception of health policy, for those of us working at WHO and, I think, for all those present here.

Disease control continues, of course, to be the central concern of WHO action, but not only control as such—rather, global vigilance over what is happening in the world, with a view towards timely intervention and joint action. There are not many borders today when disease is involved.

I wish to cite two factors for basic action. The first concerns the idea that health is at the core of development. The second involves the observation that if there is not a sustainable system, health as a core value will not possible. I would initially like to say that the health system should not create unfulfillable hopes. Secondly (and here I come to the supply-and-demand side, privatization, and everything we have previously mentioned), aside from government and some NGOs, there are not many actors concerned about prevention and health promotion. The major element is to serve health. We have seen the privatization of health services, but we have still not witnessed a privatization of anything promoting healthy life attitudes because that is apparently not profitable. I feel, however, that government and organisms like the churches and schools have a basic and significant duty as regards the future, for they influence the shaping of lifestyles.

In conclusion, I would like to say that WHO and I, as an individual and practicing Catholic, think there is a communion of fundamental concerns in dealing with the person's condition in the face of health and of individual and community responsibility for health. If this does not become concrete, I feel that not only will we fail to attain health for all, but we will not even build a world with a certain tranquillity and peace, which, in a word, we are all seeking. Thank you.

Dr. FERNANDO ANTEZANA
Deputy Director of WHO

* This text is a summary of the author's oral remarks, which were recorded.

III: A Theological-Pastoral Approach to Economics and Health

A. THE PROBLEMATIC

Since the beginning of the 1980s governments in the western countries have been deeply committed to containing healthcare costs, burdened everywhere by annual increases superior to national economic growth. They have done so by way of restrictive measures and new health policies, seeking to augment free-market factors in health care and medicine. Welfare-state medicine is said to have generated inefficiency, unsustainable expenditures, corruption, and the plague of bureaucratic expansion.[1]

1. Against the Free Market

It was not long before some spoke out against such decisions. It was deemed absurd to treat the domain of illness and health commercially because health would be seen as a product for a business to supply competitively by exploiting available resources to the utmost and reducing costs and patients would become mere customers.

This rejection assumes that a health facility does not work to increase a product or the supply of services, but to reduce needs. It is further stated that in the health area there is no market saturation, and increased supply may thus encounter increased demand. Moreover, calling health a "product" is offensive to the integral conception of health care because it encompasses spheres which may not be so termed, including psychological and spiritual, as well as physical, conditions, and to call a patient a "customer" is not appropriate because it implies an exclusively economic perspective in which every illness would have a set course, time, and order and the doctor-patient relationship would be abandoned, for the customer is left aside once the product is delivered. Many patients for whom the law of supply and demand did not function would be abandoned, as with the terminally ill or the victims of incurable diseases, such as AIDS, or the elderly and handicapped, for whom psychological and spiritual therapy is essential. In addition, patients' family ties, decisive for cure, would be severed. The concept of volunteer work would be emptied. Commercial expectations would be the rule and not patient health, and medical facilities would no longer have the recovery of the sick as their aim, but economic gain.[2]

2. In Favor of the Free Market

Far from rejecting the free market system in health care, the vast majority of current government health policies, at least in the west, accept it on the basis of various motives which, they feel, demonstrate that the welfare-state system is obsolete and can no longer be maintained alongside present development of their countries. They propose it as a model for the first world and, to some extent, with a degree of accommodation, for the third world, too.

The improvements proposed in place of the welfare system, they say, never ought to affect the basic core of equity and solidarity, with the pursuit of more favorable conditions for obtaining the combined benefits of greater decentralization, the chance to apply the tools of business management, and the delimitation of means and responsibilities for local managers. A structure is required which permits clear differentiation among the main actors in the health system and recognition of their respective responsibilities. The central administration would be the main source of finances; health sectors, the buyers of service; hospitals, varied health facilities, doctors, and pharmacies, the providers; and users, the customers.

The basic obligation of the buyer would be to obtain the best quality service with available resources. This internal health market would produce the competitive stimulus for different units responsible for providing service.

It is assumed that competition would thus be created which would prompt improvements in the quality and cost of services and give users more room for choosing among providers. The prime basis for work relations between providers and users would be the contract, which would be accepted after detailed analysis of its efficiency. Both the public and the private sectors would be involved.

Awareness of personal obligation and accountability for results would be incentives and improve the welfare-state type of administration, which now proves inadequate for grasping and managing the complexity and volume of health services. The rigidity of welfare-state norms would be replaced by flexible services, and the perverse primacy of bureaucracy would be avoided, with consumers taking on their full role. Two key factors come into play: economic interest and freedom of choice. The former aims at product quali-

ty; the latter, at service quality. Both of them may degenerate, it is true, but they may also be factors to be taken into consideration for priority and equity in health resource distribution.

Modern management techniques entail speeding up procedures, defining responsibilities, and delegating authority. Healthcare management must always be concerned about product quality, satisfying budget requirements, reducing costs, productivity, the motivation and compensation of personnel, research and development, and the viability of the hospital enterprise. Awareness of expenditures must be heightened among both users and providers. It is true that health is priceless, but it does have a cost. What really characterizes the bureaucratic welfare system is that it poorly allocates resources, with wasteful expenditures. Competitiveness would demand ongoing training of service providers. Continually advancing technology must necessarily be incorporated into the health service. The foregoing exigencies are connected with the advantages of good management in current health care.

In the free market system the elderly, the chronically ill, the convalescent, and those requiring palliative care would also be attended to. There would be a market for products and services, but the people receiving such care would not be regarded as the subjects of the market.

Health care behaves as a superior good—that is, it increases at a faster pace than per capita income. The increased cost must be limited. There are two ways to do so: by general restrictive action and by circumscribing action to provide basic services and require that others be paid for. Users must be convinced that health care is not free; aside from exceptions demanded by solidarity and equity, everything beyond basic service must be paid for, and even basic service must be paid for, at least symbolically. What costs nothing is not appreciated.[3]

It is true that in strict terms the law of supply and demand, when applied to health, does not work, for as supply increases, so does demand, and there is also an unquestionable autonomy of health professionals, along with cost inflation. But the advantages of the management system can be maintained in accordance with the solution now applied in the US, called "managed care,"

supported by "evidence-based medicine." This procedure seeks to control expenditures by acting on each of the healthcare producers in each individual case. The professional conduct of doctors must be standardized in keeping with explicit diagnostic/therapeutic protocols. The novelty of managed care lies in the economic use of tools to describe the care process whose purpose is to define standard cures for each pathology by way of the constituents contained in the "black book" of clinical decisions. Its limit is the extreme variability of the clinical behavior of different patients in similar situations and the diverse subjective attitudes of physicians.

The cultural process maintaining this protocol is "evidence-based medicine," which consists of using the most reliable medical knowledge in clinical practice. The success of this system has been demonstrated in regard to both better and more numerous cures, with notable savings in health costs. There are now "evidence-based medicine" manuals and access to them on the Internet. It may thus be affirmed that business infrastructure and diagnostic/therapeutic protocols are the two orientations which are becoming dominant today in healthcare development.[4]

3. Economy and Health in the Third World

In the third world, the free market model is followed insofar as possible.

In broad terms, let us recall the two recent economic stages which have been dominant. The first model basically involved price stabilization of raw materials, control of agricultural markets, training responsible leaders, exploiting natural resources, and developing infrastructures. When this model failed, largely because of foreign debt, the program called "structural adjustment" was conceived, with the freeing of prices, free exchange and a free market, and privatization of enterprises.

In this context it is believed that health care cannot be free and state sponsored, for the state is not strong enough economically, and care is also subjected to the laws of the free market.[5]

In the third world the poverty of health care is situated in a context of socioeconomic poverty understood to be a system of unemployment/underemployment, a shortage of money and material goods, a low educational level, poor housing, a lack of water, deficient sanitation, malnutrition, the spread of disease, social apathy, and a lack of will and initiative regarding improvement. In industrialized countries people spend about US $500 a year

per person for health care. In developing countries, expenditures are between $2 and $7 a year. In a given age group, deaths related to pregnancy in developed countries reach 1%, whereas in the same group the rate is 20-45% in developing countries.[6]

In the third world there is pressing need for a health system based more on disease-prevention than cure. The following indices have been used to measure the health status of countries: life expectancy, infant and juvenile mortality rate, overall mortality rate, summary index of fertility, overall birth rate, rate of population growth, index of per capita income, school attendance rate, and daily consumption of calories.

After carrying out statistical studies, it has been found that in some countries that basic key to these indices is school attendance by women, and the variant strategies involve potable water, environmental protection, and basic health facilities. As for per capita income, mortality is inversely proportionate to it until it reaches a middle range; as income further increases, so does mortality.

It has been shown that unclean water may contain the germs of over twenty infectious diseases. As for diseases involving diarrhea, every year unclean water causes the death of about six million children under age five. Water problems also cause malaria in 150 million people a year and a million deaths. 250 million are attacked by lymphatic filiarosis, and thirty million, by river blindness. It is noteworthy that more people die from unclean water than from insufficient calories. Infant mortality is higher in arid zones than in humid ones, because of the water shortage, and life expectancy is lower. Desertification disturbs ecological balance and thus weakens the systems of production and health.[7]

B. THEOLOGICAL-PASTORAL PROJECTION

1. The Health Ministry

In the face of the major problems in economy and health which we have briefly touched upon in some respects, we obviously need a health apostolate in keeping with the present time which will continue Jesus' healing mission and be a sign of God's unconditional love for

all, particularly for the poorest and most vulnerable in the third world. The main criterion will certainly not be profit, but human needs on an individual and community level.

There clearly is a lack of proportion between health needs and national public budgets devoted to them, but it must be noted that health is not a part of social policy—it is its *conditio sine qua non.* Man needs health policy because of his insufficient capacity, and health must thus be a collective right. Consequently, legal norms which do not devote enough attention to equal distribution of health care must be reformed.

The good of health is essentially one which is directed towards all. Health is a good in itself, and we may say it is a social obligation and must thus be ensured for all the earth's inhabitants. And it is necessary to study the use of resources so as to make health a legacy for all. Resources are, of course, limited, and we must, then, answer the question as to their organization in order to give everyone an effective right to health. Individual rights thereby take on a collective dimension as a way of practicing charity, and the guiding principle is social justice, understood to be a permanent disposition of the will consisting of always seeking and choosing and making available to the members of a community what they need to fulfill their social functions.

Health thus appears as one of the leading factors in development theories, as a field for research by all the scientific disciplines with an impact on health, and as a human and moral reality giving purpose to such research, since health is identified with life itself.[8]

2. The Market Economy and Health

We must firmly establish that profit may not be regarded as the ultimate aim of health care; accordingly, in the case of Catholic hospitals, shareholder-owned hospital chains are not compatible with the health ministry, for their goal is exclusively gain.[9]

In the health apostolate and the sphere of Catholic hospitals, health care is provided by a community which gives assistance to those in need. It is animated by the Gospel and guided by the Church's moral tradition. It extends to children, the unborn, unmarried mothers, the elderly, the incurably ill, drug addicts, ethnic minorities, immigrants, refugees, and the mentally and physically disabled. It encompasses the physical, psychological, social, and spiritual dimensions of the human person.

As for the economic aspect, a Catholic health organization must responsibly manage available medical re-

sources in accordance with Catholic social and moral teaching and is required to provide equal opportunities in hiring personnel, job security, active participation, salary, organizational structures, and so on.[10]

In this connection, we must explicitly pose the problem of the free market economy and health care. We may not close our eyes to a reality that is already dominant or is becoming so everywhere. Undoubtedly, if it is not interpreted rigidly within the coordinates of supply and demand, unrestrained competition, and profit orientation, there is no reason why its advantages may not be adopted. In the Gospel mentality we would speak of the *Christian communication of goods* rather than the market economy. It would not involve health care alone, but an exchange among doctors and patients and medical facilities whereby patients would give part of what they possess to doctors and facilities, as the latter would give to patients, while avoiding the problems of a corrupt, inefficient bureaucracy and a welfare-state approach to health.

3. A Theological Profile of Health

Perhaps some reflections on the nature of health will help to clarify the foregoing.

The well-known WHO definition has been criticized ("Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease of infection"), especially for speaking about a state of complete well-being which proves utopian. It has, however, opened up new horizons for understanding that health is not just the absence of illness. In addition, the WHO definition is completed by adding that this well-being enables the individual to carry out social and productive functions and specifying that it extends beyond physical well-being to the mental and social spheres.

We might say that other descriptions of health have been traced out on the basis of these WHO suggestions which correct and complement them, but do not separate completely from this direction.

In this regard, we might try to describe health as a dynamic of inner and outer harmony of/among body, mind, spirit, social surroundings, and the physical environment which enables human persons to carry out their tasks. When

I say "of/among," I mean the inner harmony of each component and the harmony existing among them.

As regards the body, physical well-being and the absence of illness are the keynotes. As for the mind, we are considering psychic well-being and also the absence of illness; harmony means transparent personal self-awareness. In terms of the spirit, we are speaking of harmony with the total ends of human persons, their transcendence; this involves the fulfillment of one's task, the ends proper to each. Harmony with one's social and physical surroundings involves relations with others and the world becoming a cosmos in each person and receiving its order from the work carried out.

The teleology or end of health is decisive in a Christian vision. Subjectively, persons receive these ends in accordance with their vocation, which requires self-realization through self-donation to others and full union with God. Objectively, these ends mean union with Christ in his death and resurrection through the Holy Spirit and thereby discovering the way to the Father (Rm 5:5, 6:4, 8:9-14; Jn 14:5).

In this perspective, health is not opposed to death, but encompasses it as a fullness leading to resurrection. Consequently, health means moving towards fullness at each stage in life: childhood, youth, maturity, and old age, in keeping with one's tasks and the mission received for each period. Integral health, then, will be understood in terms of each phase in life, involving different physical situations, ever-greater awareness, identification with each life stage, and self-donation to others in one's environment, which requires helping others to live in healthy fashion.

In this perspective, the obligation is grasped to seek others' health together with one's own, since the two terms are not separate. And the economic problem of health care also entails the obligation to use resources in the best manner so that health may correspond to the demands of each stage in life. We thus see that what has been stated regarding health in a free enterprise system is not objectionable, provided the aim is integral health and not, of course, profit, which becomes an absurd finality in this integral conception.

Another consequence is that the Christian integral health we are discussing does not exclude illness, but includes it, tempering or eliminating it according to the life stage one is going through. In this connection, health and salvation are used as synonyms. The secular meaning of health, as applied only to bodily or psychological health, is a partial one which must be integrated into the complete Christian vision.

We referred to our topic as "Economics and Health: Priority and Equity in Distributing Resources." In a fully Christian view, the economic sphere is an important part of health, destined for a collective beneficiary. Health care need not fear a free enterprise system, provided it is not commercialized, and the priorities for its distribution correspond to the different stages in man's life and the vocation and mission received by each.

May the Holy Spirit, whose year we are celebrating, through the intercession of Our Lady of Loreto, continue to present this Sanctuary as the house of health and hope, and may this Sixth World Day of the Sick also serve to redefine health commitments by all, with the best use of economic resources, free from all selfishness and always giving preference to the poorest and neediest.

+ JAVIER LOZANO BARRAGAN
Archbishop-Emeritus
Bishop of Zacatecas
President of the Pontifical Council for Pastoral Assistance to Health Care Workers

Notes

[1] TONELLI-GIANNINI, "L'evoluzione naturale dei sistemi sanitari," in *Panorama della sanità* 49/97, 44.

[2] CARDINAL FIORENZO ANGELINI, "Problematiche etiche e deontologiche," Policlinico A. Gemelli, June 2-3, 1995.

[3] Cf. FERNANDO ABRIL MARTORELL, "Informe Abril Martorell," *Labor Hospitalaria* (223), 1992, 42-56.

[4] Cf. TONELLI-GIANNINI, "L'evoluzione naturale dei sistemi sanitari," in *Panorama della Sanità* 48/97, 44-45.

[5] Cf. RENATO DI MENNA, "La salute dei poveri e l'aggiustamento strutturale del terzo mondo," in *Dolentium Hominum* 18/91, 38-40.

[6] Cf. GUIDO MIGLIETTA, "Il diritto alla salute," in Documentazione 3/97, 24-35.

[7] Cf. RENATO DI MENNA, "Sanità e salute in Africa," in *Dolentium Hominum* 23/93, 48-56.

[8] Cf. JOSEPH JOBLIN, "Distribution de resources economiques et santé," in *Dolentium Hominum* 37/98.

[9] Cf. DONALD W. WUERL, "The Nonprofit Nature of Catholic Health Care in the United States," *Dolentium Hominum* 36/97, 44.

[10] Cf. NCCB (USA), "Ethical and Religious Directives for Catholic Health Services," in *Medicina e morale* 2/96, 341-385.

The Fourth Plenary Assembly

of the Pontifical Council for Pastoral Assistance to Health Care Workers

March 9-11, 1998
St. Martha Domus Nova
Vatican City

Greeting, Introduction to the Sessions, and Remarks on Methodology

Your Eminences, Your Excellencies,

Members and Consultors of the Pontifical Council,

It is a great honor for me to be able to greet all the Members and some of the Consultors of the Pontifical Council for Pastoral Assistance to Health Care Workers, on the occasion of its Fourth Plenary Assembly, my first one as President.

A little over a year ago, on August 20, 1996, to be exact, His Holiness John Paul II generously named me President of this Council, where I took office on January 19, 1997. I feel this Plenary Assembly, being held one year and two months after I began work, will be quite important for the development of our Council and its future activity.

The Assembly has been projected on a practical, functional basis. We have taken the liberty of separating our Members and some of our Consultors from their daily occupations so they can help us to redesign the organizational and operational framework of the Council.

This Pontifical Council has entered upon its thirteenth year of existence. It has carried out numerous activities. Now, in its new circumstances, the time has come for another kind of organization, more in keeping with current needs. The proposals we shall make have benefited from a year's experience. It is our hope that what was done previously will be confirmed and improved. In short, we must carry out some new planning for the Council.

In fact, our Assembly has been structured with a view towards this need, in terms of both the subjects considered and the methodology to be used. I shall first mention the topics briefly and then set forth the methodology.

1. Topics

In the light of its thirteen years of experience, our Council already has a history. To move into the future, we must consolidate our roots. For this reason, the first topic is "Eleven Years of the Pontifical Council." Eleven, not twelve, inasmuch as the twelfth, as mentioned, has involved practice and pertains to the period when I became President. The first topic will be set forth by a person who lived through those eleven years and is thus highly qualified: the Council Secretary, Rev. José L. Redrado.

I would like to express here my deep thanks to my predecessor, Cardinal Fiorenzo Angelini, who organized our Council in that period and to whom we owe so much. May the Lord and the Blessed Virgin, *Salus Infirmorum*, repay him for the good he has done the Church through our Council.

After taking a look at the Council's history, we shall move onto planning. Th first topic will be "the model we should reach." This model is offered to us by the documents which are the constitutive basis for our office—that is, the Pontifical documents and others tracing out the ideal we should approach, the reason why it was created. This topic, "The Starting Point for the Pontifical Council," will be considered by Monsignor Mpendawatu, our official, who is well capacitated to deal with it.

Ideals remain the horizon towards which our Council is oriented through specific operative goals responding to the practical question Where is our Council heading? This topic is entitled "Aims of the Pontifical Council," and I will have the pleasure of setting it forth.

Once the aims are established, we shall discuss concrete action. As we are a Pontifical Council, we shall obviously act within the Church and orient ourselves according to its three classical ministries: the Word, Sanctification, and Communion.

The topics involved here are "The Council's Action in the Ministry of the Word," introduced by the Secretary, Rev. José L. Redrado; "Action in the Ministry of Sanctification," presented by another official, Rev. Krzystof Nykiel; and, finally, "Action in the Ministry of Communion," presented by Rev. Felice Ruffini, the Undersecretary.

2. Methodology

All of these talks are just introductions. The real work of the Assembly will be conducted by all present, for the purpose of planning our Council. We have, of course, already done planning and tested it for a whole year, with good results, but everything has been on an "experimental" basis. The Assembly will be called upon to provide a statute so that we can move from this first stage of experimentation to something more substantial and definitive. It will not, then, be just a matter of approving, but, rather, of improving what is already being done, correcting it, and making suggestions for the future.

We previously sent a rough draft of our plans to all the Members and Consultors for your examination, posing questions which will be dealt with here, since they correspond to each part of our Ple-

nary Assembly. The first part concerns the aim of our Council; the second, action in the area of the Word; the third, action in the area of Sanctification; and, finally, the fourth, action in the area of Communion. Each specific point for action represents a program to be carried out. There are thirty-seven programs in all, distributed as follows: nine for the Word, five for Sanctification, and twenty-three for Communion. These numbers are obviously not final, but may be increased or decreased, according to the Assembly's judgment, for the sake of greater effectiveness.

Consequently, the most important part of the Plenary Assembly will be dialogue, exchanges among Members. For this reason stress has been placed on study groups and plenary meetings.

This very morning we shall begin with the work groups to enrich the model we are given as the Council's objective; this afternoon other work groups will examine ways to attain the specific goal we are pursuing; and then at the general session the Assembly's thought on key points will be summarized. All the future action of our office will depend on this result.

All our attention today, Tuesday, March 10, will be devoted to the Council's aim and model. There will be introductions, as I mentioned, and work groups.

The topics form a unity directed towards action. There are so many programs that the Plenary Assembly will find it hard to deal with all of them.

Tomorrow, Wednesday, March 11, will be devoted to concrete programs. The session will be a bit lengthy because it must deal with three areas: the Word, Sanctification, and Communion.

The Assembly will thus be divided into two main parts: the first day, model and aim, and the second day, specific action. The third day will mark the close, with our Conclusions.

The conclusions we shall arrive at ought to serve as imperatives for the future of our Council—hence the importance of continuous attendance and commitment by all present.

As mentioned in the Assembly Program, the Prefecture of the Pontifical Household will in due course advise us as to the Audience with the Holy Father. We do not yet know if it will be on Wednesday, when we conclude the sessions, or another day, obliging us to modify our schedules.

As was the case today, we shall begin each day's sessions with Holy Mass, a central point for the Council dedicated to the health ministry, for this celebration expresses all that we are doing.

Since we are now in the year of the Holy Spirit in preparation for the 2000 Jubilee, we entrust our Assembly to the Spirit, who will illuminate and lead us so that our office may accomplish the mission assigned to us by the Holy Father—to promote, orient, and coordinate the health apostolate in the whole Catholic Church.

We place our work under the protection of Our Lady, *Salus Infirmorum.* May She intercede for us, that there may be a new stage for our Council which will be more effective and better organized, for the good of the whole Church.

+ JAVIER LOZANO BARRAGAN
Archbishop-Emeritus
Bishop of Zacatecas
President of the Pontifical Council
for Pastoral Assistance
to Health Care Workers

Christ Suffers in Our Sick Brothers and Sisters

WORDS OF GREETING BY ARCHBISHOP JAVIER LOZANO BARRAGAN, PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

Holy Father,

For three days the Pontifical Council for Pastoral Assistance to Health Care Workers will be meeting in its Plenary Assembly, including its Members and some Consultors, to reflect and maintain dialogue on the model, aim, and action of the Council, so as to respond more effectively to the mission entrusted to it by Your Holiness and be of assistance to your lofty Petrine Ministry in the specific field of the health apostolate.

Our attention will be directed to the Word of God concerning the gospel of illness and health, the sanctifying presence of the Lord in the health ministry, particularly through the sacraments for the sick, and essential communion regarding needs and initiatives in the realm of health care workers.

Starting from the Word of God, we shall examine programs on the meaning of suffering, medical schools, publications of the Pontifical Council, reproductive health, drafting a manual for the pastoral care of drug addicts, various conferences, congresses, research, documentation, and centers for training in the health apostolate.

As regards sanctification in the health ministry, we shall study emergency Baptism, the Anointing of the Sick, the World Day of the Sick, prayer by the infirm, and the Prayer Apostolate.

In connection with communion to meet needs and take initiatives in the health ministry, we shall consider the Catholic international associations of doctors, nurses, and pharmacists; chaplains; women religious devoted to health care; Catholic hospitals; the Bishops responsible for the health apostolate; the universal right to health care; new diseases; patients' associations; the Christian communication of goods in medical attention; economic aid by the Pontifical Council; the exchange of health personnel; Christian volunteers; centers for health-care ethics; improving our office's information systems; the plenary assembly; pastoral trips; ad limina visits; ongoing attention to different continents; interdepartmental relations; relations with the Nunciatures; administrative programs; and the Council's personnel.

We turn our gaze towards Christ, who is suffering in our sick brothers and sisters, in the awareness that his suffering is the source and cause of joy in the living fullness of health which Christ Himself offers us in his death and resurrection, which are always present in his Church.

In this year dedicated to the Holy Spirit, in preparation for the great Jubilee of the Incarnation, through the lofty intercession of our Mother, the Blessed Virgin Mary, Salus Infirmorum, we particularly ask for light from the Paraclete.

On our first day of work, filled with respect and veneration, we implore the blessing of Your Holiness and eagerly listen to the words of your Magisterium, which always guides us.

Your Mission: To Serve Health and Life

THE POPE ADDRESSES THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, MARCH 9, 1998

On Monday, March 9, 1998, the Holy Father met the members, consultors, officials and staff of the Pontifical Council for Pastoral Assistance to Health-Care Workers, who were holding their Fourth Plenary Assembly in Rome. Here is a translation of his address to them, which was given in Italian.

1. I am pleased with this meeting which takes place during the fourth plenary assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers. I greet your President, Archbishop Javier Lozano Barragán, and thank him for his cordial words expressing, together with the sentiments of affection you share, the vitality and commitment of your young dicastery.

I also greet you all, dear members, officials and consultors of the Pontifical Council who are attending this Audience. Through you my greeting is extended with grateful appreciation to all the priests, religious, doctors, scientists, researchers and those who, with their human and ecclesial sensitivity, and according to their respective specialties, are involved in the complex world of health.

2. You intend to discuss demanding topics during these days of study, in which you will attentively examine the problems and challenges that the vast field of health care raises for the pastoral care of health.

2. These first 13 years of activity have witnessed the dicastery's zealous and dynamic commitment in a sensitive, frequently troubled area, and have confirmed the urgent need for the ecclesial service it carries out. I look with gratitude at the many things it has been possible to achieve because of your constant concern to support the admirable, sometimes heroic, willingness of doctors, sisters and chaplains to serve the sick. The health care apostolate, born of the Church's charity and eminently witnessed to by many saints, among whom St. John of God and St. Camillus de Lellis are outstanding, flourished extraordinarily over the centuries due to the activity of the religious orders and institutes dedicated to serving the sick. Today it is coordinated and promoted by the institution to which, in various ways, you belong. I myself created it in 1985, entrusting it to the enterprise of Cardinal Fiorenzo Angelini, whose intense activity I again wish to recall with appreciation and gratitude.

3. In receiving and continuing this precious legacy, you have taken charge, with a sense of responsibility and love, of the tasks which the document creating this dicastery assigned to it. You therefore carefully follow the difficult problems of health care, helping those who dedicate themselves to the service of the sick and suffering, so that their work may ever more closely meet the emerging needs in this delicate area. You are particularly concerned to collaborate with the local Churches to ensure that health care workers are provided with appropriate spiritual assistance as well as with the opportunity to acquire a thorough knowledge of the Church's

teaching on the moral aspects of illness and the meaning of human pain. Your dicastery is also attentively following the theoretical and practical problems of medicine, as well as legislative developments in the area of health care law, with the intention of safeguarding respect for the dignity of the person in every situation.

Unfortunately the beneficial action of protecting and defending health not only encounters obstacles in the many pathogenic factors, both old and new, which threaten life on earth, but sometimes also in the mentality and conduct of individuals. Oppression, violence, war, drugs, kidnapping, the marginalization of immigrants, abortion and euthanasia are all threats to life that result from human initiative. The totalitarian ideologies that have degraded man by making him an object, trampling upon or evading basic human rights, find a worrying counterpart in certain exploitations of biotechnology that manipulate life in the name of an inordinate ambition for domination which distorts aspirations and hopes and increases anxiety and suffering.

4. “I came that they may have life, and have it abundantly” (Jn 10:10): the Church, which preserves and spreads the message of salvation, takes Jesus’ vivid and inspiring affirmation as her programme. Defending human health, which is your programme, reflects this mission.

The concept of health cannot be limited to the mere absence of illness or of temporary organic dysfunctions. Health involves the well-being of the whole person, his biophysical, phychological and spiritual state. Therefore, in some way it also embraces his adaptation to the environment in which he lives and works.

“I came that they may have life, and have it abundantly” (Jn 10:10). The objectives you pursue—such as the defence of the person’s dignity in his physical and spiritual life; the promotion of study and research in the field of health care; the encouragement of adequate healcht-care policies; the guidance of hospital ministry—are the reflection on an operative level of the task wich Jesus transmitted to his Church: to serve life! I can only urge you to fulfil this duty.

5. The Incarnation of the Word healed all our weaknesses and ennobled human nature, raising it to supernatural dignity and making the people of Redemption one body and one mind through the action of the Holy Spirit. Precisely for this reason, every act of helping the sick, whether in the fore-most health-care structures or in the simple structures of developing countries, if done with a spirit of faith and fraternal sensitivity, becomes in a very real sense a religious act.

Care of the sick, if carried out in a context of respect for the person, is not limited to medical treatment or surgery, but aims at healing the whole man, restoring his interior harmony, the zest for life, the joy of love and communion.

This is also the aim of your dicastery’s activities in the complex and varied world of holiness, and in collaboration with similar pastoral centres of the local Churches, which co-ordinate the service of the chaplains and nursing sisters with the generous service of volunteer workers. The common goal is respect for the life of every individual who, even if functionally or organically impaired, preserves, whole and entire the human dignity that is his.

6. I keenly hope that in your work over the next few days, you will succeed in formulating appropriate practical guidelines. This is the way to achieve the original goals of the Pontifical Council, which will not fail to play its own particular role in the period of preparation for the Great Jubilee of the Year 2000. You will thus help the faithful to become aware that “in suffering there is concealed a particular power that draws a person interiorly close to Christ” (Apostolic Letter *Salvifici Doloris,* n. 26). Human suffering, thus transformed into the mystery of the Redeemer’s suffering, becomes “the irreplaceable mediator and author of the good things which are indispensable for the world’s salvation” (ibid., no. 27).

Continue to offer your expert service to the national Episcopal Conferences and all the organizations involved in the health-care ministry, and the Holy Spirit, who “by his own power and by the interior union of the members... produces and stimulates love among the faithful” (Dogmatic Constitution *Lumen Gentium,* no. 7), will continue to show himself to the Church at the beginning of the third millennium as “the principal agent of the new evangelization” (Apostolic Letter *Tertio Millennio Adveniente,* no. 45).

As I entrust these wishes to the Blessed Virgin, who after the Annunciation of the angel expressed her immediate willingness to serve life for her cousin Elizabeth, who was soon to give birth, I cordially impart my affectionate Blessing to you and willingly extend it to those who work with you to make the service to persons tried by illness ever more effective and human.

Proposals of the Fourth Plenary Assembly for Current Planning of the Pontifical Council for Pastoral Assistance to Health Care Workers*

The Members, Consultors, and Experts of the Pontifical Council for Pastoral Assistance to Health Care Workers, meeting at the Vatican, March 9-11, 1998, for the Fourth Plenary Assembly of the Council, recalling and continuing the rich legacy of its first thirteen years of activity and considering the aims and tasks which the Motu Proprio *Dolentium Hominum* (no. 6) and the Apostolic Constitution *Pastor Bonus* (nos. 152 and 153) assign to the Council, are convinced that

– the Church's mission to announce the Gospel of Life, Suffering, and Salvation is reflected "in defending health;"

– modern man's disequilibrium, malaise, and illness point to a different notion of health, more integral and comprehensive, and also an anthropological diagnosis which will arrive at patients and uncover the root of their malady beyond the mechanisms and spectrum of the physical and psychological;

– the concept of health must not be limited to signifying only the absence of illness or momentary organic dysfunctions, but affects the well-being of the whole person, including biological, psychic, and spiritual states and adaptation to the environment in which people live and work in order to fulfill the mission entrusted to them;

– service to life, the task Jesus gave the Church, comprehends protection of the dignity of persons in their physical and spiritual life, promotion of study and research in the field of health, and providing a stimulus for adequate health policies and for pastoral care in health;

– care of the sick, thanks to the Incarnation of the Word, who has healed our weakness and ennobled human nature, is, if carried out in a spirit of faith and fraternal sensitivity, care directed at Christ Himself; and

– care of the sick is called to heal man integrally, restoring the harmony of inner balance, a taste for life, and the joy of love and communion.

Aware of their specific role in preparing for the Great Jubilee in the Year 2000, they make the following recommendations for the current programming of the Council.

In the Ministry of the Word

1. To shed light on the meaning of life and suffering, nature, ecology, man's condition as a creature, disease prevention, and patients' rights.

2. To unite Catholic medical schools, exert an influence on secular medical education, insist on basic Christian training for doctors, promote the creation of departments of healthcare ethics, and foster training in the health ministry at seminaries.

3. To update and improve the Council's publications.

4. To cooperate with WHO programs while maintaining a critical approach to threats to life.

5. To complete the manual on the pastoral care of drug addicts.

6. To prepare methodological guidelines on how to conduct the health apostolate in a secularized society.

7. To continue with the conferences, research, papers, and studies which the Council is asked to prepare.

8. To improve the Council's annual International Conference.

9. To provide researchers in our field with adequate documentation.

10. To support centers for the health ministry.

In the Ministry of Sanctification

1. To devote attention to emergency baptisms at hospitals for both children and adults, in the context of the parish community.

2. To provide orientation on other sacraments received in the healthcare environment.

3. To promote correct reception of the Anointing of the Sick and prayers and blessings which lay people may use with the sick.

4. To prepare a manual on the health ministry, especially on administering sacraments for the sick.

5. To intensify the celebration of the World Day of the Sick.

6. To promote prayer by both the sick and health workers and prepare the "intention" for the Prayer Apostolate which is requested from the Council each year.

In the Ministry of Communion

1. To foster the coordination and orientation of Catholic doctors, nurses, and pharmacists.

2. To promote the union of

Catholic chaplains at health facilities.

3. To promote the union of Catholic hospitals.

4. To promote the union of the bishops responsible for the health ministry in different Bishops' Conferences.

5. To promote the union of women religious in health care.

6. To support the union of Catholic obstetricians and gynecologists.

7. To cooperate in increasing awareness of the universal right to health.

8. To promote the Christian communication of goods in the economic structure of Catholic health facilities.

9. To act as a bridge between the churches possessing economic resources for health care and those lacking them.

10. To coordinate offers by health workers.

11. To promote Christian volunteer work, beginning with the family, and associations for the relatives of the sick.

12. To stimulate apostolic associations of the sick.

13. To maintain contact with centers for healthcare ethics, promote them within the Bishops' Conferences, and encourage them to develop this field and disseminate it.

14. To update the Index of Catholic health facilities, distinguishing between Catholic hospitals and those which are not, though they may have Catholic chaplains or women religious.

15. To improve the Council's computer systems and continually update its Internet site.

16. To intensify the Council's links with Vatican Radio.

17. To promote local church celebrations of the World Day of the Sick.

18. To foster direct contact with local churches to make the Council more effective in the health ministry.

19. To communicate with the Bishops' Conferences making their ad limina visits to the See of Peter.

20. To maintain a Permanent Observatory for each continent in connection with the health ministry.

21. To take part in interdepartmental meetings for the sake of greater internal coordination of our work.

22. To intensify communication with the Nunciatures regarding the health ministry.

23. To continue the Council's observation of new diseases.

24. To modernize and increase the efficiency of the Council's administration and secretariat.

25. To expand the Council's staff to deal more effectively with the challenges it faces.

Vatican City, March 18, 1998.

+ JAVIER LOZANO BARRAGAN

Rev. JOSÉ L. REDRADO, O.H.

* This is a summary of proposals by the Fourth Plenary Assembly. The Pontifical Council studied them with a view towards internal organization and published a booklet entitled *Piano di lavoro.*