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## **The Profile: Maureen Steele**

**Maureen Steele, 30**

**Community development worker and advocate, NSW Users and AIDS Association (NUAA)**

**“I want to help improve the world, make the world a better place for drug users.”**

## **INJECTING A PERSONAL NOTE**

Her pale face is framed by thick auburn tresses, which tumble down over her purple velvet top in a mass of colour and confusion. It is easy to be distracted by thoughts of Nicole Kidman as Maureen Steele, who reluctantly admits the comparison has been made before, curls into a hard chair and begins to talk.

Hers is not an easy story to tell, but Steele, 30, has been getting plenty of practice. The week before our interview she spoke to politicians and others attending the NSW Drug Summit, convened by State Premier Bob Carr. She was there on behalf of the NSW Users and AIDS Association (NUAA), a community-based education and advocacy group which receives almost \$1 million annual funding from the NSW Health Department.

Before that, her audience was University of NSW medical students who were, according to one of their lecturers, “just captivated by her”. After much soul-searching and despite some initial hesitation on her family’s part, she recently agreed to tell her story to ABC TV’s Four Corners program.

“I enjoy talking,” she says, well over an hour into our conversation. Then adds somewhat mischievously: “I enjoy shocking people.” Clearly, Steele takes some pleasure in challenging the common stereotypes about drug use and users.

So why *does* an intelligent, articulate and attractive university graduate, from a loving and supportive family, end up in such a tough job? A job

which involves never-ending phone calls from drug users who are in some crisis or other and need her help. She also runs workshops and education programs, and negotiates with GPs and other service providers.

A bottle of methadone sits on the coffee table in the home Steele shares with her boyfriend, a cosy brick terrace in the heart of inner city Redfern. The street's windows are barred, and pot plants outside are concreted securely to the pavement.

Steele has been on and off methadone over the last six years, and feels stable at the moment, with the help of a GP who is not judgmental. Later tonight, she may inject the bottle's contents. She doesn't drink alcohol, and these days is more likely to use drugs for relaxation than as the escape from misery they offered when she began regular heroin use in her early 20s.

Steele is initially reluctant for this article to mention that she sometimes injects methadone. The practice is frowned upon, and the stigma which surrounds it often discourages drug users from discussing it with their doctors, she explains. Most health professionals do not understand the attraction that injecting holds for many drug users, she adds.

"The reasons why people inject methadone are complex but it's often wrongly assumed that people are fixated on the needles themselves, when it's more the effect of injecting. When you enter a methadone program, the issue of injecting is never really addressed and clients are expected to swallow a medication when they have previously been used to injecting."

So what is the attraction of injecting? "The difference between injecting and taking it orally is that it comes on straight away. I like the rush sensation of something coming on straight away, you can actually feel it going through your body. If you've ever had a premed in hospital, you know the feeling - a warm rush through your body."

Injecting heroin is like instant euphoria, she adds. "You don't worry any more about your problems... you feel really confident in what you're doing and what you're saying, which is a very nice feeling if you're an insecure person."

Don't get her wrong. Steele does not romanticise drug use or how it has affected her life. She carries enormous guilt and sorrow from friends' overdose deaths, and has twice been revived herself. It hurts that some friends no longer want to know her. She regrets hocking all her possessions and admits to having seriously considered "things like sex work and property crime".

"If I was to talk to a bunch of young kids, I'd be honest and say, 'well this is my life. I have ups and downs. I have periods where I can't afford to eat for days because I've spent all my money on drugs. I have nice times too'.

"I'm sure that any young person could look at that, look at the pros and cons and weigh it up and think, 'I'll give that a miss'."

Alex Wodak, the director of alcohol and drug services at Sydney's St Vincent's Hospital, invited Steele to address medical students after hearing her speak at a national methadone conference where she "sought to expand common ground rather than focus on what was divisive".

Wodak says her talk to the students was "refreshingly honest" because it acknowledged the good and bad aspects of drug use. "I think they were expecting her to say what a terrible thing drugs are and nobody should ever touch them," he says. "She said that but that the reason people keep taking drugs is that they obviously give people a lot of pleasure. We don't often hear people saying that because it's not socially acceptable."

Wodak was one of the prime movers behind a coalition of health and community groups, including NUAA and the Royal Australasian College of Physicians, which succeeded in bringing a health focus to the Summit. He believes the Summit's turning point was when Steele's boss, the coordinator of NUAA, Annie Madden, told her personal story.

"Her speech electrified the delegates. Here was a woman who said basically, 'I'm just like the rest of you, I'm as human as you are'.

"By having a drug user on the floor, people just couldn't pretend that all drug users are psychopathic, despicable, unintelligent, uneducated trash - that is really what many people really think. The truth of it is that they

are like the rest of us...some of them do indefensible things and some of them never commit a crime in their lives apart from possession and administration of heroin. Many of them are incredibly responsible and many pillars of the community are incredibly irresponsible.”

Going public - she ended up on national TV news - has had some distressing personal repercussions for Madden, and she admires Steele for having the courage to speak out: “It’s easier to choose to live a quiet, silent life. That’s the essence of what’s really special about Maureen - she’s really committed to changing the big picture for drug users.”

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The picture which Maureen gives of growing up in a stable, supportive and loving family is confirmed during a telephone conversation with her mother Jan Steele, a high school science teacher in Perth. Her father, Ian, is a retired bank manager, and her two brothers agreed to be interviewed, both expressing warmth and affection for their sister.

Maureen went to Catholic schools, and belonged to Brownies and Guides. She was academically bright, and completed a degree in social science at Curtin University. Her mother says she was also good at sport, swam, played netball, learned horseriding and karate. “And she plays a mean guitar,” Mrs Steele adds.

Family holidays were mostly spent exploring WA, with the occasional overseas trip. She worked at the local supermarket to save for her first car.

Mrs Steele describes her daughter as a serious, independent child who always knew her own mind: “From the age of three, she let me know what she would or would not wear, at five started to pester about learning the guitar - she had to wait until she was ten.

“She did woodwork at school, rather than cooking with the other girls and enjoyed taking part in the annual school dramatic production. She was not a practical joker, but was still quite capable of getting up to pranks with her brothers.”

Mr and Mrs Steele knew about the heroin habit long before Maureen told them when she was back in Perth a few years ago, and delivered an

address to a drug overdose conference which was widely reported in the media.

Maureen emphasises that her heroin use had nothing to do with her family or upbringing. But Mr and Mrs Steele can't help wondering if she might have started experimenting with drugs after some family members suffered serious medical problems when she was 17.

Maureen doesn't mention these incidents. Instead, she describes the stress of coping with university and a mentally unstable boyfriend who, after many threats, killed himself. "For me, heroin really was a way of blotting out that pain and dealing with the problems in my life," she says. "I know that other people with similar problems wouldn't turn to drug use but for me that was my coping mechanism at the time."

She adds: "It's important to say that every drug user will tell a different story as to why they use. But there are patterns. Mostly the users I've met have been people who have been prone to depression, prone to thinking a little too much about the world around them...and maybe are a bit too sensitive and want to run away and hide from it all in drugs."

Steele began to gain some control over her drug use when she finally found a satisfying job which was good for her self esteem. "I felt like I could do something and be a worthwhile member of society. For me it was as simple as getting a job. It might not be that simple for other people."

Lifelong abstinence is not necessarily a realistic or even desirable goal for Steele. Describing how she began using again after previously stopping methadone, she says: "It was at that point I realised, oh, it looks like this is with me for life."

She believes drug use should not be seen as a legal or health issue so much as a human rights issue, and argues that controlled heroin use should be legalised: "Everyone has a right to do whatever they want to their own bodies so long as it's not hurting anybody else."

Each day, dozens of people wander into the NUAA office in Bondi Junction to exchange needles and syringes. With a lot of gyms in the area, many are steroid injectors, though they usually don't see themselves as injecting drug users or junkies. The Association, with

about a dozen permanent staff and many more employed on short-term projects, publishes a regular magazine, *User's News*.

“On a daily basis I see so many inequalities and indecencies and horrible things being done to drug users that just shouldn't happen,” says Steele. “I want to help improve the world, make the world a better place for drug users.”

She believes GPs could play a greater role: “I would encourage all GPs to get a bit of extra training in drug and alcohol because we really need you badly because there is such a lack of services for people.”

Madden says Steele is a stalwart of the organisation, not just because of her care and understanding for clients, but because of her ability to negotiate with service providers in a way which doesn't automatically raise hackles.

“It's really tough to advocate on behalf of a group of people who are marginalised,” says Madden. “She has had quite a big impact on getting some GPs to rethink some of the things they do. One that she comes up against quite a lot, which is a big issue for users, is that thing of immediately being judged. It's like drug users don't get sick. You can turn up with something standard that needs treatment and you're seen as being there because you want drugs. It's a massive issue. Users are denied access to basic pain relief that other people in the community would get as a matter of course.”

Alex Wodak says Steele's personal story reflects that drug users are a diverse group: “A lot more of doctors' patients are drug users than they would imagine.”

He adds that many doctors are reluctant to work in the area because of the “notion that every clinical interaction with a patient has got to somehow lead to a perfect result” and because they will feel a failure if patients keep using. “They can no more force 100 per cent of drug users to stop drug use instantaneously than they can have 100 per cent of diabetics achieving perfect diabetes control.”

With new medications becoming available, drug use will increasingly be handled in general practice rather than specialist clinics, Wodak says. “And then it will be absolutely critical to have doctors working better with

drug users and drug users behaving better with doctors. The more you treat drug users like members of the human race, the more you can insist that they behave properly.”