

## Opinion

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### **Substance abuse, ethics and public policy**

By Dr Gregory K Pike

The problem of substance abuse is testing public norms once again. Why once again? Because this is not the first time that the personal and social damage caused by the abuse of mind-altering drugs has reached the point where public policy makers are anxiously searching for new approaches. History is littered with drug dilemmas.

Most notably perhaps was the abuse of opium in China, and interestingly, during the Opium Wars of the last century the Emperor of China repeatedly pleaded with the British to halt the smuggling of opium into his country by British merchants. However, British representatives in China urged the Emperor to legalise the trade, highlighting the vast revenue to be raised for both sides by the subsequent increase in use. But the Emperor remained resolute. He said:

It is true, I cannot prevent the introduction of the flowing poison; gain-seeking and corrupt men will for profit and sensuality defeat my wishes, but nothing will induce me to derive a revenue from the vice and misery of my people.<sup>1</sup>

The Emperor recognised the damage to his society by the pervasive use of opium and refused to become complicit in what he saw as a social evil. He refused to allow opium use to become normalised into everyday Chinese life. It was too harmful and was tantamount to consigning to the grip of addiction even greater numbers of his people than were already affected.

In the latter half of the nineteenth century, drug abuse and addiction were at times deeply problematic in the USA and the UK, and England between 1820 and 1930 has been described as 'completely narcotised'<sup>2</sup>. Such widespread use led to increased problem use, and dealing with those addicted taxed some of the best medical minds. Around the turn of the century, despite heated dispute, a consensus began to emerge about a theory of addiction, and writers were generally in agreement on the major issues, one of which was that:

... substitution of drugs such as cocaine, cannabis indica, or even heroin - which had been variously recommended in the last three decades of the nineteenth century - was a terrible mistake.<sup>3</sup>

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<sup>1</sup> 'England and the Opium Trade', 'Society for the Suppression of the Opium Trade' pamphlet, Dyer Brothers, London, 1880, 6.

<sup>2</sup> Terry M. Parssinen, *Secret Passions, Secret Remedies. Narcotic Drugs in British Society 1820-1930*. Manchester University Press, Philadelphia, 1983, ix.

<sup>3</sup> Terry M, Parssinen, *Secret Passions, Secret Remedies. Narcotic Drugs in British Society 1820-1930*. Manchester University Press, Philadelphia, 1983: 96,97.

This ‘terrible mistake’, that is government sanctioned provision of addictive mind-altering substances, had seemed an attractive proposition to some, given the tenacity of addiction and the failure of many treatment efforts. For some it was much easier just to let the state freely provide the sought-after substances and be done with it. And so today the wheel has turned again and similar proposals are being considered for a problem that not only refuses to go away, but escalates.

So what should the public policy be, and what values should the relevant laws reflect? At a time when the underlying value systems and principles that inform the framing of the pertinent laws are being reconsidered by some elites, it is worth being reminded of the meaning of laws.

As moral philosopher Germain Grisez notes:

... law’s effectiveness depends far more on forming the majority’s practical reasoning and judgements than on forcing the unwilling minority to comply.<sup>4</sup>

Laws have educative value far beyond their ability to rein in law-breakers. They reflect deeply held values commonly shared across the community and serve to instruct all and sundry regardless of whether ultimately they are transgressed.

Hence, the Prime Minister is right to be concerned that heroin trials for example, will ‘send the wrong message’, for the principal part of the message that the requisite legal change would signify, particularly when interpreted by youth, would be that the state considers maintaining addiction to be a valid way of treating addiction. And young people are smart enough to read between the lines and see that this really means that the powers that be would consider addiction *per se* not to be a problem. A corollary might be that addicts are not worth the hard work of really helping them with what they truly want, that is, to no longer be enslaved to heroin.

The reality of addiction is captured in the words of Jason van den Boogert:

... there is no doubt that heroin has got a fierce hold of me and (the by-now tattered remains of) my life, and shows little sign of letting go permanently, without...well, I don’t know what will get this creeping rot out of my life for good. I have been clean many times but I feel that addiction has almost altered the chemical balance of my brain and from here on out life, clean or not, is going to be lived in relation to that thrown switch.<sup>5</sup>

In the extreme tunnel vision that is addiction, life is bondage. And treatments that serve to perpetuate that addiction are state-sponsored assistance to self-destruction.

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<sup>4</sup> Germain Grisez, *Should the city council vote to supply needles to drug addicts?* In: *The Way Of The Lord Jesus*. Vol. 3. *Difficult Moral Questions*, Franciscan Press, Quincy University, Illinois, 1997, 830.

<sup>5</sup> Jason van den Boogert, *Mutiny in Heaven*. In: *Heroin Crisis*. Bookman Press, Melbourne, 1999, 15.

The root of the word addiction can be found in the Latin *addicere*, which means to enslave. To be addicted is to be enslaved to something inherently harmful, not only because of its detrimental effects upon the body, but primarily because the influence upon the mind serves to damage that which is truly defining about being human – that is the uniquely human capacity to think and reason. Indeed the dissociative power of some mind-altering drugs is so great that some have described their terror at being almost ‘detached from themselves’, that is losing the defining sense of self, that deepest attribute of self-consciousness. But for others, being ‘absorbed into nothingness’, has been a goal, albeit misdirected.

It is noteworthy that in the universally agreed human rights documents that deal with fundamental human values, slavery is dealt with in reference to two pivotal principles. One principle is that the right to freedom from slavery is inviolable, that is it cannot be violated, and the other is that it is inalienable, meaning that the right cannot be taken away, either by another or by oneself. Hence even if one wished to be sold into slavery, it cannot be allowed because this would jeopardise the right to freedom from slavery that belongs to all others in the community.

Thus, inasmuch as addiction to a mind-altering substance shares parallels with slavery, state sponsored programmes that provide addictive substances to individuals for long-term maintenance, work against the universal right to freedom, and put at risk the benefits derived from this right that are shared by all others in the community.

In an interesting twist on the notion of rights, Nick Stafford makes the following comment:

I believe it is my human right to use opiates or any other drug I feel like using, for whatever reasons I may have. I feel my life has been enriched by the use of heroin, marijuana, speed, acid and other drugs. I believe that drugs should all be legally available, and I will continue to use these drugs, if I so desire, for the rest of my life.<sup>6</sup>

Not only is this really personal license expressed as a right, but the request for legally available mind-altering substances appeals to the state. Thus on the one hand it is a demand to be free to abuse drugs on the grounds that it is really a matter of personal choice, but on the other it acknowledges that for such a right to be given, the wider community must consent.

In a roundabout way then, we have arrived at the central or root question. “Is the use of drugs for mind-altering purposes, that is, recreational use, legitimate?” Is there anything actually wrong with an individual using a drug to become mind-altered, either for the sake of pleasure, experimentation or whatever? Because if such use is morally acceptable, then the grounds for prohibiting it are considerably weakened. And conversely, if it were considered morally illicit, the state may not *necessarily* legislate

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<sup>6</sup> Nick Stafford, formerly posted on the Drugaid website ([www.drugaid.com.au](http://www.drugaid.com.au))

against it. There are good reasons for example why the state does not legislate against adultery despite a general consensus that it is morally illicit.

Some have described the age in which we live as being at a particularly low moral ebb, and perhaps this can be interpreted as meaning that ethics is currently viewed by many in a very individual and subjective way<sup>7</sup>. Hand in hand with such a perspective is the view that nothing is considered right or wrong in itself. As the philosopher Thomas Hobbes has said, the objects of our appetites or desires we call good, and the objects of our hate and aversion we call evil. Thus, what is subjectively appraised as pleasure or pain *determines* what is good or evil. Therefore, if I derive pleasure from something, it is good, whereas if it causes me pain, it is evil.

These notions of ethical subjectivism go back much further, and the Greek philosopher Epicurus, writing around 300BC, believed that “we always act to avoid pain and fear”, and that “pleasure is the first good innate in us, and from pleasure we begin every act of choice and avoidance, and to pleasure we return again, using the feeling as the standard by which we judge every good.”<sup>8</sup>

However, pleasure in itself is not to be equated with good, even though pleasure can be derived from many good acts and is not to be berated. The point is that, as St Thomas Aquinas so aptly puts it,

In the moral order, there is a good pleasure, whereby the higher or lower appetite rests in that which is in accord with reason; and an evil pleasure, whereby the appetite rests in that which is discordant from reason and the law of God.<sup>9</sup>

That good and evil pleasures exist accords with the modern recognition that there are certain things that cannot be condoned even when those involved may find pleasure in them, for example an adult having sex with a thirteen year-old child.

Related to the concept that pleasure can be equated with good, and pain with evil, is the particular form of moral philosophy known as utilitarianism. Utilitarianism seeks to define an objectively good act as one in which there is a surplus of pleasure over pain, that some sort of measurement can be carried out to determine when the scales have been tipped towards pleasure and therefore a good result achieved. But on what sort of scales can pleasure and pain be measured? And what does one do when pleasure for one is pain for another?

In the social revolutionary movements of the 60s and 70s, individual license to pursue lifestyle choices for pleasurable purposes, as long as no-one else got hurt<sup>10</sup>, gained

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<sup>7</sup> During a recent report to the South Australian parliament on heroin trials the view was expressed that there were as many ethical positions as addicts.

<sup>8</sup> 'Epicurus to Menoeceus' in *Epicurus: Extant Remains*, trans. C Bailey (Oxford: Clarendon Press, 1926), 84-91.

<sup>9</sup> *Summa Theologiae*, Ia Iae, 34 a. 1

legitimacy, and drug use quickly entrenched itself as an expression of that 'freedom' - ironically for some a 'freedom' to choose bondage as addiction took hold. Perhaps some of those revolutionaries had detected some hypocrisy in the previous generation in which inebriation with alcohol was somehow considered differently, and enjoyed a degree of tolerance not afforded the other mind-altering drugs.

Indeed there is little difference today, when becoming 'blotto' is considered by some as a socially acceptable party pastime whereas to come under the influence of other substances is not. In reality, in a moral sense drunkenness with alcohol can be viewed in a similar way to being mind-altered on other substances. The degree of harm may differ, but inasmuch as such abuse works against human goods like social interaction, the capacity to reason, and health, there is little difference. Young people in particular are acutely attentive to the detection of hypocrisy and will mercilessly expose it.

However, a distinction between alcohol and other drugs can be made. The intention in using cocaine, heroin, marijuana, LSD or amphetamine involves deliberate mind-altering. An episode of use is not generally considered successful unless a certain goal has been achieved. And that goal is to experience significant mind alteration. Why else bother? Furthermore, there is plenty of evidence to show that health, the capacity to reason and to socially interact, are adversely affected. However, the *judicious* use of alcohol has no such effect. In fact there is evidence to suggest that certain health benefits can be derived from sensible moderate use. Add to this the importance of an alcoholic drink in a religious context, *viz.* in Christian communion, and a legitimate role and use can be justified.

It has been argued that substances like heroin, cocaine and perhaps even marijuana do have specific medicinal virtues. That may be the case, and each needs to be assessed on possible merit, taking into consideration efficacy, side-effects, and broader questions like addiction and abuse potential. At the end of the day - given that there are adequate alternatives, that efficacy is modest at best, that the side-effects are potentially serious, and that abuse potential is high - there is probably little or no place in the modern pharmaceutical armamentarium for the currently illicit substances.

But the potential medical value of illicit substances is really a separate matter, and it is necessary to return to the corollary question arising from the previously discussed specific moral question about personal use. And that concerns whether the state has a right to legislate in these matters at all.

The state first and foremost has a commitment to its members and therefore a duty of care, particularly when it comes to those who are most vulnerable, that is the young. It has committed itself to the inherent dignity of each member of the human family, and to the upholding of fundamental human values, and to the development of policies that are

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<sup>10</sup> There is probably little truth in the belief, held by some, that drug abuse is a private affair with little or no impact on others. Even where drug supply and use is legal, its impact on friends, family and the wider community is often profoundly damaging. The primary drug-induced harm cannot be sidestepped forever, and eventually the chickens come home to roost.

fair, just and in the interests of providing an environment in which human beings can flourish.

So how do harm minimisation policies as currently interpreted and implemented in Australia match up to these commitments?

Harm minimisation or harm reduction is an expression of a utilitarian philosophy. It seeks to weigh up the pleasures and pains associated with drug abuse, and then proposes policies designed to reduce specific harms with minimal if any regard to the specific moral question about the validity or otherwise of personal drug use. Having said this, when pressed, some proponents of harm minimisation endorse recreational use, appealing to the right of individuals to act freely in this area.

The more hardline harm minimisers would probably agree with the following statement by David S. Noffs, past president of DrugWatch International.

... Harm Reductionists believe drug use is actually beneficial to individuals and is an essential part of an adolescent's initiation into adulthood. To them, drug use is a positive expression of a young person's individuality and freedom to explore the limits of their mental, physical, and spiritual being. To Harm Reductionists, society should grant this right to explore without fear of moral judgement or imprisonment, while teaching young people how far they can go on this flight of freedom.<sup>11</sup>

While some harm minimisers would not go that far, it is usually the most extreme who speak the loudest and can have the greatest impact.

Not surprisingly, harm minimisation has gained precedence in a climate of individual license. Most harm minimisation strategies are directed specifically towards the individual and fail to sufficiently take into consideration broader community interests. The reality is that measures directed only towards the individual may seriously fail when it comes to their impact upon the community.

But there is really much more to harm minimisation.

First is the belief that addiction *per se* is not really a problem. It is only the consequences of addiction that are troublesome. If those consequences can be managed 'safely', then let the addiction remain. But it is not so simple to treat addiction separately from the consequences, and to leave the root problem unaddressed is simply bandaid treatment. Another simplification commonly put forward is that "after all, everyone is addicted to something", and therefore coffee and tea drinkers, chocoholics, shopaholics and all other 'aholics' are really one and the same with abusers of illicit drugs. Even though the intention may be to remove the stigma associated with drug abuse, when addiction is framed in this way, intellectual honesty ends up being

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<sup>11</sup> David S Noffs, *Harm Reduction: The Deadly Lie*, 1993, Drug Watch International Website [www.drugwatch.org](http://www.drugwatch.org)

compromised, nuances ignored, drug abuse normalised, and ultimately addicts abandoned to their addiction.

It is disturbing to find on a fairly consistent basis that since harm minimisation mainly addresses secondary harms to the individual, the primary or direct harms of illicit drugs are downplayed. This is deeply problematic because it means that objective scientific studies showing real damage can be ignored. Such denial is not healthy for anyone, least of all those addicted. Furthermore, whether certain harm minimisation policies have a detrimental broader impact on the community, and in particular on the uptake of illicit drug use by the young and impressionable, is seldom given serious consideration.

Second, one of the mantras of harm minimisation is that the 'war on drugs' is futile and should be abandoned. This is a very potent phrase because wars generally have an endpoint, and since this one does not, because society will probably always have to deal with the problem (just as it does with theft, murder, rape etc.), then futility is reinforced. Working hard to protect young people in particular from the damage of illicit drugs is as much about promoting the good as it is about keeping them from the bad. Furthermore, many of those who *do not* endorse a harm minimisation approach are not speaking in terms of a war, particularly because it is all too easy for such a metaphor to be misdirected against the victims of addiction. They are really trying to keep the big picture in mind and consider all aspects of this complex dilemma.

In reality, there is no 'war on drugs' in Australia anyway. Australia is far further along the permissive path than most countries. For at least 15 years, under harm minimisation, we have seen rapidly expanding needle distribution programmes, widespread methadone maintenance 'treatment', cannabis decriminalisation, diminished policing, educational programmes directed towards 'safe responsible use', and calls for injecting rooms, heroin trials, and further decriminalisation of use. Clearly, if there is any war, it has been against restraint.

Third, a commitment to harm minimisation if logically followed will end in legalisation of one form or another. 'Safe' injecting rooms are an uncomfortable halfway house by any reckoning, and only really up for serious consideration on the way to a heroin trail. And once heroin trails are implemented, the provision of other currently illicit substances will be hard to deny to those who use them.<sup>12</sup> If other mind-altering drugs are provided to registered addicts with any state financial commitment, why could it not also be argued that alcoholics ought also to be provided with a venue and a sponsored alcohol supply to 'safely' use?

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<sup>12</sup> The Redfern Legal Centre has proposed a quite detailed distribution system for heroin and other psychotropic drugs. The following are some excerpts from their website ([www.rlc.org.au](http://www.rlc.org.au)). It would be legal to use heroin and all currently illicit opioid products, and to possess small quantities (2 grams) for personal use. The pharmacy sales of opiated products, opium and heroin would be regulated by officers of the Office of Drug Revenue, not by the police. It would remain an offence to drive while under the influence of heroin or other opioids. A prescribing system should be established for registered "dependents" (people who are or believe that they are dependent on a drug). The prescription system should make available a choice of the five most popular opioid drugs in a variety of forms for oral or injectable use, in a range of doses up to a negotiated maximum dose when they so desire. The system should be costed at a reasonable fee to the consumer. Services to clients on low incomes should be delivered through the public health system.

In summary, some argue that harm minimisation is pragmatic and that it is necessary to develop realistic public policies. But harm minimisation is not alone in trying to be either realistic or pragmatic. These are common goals shared by all in the field. Don C. Des Jarlais claims that harm minimisation alone displays these attributes, and speaking in favour of harm minimisation, he says,

Drug policies must be pragmatic. They must be assessed on their actual consequences, not on whether they symbolically send the right, the wrong, or mixed messages.<sup>13</sup>

Setting aside for the moment the ignorance of the importance of community perception of public policies displayed in this quote and their link to outcomes, the actual consequences under harm minimisation in Australia over the past 15 years have been a dramatic increase in overdose deaths and an escalation in the use of illicit drugs along with all the harm that brings.

It may therefore be time to undertake a serious review of harm minimisation policies in Australia and to consider another approach.

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<sup>13</sup> Don C. Des Jarlais, Harm Reduction: A Framework for Incorporating Science into Drug Policy. *American Journal of Public Health* (1995), 85:10-12.