Ethics and Substance Abuse

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Abstract

Substance abuse is a community concern that impacts modern societies across many levels. Not only are individual lives seriously adversely affected in terms of health and capacity for human flourishing, but familial and other relations are damaged and futures compromised. Primary prevention must take into account not only the reality of the successes or failures of public policies worldwide, but also the realities of human nature and fundamental shared human values. When foundational ethical issues are considered and clarified in relation to substance abuse, the most appropriate model(s) for public policy development are brought into sharper perspective. The impact in Australia of the adoption of a particular public policy framework, harm minimisation, is discussed in relation to basic ethical principles.

This paper is a collaborative work between the Southern Cross Bioethics Institute in Adelaide, South Australia, and Drugwatch Australia in Sydney, Australia.

I will first address some specific prevention issues for communities, making reference to the Australian situation, and then, consistent with the theme of this conference - 'Skills for Drug Abuse Prevention' - address some of the core issues relating to the abuse of mind-altering substances by considering some of the philosophical and ethical concepts central to drug abuse.

Virtually no community remains unaffected by substance abuse, and since drug abuse impacts communities at all levels and in all sections in one way or another, active involvement by those same levels and sections of the community in reducing demand is essential. And for prevention to be effective, a concerted effort that is broadly upheld with wide community support is necessary. Furthermore - and this is considerably more difficult to bring about - effective prevention requires social change with attention to fundamental human values and belief systems.

A cohesive and successful drug policy should have as its primary objective the prevention of drug use, or at the very least, reduction of existing use. For genuine demand reduction, each individual needs to be armed with the knowledge, skills and an appropriate framework to reject substance abuse. Accurate scientific and medical

information is essential. But perhaps more important is the sense that those in authoritative positions are consistent in the message they convey, and that they are truthful and free from ideological persuasion. Pulling in the same direction is crucial, for nothing confuses the vulnerable young more than their leaders holding and professing diametrically opposed positions. A consistent position needs to be promoted by parents, families, police, media, business, sporting clubs, the judiciary, religious institutions, politicians, schools and other major institutions.

At an international level, agreement has been reached on demand reduction. At the United Nations General Assembly Special Session in New York in 1998, all member countries signed a declaration to reduce drug use rates in their countries by the years 2003 and 2008. This was a historic agreement as it demonstrated that leaders of the world community were pulling in the same direction, at least with respect to demand reduction.

However, in some communities agreement on common goals can be difficult to obtain. And in still others a climate of tolerance towards drug abuse has already developed. In some communities, such a change as has occurred over the past 20 or so years has gradually shifted the perspective so that many people now consider drug abuse as a normal, even though undesired, part of modern societies. And normalisation is difficult to reverse. Once normalisation becomes ingrained in the public consciousness it can take considerable time to recognise the considerable damage such a new status quo brings before acting to regain control.

In Australia in 1985, a change in drug policy occurred. Harm reduction or harm minimisation was formally adopted as the national policy to manage substance abuse. Concurrent with this, concerted prevention strategies fell by the wayside and the public perception of health and other risks arising from drug abuse became trivialised.

Statistics from the Australian National Household Survey demonstrate steady and disturbing increases in drug use across the population and particularly among young people. For example, the proportion of teenagers recently using heroin increased from 0.6% in 1995 to 1% in 1998. The proportion of teenagers recently using marijuana increased from 20% in 1995 to 35% in 1998, and the largest increase was for adolescent girls.

If we were to make a comparison between Australia and the United States for example, where prevention has been a lead policy and community coalitions have been active, we would find that the percentage of people in the US who used an illicit drug in 1998 was less than 5% (1998 National Household Survey, SAMSHA), whereas in Australia in 1999 the figure was 22% (National Household Survey 1999, AIHW). Furthermore, Annual Household Surveys for the two countries in 1998 reveal that recent marijuana use in the United States for 12-17 year olds was 8.3% compared with 38% in Australia for 14-19 year olds.

Another country with which relevant comparisons can be made is Sweden, particularly with its strong emphasis on prevention. Some comparisons between Australia and Sweden taken from the United Nations World Drug Report 1997 reveal the following:

- Lifetime prevalence of drug use in 16-29 year olds in Sweden was 9% compared with 52% in Australian 14-25 year olds.
- Use in the previous year for the same age groups was 2% in Sweden compared with 33% in Australia.
- Estimated heroin dependent users per million population was 500 in Sweden compared with between 5000 and 16,000 in Australia. This translates to a percentage of dependent users in Sweden of 1.5% compared with 8.2% in Australia.

It is therefore possible for differences in policy to have a very significant impact on basic indicators of the extent of the substance abuse problem.

There are several strategies that can be applied in primary prevention that have been shown to be effective. First, increasing knowledge, raising awareness of drug effects and symptoms of use, and availability of resources. Second, building life skills and competencies of youth, parents, families and other community members. These skills include drug refusal, coping, communication, decision-making, and conflict resolution. Third, increasing involvement in drug free healthy alternatives. And fourth, increasing access to prevention services, coupled with early identification and referral for individuals already experiencing substance abuse problems.

But even more basic to the problem of substance abuse is a framework of understanding based on fundamental shared human values, upon ethical principles and a philosophical underpinning, and indeed upon belief systems, and what may be called a worldview.

At a time when the underlying value systems and principles that inform the framing of the pertinent drug laws are being reconsidered by some elites, it is worth being reminded of the meaning of laws.

The 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.[1]

[1]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.

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

The Australian Prime Minister is right to be concerned that heroin trials, recently proposed in Australia 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.[2]

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.

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', thereby 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.

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[2] Jason van den Boogert, Mutiny in Heaven. In: Heroin Crisis. Bookman Press, Melbourne, 1999, 15.

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.[3]

Not only is this really personal preference 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 against it.

C Ben Mitchell of the Centre for Bioethics and Human Dignity describes our era as a "moral dark age", and that "our moral sensitivities are at a very low ebb." Perhaps this can be interpreted as meaning that ethics is currently viewed by many in a very individual and subjective way[4]. 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

[3] Nick Stafford, formerly posted on the Drugaid website (www.drugaid.com.au)

[4] 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.

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."[5]

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 Thomas Aquinas so aptly put 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.[6]

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[7], gained 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 'blind drunk' 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

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[5] 'Epicurus to Menoeceus' in *Epicurus: Extant Remains*, trans. C Bailey (Oxford: Clarendon Press, 1926), 84-91.

[6] *Summa Theologiae*, Ia Iiae, 34 a. 1

[7] 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.

people in particular are acutely attentive to the detection of hypocrisy and will mercilessly expose it.

It is now 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 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.[8]

While some would not go that far, this is nevertheless a view that can have a considerable 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.

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[8] David S Noffs, *Harm Reduction: The Deadly Lie*, 1993, Drug Watch International Website *www.drugwatch.org*

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 those who abuse 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 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 tend to 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. Applied in this context this is a very potent phrase because wars generally have an endpoint, whereas this one does not. Hence futility is reinforced because society will probably always have to deal with this particular problem, just as it does with theft, murder, or rape. 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.[9] If other mind-altering drugs are provided to registered addicts with financial commitment from the state, why could it not also be argued that alcoholics ought also to be provided with a venue and a state-sponsored alcohol supply to 'safely' use?

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.[10]

Besides the fact that this quote displays a singular ignorance towards the importance of community perception of public policy and how that perception links to actual outcomes, the real consequences for Australia under harm minimisation over the past fifteen 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.

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[9] 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). 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.

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