

Ethical Approach to the Development of Public Policy in the Field of Substance Abuse

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The abuse of mind-altering substances is intimately tied to ethics. Whether it is supply reduction, demand reduction or treatment, one cannot avoid the fact that there are good and bad approaches, right and wrong methodologies, ought and ought-nots, morally sound courses of action and at times quite iniquitous ones. There are policies and practices that honour basic human rights and those that don't. There are strategies that uphold human dignity and there are those that don't. There are laws that are prudently implemented with a view to the common good and there are those that represent a capitulation to minority pressure groups with questionable motives. Whatever way we look at it, a consideration of ethics will determine what gets done or not done. Ethics is integral to human action; it is the glue that holds things together, the foundation upon which a building stands.

Ultimately, ethics is everybody's business, and what line one takes will be informed by one's ethics. So, in reality, we are compelled to deal with ethics since we all operate from one or another ethical framework.

Which is why it is very unfortunate, to say the least, that ethics, and especially bioethics, is currently in a predicament of sorts. As the world community grapples with a range of complex ethical issues related to human life and health, it is becoming apparent that agreement, even on a basic ethical system, is hard to come by. As the legal commentator Alex Bruce says:

The problem is that people are finding it increasingly difficult to communicate with one another about basic ethical issues. In a post-modern society, terms like "right", "wrong", "virtue" and "truth" are discussed with little common understanding of what they mean.¹

And not only are we finding it hard as communities to agree on the meaning of such basic terms, but perhaps we need to acknowledge that even our basic moral intuitions are deficient. It is as if our moral instincts are numbed, or in some way confused. C. Ben Mitchell of the *Center for Bioethics and Human Dignity* considers our time akin to a moral dark age, and that:

... despite the advanced state of 21st century science, our moral sensitivities are at a very low ebb.²

A notable example of the dilemma we find ourselves in comes in the form of a statement by would be human cloner Panos Zavos, who when referring to a perceived imperative to clone human beings says:

Ethics is a wonderful word, but we need to look beyond the ethical issues here. It's not an ethical issue. It's a medical issue. We have a duty here. Some people need this to complete the life cycle, to reproduce.³

¹ Alex Bruce, The Search for Truth and Freedom: Ethical Issues Surrounding Human Cloning and Stem Cell Research, *Journal of Law and Medicine*, Vol. 9, February 2002, 323-335

² C. Ben Mitchell, *Genetic Renaissance in a Moral Dark Age*, Commentary for The Center for Bioethics and Human Dignity, 26 June 2000, http://www.cbhd.org/resources/aps/mitchell_2000-06-26.htm

³ Panayiotis Zavos, quoted by Nancy Gibbs, Baby, It's You! And You, and You..., *Time*, Feb 19, 2001, 40

While there is much that could be said about the technological imperative implicit in this statement, what stands out is that by mentioning duty, Zavos finds himself talking ethics having just denied its importance. At the same time he implies that medicine is a separate enterprise from ethics, and lies somewhere ‘beyond’ it. And Zavos is not alone. There is in fact more support for questionable or even clearly unethical practices in modern medicine and medical research coming from those within the profession of ethics and its newer cousin bioethics. Commenting on the slippery slopes that are evident in many fields in the new biotechnological era, the theologian Richard Neuhaus remarked 15 years ago that:

Thousands of ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to becoming the justifiable, until it is finally established as the unexceptionable.⁴

It is worth noting that the pressure that has been and is being applied in favour of a more permissive approach to drug policy has taken place in parallel with pressure being applied for a more permissive approach to other issues like euthanasia, human embryo experimentation, cloning, genetic engineering and reproductive technologies. What was once clearly proscribed for commonly accepted reasons is now being allowed on the basis of shifting ethical mores, or perhaps more correctly because of the rise of competing moral philosophies that have gained popular support in the latter part of the twentieth century.

So what has happened? Why is ethics in this sort of disarray?

There are many reasons. One of these is the rise of ethical subjectivism. That is, rather than being a normative discipline with a well-grounded philosophical basis and defined form, ethics is seen as hopelessly subjective. We can see evidence of this in the sentiment expressed by some in the field of substance abuse who say that one ought to have the freedom to pursue the alteration of one’s own consciousness when no-one else is supposedly affected by that choice. As Nick Stafford says:

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.⁵

Besides the naiveté expressed in so casually dismissing the impact on others of such a personal choice, it is the subjectivism underlying this view, which by ignoring any substantive and overarching ethical perspective, is used to justify such defiance. Another way of saying this is that all other ethical considerations have been subjugated to a personal desire. This is really a form of autonomy gone mad. And whereas autonomy is an entirely valid ingredient in the ethical decision-making process, when it trumps all other considerations the results can be disastrous. Personal autonomy can never be an absolute or even occupy too central a position.

... strong emphasis on autonomy ... has led ethicists and others to ignore or discount to different degrees the fact that individuals make decisions as social beings - that is, as persons with many characteristics closely tied to their social, cultural, ethnic, and family contexts and that these social aspects of the person impact relevantly and often crucially on their actions and certainly on their beliefs.⁶

⁴ Richard John Neuhaus, The Return of Eugenics, *Commentary*, April 1988

⁵ Nick Stafford, formerly posted on the Drugaid website (www.drugaid.com.au)

⁶ Jacquelyn Ann K. Kegley, *Genetic Information and Genetic Essentialism: Will we betray science the individual and the community?* In: Genetic Knowledge: Human Values & Responsibility. Ed. by Jacquelyn Ann K. Kegley, ICUS, Kentucky, 1998, 55

In a recent report to the South Australian Parliament on a select committee into heroin trials, the chair began his opening remarks by saying that there are “as many ethical views as there are addicts”⁷. He was, in effect giving voice to the opinion that in the end ethics really comes down to ‘meaning well’, ‘being at peace with oneself’, or simply ‘serving number one’. Others have gone further and suggested that whole theories in moral philosophy have in fact been built in such a way as to serve arbitrary preference and desire. So that one decides first what is wanted for reasons of arbitrary preference and desire and then resorts to a chosen intellectual framework to justify those actions. This approach appears to have the stamp of scholarly credibility that can be far more convincing than arguing for what you want simply because you want it.

The origins of ethical subjectivism have their roots in Greek philosophy, and revolve around the importance of pleasures and pains, their relationship to the human condition and their relationship to more objective notions of good and evil. Writing circa 300 BC, Epicurus noted 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.⁸

In the seventeenth century Thomas Hobbes consolidated this view:

... if I derive pleasure from something, it *is* good, whereas if it causes me pain, it *is* evil.⁹

Thus what is subjectively experienced as pleasure or pain has become objectively defined as good or evil. If there is something that gives me pleasure then it can be *called* good, and if there is something that causes me pain then it can be *called* bad. This is not only a relatively simple way to determine good from evil, but it is also centred upon my judgement and perspective, and mine alone. This reliance on my judgement or perspective might be satisfying for me and bring me some pleasure or avoidance of pain but to say that good has been served and evil averted requires something more.

Another obvious corollary of this mode of thinking is the problem that arises when my particular pleasure happens to contribute directly or indirectly to someone else’s pain. How then can what I call good as a consequence of the pleasure I derive be at one and the same time evil for another because of the pain they experience? Furthermore, pain and pleasure can be intricately connected, occurring in the context of one event, for example in childbirth, or during a marathon run.

This leads us to conclude that pleasure in and of itself cannot be equated with good. Pleasure is an experience that can be derived from that which is good as well as from that which is evil. As Thomas Aquinas has said:

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.¹⁰

⁷ Martin Hamilton-Smith, South Australian Government Hansard, 21 Oct 1999, 205

⁸ ‘Epicurus to Menoeceus’, In: *Epicurus: Extant Remains*, trans. C Bailey, Clarendon Press, Oxford, 1926, 84-91

⁹ Larry May, "Hobbes", in *Ethics in the History of Western Philosophy*, eds. Robert J. Cavalier, James Gouinlock and James P. Sterba, St. Martin's Press, New York, 1989, 125

¹⁰ *Summa Theologiae*, Ia Iiae, 34 a. 1

Aquinas identifies good pleasures as those which are in keeping with objective goods as appraised by reason and evil pleasures which are contrary to reason and not aligned with objective goods. It is another way of saying that pleasure can be derived from acts which cause human beings to flourish, but it can also be derived from inherently harmful acts that diminish humanity and lay waste to human lives. Pleasure alone cannot define what is good, just as pain alone cannot define what is bad.

At this point the connections with drug abuse will be obvious. First, personal drug abuse is rarely devoid of impact upon others, and second its short term pleasures are connected to direct harms as well as indirect ones that limit the capacity of an individual to flourish as a human being. The pleasure derived cannot therefore be called good.

At times much has been made of the view that addiction *per se* is not harmful, that to be addicted, if free from other consequences, is acceptable and manageable. This has been argued along the lines of ‘no harm, no foul’; that is, if there is no harm then no wrong has been done. That by providing the addictive agent on a regular basis the rest of life can proceed normally, and that since there are no harms, what could be wrong with that.

There are two responses to this view. First, addiction *per se* cannot be abstracted from the rest of life in this way. The very meaning of addiction carries with it a package of realities. It is intricately connected to a way of life and mode of thinking. And second, ‘no harm, no foul’ does not hold because addictive agents do cause direct harm. There are direct negative physical effects as well as the psychological harm resulting from aberrant cognitive processes, damage to relationships, limits on the capacity to make reasoned choices, and limits on the capacity to pursue other interests, since addiction is about an intensity of focus on one thing to the exclusion of others. These effects can be summed up under what is termed in ethics the intransitive effects of moral choice. The immediate consequence on others that results from carrying out an act is only part of the story. The other part is that the individual constitutes his or her own character, and hence *self* by his or her own freely chosen acts. Moreover, the intention to do wrong in the form of plotting or attempting, are wrong even if the act is not successfully carried through. Hence planning to rob a bank is wrong even if no bank robbery results. And if the planner is discovered with such clear intentions our laws will deal firmly with him.

Another important reality of drug abuse that leads to addiction is the reason why individuals were first attracted. These reasons are manifold and include experimentation, self-medication, boredom and hedonism to name a few. In these causes and others like alienation, abandonment, loss of meaning or loss of moral certitude, a just approach demands an attention to root causes. This is why treatment must be holistic and recognise the fact that:

The solution ... is complex and requires dealing with the total person and the aetiological factors that are simultaneously social, ethical, psychological, psychosocial, cultural and extensible in their nature.¹¹

In many western societies the dominant model for drug policy is derived from a poorly articulated form of harm minimisation. Harm minimisation as applied to the drug problem is based upon a form of moral philosophy known as utilitarianism. As the name implies, utility or usefulness to achieve a chosen end is the key. Outcomes or consequences are what counts, not so much how one gets there. Another way of saying this is that the ends are justified by the means. On this measure nothing is inherently wrong in and of itself, therefore acts which many consider quite immoral may be justified if in the process a good outcome can be achieved.

¹¹ Joe Lamberti, *Therapeutic Communities*. In: Heroin Crisis. Bookman Press, Melbourne, 1999, 163

But how does one determine what acts are acceptable to achieve a particular good outcome or end? Proponents of a utilitarian philosophy argue that good acts can be determined by measuring pleasures versus pains, and the way the scales tip indicates the ethically sound way to proceed. However, the business of measuring pleasures and pains and trading them off against each other is fraught. For how can such things be objectively measured and balanced when they are often so nebulous and can mean such different things to different individuals?

When it comes to drug policies that are founded upon utilitarianism as expressed in harm minimisation, the argument is that since drug use is pleasurable and not inherently harmful, some sort of pleasure versus pain calculus can be carried out that minimises the overall harm. More precisely, harm minimisation in practice takes the pleasure component for granted and weighs harms against each other in the belief that the overall outcome will be better. But no such calculation can be undertaken, especially since many harms simply cannot be measured in a way that allows them to be balanced one against another.

One of the corollaries of utilitarian thinking is that twisting the truth or even lying can on occasions be justified because the end one is seeking to realise allows a variety of means that are not considered wrong in themselves. So the truth can become a casualty, and this is no less the case in drug policy as it is in other issues. Of course, being economical with the truth is a trap that all can fall into even if committed to a different ethic. But the difference here is that it can be *rationalised* by utilitarian calculations.

In the scientific era we run an extra risk when it comes to measuring outcomes. That risk has arisen in the context of applying the scientific method to fields in which there are complex human behaviours and complex causes. There are certain limitations that hold when outcomes are assessed in scientific terms at the expense of a holistic human centred approach. Thus, a so-called safe injecting facility might claim to be successful by calculating the number of overdose emergencies it has successfully managed which might otherwise have resulted in death, but it cannot effectively measure the impact the safe injecting room has had on the ability of individuals to seek treatment to be free from their addiction.

Scientific analysis in the field of substance abuse needs very careful structuring and implementation. It could be argued that the results need even more careful interpretation. For there are many filters applied to the data, including ideological ones.

The bioethicist John Fleming notes that:

The humanist trust in reason and science allows the abstraction of moral problems from their full human context. The solving of moral problems becomes a technical construct in which full credibility is given to the pretence that all relevant factors may be identified and in some way scientifically quantified.¹²

Fleming goes on to say that:

Utilitarianism is attractive to those minds which reflect these assumptions because it appears to be ‘scientific’, ‘rational’, and ‘certain’. It appears to offer a scientifically safe method of computing morally good acts while at the same time appealing to the pragmatism of scientific elites who identify the public interest with the successful outcomes of their scientific protocols¹³.

Thus many of the studies that assess the efficacy of needle exchange facilities, for example, do so by measuring certain parameters in abstraction from the complex human behaviours that

¹² John I Fleming, *Natural Rights and Natural Law. An analysis of the Consensus Gentium and its implications for bioethics*. PhD Thesis, Griffith University, Queensland, Australia, 1992, p139.

¹³ *Ibid.*

result from their implementation. Some of those behaviours may include practices that contribute to the use of drugs by others who may previously have avoided them, but an analysis of such a possibility would be extremely difficult to carry out. In a recent US Surgeon General's Review on needle exchange facilities it was categorically stated that "syringe exchange programs ... do not encourage the use of illegal drugs"¹⁴. One wonders whether this refers to participants or the wider community, whether it was a conclusion based on lack of evidence, how diligently the researchers went looking for evidence, and how in practice the data was collected, compiled, analysed and interpreted.

Central to the development of ethically sound approaches to drug policy is an understanding of the nature of human beings. In the post modern era some have suggested that no such thing as human nature actually exists, that all is up for grabs, and humanity can be remade according to a new agenda. However, humans do function in ways that show they possess a characteristically human nature.

Some time ago, the legalisation proponent Ernest Drucker made the following telling comment:

... because of the continued availability and use of increasingly potent drugs, the harm reduction approach addresses the drug problem by altering drug control policies, not the drugs themselves - *and certainly not human nature*. [emphasis added]¹⁵

This last phrase can be interpreted in at least a couple of ways. First, perhaps Drucker is saying that personal preference and desire is paramount and no-one has any right telling another person that they should not or cannot use 'increasingly potent drugs'; or second, perhaps he means that even if one tries, it is not possible to change 'human nature', that human behaviour is somehow determined by nature or nurture and therefore humans are not essentially free to act. On these grounds, drug abuse is in a sense beyond a person's control, and the best that can be hoped for is damage control or containment. While there is some truth that in the midst of addiction an individual has lost control and is in effect a slave to their addiction, abandoning them to that addiction because it has been decided that their nature or nurture has determined that they must live in that way is based upon a false understanding of human nature. To lose hope in their capacity to recover not only denies the reality that change is possible, but also represents a denial of their basic human dignity.

The Universal Declaration of Human Rights begins in the following way:

... recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world ...

The Universal Declaration not only places all members of the human family on equal footing in terms of dignity and rights, but also implies that human beings can and should experience freedom, justice and peace in accord with their inherent dignity. This approach recognises the presence of shared fundamental human values and that human beings flourish when those values are respected and upheld.

But Drucker's statement about human nature also reflects a determinism that is problematic for ethics and also has the capacity to undermine genuine attempts to assist addicted individuals.

¹⁴ Evidence-based findings on the efficacy of syringe exchange programs: an analysis from the Assistant Secretary for Health and Surgeon General of the scientific research completed since April 1998, Surgeon General's NEX Review. <http://www.harmreduction.org/issues/surgeongenrev/surgreview.html>

¹⁵ Ernest Drucker, *Harm Reduction: A Public Health Strategy*. *Current Issues in Public Health* (1995) **1**, 64-70, downloaded from the Drug Policy Foundation Website, www.dpf.org

In the new biotechnological era determinism has found new expression in the form of genetic determinism whereby it is effectively argued that ‘my genes made me do it’. If a gene or genes could be identified that was connected with addiction, what would that mean? Would it mean that becoming addicted was in fact out of the person’s control? If that were true, then there would be no grounds for trying to stop someone from simply pursuing their genetic destiny. It would also mean that any disciplinary measure would be unfair, unless I, the punisher, am working out my genetic destiny which is to punish others with whom I disagree. More importantly, the discussion about ethical subjectivism, pleasures and pains, and utilitarian calculations collapses before the imperative to act according to one’s genetic blueprint.

Fortunately, genetic determinism has been rejected by many geneticists, who while acknowledging the role of genes to *influence* behaviour, also affirm that genes do not *determine* it.

Such ‘genetic determinism’ threatens the notion of free will – and what makes human beings human, if not their freedom to choose how to act?¹⁶

The point here is not to deny that there is a genetic aspect of these behavioural manifestations, but to be critical of over exaggeration of the genetic contribution and of over hasty judgement about causes. One also sees that emphasis on genetics tends to ignore any social aspects of these human problems, and thus social responsibility is abnegated.¹⁷

Genetics is important and may yet yield insights into the possibility that a susceptibility to addiction exists at the genetic level, giving meaning to the older idea of ‘addictive personalities’. But even if such a genetic susceptibility could be shown to exist, it would remain just that, a susceptibility, neither causative nor determinative.

Another way of describing susceptibility is to acknowledge that certain individuals may be vulnerable because of their biological constitution, in which case more compassion and understanding may be required along with a determination to assist them from falling victim to their particular ‘Achilles Heel’.

Therefore, the view one has of human nature or the nature of the human person colours one way or another the approach to ethical issues and ultimately to the formation of the best public policy.

Given that moral philosophers do not agree on a common ethical theory, where does that leave us when it comes to formulating decisions about such complex matters, especially when it comes to framing public policy? Are some moral philosophers putting a ‘spanner in the works’? As John Fleming contends:

Indeed it will be argued that partisan attachments to particular moral philosophies is no basis for public policy because modern moral philosophy is in disarray, that modern moral philosophers “offer a rhetoric which serves to conceal behind the masks of morality what are in fact the preferences of arbitrary will and desire.”¹⁸

A better and more unified approach takes the form of identifying commonly shared fundamental human values, values that have already been agreed to over millennia and form a substantial body of agreement. Upon the basis of such values one arrives at decisions in keeping with them. There exists a body of documents ranging from medical codes of ethics

¹⁶ Colin Tudge, *The Engineer in the Garden. Genes and Genetics: From the Idea of Heredity to the Creation of Life*, Jonathan Cape, London, 1993, 102

¹⁷ Jacquelyn Ann K. Kegley, 1998, *op. cit.*, 44

¹⁸ John I Fleming, 1992, *op. cit.*, 68. Included in quotation marks is a quote from Alasdair Macintyre, *After Virtue*, Duckworth, London, 1987, 71

like the *Hippocratic Oath*, the *Oath of Asaph* and the *17 rules of Enjuin* through to human rights declarations such as the *Universal Declaration of Human Rights*, the *International Covenant on Civil and Political Rights* or *UNESCO's Universal Declaration on the Human Genome and Human Rights*. In the medical field agreement on basic medical ethics can be found in the *Declaration of Geneva*, the *Declaration of Helsinki*, and the *International Code of Medical Ethics*, to name just a few.

While historically, human societies have violated the agreed values - like some are still doing - they have nevertheless returned to them in their better moments or under pressure from the international community. Historically, it seems that catastrophe has sometimes been the impetus for societies to return to what are the foundational values that constitute human fulfilment and are necessary for human beings to flourish.

What kinds of values are exemplified in these documents? What are the commonly shared values that communities have agreed are foundational? These values can be seen not only as agreed but also as self-evident, and include the following:

- Knowledge (truth)
- Trust
- Human life (fecundity, health, safety)
- Freedom (of choice)
- Reason (reasonableness)
- Integrity both as wholeness (totality) and authenticity, equity and substantive fairness
- Courage
- Wisdom.

Acknowledging these values is insufficient in itself and requires principles to guide the realisation of the values. These principles include:

- Do not violate the espoused values
- Do not violate any other value while attempting to realise a value
- Act with reciprocity and sympathy (solidarity with other human beings)
- The Golden Rule
- The principle of double effect
- The precautionary principle (carefully enunciated)
- Respect for persons in each and every act
- Always act according to a well-formed conscience

In the field of substance abuse, particular public policy proposals have been put forward in recent years to address the problem of drug abuse. One of those has been the state provision of heroin in the context of a heroin distribution programme. What can attention to agreed values as exemplified in codes, declarations and oaths say about heroin trials?

Inasmuch as addiction represents a form of slavery, a *prima facie* case could be made that a state sponsored programme that serves to maintain addiction represents a violation of the agreed value of freedom as enunciated in various human rights documents. But the value of freedom needs careful qualification and distinction from simple license, as much as it needs

qualification that it cannot be a freedom to contravene another value, namely the value of human health. The Universal Declaration makes clear another important characteristic of this freedom when it speaks of rights being inviolable and inalienable. Thus, the right not to be sold into slavery includes the constraint upon me not to willingly sell myself into slavery. For if I were to do so, I would jeopardise the right to freedom from slavery of every other member of the community. We must hold what we hold in common.

If someone were to act entirely autonomously, their ‘freedom’ to act in that way would conflict with the fundamental shared human values expressed as rights. The impact on the community can be disastrous. David Pence puts it this way:

The most grievous errors in policy formation ... have occurred when certain valid individual principles have been isolated as solitary truths. One principle combined with other principles can act as corner pillars to support an intellectually and morally ordered structure. Make the corner pillar stand alone and the structure becomes skewed and falls, as surely as those structures built on the sand of slogans or the quicksand of falsehood.¹⁹

Public policies that allow for, or indeed promote the circumstances in which addiction to mind-altering drugs is easier, are unethical inasmuch as they jeopardise the rights of others to freedom, health, reason and trust, to name but a few of the shared values. In particular, the vulnerable in our societies, notably the young who ought to be the focus of our protective instincts and our desire to promote human fulfilment, are put at risk by policies which in any way make the harm from recreational drug use and addiction easier to participate in. Trying to reduce harm by trading harms off one against another is not only an attempt to commensurate the incommensurable but will backfire because fundamental human values are violated in the process and violating the values undermines the capacity of individuals and the community to thrive.

The utilitarian principles underlying harm minimisation policies espouse a concept of the common good that is in contradistinction to the concept as enunciated by natural law and natural rights theorists like John Finnis. As we have seen, the utilitarian method arrives at the common good by attempting to balance pleasures and pains for the greatest number. But the understanding of the common good expressed by Finnis is different:

The Government protects the common good when laws are made to maximise the opportunities for every individual to participate in the basic human values, of which human life is one. Therefore, laws which attack basic human values attack the common good.²⁰

The implementation of heroin trials clashes in other ways with agreed values. Most notably, the age-old dictum for the medical profession to ‘do no harm’ is contravened because providing high doses of heroin to individuals three or more times a day contributes to a litany of harms. And the principle ‘do no harm’ does not permit the medical profession to balance drug induced harms against other harms such as criminality. Their charter is directed towards the best medical outcome for their patient.

Furthermore, in the context of a heroin trial, an intention to address other problems in society such as crime, contravenes the *Declaration of Helsinki* of the *World Medical Association* which states that where clinical research is concerned:

¹⁹ David M. Pence, Bioethics, Politics and the HIV Epidemic, In: *National Conference Bioethics and AIDS, Adelaide*, Southern Cross Bioethics Institute, 1989, 2

²⁰ John I Fleming, 1992, *op. cit.*, 108

the well-being of the human subject should take precedence over the interests of science and society.²¹

Thus, a heroin trial creates specific problems for the medical profession who are required to abide by their own codes of ethics. Physicians are required to act primarily in the best interests of their patients. The medical model requires patients to be treated for themselves; that is, treatments should be oriented first and foremost to the good of the patient.

There is one other aspect of the drug culture that warrants a mention with respect to ethics. In the 60s and 70s drugs were often used for ‘consciousness expansion’, to achieve a transcendence that was either not possible or too hard to achieve in other ways. Interestingly, Ernest Wilder-Smith claims in his book, *The Causes and Cure of the Drug Epidemic*, that every experience produced by drugs can be produced without them.

In today’s drug culture the desire for transcendence is still prevalent even if it is directed not so much towards transcendence *per se* as towards emotional experiences that are either not possible or too hard to achieve by other means. Hence ecstasy is often used as a short-cut to feelings of love, warmth and closeness, or as a substitute for their natural absence. Amphetamines are often used for the confidence and energy they produce. Cocaine is often used to produce an excitement that may be lacking in the normal humdrum of some lives. Opiates may be used to quell the pain of living or produce a peace that is naturally absent.

These uses represent attempts to improve on the human condition in one way or another, that improvement at times taking the form of maximising pleasure and minimising pain. In that context it represents a sort of eugenic drive to create a utopia not unlike that described in Aldous Huxley’s *Brave New World*, where the Brave New Humans enjoy the drug ‘soma’ for pleasure and immediate gratification. ‘Soma’ has become not only the means by which pleasure is produced but also by which suffering is eliminated. For an interesting read on our possible drug-enhanced future, visit ‘The Hedonistic Imperative’ website²², where the promise of ‘soma’ and its contextual setting is expounded. There we read:

This manifesto outlines a strategy to eradicate suffering in all sentient life. The abolitionist project is ambitious, implausible, but technically feasible. It is defended here on ethical utilitarian grounds.

Today’s images of opiate-addled junkies, and the lever-pressing frenzies of intracranially self-stimulating rats, are deceptive. Such stereotypes stigmatise, and falsely discredit, the only remedy for the world’s horrors and everyday discontents that is biologically realistic ... our descendants may live in a civilisation ... animated by gradients of bliss.

While this utopia is fanciful, its pursuit is not only justified on utilitarian grounds that maximise pleasure and minimise pain, but it is in keeping with Huxley’s *Brave New World* by representing a hope that is deeply connected to what may be described as humanity’s eugenic drive. While Hedweb’s particular hope for humankind is founded in part on drug-induced bliss, not unlike that induced by ‘soma’ in *Brave New World*, it needs to be named for what it is, and that is a eugenic hope aimed at remaking humanity in some other image.

²¹ The *Declaration of Helsinki* is an official policy document of the *World Medical Association*, the global representative body for physicians. It was first adopted in 1964 (Helsinki, Finland) and revised in 1975 (Tokyo, Japan), 1983 (Venice, Italy), 1989 (Hong Kong), 1996 (Somerset-West, South Africa) and 2000 (Edinburgh, Scotland), paragraph 5. A similar statement can be found in the *AMA Code of Ethics*, (Barton, ACT: Australian Medical Association, 1 February 1996), 1.4 (c); cf also Principle 2 (1) of the *Recommendation No R (90) 3 of the Committee of Ministers to Member States Concerning Medical Research on Human Beings 1990* (adopted by the Council of Europe on February 6, 1990)

²² www.hedweb.com

The chairman of the US President's Bioethics Commission, Leon Kass, has written extensively about what some describe as our post-human future, coming to the conclusion that we risk our very humanity by trying to remake it in ways inconsistent with the reality of our nature. He says:

Human nature itself lies on the operating table, ready for alteration, for eugenic and psychic "enhancement", for wholesale redesign.²³

Perhaps there is something in Kass's analysis of post-human futures that is connected to the causes of recreational drug use. Perhaps enhancing psychic well-being with the use of mind-altering drugs is a modest or preliminary attempt at remaking humanity, even if those who indulge are not aware that they may be part of the project. If that is so then the warning that Kass applies to other aspects of this endeavour likewise apply here. For he counsels against such a remoulding, likening that quest to a heroic yet tragic endeavour in which the outcome may be unexpected. He says:

As Aldous Huxley made clear in his prophetic *Brave New World*, the conquest of disease, aggression, pain, anxiety, suffering, and grief unavoidably comes at the price of homogenisation, mediocrity, pacification, trivialised attachments, debasement of taste, and souls without love or longing. Like Midas, bioengineered man will be cursed to acquire precisely what he wished for, only to discover – painfully and too late – that what he wished for is not exactly what he wanted. Or, worse than Midas, he may be so dehumanised he will not even recognise that in aspiring to be perfect, he is no longer even truly human.

Recreational drug use is of course far less than 'aspiring to be perfect', but it does often represent an attempt to enhance human experience. And while there can be nothing wrong *per se* with enhancing human experience, the means are all important. They are all important because some means are illusory and deceptive and ultimately lead, as Kass says, to dehumanisation.

But as always, "the humanity of the human future is now in our hands."²⁴

²³ Leon Kass, Why we should ban human cloning now. Preventing a Brave New World. *The New Republic*, May 21, 2001.

²⁴ *Ibid.*