

Research paper

Virtue ethics as an alternative to deontological and consequential reasoning in the harm reduction debate

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Abstract

Background: There is strong evidence that harm reduction interventions such as Supervised Injection Sites and Needle Exchange Programs prevent many of the negative consequences of problematic substance use. Yet many governments, including the United States and Canada, still do not endorse these interventions, claiming that they do not get people off of drugs and send a mixed message.

Methods: This paper will analyze objections to harm reduction in light of the ethical theories of John Stuart Mill, Immanuel Kant and Aristotle.

Results: The most important ethical issue in the abstinence vs. harm reduction debate is whether harm reduction – because it does not require individuals to either reduce their consumption of illicit substances or to abstain from illicit substance use – can be ethically justified.

Conclusion: Harm reduction interventions are clearly justified on Utilitarian grounds because, based on the evidence, such policies would produce the greatest good for the greatest number. However, Kant would not think that the values guiding harm reduction are ethical because the justification of harm reduction interventions focuses exclusively on examining consequences. Virtue Ethics seeks to find the proper balance between harm reduction and abstinence. We claim that the virtue of compassion would provide a defense of harm reduction.

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Introduction

The purpose of this paper is to extract and analyze ethical theories that bear on two approaches to dealing with problematic substance use, i.e., abstinence-based approaches and harm reduction approaches. The primary issue to be investigated is how harm reduction – because it does not require individuals to either reduce their consumption of illicit substances or to abstain from illicit substance use – can be ethically justified. The harm reduction approach claims that many of the negative consequences associated with problematic substance use are avoidable through specific interventions, and these interventions can be effective regardless of whether substance use persists. The abstinence-based

approach, however, claims that it is important to get individuals off drugs or at least to decrease consumption. This latter approach generally maintains that, since harm reduction interventions tolerate continued substance use, they send the wrong message.

We employ three different ethical models to analyze the values conflict between the harm reduction and the abstinence-based approaches. Our methodology in this paper is different than that usually employed in addressing ethical issues in the applied ethics field (Beauchamp & Childress, 2001). Typically in applied ethics, the principles of autonomy, beneficence, nonmaleficence, and justice are first applied to specific situations. Then the analyst will use his or her moral intuitions to determine which principle or principles are most important given the particular facts of the situation. We approach the debate in a different way because depending on moral intuitions is highly problematic. Specifically, we will focus on the philosophical theories from which the above-mentioned principles have been abstracted.

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For example, the principle of autonomy is abstracted from Deontological ethics, beneficence and nonmaleficence from Utilitarianism, and the principle of justice was originally articulated by Aristotle who is a key source of contemporary Virtue Ethics. The advantages of our approach are, first, it directly addresses what are clearly the three most influential models in contemporary ethical thought and, second, it is more robust than simply referring to abstract principles and then using intuitions to determine which principle is most important.

Harm reduction

To discuss harm reduction it is necessary to identify (1) its fundamental assumptions and definition, (2) specific kinds of harm reduction interventions and (3) the implications of the political advocacy of many harm reduction proponents.

The fundamental assumption of harm reduction, which is the primary focus of this paper, is that it is important to try to reduce drug-related harm (Erickson, Butters, & Walko, 2007). The harm reduction approach does not require individuals to reduce or abstain from drug use; rather it attempts to mitigate the negative consequences of drug use. Abstinence could be an eventual outcome and is consistent with harm reduction; however, abstinence is not a condition of the harm reduction approach.

There are numerous kinds of harm reduction interventions, and they apply in different ways depending on the particular substances and activities involved: illicit opiates, cocaine, ecstasy, alcohol, tobacco, etc. The specific interventions discussed in this paper are needle exchange programs and supervised injection sites. Not all harm reduction interventions have the same ethical justification. For example, needle exchange programs and supervised injection sites assist individuals who are already engaged in an activity. If an individual is going to inject drugs regardless of the harms involved, needle exchange gives that person clean needles and a supervised injection site provides a medical setting in which the person can inject the drugs, but in neither case does the intervention involve supplying the substance. The ethical justification for other harm reduction interventions would be different. For instance, heroin prescription programs actually provide the substance to individuals, which is different than simply providing sterile equipment or supervising injections. Noting this difference is not to make the judgment that there may be something ethically problematic with heroin prescription; it simply recognizes that the situation is different and, therefore, the ethical justification may be different. For the sake of simplicity, we have chosen to focus on the generic philosophical aspects of harm reduction, with specific references to needle exchange programs and supervised injection sites, when necessary.

Finally, as with any important development in public policy, there are elements of political advocacy within the

harm reduction movement. Some advocates argue for complete legalization of illicit drugs and radical drug law reform (Hankins, 2000), while others argue for a medical model that is more cautious (Anderson, 2000). We address the advocacy issue peripherally in the sense that we think harm reduction makes ethical sense, is superior to alternative policy approaches to problematic substance use, and can surmount the standard ethical objections to it.

Criticisms of harm reduction

The most important ethical concern with harm reduction is related to the “value-judgment” that it is more important to reduce the harms associated with drug use than it is to reduce or prohibit drug use. The controversial character of this value judgment is amplified because the relevant drugs are illegal. Critics of harm reduction have argued that (1) it encourages drug use, (2) it sends a mixed message, and (3) it fails to get people off of drugs.

There is a significant amount of the literature, however, supporting the claim that harm reduction interventions do not increase or encourage drug use. In fact, the evidence demonstrates the opposite. The experience of the Canadian supervised injection site shows that some patients, who would not have otherwise sought treatment, eventually seek treatment, including abstinence-based programs, as a result of using the site (Tyndall et al., 2005). This is consistent with what has been observed in needle exchange programs as well; participants frequently seek referrals for treatment (Strathdee, Celentano, & Shah, 1999; Hagan, McGough, & Thiede, 2000). Based on what is currently known, the claim that harm reduction programs encourage drug use is unsubstantiated.

The second criticism of harm reduction is that it “sends a mixed signal.” This objection was made in a 1996 letter to the Governor’s Advisory Council on AIDS (Whitman, 1996). In this letter, Christine Whitman, the former Governor of New Jersey, acknowledges that the National Academy of Science and the Centers for Disease Control and Prevention endorse needle exchange programs as effective interventions for interrupting the spread of HIV. She argues, however, that needle exchange programs “send a mixed signal” and that Governments should not “be in the business of facilitating illegal activity.” These sentiments are echoed in the United States’ National Drug Control Strategy, which states that (1) there should be no tolerance for substance use whatsoever (ONDP, 2007a), (2) it is essential to deter substance use (ONDP, 2007b) and (3) it is imperative to disrupt illegal drug markets (ONDP, 2007c). The impetus for these objections is the belief that any policy that tolerates drug use sends a “mixed signal” and frustrates primary prevention efforts.

It seems, however, that these arguments are simply a restatement of the first objection, namely that harm reduction will encourage illegal drug use. For example, if the outcome

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