

Using ethics as a tool for deliberation and to influence the development of healthy public policy in the context of implementing supervised injection services



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# Many ethical problems

- ❑ The harm reduction approach requires organizations to develop an ethical framework that will take into account values in the community, values related to practice and institutional values. It requires contrasting and comparing these values with society's dominant values.
- ❑ This situation asks us to adopt a position in the grey area between these three worlds as well as within the social, political and legal/illegal context of the participants' actions.
- ❑ Furthermore, field workers must negotiate their own values and those of the organization while considering their code of ethics and the laws governing the delivery of health and social services.
- ❑ In sum, defining ethical problems is not a simple matter when the ethical framework is difficult to define.

# Proposed decision-making principles (Harm reduction principles)

## Pragmatism

- ❑ A society without drugs = a utopia
- ❑ Drug use is a universal phenomenon that societies must confront.
- ❑ Abstinence is neither a realistic option nor is it an objective that is realizable and desired by all.
- ❑ Drug use is not a problem, but a means used by an individual to manage a given situation (according to Mario Gagnon).

## Humanism

- ❑ The participant (an IDU) is the main actor in his life, and his objective is always given priority in light of the opportunities available to him.
- ❑ No moral judgment is made regarding the person's decision to take drugs.
- ❑ High tolerance for the dynamics surrounding drug use.
- ❑ Importance is given to quality of life and respect for the IDU.
- ❑ Respect for personal dignity and human rights

# Ethical issues associated with our approach

- *The implementation of a supervised injection service does not pose an additional ethical problem. Rather, it constitutes an opportunity to work with different actors to define social ethics that are tailored to the problems faced by our organization, its participants, and actors in the community.*

# The source of ethical problems

- ❑ *Over the years, the implementation of services for IDUs has allowed us to develop contacts as well as knowledge and skills regarding the determinants that influence prevention behaviour and the means required to act on these determinants. In addition, mobilizing IDUs has allowed them to develop their own expertise and demand action.*

# Acquired knowledge and skills

- On personal factors and associated harm
- On our ability to reach the most disaffiliated members of society
- On behavioural change
- On personal responsibility
- On evaluation and research
- On drug use and solutions to drug use
- On service organization
- On how to mobilize and involve participants
- On the impact of environmental factors, etc., etc.

## The specific ethical problems surrounding SIS are mostly related to environmental factors

- ❑ With the wealth of scientific and research findings that suggest opening supervised injection services (SISs). With the support of many qualified professional organizations. Based on the current status of syringe exchange programs under the law (LCDAS), which are similar to SISs, how long can we continue not to act?
- ❑ The gulf between the scope of action and the means of public health vs. the means of public security works against creating conditions that are favourable to the health of IDUs, fosters their disaffiliation and even threatens the gains we have made.

Ethical deliberation is the solution!

However,

- The actors do not or only barely become involved in the discussions (department of health, public safety, merchants, residents) or choose inappropriate strategies.



# Strategies employed

- Developing credibility
- Developing knowledge and networking (Vancouver, Europe)
- Reviewing the literature
- Sitting on committees with members of the community
- Awareness raising and education (project development)
- Empowerment and rights advocacy
- Conducting research
- Organizing low-threshold services
- Publicly taking positions and maintaining pressure on the actors to shoulder their responsibilities

# Results in 2011? We'll see!

- Organization of a neighbourhood consultation
- Compassion project
- Mobilization of actors: community actors, IDUs, regional public health branch, etc.

Excerpt from a presentation by Guy Bourgeault, Université de Montréal,  
on ethics and public health with respect to conflicts of values.

JASP, November 1997

- *Ethics belongs in discussion and debate, with the many convictions and possibilities that they bring into confrontation and conflict, and, not necessarily, into the consensus that may result, even if the consensus may only be temporary. The place of ethics is in our conscience, in the questions we raise, in our dissent. Although we may reach a consensus, it is often found by evening out or suppressing our differences, at the risk of losing sight of the issues. While requiring a consensus appears to be the common approach, it is necessarily totalitarian. Requiring a consensus carries a hint of laziness, as we return to the constraints of the law and its simple and definitive severity, and avoid the confrontation and discomfort of making a commitment that will always be characterized as much by darkness as it is by light. Requiring a consensus is therefore just a way to avoid responsibility. [translation]*