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Safe Injection Sites and the Ethic of Harm Reduction

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While the concept of safe injection sites, which are geared toward addressing harms related to illicit drug consumption and addiction, has been around for several decades—such facilities were operational in the Netherlands as early as the 1970s[1]—it has again been brought to the fore due to developments in California. In late September, 2018, Governor Jerry Brown vetoed the "legislation that would have allowed San Francisco to begin a four-year trial of safe injection sites."[2] Other large American cities, such as Philadelphia, have also proposed such sites.

The debate over these sites often takes a public policy focus, weighing societal costs and benefits, but these ultimately fail to justify moral liceity. After describing what safe injection sites are and what they seek to accomplish, a general argument in defense of these sites will be constructed based primarily on Andrew Hathaway and Kirk Tousaw's essay "Harm Reduction Headway and Continuing Resistance: Insights from Safe Injection in the City of Vancouver."[3] I will argue against such facilities because they are ultimately founded on a framework with a fundamentally flawed consequentialist outlook and because they encourage illicit cooperation in immoral acts.

Arguments for Injection Sites

Safe injection sites are summarized effectively on the informational page of Insite, the safe injection facility in Vancouver:

> Insite is a supervised drug consumption site accessible to street drug users. Insite has injection booths where clients inject pre-obtained illicit drugs under the supervision of nurses and health care staff. Clean injection equipment such as syringes, cookers, filters, water and tourniquets are supplied. If an overdose occurs, the team, led by a nurse, are available to intervene immediately. Nurses also provide other health care services, like wound care and immunizations.[4]

Importantly, Insite does *not* supply illicit drugs for consumption, nor do the staff members perform any part of the injection itself.

The fundamental idea behind safe injection sites is that they provide drug addicts with the basic materials and environment necessary to safely inject illicit drugs. This, of course, raises the question of what is meant by *safely*. Certainly, these facilities cannot (and do not) claim to do away with all harmful consequences of consuming such substances; rather, the inherently unsafe nature of consuming them explains why safe injection sites aim at harm reduction rather than harm elimination. By providing sterile equipment, these facilities address the problems of infection and disease transmission that arise from reusing and sharing needles. By having trained professionals on hand, these facilities ensure that drug users who overdose will receive necessary medical attention. Thus, while safe injection sites cannot eliminate all negative consequences of consuming illicit drugs, they seek to address additional harms linked to consumption.

Scott Weiner, writing in favor of safe injection sites for the *Harvard Health Blog*, asserts that the goal of these facilities "is only about reducing a person's risk of serious, life-threatening infections like HIV and hepatitis C, or the risk of death," namely, by overdose.[5] This echoes Hathaway and Tousaw's assertion that Insite was established in Vancouver "in an effort to reduce infectious diseases and overdose among injection drug users."[6] Notably absent in both of these summaries is any reference to addressing the problem of addiction head-on.

Lest this seem to be an overly critical reading of the summaries, it is worth noting that Hathaway and Tousaw later assert that "lowering rates of drug use and fighting addiction are *not* the intended goals of supervised injection," even though "referrals into detox and drug treatment programs *are* among the documented benefits."[7] For Hathaway and Tousaw, it is important that we recognize that such benefits are merely secondary to the overall goal of safe injection sites. In their view, judging the success of these facilities against anything other than lowering rates

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of infection, disease transmission, and overdose death "sets safe injection up for failure."[8]

Building on an awareness of the difficulty of overcoming addiction, Hathaway and Tousaw argue against prohibition and the enforcement it entails altogether, asserting that "calls for improved enforcement in concert with harm reduction miss the crucial point that prohibition is immoral *and* irrational precisely because it creates the black market conditions in which harm reduction strategies are needed."[9] Were it not for prohibition and enforcement, they argue, addicted individuals would not be driven into the shadows out of fear of arrest, unwilling and perhaps practically unable to access sterile equipment. While in the shadows, these individuals are deterred from seeking medical attention, allowing otherwise-preventable overdose deaths to occur. This reality leads Weiner to argue that "if we, as a society, are truly serious about saving lives, we have no choice but to allow people who use injectable opioids to do so in safe, monitored locations without fear of negative repercussions (e.g., being arrested)."[10]

The previous points are meant to indicate that, in general, attempts to address the problem of addiction—or the object of the addiction, namely, consumption of illicit drugs—will likely be fruitless, and that it would thus be better to address the secondary harms associated with the addiction. It is argued that if addicts were not living their addictions in the shadows—but rather had access to sterile equipment, a clean and stable environment, and trained professionals ready to intervene when necessary—infection, disease transmission, and overdose deaths could largely be avoided.

In fact, Hathaway and Tousaw argue that the proper focus on "underlying problems behind much drug 'abuse'—poverty, homelessness, mental illness, isolation—are inevitably diminished in policy discussions dominated . . . by focus on enforcement."[11] In short, Hathaway and Tousaw assert that prohibition and enforcement only create problems: safe injection sites are touted as the answer. Unlike prohibition and enforcement, they argue, the "authority of harm reduction exists because it works, and has repeatedly been proven to improve the lives of addicts."[12]

Moral Consideration

How can the moral quality of safe injection sites be evaluated? As noted above, the argument of the proponents does little to address the moral principles in play. Rather, they focus on the respective effects of prohibition and the benefits of safe injection sites. Moral assertions are made only sparingly, and the authors considered above seem to view the question of moral quality as a secondary concern: "Harm reduction's central theses espouse a neutral view of drug use and drug policy based on science, not ideology or morals."[13] In what follows, a moral consideration of safe injection sites—as well as the argument in favor of them constructed above—will be undertaken in light of principles of Catholic health care ethics.

In order to enter into a moral consideration and evaluate the argument constructed above, it is necessary to identify the moral act that serves as the nexus of the debate. Throughout the comments considered above, the act itself is often sidestepped. Rather, potential harms associated with the act are addressed. Appeals are made to addiction's disease-like effect on the human person, arguing that addicted individuals have lower control in the area of their addiction and thus, implicitly, that such individuals have lower culpability.

Both considerations raise the question, Harms and culpability associated with what? What is the act that originally generated this addiction, which calls the addict back to itself? In this case, it is the consumption of addictive and illegal drugs, deeply damaging to the health and well-being of the human person. The morally illicit quality of such an act cannot be overlooked and stands at the center of considerations concerning the moral quality of safe injection sites.

Although not necessarily an essential component of the argument in favor of safe injection sites, Hathaway and Tousaw present the idea that, unlike safe injection sites and the ethic of harm reduction underlying them, drug prohibition does not respect the sovereignty or rights of individuals. Thus, they indicate that not only should safe injection sites be allowed to operate because of their alleged positive effects (or, perhaps better, ability to reduce certain harms), but also because they better respect human autonomy and an alleged right to alter one's own consciousness with drugs.

Human autonomy is not unlimited, nor does it create the moral order. As stated in *Euthanasia, Clinical Practice and the Law*,

> What makes it reasonable to recognise human nature as the source of our basic worth and dignity as human beings is the fact that our nature in its development is intrinsically directed to human fulfillment and human good. And what best makes sense of the ideal of respect for autonomy is the role played by free choice in the achievement of that fulfillment to which our nature is directed. . . . So it should be clear that the claims of autonomy cannot properly extend to choices which are inconsistent with recognising the basic worth and dignity of every human being.[14]

In other words, appeals to human autonomy do not settle the moral dispute but rather raise the further question of whether the act itself is directed toward the perfection of the person. Certainly, the consumption of addictive and illegal drugs in order to alter one's own consciousness cannot rightly be considered ordered to the perfection of the person. Thus, no human right arises merely from appeals to human autonomy in the consumption of opioids or other dangerous, addictive chemicals.

Cooperation with Injection Sites

The act underlying safe injection sites, namely, the consumption of addictive and dangerous opioids, is morally illicit. The *Ethical and Religious Directives for Catholic*

Health Care Services (*ERDs*) state that the service provided by Catholic health care institutions "must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church."[15] While working with individuals with harmful addictions, one's obligation to remain within the "moral tradition of the Church" may be tested in the process of finding practical solutions and treatments. The necessary moral discernment concerning service to those entering into morally illicit acts is thus guided by the principle of cooperation.

In "Understanding Cooperation with Evil," John Di Camillo describes the distinction between formal cooperation and material cooperation. Formal cooperation occurs when one "is directly intending a contribution to the evil action of another. . . . It expresses approval for that evil. . . . It is always illicit."[16] Di Camillo makes a further distinction between explicit and implicit formal cooperation: In explicit cooperation, the cooperator "intends the evil actions" of the primary agent. In implicit cooperation, "the evil is neither desired nor openly acknowledged but is an intended means for attaining other beneficial ends."[17]

Explicit formal cooperation can be ruled out immediately, as in fact, the general argument in favor of safe injection sites is predicated upon awareness of the harms associated with such an act and a desire to do away with some of those harms. Fundamentally, safe injection sites do not encourage the act. Rather, they see the act as practically inevitable and attempt to remove harmful side effects. Even Hathaway and Tousaw's extreme claim that individuals have a right to consume such substances does not indicate that one wants the principal agent to do so. Furthermore, it does not seem that cooperation with safe injection sites can be classified as implicit formal cooperation, because such sites do not seek to attain some other good through the evil act itself but rather, as above, to remove associated harms. We are still left, then, to determine whether the cooperation is morally licit—in which case, by the process of elimination, it would be material cooperation.

According to Di Camillo, material cooperation occurs when "the evil is not directly willed, either explicitly or implicitly, yet its commission is facilitated through an indirect contribution by the cooperator."[18] Di Camillo remarks that material cooperation can be either *immediate*, in which "the contribution of the cooperator is direct or essential to the evil act," or *mediate*, in which "the contribution is indirect or non-essential."[19] While mediate material cooperation can be morally licit, immediate material cooperation cannot.

According to the *ERDs*, "Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral," because immediate material cooperation in such acts is morally illicit.[20] Thus, it is important to determine which sort of material cooperation safe injection sites enter into in order to decide whether that participation is morally licit. Unless the cooperation can be determined to be mediate material cooperation, it is morally illicit. Even so, not all mediate material cooperation is permissible, so further analysis would still be required.

The initial question asks whether the cooperation with safe injection sites is *essential* to the act of drug use, and thus immediate. The cooperative activity on which to focus is the provision of sterile equipment, for it is this activity that enables the very large number of particular acts of drug consumption. Even without the sterile equipment provided by safe injection sites, addicts still seem to get the equipment; after all, addictions are formed and struggled under without the benefit of such facilities. Clearly, without safe injection sites and the provision of equipment, the act is still carried out. Yet this does not seem to provide sufficient evidence to conclude that the material cooperation is mediate rather than immediate. The fact is that the equipment is necessary for the act itself.

While it is true that addicts find access to this equipment without it being provided by safe injection facilities, it is clear that they often must go to great lengths to do so (and thus often are forced to share or reuse equipment). Furthermore, in determining the level of the cooperator's participation, whether there is *any possible way* for the principal agent to carry out the act without the cooperator's assistance does not seem to be a reasonable standard. Rather, the fact that ought to be focused on is that the cooperator provides equipment essential to the act: the safe injection site purchases, ensures the sterility of, and provides the necessary equipment to the addict in order for the addict to inject. This seems to meet a reasonable standard of immediate material cooperation and, as such, is morally illicit cooperation.

Consequentialist Reasoning

Much of the argumentation in favor of safe injection sites fails to consider the moral quality of the principal act itself; rather, the argumentation is fundamentally consequentialist. While Hathaway and Tousaw encourage a neutral view of drug use, much of their argumentation (as well as Weiner's) overlooks the moral quality of drug use entirely, focusing rather on the question of which sort of drug policy "works" best. As quoted above, they go so far as to claim that the "authority of harm reduction exists because it works," in particular, by lowering rates of infection, disease transmission, and overdose deaths. Thus, safe injection sites are touted as "good" because of the "goods" they produce. With such a mindset, Hathaway and Tousaw go so far as to describe safe injection sites as being a "*humane* longer-term solution."[21] It seems that, for these authors, *humane* means merely that a number of harms associated with drug addiction are reduced without reference to how the act itself is related to the good of the human person.

Thus, in repudiation of the argument in favor of safe injection sites, it can be said that it is fundamentally consequentialist in outlook, overlooking the act itself, as well as

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ETHICS & MEDICS

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cooperation in the act, in order to focus on outcomes. With consequences as the primary focus, attempts at meaningful moral consideration are left without a foundation. It is for this reason that the statistical effect of safe injection sites is not a necessary component of this analysis: the statistical outcomes do not change the moral liceity of the act or cooperation in the act. A consequentialist framework does not allow for meaningful moral consideration, because it focuses on realities external to the act itself.

Catholic Health Care

According to the *ERDs*, "Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees."[22] Thus, Catholic health care institutions must be aware of the difficulties faced by those with addictions and work to find ways to provide meaningful care.

Nevertheless, Catholic health care does not merely focus on results without reference to the good of the person. Rather, it seeks to care for the whole person, guided by the moral tradition and truths of the faith. According to this analysis, safe injection sites do not meet the necessary criteria for moral liceity under the principles of Catholic health care ethics. The cooperation which safe injection sites enter into is morally illicit (immediate material cooperation), and the arguments for operating such sites are fundamentally consequentialist. While safe injection sites seek to address the difficulties faced by those with addictions, they should be deemed morally illicit in Catholic health care ethics.

Notes

1. Kate Dolan et al., "Drug Consumption Facilities in Europe and the Establishment of Supervised Injecting Centres in Australia," *Drug and Alcohol Review* 19.3 (May 2000): 338b, doi: 10.1080/713659379.
2. Heather Knight, "Breed Says Fight for Safe Injection Sites in SF Isn't Over," *San Francisco Chronicle*, October 2, 2018, https://www.sfchronicle.com/.
3. Andrew D. Hathaway and Kirk I. Tousaw, "Harm Reduction Headway and Continuing Resistance: Insights from Safe Injection in the City of Vancouver," *International Journal of Drug Policy* 19.1 (February 2008): 11–16, doi: 10.1016/j.drugpo.2007.11.006.
4. Vancouver Coastal Health, "Insite—Supervised Consumption Site," accessed March 26, 2019, http://www.vch.ca/locations-services/result?res_id=964.
5. Scott Weiner, "Safe Injection Sites and Reducing the Stigma of Addiction," *Harvard Health Blog*, June 2, 2017, https://www.health.harvard.edu/blog/.
6. Hathaway and Tousaw, "Harm Reduction," 11.
7. Ibid., 12, original emphasis.
8. Ibid.
9. Ibid., 14, original emphasis.
10. Weiner, "Safe Injection Sites."
11. Hathaway and Tousaw, "Harm Reduction," 14.
12. Ibid., 13.
13. Ibid.
14. Linacre Centre for Health Care Ethics, "Submission to the Select Committee of the House of Lords on Medical Ethics," in *Euthanasia, Clinical Practice and the Law*, ed. Luke Gormally (London: Linacre Centre for Health Care Ethics, 1994), 132.
15. US Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 6th ed. (Wahington, DC: USCCB, 2018), dir. 1.
16. John A. Di Camillo, "Understanding Cooperation with Evil," *Ethics & Medics* 38.7 (July 2013): 1.
17. Ibid., 1–2.
18. Ibid., 2.
19. Ibid.
20. USCCB, *Ethical and Religious Directives*, dir. 70.
21. Hathaway and Tousaw, "Harm Reduction," 14, emphasis added.
22. USCCB, *Ethical and Religious Directives*, dir. 3, emphasis added.

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