



Ideas in Addiction Ethics

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This is Syd

Syd is a 67 year old chap who has a substance use disorder. He has multiple medical concerns including diabetes, hypertension, etc.

For 20 years, he lived on and off the streets. Since coming to live at EGCCC two years ago, he continues to drink, at times in excess, causing disturbances on the unit. Also, he admits to continuing illegal drug use.





Definition:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

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Some thoughts on addiction from neuroethics

“Addicts suffer from oscillation of preferences, such that they often cannot choose in accordance with their values...Addicts cannot refrain from acting in ways that they genuinely wish to avoid”. (Levy, 2007)



For many people, opioids are substances their brains are wired to crave in ways that make personal resolve nearly impossible. ~ Paul R. Sanburg



Free will v. Determinism



CBC article: Alive but not the same

“**Is it fair** to the accident victim, or heart attack victim to have to deal with a Code 0 lack of ambulances because they are too busy picking up frequent flyers”

“Like it or not, this is a waste of OUR tax money - and it should be stopped with the savings going to REAL health care for the more **deserving**.”



CBC article: Alive but not the same

“being a health care worker mom, she should know oxycontin can do? and without knowing her buying street oxy & fentanyl proved her **failure of being a parent.**”

“LOTS OF PEOPLE, NUMEROUS PEOPLE, RECOVERING FROM SURGERIES TAKE PRESCRIPTIONS FOR PAIN AND **DON'T ABUSE THEM AND DON'T BECOME ADDICTS.**”



CBC article: Alive but not the same

“The **tattoos** on her hands say it all about **who she is** and was **and why** she became an addict.”

“These victims are **members of our society**. Amanda has a lot of serious health problems because of the brain damage resulting from prescribed and street drugs. Calling brain damage "mild" isn't very comforting to those being "diagnosed" with it. I am sure **Amanda didn't choose** to have an addiction problem. I think Amanda **should have the best of care.**”



How we often feel...

1. “I feel complicit in this illegal activity”
2. “It’s so frustrating when the resident doesn’t follow the care plan”
3. “I think I’m enabling or approving of his behaviour if I don’t stop it”
4. “I didn’t sign up to take care of residents like this”
5. “It’s not safe. We have to protect others and ourselves”



Principle of Toleration

A foundational rationale for a harm reduction philosophy of care

Relevant in settings wherein the ideal, recommended care and hoped for outcomes are not likely feasible

Harm reduction is about how caregivers engage residents 'while they wait' for different circumstances or choices to manifest

(Source: Kockler, CHAUSA, 2017)



Nuffield Council on Bioethics

Intervention Ladder

Do nothing or simply monitor

Provide information to inform and educate

Enable choice (e.g., nicotine patch, program)

Guide choices with default policy

Guide choices through incentive; later disincentives

Regulate to restrict options

Eliminate choice



Ulysses Contracts

To protect a person's most meaningful concerns, Ulysses contracts offer a temporary opportunity to employ soft paternalism to guide the person in the direction toward achieving what that person values most



Nudges

- Nudge to reason (Levy)
- Limits to rationality- biases
- Affect behaviour
- “Nudges are proposals aimed at improving well-being and enhancing decision-making that are inspired by work in behavioral economics and social and cognitive psychology.”



Thank you!

The Covenant Health Ethics Centre is available to you via:

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