

Introduction – Ethics and drug addiction

by Patrick Sansoy

“Drug addiction” tends to be an umbrella term which lumps together disparate consumption practices, embracing the nature of the substances, the patterns of consumption, the consumers themselves and the disorders brought about by the habit of consumption. Properly speaking, the term should only designate the factors which go together to characterise a subject’s dependence on the consumption of a drug:

- compulsion to engage in this behaviour with a loss of pleasure potential;
- persistence in this behaviour despite its adverse effects;
- obsession with procurement of the substance;
- presence of symptoms when administration stops abruptly.

Substances regarded as drugs are those classified as such by the three UN international conventions dating from the twentieth century. The classifications stem from the recommendations made by WHO; one cannot help thinking that had tobacco appeared in recent years, it would certainly have been classified.

The Pompidou Group, backed by the Council of Europe, is the first international forum to have addressed drug-related issues from a multidisciplinary angle.

By casting a unique light on a highly complex question, it has contributed to more satisfactory adaptation of official responses from the preventive, health and penal standpoints. Through its trans-sectoral handling of issues like drug addicts in prison, women and drug addiction, drugs and driving, etc., the Pompidou Group has succeeded in promoting unconventional thinking in other international arenas.

Achieving convergence of views among the countries participating in the Pompidou Group is a protracted undertaking which has been marked by many milestones such as extending the range of its analysis to all psychoactive substances;¹ also,

1. Pan-European ministerial meeting at Sintra in 2000.

evidence-based action increasingly features in the stance of the Group.

The Pompidou Group

The Council of Europe's involvement in the fight against drug misuse and drug trafficking is carried out through the work of a multidisciplinary co-operation group known as the Pompidou Group. The Group was set up in 1971 at the suggestion of the late French President Georges Pompidou and was incorporated into the Council of Europe in 1980. It provides a forum for European ministers, officials, specialists and other professionals to co-operate and exchange information.

The Group currently has 34 member states. The European Commission is also a member. Technical co-operation or activities on an ad hoc basis also involve other countries which are not members of the group.

The clearly apparent diversity of the respective national responses has been a source of enrichment for the participating countries. Little by little, they have made the effort to build themselves a common foundation, especially by producing their epidemiological data on the same methodological patterns. Today, although differences remain, the trend is towards a more uniform approach to the responses delivered, one that respects the diversity of cultures but we trust also abides by an ethical outlook on the phenomenon of addiction.

The ever-delicate linkage between punishment and therapy has benefited from conclusive evaluations particularly in the field of damage containment, so that it has been possible to make viewpoints evolve. Recognition of drug addiction for what it really is, a state of dependence, means that the availability of care must be such as to give the drug-using population back its freedom to accept or refuse treatment.

Viewing the drug-addicted population "more medically", so to speak, still does not exempt us from wider reflection about the place held in our societies by habits of psychoactive drug consumption and the kind of responses we try to bring to it.

Accordingly, an attempt at a perception of drugs and addiction which is informed by ethics and standards of professional conduct will enable us to found our appraisals and positions more firmly.

One of the chief difficulties of harmonising viewpoints is that users of psychoactive substances have to be distinguished from drug addicts, but if there are no solutions based on continuity the options as to the norm, social acceptability and dangerousness are inconstant. Assurance in the actions to be undertaken can only come from common reflection on the basic ethical and professional standards inspiring our countries.

The recent rapid growth of consumption, reaching younger and younger sectors of the public, is now focusing the priorities of official action on concerns that for a long time only mattered to a handful of political and professional players.

The altered paradigm resulting from a therapeutic rather than punitive outlook does not excuse us – quite the contrary – from being very careful with the type of preventive, therapeutic and research schemes we introduce. Freedom to have treatment, access to the facilities, preservation of anonymity, choice of treatment, continuity of care in prison, treatment of female addicts during pregnancy and availability of the latest research findings are our main subjects of enquiry. The knowledge-based information to be passed to citizens must continually absorb a rapid turnover of research findings. Any collective expertise and consensus conferences which may have developed must be regularly reassessed in the light of scientific advances.

Confidentiality of the data collected in epidemiological survey work from addicted or non-addicted subjects must be preserved. This quite obviously complicates the organisation of research, especially in cohort² tracking.

The new prominence of the concept of vulnerability makes the target group concept, perhaps also the differentiation of the messages to convey and the care to administer, a perennial question which, while a current issue in the preventive and

2. Group of individuals part of the same epidemiological study.

medical field, retains a special connotation in the drugs field as these continue to be prohibited substances.

The difficulty of experimentation (with therapeutic modes or actions for limiting damage consequential to the effects of the substances) places us in awkward positions vis-à-vis the ethics bodies whose approval is indispensable for any study.

Prevention is not the straightforward outcome of better information and an effort to educate; it is also subtended by a change of attitude to the drug-dependent population and its dependence. Drug addicts are very sensitive to the attitude of public agencies; authorisation of free access to syringes has radically changed the behaviour of intravenous drug users, altering their habits in a more preventive direction as soon as this measure was taken.

The strong increase in the number of persons using psychoactive substances over the last twenty years, and the diversity of the possible health-oriented responses to it, inevitably prompt us to think about the right financial investments. Policy directions cannot be taken in this area unless we can demonstrate the correctness of our choices at all times. Where public authorities want to make costly approaches with uncertain results generally applicable, at the expense of other more effective approaches, their choices also have to be thought out along ethical lines.

Steering the drug-addicted population towards a care facility as early as possible is plain common sense, but creating constraints in order to achieve it is debatable. In the specific field of psychiatry these arguments about referral under constraint are constants for the drug-addicted population (possibly having psychiatric disorders as well) whose dependence is at the core of clinical theory and practice, while elsewhere coercive referral still prompts debate.

But the question of casual drug consumers and their guidance remains unresolved (dependence not proven by tests). For them, assessments of this type of coercive approach are divided.

The dangerousness of drug-taking “for others” is a question thoroughly understood in all societies, as is the need to place effective limits on it (testing drivers for blood alcohol and drugs, for instance), but “preventive” screening of other groups (schoolchildren) is a vexing question.

Many situations need to be analysed and scrutinised with an ethical mind-set; this obviously applies to imprisoned drug addicts and their treatment (continuity of care), provision for drug-addicted pregnant women, mother and child welfare, systematic screening at the workplace and the concept of a risk-prone job, type of support to dependants, and so on. But apart from these avenues already taken by some thinkers, the posture of states involved in production of illicit substances and the resultant traffic requires more general approaches that cannot elude the ethical eye cast on international relations between essentially producing and essentially consuming countries.

The fundamental rights of drug-addicted persons must be preserved, as stigmatisation and criminalisation of drug addicts are still current in many countries. The participation of drug-using or drug-addicted subjects in our discussions must be sought.

The texts collected in this work will, I hope, assist in sketching out answers to the various questions raised.