

Safe Injection Sites in Philadelphia: A Theological Analysis via the Doctrine of Double-Effects

MADLINE PARADKAR¹ AND ERIK HANYCZ²

paradkarm1@student.lasalle.edu¹, hanycze1@student.lasalle.edu²

¹*Biology Department, La Salle University, Philadelphia, Pennsylvania, U.S.A.*

²*Religion Department, La Salle University, Philadelphia, Pennsylvania, U.S.A.*

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Abstract: *This paper analyzes the policy decision to bring Safe Injection Facilities (SIFs) to Philadelphia by using the theological method of balancing, the Doctrine of Double Effect (DDE). The DDE's four conditions are elaborated to examine if the policy meets the four conditions. The authors find that the policy satisfies the last three conditions and that the first condition is not relevant to the issue. Accordingly, we conclude that the SIFs in Philadelphia is theologically permissible.*

I. INTRODUCTION

This paper will analyze the policy decision to bring Safe Injection Facilities (SIFs) to Philadelphia by using the theological method of balancing, the Doctrine of Double Effect (DDE). North America is facing a crisis as the opioid problem has reached epidemic proportions in Philadelphia taking over 1200 lives each year. In January 2018, Philadelphia city officials announced plans to have private organizations open SIFs, also known as Comprehensive User Engagement Sites (CUES). SIFs have been operating in Canada and Europe for over a decade. The sites provide a “safe house” for drug users to receive clean drug paraphernalia, inject illicit drugs under the care of medical professionals, receive the immediate administration of Narcan (a naloxone spray that temporarily stops a drug overdose), and obtain drug treatment information and counseling.

Philosophically, whether bringing in SIFs in Philadelphia or elsewhere is ethically justifiable or not seems well addressed while the core philosophical contention is which of the methods, between the harm-reduction program that SIFs adheres to and its rival method, abstinence-based program, can produce most efficacious consequences.¹ Therefore, the philosophical analysis is largely consequentialist in the sense that the ethical permissibility or mandate is determined by the ends that justifies the means. On the other hand, Christian theological-ethical analysis involves both consequentialist and deontological concerns in that both means and ends should be ethically justifiable. This paper will examine whether SIFs could be deemed morally acceptable by using the time-honored Catholic theological balancing method, the Doctrine of Double Effects (DDE). In the following, we will lay out the DDE's four

¹ For a philosophical-anthropological comparison between harm-reduction theory and abstinence-based theory, see Peter A. Clark et al, “Comprehensive User Engagement Sites (CUES) in Philadelphia: A Constructive Proposal,” *The Internet Journal of Public Health* 18 no. 1 (2018): 9, doi: 10.5580/IJPH.53501.

*Address correspondence to: Madeline Paradkar and Erik Hanycz, Biology Department and Religion Department, La Salle University, 1900 W Olney Ave, Philadelphia, PA 19141, U.S.A. E-mail: paradkarm1@student.lasalle.edu, hanycze1@student.lasalle.edu.

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criteria and inquire if the issue at hand meets the criteria. We conclude that the act of bringing in the SIFs in Philadelphia aligns with all four conditions and therefore is theological-ethically permissible.

II. THE DOCTRINE OF DOUBLE EFFECTS (DDE)

When the 13th-century theologian, Thomas Aquinas, first introduced the DDE in his *Summa Theologiae*, he used it to explain the ethical permissibility of killing in self-defense.² The premise is that killing a person's assailant is justified when there is no intention to kill the assailant. As the person kills his/her assailant in self-defense, the agent's act of attacking/counter-attacking results in killing the person (bad effect) but simultaneously involves saving his/her own life (good effect). It is "the permissibility of an action that causes serious harm as a side effect of promoting some good end."³ Relating this to the case of the SIFs, the policy inevitably generates a set of bad effects such as condoning the illegal drug use, providing protection for the illicit drug users, and distributing paraphernalia being used for drug injection. However, it does have a set of good effects like reducing overdose death, preventing the spread of diseases, helping the addicted enter rehab. However, unlike the relatively simple case of killing in self-defense, whether the good effects trump the bad effects in the SIFs case requires a further discussion.

The DDE has four official conditions whereby an act should be justified. The first is a deontological condition. "Act itself is morally good or at least indifferent."⁴ The second is that the bad effect must not be the direct cause for the good effect. In other words, the good and bad effects are not to be causally related to each other, or the bad effect does not directly cause the good effect. The third condition is that the agent's intention must be morally good in the sense that the good effect must be intended and "flow from the action at least as immediately as the bad effect."⁵ The last condition is proportionality: "the good effect must be sufficiently desirable to compensate for the allowing of the bad effect."⁶ In other words, the bad effect must not outweigh the good effect. In the following, we will investigate if the policy that implements SIFs, in general, and the Philadelphia CUES, in particular, can meet the four criteria.

III. ANALYSIS

A. Act in Itself

The DDE's first criterion: the act itself must not be evil but at least neutral. As the Catholic Church says, certain acts are considered intrinsically evil such as murder, abortion, using a non-recreational drug, etc. However, in our case, it is difficult to say whether the SIF policy enactment is intrinsically evil or not. Certainly, a politician's act of making laws itself cannot be evil because that is the civic duties of the politician. But one may argue that the politician's act of enacting laws out of nefarious intentions like producing laws for the company executives who donated for their political campaigns or the laws which may be against the public interests. However, the former will be judged by the DDE's third criterion while the latter, the last criterion. Therefore, the first criterion is deemed irrelevant to the SIF policy.

B. Causality between Bad and Good Effects

The DDE's second criterion: bad effect/result must not be the direct cause of a good effect. We argue that the SIF policy passes this test for the following reasons. To elaborate both effects, first, the bad effects can be the violation of the law – Illicit drug use in which most

² Thomas Aquinas, *Summa Theologiae*, II-II, Qu. 64, Art.7.

³ Alison McIntyre, "Doctrine of Double Effect." *Stanford Encyclopedia of Philosophy*, July 28, 2004 (rev. Sep. 23, 2014), <https://plato.stanford.edu/entries/double-effect/>

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

drug addiction cases are involved is illegal no matter what. However, the “safe house” permits its use. Second, the SIFs ultimately promotes more drug use. As the SIFs provide clean needles and other paraphernalia at no cost which the drug users may otherwise not be able to attain. This may mean to grant the drug users the financial advantage to buying more drugs. Third, the policy gives a wrong message to the young people in the community that drug use is safe and not unethical.

On the other hand, the good effects may be that, as the proponents for SIFs argue, most importantly, 25-75 lives could be saved with each facility based on the statistics from SIFs currently in operation in other countries.⁷ Preventing overdose death is the key to the safehouse policy through drug counseling, rehabilitation program, and crisis management. Second, preventing the spread of diseases is being accomplished with the syringe exchange program. Third, saving lives and preventing diseases ultimately leads to cost savings. As studies on Canada’s SIFs find, “[f]ocusing on the base assumption of decreased needle sharing as the only effect of the supervised injection facility,... an incremental net savings of almost \$14 million and 920 life-years [was] gained over 10 years[,] the health effect of increased use of safe injection practices, [and] the incremental net savings increased to more than \$20 million and the number of life-years gained to 1070.”⁸

Then, can the bad effects said here be causally responsible for the good effects? No. It is not logically feasible to think that the violation of the law causally results in saving the lives of the drug addicts or that giving financial freedom to buy more drugs leads to the prevention of disease-spreading. They are two moments that occur simultaneously by the SIF policy. Thus, it passes the second test.

C. Intention

The DDE’s third criterion: the agent’s intention should be moral. To discuss this issue, we should inquire who the agent is in the SIF policy enactment because there are so many stakeholders involved including Philadelphia Mayor, Jim Kenny. It is possible that one individual might have a different intention from another while engaged in the policy-making procedure. But it makes the most sense that the agents’ intentions should be found in their official, and collective statement as to their intention for bringing SIFs to Philadelphia. The intention is to fight the opioid crisis, with a narrow focus on reducing opioid deaths. James Garrow, speaking for the Philadelphia Department of Public Health states, “We have to make every effort we can to keep them alive long enough to get them in treatment...”⁹ Therefore, it passes the third test as well.

D. Proportionality

The DDE’s final criterion: the bad effect must not outweigh the good one. The benefits of SIFs must be greater than the negative impacts surrounding the enabling of drug use. As reported in several related articles, it seems that the objective impact of SIFs has been positive. A reduction in overdose death, crime, and cost all arguably outweigh any enabling or encouragement of drug use that these sites might be seen to cause. Some think that SIFs do more harm than good. For them, SIFs promote the “gentrification of drug addiction” by enabling users. Others worry that SIFs would cause more violence as dealers fight for areas around the site. However, these arguments have been repudiated by research on sites in Vancouver and Australia which showed that crime did not increase in surrounding areas.¹⁰ The only substantive problem might be that drug use itself, particularly illegally obtained drugs, is a morally and legally objectionable effect. However, we should note that once addicted to the drug, the user has very little control over their ability to stop using it. The exceptional policy to effectively fight the opioid crisis by establishing SIFs in the most affected areas, while maintaining the general law that prevents illicit drug use, is nothing but what we should do, out of commendable, legal and ethical prudence.

⁷ Aubrey Whelan. “Safe Injection Sites to Fight Opioid Overdose Deaths Get Green Light from Philadelphia City Officials.” *The Philadelphia Inquirer*, January 23, 2018, <http://www2.philly.com/philly/health/addiction/safe-injection-sites-overdose-deaths-opioids-philadelphia-officials-support-20180123.html>.

⁸ Ahmed M. Bayoumi and Gregory S. Zaric, “The Cost-Effectiveness of Vancouver’s Supervised Injection Facility,” *Canadian Medical Association Journal* 179 (2008) no. 11: 1143–1151, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582765/>

⁹ Kate Kilpatrick. “Philadelphia’s Plan for Opioid Safe Injection Site Splits Opinion,” *The Guardian*. July 18, 2018, www.theguardian.com/us-news/2018/jul/18/philadelphia-opioid-safe-injection-site-plan

¹⁰ *Ibid.*

IV. CONCLUSION

Based on the analysis under the framework of the DDE, it can be concluded that the policymakers would be morally justified in opening SIFs in Philadelphia. With the epidemic of 1200 people dying each year from injecting drugs, one must consider that there is no price to be put on human life. While eradicating the use of illicit drugs - always a noble goal - would require significant investment over time, the implementation of SIFs may be an interim solution that will serve to reduce harm to individual users and the broader community. Of course, close attention must be paid to the details of these sites. For example, consideration should be made for keeping SIFs close to affected areas, while focusing on distancing SIFs from residential neighborhoods. Logistical details like this must be taken into consideration to ensure that the outcome of the moral cost-benefit analysis of the good and bad effects remains positive.

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