

Ethics and Safer Supply

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COMMENTARY ■ VULNERABLE POPULATIONS

A safer drug supply: a pragmatic and ethical response to the overdose crisis

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SAFE SUPPLY

CONCEPT DOCUMENT

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Original research

Prescribing safe supply: ethical considerations for clinicians

Katherine Duthie ,¹ Eric Mathison,^{1,2} Helgi Eyford,³ S Monty Ghosh⁴

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POLICY FORUM

How Structural Violence, Prohibition, and Stigma Have Paralyzed North American Responses to Opioid Overdose

Mark Tyndall, MD, ScD and Zoë Dodd, MES

The **right thing to do** will not be addressed by scientific evidence alone but is also a matter of values



Clinical Ethics and Public Health Ethics

- **Clinical Ethics:** Tends to focus on the relationship between service users (clients/patients), families, and healthcare workers
 - **Public Health Ethics:** Tends to the obligations of societies towards its members, specifically the least well-off, and the norms that govern these complex relationships
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Clinical Ethics Considerations

Ethical Principles and Values	Examples
Evidence-Based Practice	<ul style="list-style-type: none">• Providing clinical recommendations based on the best quality evidence
Promoting Well-Being, Minimizing Harms	<ul style="list-style-type: none">• Preventing risk of overdose due to the toxic supply of drugs• Creating connections to services in other areas (e.g., housing, counselling)• Implementing less restrictive approaches than other interventions (e.g., observed vs. unsupervised doses)
Respect for Autonomy	<ul style="list-style-type: none">• Supporting service users to align their care with their preferences• Consider how limiting access to SS may undermine autonomy
Safety	<ul style="list-style-type: none">• Considering whether SS is 'safe' for the individual, including method of administration (e.g., oral vs. injectable)

Public Health Ethics Considerations

Ethical Principles and Values	Examples
Trust	<ul style="list-style-type: none">• Demonstrating trustworthiness to SS program service users and service providers
Justice	<ul style="list-style-type: none">• Addressing barriers to equitable care, including economic welfare (i.e., distributive justice), intersecting structural forces of oppression (i.e., social justice), and stigma
Respect for Persons, Communities, and Human Rights	<ul style="list-style-type: none">• Respecting the specific needs and priorities of the affected community/ies
Promoting Well-being	<ul style="list-style-type: none">• Recognizing the communal responsibility to contribute to the welfare of others
Minimizing Harm	<ul style="list-style-type: none">• Prioritizing ways to minimize the risk of harm in all forms, particularly for groups that are disproportionately burdened by the unregulated drug toxicity crisis
Effectiveness	<ul style="list-style-type: none">• Measuring effectiveness of a given intervention based on comprehensive understanding of the best available evidence, synthesizing findings empirically, normatively, and relationally
Proportionality	<ul style="list-style-type: none">• Balancing the potential population benefits of the intervention against the potential risks
Reciprocity	<ul style="list-style-type: none">• Acknowledging the individual and societal obligation to promote an environment that advances the common good
Precaution	<ul style="list-style-type: none">• Implementing evidence, as it evolves, to create preventative measures and respond to the nature of urgency

What Do You Think?

Questions for Discussion



What counts as **evidence**? What evidence matters most and for what decisions?



How should clinical and public health decision-making be approached under conditions of **uncertainty**?



How should we best address the **ethical** issues related to safer supply at the clinical and population levels?



Thank You

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