#### **Breaking Convention 2015**

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# Assessing 'serious evil's Bioethical considerations of drug control

#### Levente Móró

Centre for Cognitive Neuroscience, University of Turku, Finland

#### Imre Bárd

Methodology Department, London School of Economics, UK

## 1961 Single Convention on Narcotic Drugs



SINGLE CONVENTION on

NARCOTIC DRUGS, 1961,

as amended by
the 1972 Protocol Amending the Single Convention
on Narcotic Drugs, 1961

UNITED NATIONS

Signed 30 March 1961

**Location** New York City

**Effective** 8 August 1975

**Condition** 40 ratifications

Parties 185

**Except** Chad, East Timor, Equatorial

Guinea, Kiribati, Nauru,

Samoa, South Sudan, Tuvalu,

and Vanuatu

#### 1961 Single Convention on Narcotic Drugs

The Parties,

Concerned with the health and welfare of mankind,

Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,

Recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,

Conscious of their duty to prevent and combat this evil, [...]



Beside a sole reference to the religious concept of

logic, reason, or moral intuition.

profound immorality, this international treaty has

never been further justified by secular ethics based on

## **UN Conventions against...**

- Bacteriological, biological and toxin weapons
- Discrimination against women NOTENII
- Genocide ("an odious scourge") Norely
- Nuclear terrorism Nor EVIII
- Nuclear weapons & weapons of mass destruction
- Racial discrimination ("morally condemnable")
- Racial discrimination ("

   Taking of hostages ("an offence of grave concern")

  No.
- Terrorist bombings
- Torture ("cruel, inhuman or degrading",
- Narcotic drugs

## Logic and scope

Combat because of the problem of addiction Addiction is a behaviour/property of addicts ...but...

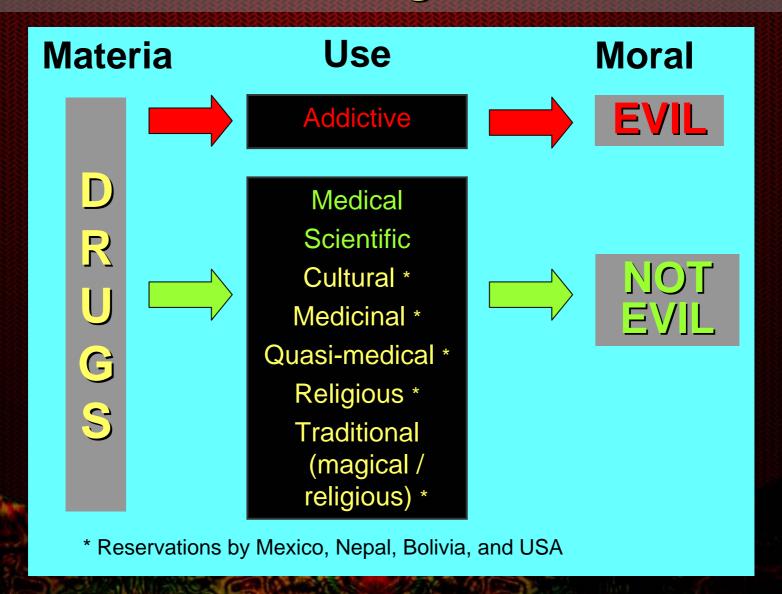
The Convention is used to combat against non-addicts!

E.g., possession of small amounts of listed drugs

Serious offences: punishment by imprisonment

Do criminal measures prevent addiction?

## The UN Logic Box



## **Outside the UN Logic Box**

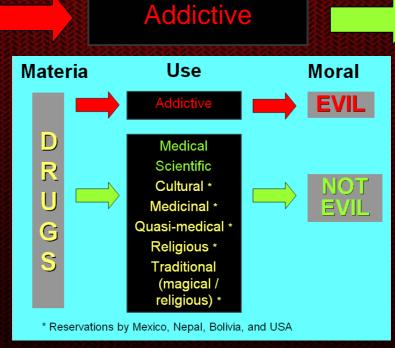
Materia

Use

Moral

NOT EVIL

SOME OTHER DRUGS



Any



NOT EVIL



X<->Y	X
Y	!
	*****



X<->Y	X	non-X #1	non-X #2	non-X #3	non-X #N
Y	1				

X<->Y	X	non-X #1	non-X #2	non-X #3	non-X #N
Y	1	?	?	?	?

X<->Y	X	non-X #1	non-X #2	non-X #3	non-X #N
Y	Ţ	?	?	?	?
non-Y #1					
non-Y #2					
non-Y #3					
non-Y #N					

X<->Y	X	non-X #1	non-X #2	non-X #3	 non-X #N
Y	!	?	?	?	?
non-Y #1	?	?	?	?	 ?
non-Y #2	?	?	?	?	 ?
non-Y #3	?	?	?	?	 ?
non-Y #N	?	?	?	?	 ?

#### X=drug, Y=use

X<->Y	X	non-X #1	non-X #2	non-X #3	 non-X #N
Y	!	?	?	?	 ?
non-Y #1	?	?	?	?	 ?
non-Y #2	?	?	?	?	 ?
non-Y #3	?	?	?	?	 ?
non-Y #N	?	?	?	?	 ?

["a step in computing the chi-squared test for independence. Specifically, you seem to have calculated the <u>expected count</u> for each cell in the contingency table under independence"]

# Drugs <-> Use (purpose)

	RELSPI	S- K N O W	S-MEDI	M O O D	B O R E D	DEFIC	S O C I A L	S E N S	A R T	P H Y S	REBEL	MEMBER
Alcohol				4			6	2			2	3
Tobacco					2	7	2				2	3
Depressant medication			2									
Ecstasy (MDMA)				2				2		2		
Amphetamine, stimulants				2						7		
Nitrous oxide (N2O)				2								
Marijuana, hashish		2		2				2	3			
LSD	3	3										
Psilocybe mushrooms	3	3										
Salvia divinorum	2	2			- 12/1	CE C						

# **UK Psychoactive Substances Bill 2015**

X<->Y	'drugs'	alcohol	tobacco / nicotine	caffeine	medicines	foods
addiction	EVIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL
medical	EVIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL
spiritual	EVIL	NOT EVII	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL
recreational	EVIL	NOT EVIL	NOT E	HOT EVIL	NOT EVIL	NOT EVIL
	EVIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL
Any	EVIL	NOT VIL	NOT EVIL	NOT EVIL	NOT EVIL	NOT EVIL

#### The evidence shall be ....

...the truth, the whole truth and nothing but the truth.

...not only a biasedly selected subset of psychoactive substances + ignore all other circumstances, outcomes, forms, and functions of drug use!

#### Substance use may cause harms

Needs regulation for individual, community, society

- Consequences of regulation vs. non-regulation?
- Prevalence reduction vs. consequence reduction?
- Less users with high risk vs. more users with low risk?
- Right to risk-taking?
- Right to self-harming?
- Bigger risk taking -> more punishable?

These are ethical questions!

# Principles of Biomedical Ethics by Beauchamp & Childress

#### Respect for autonomy

respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned informed choices

#### Beneficence

the balancing of benefits of treatment against the risks and costs; the healthcare professional should act in a way that benefits the patient

#### Non-maleficence

avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal, but the harm should not be disproportionate to the benefits of treatment.

#### Justice

distributing benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner.

(Beauchamp & Childress; Principles Biomedical Ethics, OUP, 5th ed., 2001)

# Principles of Biomedical Ethics ...questions raised by drug control

- Respect for autonomy
  - legitimacy of self-medication and self-enhancement?
- Beneficence
  - efficiently/beneficently combatting addiction?
- Non-maleficence
  - not causing more "social evil" than it prevents?
- Justice
  - problem vs. non-problem use probability transfer?

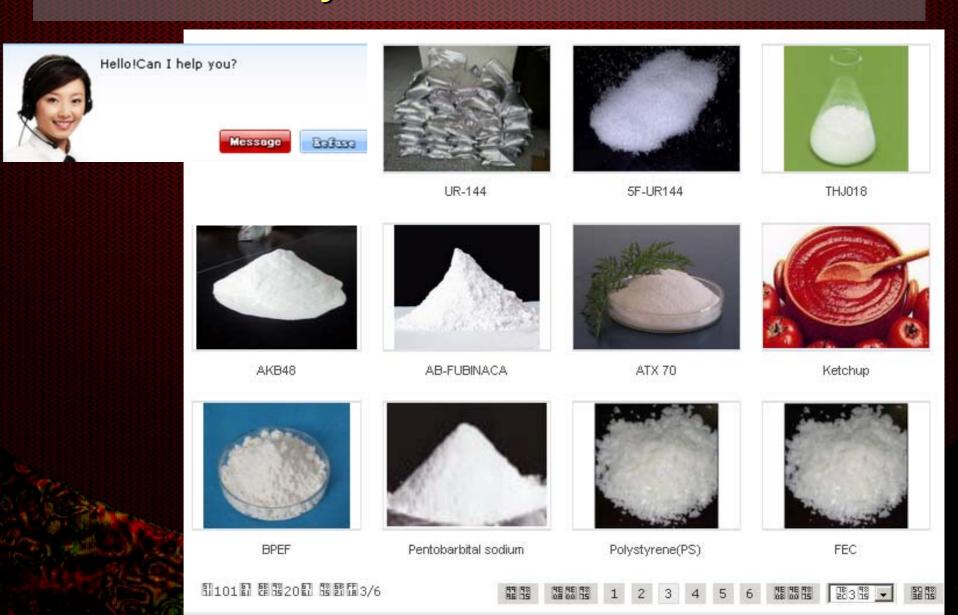
# Principles of Biomedical Ethics ...applied to the 1961 convention

- Respect for autonomy
  - No; victimless crimes by autonomous individuals
- Beneficence
  - No; the problem of addiction has not decreased
- Non-maleficence
  - No; grave environmental and social consequences
- Justice
  - No; similar use of other substances are exceptioned

#### **Drug policies**

- Feasibility of ethics-based drug policies
- Closer to scientific mechanisms
- Process: self-correction, feedback, "legalovigilance"
- Evidence-based risk assessment (Nutt et al.)
- Drug policy ratchet (Stevens & Measham)

# **New Psychoactive Substances**



#### **New Psychoactive Substances**

- Consequence of failed drug policy?
- Analogue laws: effects similar to other substances
- Generic laws: structure similar to other substances
- Molecular racism / discrimination!
- Long-term effects: unknown vs. well-known negative?
- Ethical basis for using the precautionary principle?

# 1961 Single Convention on Narcotic Drugs Resolution III Social conditions and protection against drug addiction

The Conference,

[...]

Considering that, while drug addiction leads to personal degradation and social disruption, it happens very often that the <u>deplorable social</u> and economic conditions in which certain individuals and certain groups are living <u>predispose</u> them <u>to drug addiction</u>,

Recognizing that social factors have a certain and sometimes preponderant influence on the behaviour of individuals and groups,

#### Recommends that the Parties:

1. Should bear in mind that <u>drug addiction is often the result of an unwholesome social atmosphere</u> in which those who are most exposed to the danger of drug abuse live; [...]

#### **Parameters**

Drug

Dose

Set

**Setting** 

**Behaviour** 

**Outcome** 

#### **SUMMARY**

This presentation assessed the "fitness to purpose" to combat addiction as "serious evil".

It does not fit.

So...

Revise or Reform or Repeal!



FOR YOUR ATTENTION! ©