AN ETHICAL ANALYSIS OF SAFE SUPPLY

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ABSTRACT

Opioid overdose deaths in the United States have been steadily increasing for decades. Initially, these deaths were driven by overdoses from prescription opioids. Strict limits were placed on opioid prescriptions to decrease the supply of available opioids. Instead, this prompted a shift toward the illicit opioid market, causing an increase in heroin-related overdoses. Fentanyl, a synthetic opioid that is more potent than heroin, has become commonplace in the illicit supply of opioids. The illicit opioid market is unregulated and unpredictable, and there is no way to know exactly what is in a bag sold as heroin or "dope". Illicit drug use has been historically dealt with as a crime rather than a public health issue in the United States. Recently, harm reduction has been offered as an alternative to this punitive approach. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Naloxone distribution and syringe service programs are examples of currently utilized harm reduction strategies in the United States. While these programs are necessary to improve the quality of life of people who use illicit drugs, the rates of death from overdose are continuing to increase. These strategies do not protect people from the toxic and unpredictable drug supply. Safe supply is a relatively new concept, but there have been some small-scale implementations of this practice in Canada. Safe supply refers to a legal and regulated supply of drugs with mind and body-altering properties that traditionally have been accessible only through the illicit drug market. This is a necessary strategy to combat the alarming rise in overdose mortality. In this paper, I will analyze the ethics of this strategy using a principalism approach. This analysis concludes that safe supply is ethically sound, and it should be a part of our approach to the overdose epidemic. Safe supply promotes autonomy, prevents harms, advances well-being, and upholds justice for people who use drugs.

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CHAPTER 1: INTRODUCTION

The United States is experiencing an unprecedented rate of overdose deaths, exacerbated by the proliferation of synthetic opioids, particularly fentanyl, in the illicit drug supply. Overdose deaths are one of the leading causes of accidental death, significantly contributing to North America's decline in life expectancy (Harper, 2021). This public health crisis has taken the form of a triple-wave epidemic of overdose deaths. The first wave (2000-2016) consisted of overdoses related to prescription painkillers. In response to this increase in overdoses, opioid pill prescribing was restricted. Patients who were physically dependent on opioids turned to the illicit market to stave off withdrawal. This led to an increase in heroin-related overdose deaths starting in 2015. Currently, overdose mortality is driven by fentanyl and other synthetic opioids contaminating the illicit drug supply. Fentanyl is dangerous because it is exponentially more potent than heroin, placing the user at a high risk of overdose. Fentanyl is added to heroin in powder form or pressed into counterfeit opioid or benzodiazepine pills. (Ciccarone, 2019). In 2017, synthetic opioids were involved in 60% of opioid-related overdose deaths in the United States. From 2016-2017, overdose deaths involving prescription opioids and heroin remained stable, but overdose deaths involving synthetic opioids increased (Scholl, 2019). Opioid prescriptions played a role at the beginning of this overdose crisis, but they are not currently the main contributor to overdose mortality. Fentanyl is currently the main driver of the overdose epidemic due to its increasing presence in the illicit supply.

The dominant approach to illicit drug use in the US has been designed to punish and isolate people who use illicit drugs through a series of policies referred to as The War on Drugs. The moral model asserts that illicit drug use is morally wrong, leading to prohibition-based policies that aim to foster the development of a drug-free society. In contrast, harm reduction is a

set of practical strategies aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on the belief in, and respect for, the rights of people who use illicit drugs. This is a public health alternative to the moral model of drug use that has emerged as a "bottom-up" approach based on advocacy done by people who use drugs. Harm reduction promotes low-threshold access to services (Marlatt, 1996). These strategies are often implemented in contexts outside of drug use. Seatbelts are a harm reduction measure that reduces the potential harm associated with driving a car.

Forms of harm reduction currently used in the US include syringe exchange programs, naloxone distribution, and medication for opioid use disorder (MOUD). These interventions are necessary, but not sufficient to prevent overdose death. While they greatly improve the health and well-being of people who use drugs, they do not separate people from the unpredictable and hazardous drug supply. These harm reduction interventions tend to focus on risk reduction through individual behavioral modifications. The environmental context plays an important role in influencing whether a particular behavior is risky or not. Naloxone distribution can encourage individuals to use the medication in case of an overdose, but it does not create an environment where overdose is less likely. The illicit drug supply is fraught with danger that no amount of individual behavioral modification can address (Ezard, 2001).

Safe supply is a strategy that changes the environment, in this case, the drug market, to reduce the risk associated with injection drug use. Safe supply is defined as a legal and regulated supply of drugs with mind and body-altering properties that traditionally have been accessible only through the illicit drug market (CAPUD, 2019). Safe supply is an essential component of harm reduction that must be implemented to stem the overwhelming tide of overdose deaths. The magnitude of the current overdose crisis requires the medical field and policymakers to think

differently about illicit drug use. The traditional approach to drug use has been the criminalization of drugs considered to be dangerous to the user and society. Instead of preventing drug use, prohibition has made drug use more dangerous. There must be a legalized and regulated supply of drugs, eliminating the need to rely on the unpredictable and dangerous illicit market. In this paper, I will analyze safe supply using the core bioethical principles of autonomy, non-maleficence, beneficence, and justice. This analysis finds that safe supply is ethically sound because it upholds the core bioethical principles.

CHAPTER 2: THE WAR ON DRUGS

I will now move to a section discussing the War on Drugs, which will demonstrate why prohibition significantly contributes to the harms associated with drug use.

In 1971, President Nixon named drug use "public enemy number one". Since then, the US has waged a "War on Drugs", seeking to eradicate them from society. These policies dramatically increased the size and presence of federal drug control agencies. The primary approach to illicit drug use has been punitive using tactics like mandatory minimum sentencing and increased surveillance of communities. In a 1989 press conference, President George H.W. Bush held up a bag of crack bought from an 18-year-old lured by federal agents in Lafayette Park. In this address, he asked for $500 million for "more prisons, more jails, more courts, more prosecutors." The weapons used to wage this costly war (Osler, 2020).

Racism is central to the understanding of the War on Drugs and its impact on marginalized communities. John Ehrlichman, counsel and assistant to President Nixon, bluntly summarized the racist intent of these policies. "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt these communities." (Osler, 2020) In the US, rates of illicit drug use among Black people are very similar to those among white people. Despite this, Black people are more likely to be arrested, prosecuted, convicted, and incarcerated for drug offenses. The possession and distribution of drugs that are perceived to be more commonly used by Black people have been associated with harsher sentences. The difference in crack and powder cocaine sentences is a prime example of this concept. The two drugs are similar in harm and benefit profiles as well as the chemical

constitution, yet the substance associated with Black communities, crack cocaine, carries a harsher punishment (Earp, 2021).

Proponents of drug war policies claim that drug prohibition protects people from using certain drugs, thought to be harmful and inherently addictive. Despite this stated aim, there has been an increase in global consumption of illicit substances over the last half-century. People using illicit substances face increased risks associated with their drug use due to its illegality. Prohibition harms users by exposing them to arrest and incarceration, which is associated with lower life expectancy and inadequate access to treatment for substance use disorders (Earp, 2021).

Incarceration has serious health impacts on individuals and their communities and increases drug-related harms rather than prevents them. In 2016, there were at least 6.6 million people under the supervision of the US adult correctional system, and a majority of those people meet the criteria for substance use disorder. The leading cause of death after release from incarceration is overdose. While incarcerated, many people do not have access to opioids, decreasing physiological tolerance. Upon release, using the same amount of opioids previously used can cause a fatal overdose (Mital, 2020). Medication for opioid use disorder (MOUD), methadone and buprenorphine, is widely used to treat opioid use disorder in the community, but it is not often used in jails and prisons. MOUD reduces all-cause mortality and fatal overdoses, and it is the standard of care outside of the prison system. Despite this, MOUD is largely unavailable to patients while they are incarcerated (Brezel, 2020). Incarceration increases morbidity and mortality for people with substance use disorder.

Prohibition exacerbates the dangers of drug use and creates a volatile illicit market that endangers people who use drugs. The current overdose crisis has its roots in the over prescription

of opioid analgesics. To address this issue, policymakers created a series of supply-side interventions such as prescription limits and guidelines, prescription monitoring systems, and encouraging providers to decrease the quantity and dosage of opioid prescriptions. Individuals who lost access to opioid analgesics through legal methods turned to the black market and began using heroin, a cheaper and more potent alternative to prescribed opioid analgesics. Even if access to prescription opioids is eliminated, people who transitioned to illicit opioids will continue to be at risk of fatal overdose (Rieder, 2020). In 2014, fentanyl analogs became common in the illicit opioid supply. Fentanyl can be synthesized cheaply and with relative ease, and it is more potent than heroin (Beletsky, 2017).

The period of national alcohol prohibition between 1920 and 1933 provides an example of the effect of prohibition on the supply of an illicit substance. Soon after this intensive effort to decrease the supply of alcohol, there was a shift toward black market production, supply, and distribution of alcohol (Levine, 1991). This prompted a shift from less potent forms of alcoholic beverages, such as beer, to highly distilled spirits like gin and moonshine. Expenditure on distilled spirits increased from approximately 40% pre-Prohibition to almost 90% during prohibition. Criminalizing a substance causes the transportation and sale of a substance to carry significant risk. This creates pressure to maximize potency and minimize product bulk, or “get more bang for your buck”. Fentanyl is more worthwhile to produce in the current drug policy climate instead of heroin due to its potency. This is known as the Iron Law of Prohibition; imposing substantial barriers and costs to an illicit supply chain creates direct pressure to minimize volume while maximizing profit. In this case, the punitive drug laws in the US are substantial barriers and fentanyl minimizes volume while maximizing profit (Beletsky, 2017). The pressure to create more potent drugs, so smaller volumes will generate increasing profit, will

continue to introduce more dangerous synthetic opioids into the illicit supply. There are at least 60 known fentanyl analogs, and the number of potential analogs could exceed 600 (Ciccarone, 2019).

Fentanyl is not the only adulterant that has been found in the illicit opioid supply. Xylazine, a veterinary sedative also known as tranq, has been increasingly found in the illicit drug supply across the country. In Philadelphia, xylazine went from being detected in less than 2% of cases of fatal opioid overdoses between 2010 and 2015 to being detected in 31% of fatal opioid overdoses in 2019. Xylazine can cause hypotension, central nervous system depression, and respiratory depression. These characteristics make the concurrent use of xylazine with opioids more dangerous. In addition, xylazine has been attributed to severe skin and soft tissue infections found in populations of people who inject drugs (Johnson, 2021).

While the stated intent of the War on Drugs has been to decrease drug use and improve the public's health, these policies have created an unregulated and unpredictable illicit drug market. The War on Drugs is also based on racist assumptions about whose drug use is problematic, leading to increased surveillance and incarceration of marginalized communities. This system incentivizes the addition of more potent additives, making illicit drug use more dangerous. Ending The War on Drugs and creating a regulated supply of drugs will eliminate the illicit market, along with the danger and unpredictability it is associated with.

CHAPTER 3: SAFE SUPPLY

This section will discuss what safe supply is, its potential to reduce overdose mortality and current examples of safe supply programs.

Safe supply is a concept that has been proposed by people who use illicit drugs and advocates for harm reduction. Safe supply refers to a legal and regulated supply of drugs with mind and body-altering properties that traditionally have been accessible only through the illicit drug market. This includes opioids, stimulants, hallucinogens, and marijuana. This can reduce the risks associated with drug use in a criminalized context. Traditional forms of harm reduction, syringe service programs and naloxone, are strategies for reducing the harm and risks of drug use that arise from prohibition. Safe supply directly addresses the harms of prohibition (CAUPD, 2019). The severity of the overdose crisis requires us to look differently at the problem. In 2019, Vancouver City Council released a safe supply statement, "We often hear this crisis referred to as an overdose crisis, but really we are in a drug poisoning crisis. One of the primary causes of overdose is the contamination of the illicit supply, and we believe future deaths could be prevented if people had access to a regulated safe supply." The primary cause of overdose is the contamination of the illicit supply (Csete, 2021).

Alternatives to illicit opioids have been used to effectively treat opioid use disorder. Methadone, a long-acting partial opioid agonist, and buprenorphine, a partial opioid agonist are effective agents to improve social functioning and reduce opioid-related morbidity and mortality (Ivsins, 2020). Unlike buprenorphine and methadone, safe supply is not treatment for opioid use disorder. This is a strategy to reduce overdose mortality outside of a treatment context. There are significant barriers to initiating treatment for opioid use disorder, and treatment is not the goal of every person who uses illicit drugs (McNeil, 2021).

In the current drug policy environment, it is difficult to imagine what safe supply can look like. There are currently some small-scale, activist and drug user driven examples of safe supply. For this discussion, it is important to draw a distinction between legalization and decriminalization. Decriminalization removes the criminal penalty associated with illicit drug use, but this does not remove the harms associated with illicit markets. These markets do not prioritize consumer safety. Decriminalization also leaves people vulnerable to civil penalties such as fines. Legal regulation, which would allow the implementation of safe supply programs, offers several advantages over decriminalization alone. This would allow for regulation of the production and distribution of substances as well as enforcement of drug safety laws (Earp, 2021).

People who use illicit drugs often provide others with pharmaceutical-grade opioids through the practice of diversion, a currently criminalized practice. Prescription drug diversion is when an individual redirects their prescribed drugs to another person for illicit use. In a study among people who use drugs in New York City, 40% of participants reported lifetime experience of diverting opioids. In interviews with people who have engaged in diversion, they identified prescription opioids as "safer" and "cleaner" alternatives to illicit drugs. One participant stated, "Well it's fucking necessary, because people need them, or else they're going to take fentanyl and die." They expressed a sense of social responsibility in their opioid diversion to prevent withdrawal and overdose in their community (Bardwell et al, 2021).

The diversion of buprenorphine, a partial opioid agonist used to treat opioid use disorder, can be thought of as an example of a safe supply. Unprescribed possession of buprenorphine carries the same potential criminal penalties as heroin and fentanyl, yet unsupervised use carries a much lower fatal overdose risk. Buprenorphine is a safer alternative to street opioids that are

likely contaminated with fentanyl. In our current overdose crisis, it is important to consider partial agonist medications not only as treatment for opioid use disorder but also to prevent overdose deaths. More frequent use of diverted buprenorphine has been associated with lower overdose risk (Bardwell, 2021). Removing the criminal penalties associated with diverted buprenorphine can be an effective measure to prevent deaths. In 2018, Chittenden County, Vermont had a 50% decline in opioid overdose deaths from their previous peak in 2017, a trend not seen in the rest of the state. The county embraced a policy of non-arrest and prosecution for unprescribed buprenorphine possession, along with other harm reduction interventions. (Del Pozo, 2020) This is an example of introducing a safer supply of opiates, buprenorphine, into a community to give people an alternative to the unpredictable street supply. This safer supply has been shown to reduce overdose mortality.

There are examples of safe supply initiatives conducted in Canada. In January 2019, Vancouver's opened its first hydromorphone tablet distribution program in the Downtown Eastside neighborhood, the area most impacted by the overdose epidemic. Participants can receive up to five prescribed doses of hydromorphone each day that must be consumed on-site. Interviews with participants demonstrate that the availability of a safer, unadulterated supply of opioids decreased their need to access the illicit drug market. This provides participants an opportunity to manage their opioid withdrawal without relying on the unpredictable illicit supply. Participants also reported improvements in their health and well-being and economic situation (Ivsins, 2020).

Safer Alternatives for Emergency Response (SAFER) is a safe supply program in Vancouver that provides substitutes to the illicit drug supply in the form of medications that are prescribed off-label. SAFER provides medications with mind and body-altering effects that are

often desired by people who use drugs but are not provided by conventional opioid agonist therapy. Enrolled patients can access medications in various formulations including injectable, sublingual, oral, and transdermal. SAFER provides fentanyl, directly substituting the primary opioid in the illicit drug supply but gives patients a known quantity without adulterants. SAFER currently has 58 participants and many people on a waitlist until the program can acquire a larger space (Klaire, 2022).

Safe supply has been shown to reduce overdose mortality and improve quality of life in small-scale and unsanctioned implementations. This is a bottom-up intervention, primarily driven by people who use illicit drugs, like other harm reduction practices. People who use illicit drugs have recognized the severity of this crisis and have taken action to protect each other through practices like prescription diversion. This is a drug poisoning crisis that requires immediate action to prevent further loss of life.

CHAPTER 4: ETHICAL ANALYSIS OF SAFE SUPPLY

This section will demonstrate how safe supply upholds the core bioethical principles: autonomy, beneficence, non-maleficence, and justice.

The efficacy of harm reduction programs in decreasing the harms of injection drug use is well described in the medical literature, but there is less written about the ethics of harm reduction practices. The harms of drug use include bloodborne infections, injection-related skin and soft tissue infections, and overdose. People who use drugs are also at risk of violence, public stigmatization, homelessness, and incarceration (Varrier, 2017). Harm reduction is often described as taking a "value-neutral" approach to both illicit drugs and the people who use them. Harm reduction provides an effective means to an end. A syringe exchange program is a remarkably effective way to reduce HIV transmission in a community (Kleinig, 2008). There are important ethical principles involved in harm reduction that should be further explored. Harm reduction should be viewed as a value-rich approach that promotes the rights of people who use illicit drugs (Verrier, 2017).

Safe supply is a relatively new topic in the harm reduction community, and there are very few formal, sanctioned safe supply programs in existence. Due to legal regulations, this is a challenging topic to conduct research on. Early pilot studies in Canada have shown success in mortality reduction and quality of life improvement for participants. There is no current blueprint for the implementation of safe supply, and it could take many different forms. Physicians could prescribe a safe supply of illicit opioids. There could be a regulatory agency that will ensure a set potency and purity, with previously illicit opioids available to purchase. Regardless of the implementation strategy, the voices of people who use illicit drugs need to be centered. As the implementation and efficacy of safe supply are discussed, the ethics behind this

idea should be considered. This analysis will focus primarily on opioids because most existing literature on safe supply focuses on this class of drugs.

Autonomy

Autonomy is defined by Beauchamp and Childress as “at minimum, self-rule that is free from both controlling interference by others and from limitations, such as inadequate understanding, that prevents meaningful choice.” Modern clinical ethics emphasizes the importance of patient autonomy. Medical paternalism is no longer a justification to overrule informed and voluntary decisions made by patients. Instead, physicians should engage patients in a shared decision-making process, working together to make health care decisions. A patient may make decisions that are detrimental to their health. For example, a patient with uncontrolled diabetes, a condition exacerbated by eating sugars, will be educated on the risks of continuing this behavior. Despite the risks to their health, there is no ethical justification for forcing the patient to stop eating foods with high amounts of sugar. Doing so would violate the principle of autonomy.

When discussing autonomy and opioid use, it is important to create a distinction between two terms often used interchangeably, dependence and addiction. Dependence occurs when an increasing amount of a drug is required to maintain normal functioning. An abrupt cessation of the drug results in withdrawal symptoms. Addiction, or substance use disorder, is the inability to control drug use despite physical and social harms to the individual. Dependence on a drug can exist without meeting the criteria for substance use disorder. Loss of control is a central element of substance use disorder (American Psychiatric Association, 2022). When drug use is compulsive, autonomy is limited. Fostering autonomy is a vital component of building a

therapeutic relationship with patients with substance use disorder. Mandating abstinence and forced treatment programs violate patients' autonomy (Kinsella, 2017).

Current substance use disorder treatment is often fraught with barriers and restrictions on patients. In the United States, methadone as treatment for opioid use disorder can only be dispensed at certified opioid treatment programs. Patients must report to the clinic each day and take their medication under direct observation from clinic staff. Due to a shortage of facilities, long commutes are common and frequently impact employment (Joudrey, 2020). Take-home doses are possible, but they are only given after significant time attending the clinic and negative drug screens. Patients who miss clinic days are punished with a reduction in dose and removed from the clinic if they accumulate absences. Patients often call methadone maintenance therapy "liquid handcuffs" due to these harsh restrictions. (Frank, 2021). These burdensome restrictions are unique to the treatment of substance use disorder, reflecting the pervasive view that people who engage in illicit drug use are incapable of making choices for themselves.

People who use drugs can modify their use when presented with information and alternatives. This is a significant shift in traditional thinking about drug use and the dominant belief in total abstinence. Harm reduction replaces the common stereotype of patients who use drugs as "deviant addicts" with "damaged brains" with the view that these are human beings in need of support (Meng, 2022). Fentanyl test strips are a low-barrier and inexpensive drug testing tool. Studies suggest that people injecting opioids do alter their behavior based on information from fentanyl test strips, including using less, using with others, or keeping naloxone close by. This information suggests that people who inject opioids can exercise autonomy regarding their drug use and do so in beneficial ways. Fentanyl test strips are a powerful tool to help people who use illicit opioids gain some control while they exist in a disempowering environment (Weicker,

2020). A safe supply of opioids would take this concept one step further, allowing people who use opioids to regain control over their drug use and lives.

Safe supply allows people to better align their care in accordance with their preferences. Not all people who use illicit drugs have a substance use disorder and do not require treatment. While many people do have a substance use disorder, not everyone is ready for treatment. The Stages of Change Model demonstrates the cyclical process of a behavior change. Individuals move through six stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. This model is fluid, and people frequently return to the old behavior and reenter the cycle. People in the first three stages are continuing to use drugs; they are not yet in the action stage, where behavior begins to change. Treatment for substance use disorder is not appropriate for this cohort of people because they are not ready. They cannot, and should not, be forced to enter the action stage. Safe supply can keep people with substance use disorder safe during periods of active use when they are not ready for treatment. While treatment is extremely important, current treatment methods for opioid use disorder are not a panacea. Current treatment methods are becoming less effective due to the increasingly potent drug supply. Buprenorphine, a mainstay of opioid use disorder treatment, has been shown to be less effective among people who use fentanyl compared with those using heroin (Klaire, 2022). For those that continue to use illicit drugs, the provision of a safe supply outside of a treatment context is vital to uphold their autonomy.

The current state of the illicit opioid market violates individual autonomy. The inability to know exactly what is in a substance can be considered "inadequate understanding that prevents meaningful choice." People who use illicit drugs do not know what is in the drugs they buy. Fentanyl test strips, while an important tool for harm reduction, do not give information

about the quantity of fentanyl present. They also do not inform the user of other adulterants that could be present. Ethnographic research with people who use illicit opioids reveals that the introduction of fentanyl into the illicit drug supply has been unexpected and unsettling. (Ciccarone, 2019). In qualitative studies with people who inject opioids, people were concerned the heroin they used was actually fentanyl. While some participants sought out fentanyl, due to its higher potency, they also identified market inconsistency and opacity as significant obstacles to risk reduction. Participants cite the variability in purity and potency of illicit opioids as a source of stress (McLean, 2019).

Non-Maleficence

The principle of non-maleficence holds that there is an obligation not to inflict harm on others (Childress, 2001). What is the harm inflicted on others if there is a safe supply of illicit drugs? Objections to harm reduction practices often stem from this principle citing the implications of a program, such as naloxone distribution, falsely perceived to encourage illicit drug use. A recent study found that naloxone access laws and pharmacy naloxone distribution were more consistently associated with decreases rather than increases in lifetime heroin and injection drug use among adolescents (Bruzelius, 2023). In a survey of 1000 people who used at a safe injection site, only one subject reported performing an initial injection at the facility (Verrier, 2020). Harm reduction techniques likely do not contribute to increased illicit drug use.

The value placed on a drug-free society should be called into question. The stated aim of the War on Drugs is to protect people from harm and promote public health, yet these policies have propagated harm and made illicit drug use more dangerous. There has been an increase in the global consumption of illicit drugs over the past 50 years. Unregulated markets create drugs of unknown purity laced with dangerous bulking agents and toxic additives. This significantly

increases the harm to the consumer. Prohibition policies harm people who use illicit drugs, making them vulnerable to arrest and incarceration. Incarceration isolates people from their communities, deprives them of education and employment opportunities, and worsens mental health. Upon reentry, people face barriers to housing, employment, and welfare (Earp, 2021). Harm reduction accepts the practical fact that many people use drugs, and the vision of a drug-free society is not attainable or preferable.

The commonly referenced harms related to drug use are often related to the violence of the illicit drug market. Violence is an inherent aspect of the illicit drug market. Because they operate outside of legal regulations, illicit markets default to violence when settling disputes. The illicit market also puts consumers at risk of violence from law enforcement personnel. This system has forced people whose drug use is criminalized into a criminal subculture where they face barriers to accessing social services (Verrier, 2020). The harms commonly associated with illicit drug use stem from criminalizing the use rather than the use itself. Removing prohibition policies and creating a safe supply of illicit drugs will uphold the ethical principle of non-maleficence.

Beneficence

The term beneficence connotes acts or personal qualities of mercy, kindness, generosity, and charity. There is a moral obligation to act for others' benefit, helping them to further their important and legitimate interests, often by preventing or removing possible harm (Childress, 2001). Harm reduction methods promote beneficence by doing what is best for the patient within the confines of what the patient is ready to do. A safe supply of illicit drugs fits well into this understanding of harm reduction. Many patients who use drugs are not interested in abstinence, yet they still deserve to be kept safe from harm. Humanistic values explicitly highlight the

respect, worth, and dignity of all persons who use drugs. This is a foundational element of harm reduction (Pauly, 2008). The virtue of compassion defends harm reduction and safe supply. Compassion can be defined in terms of the correct ratio between removing and not removing suffering from others (Christie, 2008).

Safe supply can protect people who use drugs from overdose. Even a non-fatal overdose can have devasting impacts. Non-fatal opioid overdose is a predictor of short-term mortality. Among people in Massachusetts who experienced a non-fatal overdose between 2011 and 2015, 6.2% died of an opioid overdose within 1 year and 9.3% within 2 years (Babu, 2019). The experience of an overdose can have a devastating impact on the health of an individual. Injuries resulting from falling and burns are common in nonfatal overdose. Peripheral neuropathy resulting from prolonged pressure on a limb is commonly reported. When unconscious due to an overdose, people are vulnerable to assault or robbery (Warner-Smith, 2002).

Safe supply has the potential to promote the well-being of people who use illicit drugs. 2020 study investigating a hydromorphone distribution program found that the program is not only effective in preventing overdose, but also impacted participants' lives in a variety of ways. Participants were engaged in less street drug use. They also reported improvements in health and pain management. Without the pressure of having to buy drugs to avoid withdrawal, many patients reported improvement in their economic situation (Ivsins, 2020). This intervention was shown to improve all aspects of patients' lives while protecting them from overdose, fulfilling the ethical principle of beneficence.

Justice

The concept of justice emphasizes fairness and equality among individuals. There are different theories of justice that can be understood as a lens through which to view inequities and approaches to addressing them. The term distributive justice refers to fair, equitable, and appropriate distribution determined by justified norms that structure the terms of social cooperation. Theories of distributive justice focus on the distribution of material goods. Healthcare systems have limited resources, prompting discussions about the proper distribution of these limited resources (Childress, 2001). Justice should not be reduced solely to discussions about the distribution of material resources. The distributive model ignores the social structures and institutional context that determines the patterns of distribution (Young, 1990). Prohibition creates a context where drug use is stigmatized and people who use drugs are excluded from many aspects of public life. Despite the need for health resources and social support, people who use illicit drugs are often isolated from these resources. This impacts every aspect of an individual's life on the sole basis of their drug use. Federal law requires that leases for public housing prohibit tenants from engaging in "any drug-related criminal activity". "One Strike" policies recommend immediate eviction after suspected drug activity, and this does not require an arrest or conviction (Silva, 2015). The Anti-Drug Abuse Act of 1988 denies federal benefits – grants, loans, licenses, and contracts – to people convicted of drug-related felonies. Many states currently require people to undergo screening for drug use, at their own expense, when they apply for Temporary Assistance for Needy Families (TANF) (Thompson, 2019). Dismantling these policies and ensuring a safe supply of drugs will promote fair and equal treatment among individuals.

The criminal justice system disproportionately targets people of color. Drug laws and their enforcement have historically been influenced by explicit racism. Examples of this include Chinese “opium dens” and Mexican “reefer madness”. Prohibition has not affected all communities equally. Black and Hispanic men are subjected to heightened scrutiny and often met with police use of force in relation to suspected drug activity. These practices exacerbate existing structural disadvantages in marginalized communities (Earp, 2021).

CHAPTER 5: DISCUSSION

The overdose epidemic has had a devastating impact across the United States. Opioid-related overdoses have continued to increase despite strict limits on the supply of prescription opioids. This rise in death is largely attributable to an increase in fentanyl found in illicit opioids. Decades of The War on Drugs have not only harmed people who use drugs but also been ineffective at preventing drug use and its related harms. The criminalization of drugs makes their use more dangerous and specifically targets marginalized communities, further exacerbating health disparities.

Safe supply, a legal and regulated supply of previously illicit drugs, is a solution to this devastating epidemic. This is a relatively new concept in harm reduction, and there is little existing literature on the ethics of this concept. This paper analyzed the concept of safe supply using the core principles of bioethics: autonomy, non-maleficence, beneficence, and justice. People have a right to make decisions about their bodies, including the choice to use drugs. Autonomy is violated when people cannot make informed choices about their drug use. People who use drugs are capable of altering their use patterns to protect their health. This paper purposefully included several qualitative studies highlighting the experiences of people who use illicit drugs as their voices are often missing from the literature on illicit drug use. Safe supply is unlikely to increase harm to individuals and their communities. Rather, it is likely to promote the health and well-being of people who use drugs. Pilot programs in Canada have shown an improvement in the quality of life and economic situation for people enrolled in safe supply programs.

Finally, justice, particularly racial justice, should be a central component of our understanding of safe supply. The War on Drugs has disproportionately targeted marginalized

communities. Policies are often based on who uses a particular drug, rather than the actual danger of the drug. The crack-cocaine disparity is a prime example of the racism embedded in drug policy. Strict punishments for drug use prevent people who use drugs from accessing housing and government assistance, threatening their health and well-being.

Further research on the implementation of safe supply is needed. It is extremely important to center the voices of people who use illicit drugs, a group of people often stigmatized and underrepresented in policymaking. These programs should be low-barrier and easily accessible to prevent as many deaths as possible.

CHAPTER 6: CONCLUSION

The overdose epidemic continues to be a significant cause of mortality in the United States. Despite efforts to curb drug use and limit the supply of illicit drugs, the rate of fatal overdose is continuing to increase. The proliferation of synthetic opioids, namely fentanyl, in the illicit drug supply is the main driver of overdose deaths. When buying illicit drugs, there is no way to know exactly what is in the product. Fentanyl and other additives are negatively impacting the health and well-being of people who use drugs. Urgent action is required to stop the loss of life due to overdose. Current harm reduction strategies are not enough to protect people from the unpredictable illicit drug supply. Programs like syringe service programs are very effective at preventing sequela associated with unsafe injection practices. Existing harm reduction programs do not address the issue of an unsafe and unpredictable drug supply.

Safe supply is a legal and regulated supply of drugs with mind and body-altering properties that have traditionally been accessible only through the illicit drug market. This will address the issue of the unsafe drug supply and prevent overdose mortality. This would be a significant shift in how illicit drug use is handled in the United States. There is little in the existing literature about the ethics of this concept. Using a principalism approach, this paper examined the concept of safe supply. A safe supply of drugs would uphold the autonomy of people who use drugs and empower them to make informed decisions about their drug use. This can improve the life and well-being of people who use drugs, promoting beneficence. There is little anticipated harm in a safe supply of drugs, upholding non-maleficence. Prohibition has disproportionately impacted marginalized communities. These policies have prevented the fair and equal treatment of individuals. Dismantling prohibition policies will uphold justice and benefit marginalized communities.

This paper analyzed safe supply of opioids using the core principles of autonomy, nonmaleficence, beneficence, and justice. This analysis concludes that safe supply is ethically sound and should be utilized as a vital tool in combating the overdose epidemic.

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