



**Declassified<sup>1</sup>**

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## **Committee on Social Affairs, Health and Sustainable Development**

### **Involuntary addiction to prescription medicines**

Rapporteur: Mr Joseph O'Reilly, Ireland, EPP/CD

#### **Revised introductory memorandum**

##### **1. Introduction**

1. On 9 October 2018, the Committee on Social Affairs, Health and Sustainable Development tabled a motion for a recommendation on “Involuntary addiction to prescription medicines”. The motion was referred to our Committee and I was appointed Rapporteur on 19 March 2019.

2. Involuntary addiction to prescription medicines is a worldwide problem, which has dramatic consequences for the well-being of the people concerned (and that of their families), and a high social and economic cost for society. It has reached epidemic proportions in the United States, where in 2017 an estimated 18 million people have misused prescription medications at least once<sup>2</sup> and on average, 130 people die of opioid overdoses each day.<sup>3</sup> The problem is extending rapidly in other parts of the world, including Europe, where it is evidenced, for example, by the growing number of people entering treatment services for non-medical use of pharmaceutical opioids.<sup>4</sup> However, while such addiction is among the leading public health issues in the United States, it remains largely under-researched and under-reported in Europe.

3. Addressing involuntary addiction to prescription medicines is essential for human rights protection and sustainable development. According to the World Health Organization, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”.<sup>5</sup> Such enjoyment is clearly undermined by any kind of addiction. Target 3.5 of the United Nations Agenda 2030, which is devoted to strengthening the prevention and treatment of substance abuse, needs to be used as a global framework and impetus for stronger action in this area.

4. The Assembly should explore the current situation in Europe with respect to involuntary addiction to prescription medicines, examine examples of good practice and make recommendations on how to ensure that patients who need the medicines get them; unnecessary or inappropriate use is prevented; alternative treatments are used as much as possible; risks are minimised; and relevant support is provided to the victims of addiction.

##### **2. Aim and scope of the report**

5. A prescription medicine is a pharmaceutical product that legally requires a medical prescription to be dispensed. In contrast, over-the-counter medicine can be obtained without a prescription.<sup>6</sup> The aim of this limitation is to ensure that the medicine is used by the patient concerned for a specific purpose and in accordance with the instructions (ex. duration, dosage) of a qualified health professional.

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<sup>1</sup> Revised introductory memorandum declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 13 September 2019 in Paris.

<sup>2</sup> <https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/what-scope-prescription-drug-misuse> The term “misuse” is used in this revised introductory memorandum only to denote the non-medical use of prescription drugs, in line with the policy of the United Nations Office on Drugs and Crime (UNODC).

<sup>3</sup> <https://www.news-medical.net/news/20190313/Study-explores-whether-Nordic-countries-could-head-towards-opioid-crisis-like-the-US.aspx>

<sup>4</sup> [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_2\\_GLOBAL.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf)

<sup>5</sup> <https://www.who.int/mediacentre/news/statements/fundamental-human-right/en/>

<sup>6</sup> [https://en.wikipedia.org/wiki/Prescription\\_drug](https://en.wikipedia.org/wiki/Prescription_drug)

6. The following types of medicines are most susceptible to creating addiction: 1) stimulants, which are prescribed mostly to address attention deficit hyperactivity disorder (ADHD); 2) opiates, which are prescribed mostly against pain and 3) tranquilisers / sedatives and anti-depressants, which are prescribed to treat anxiety, depression or sleep disorders.

7. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), addiction is “a repeated powerful motivation to engage in a purposeful behaviour that has no survival value, acquired as a result of engaging in that behaviour, with significant potential for unintended harm”. In other words, it is about craving something that you know is bad for you and acting in ways that are self-harmful. No one chooses to become an addict. In this sense, there is no “voluntary addiction” as such. It is usually a result of an insidious and gradual process of giving up control of one’s own life for the sake of relief provided by the medicine, typically to counter physical or psychological pain. In this report the term “involuntary addiction” is used to stress lack of choice/control on the part of the person concerned.

8. In most cases, the addiction to prescription medicines has its origin in the intake of such medicines as part of a treatment prescribed by a health professional. Different pathways towards addiction have been identified for different groups of the population (young people, women, older generation, children).

9. Involuntary addiction to prescription medicines has skyrocketed in the recent decades, due to advances in medical research and the availability of medicines. Globally, the production of opium and manufacture of cocaine are today at the highest levels ever recorded. While increasing use of their derivatives by pharmaceutical industries has helped immensely to reduce the suffering of many people across the world, it also raises some serious concerns.

10. The pharmaceutical industry, in particular, benefits greatly from the patent-based innovation model and has a vested interest in generating sales. The Assembly raised the issue of the compatibility of public health and the interests of the pharmaceutical industry in its Resolution 2071 (2015). This is without doubt an important area to consider in the present report as well, in particular in view of the recent conviction of Insys Therapeutics – a pharmaceutical company in the US – found guilty of racketeering charges in a rare criminal prosecution<sup>7</sup>, and the \$270 million settlement by Purdue Pharma over its powerful narcotic prescription painkiller, OxyContin.<sup>8</sup> Many more cases against the companies alleged to have fuelled the opioid epidemic in America are likely to follow. On 26 August 2019, a judge in Oklahoma ruled that Johnson & Johnson had intentionally played down the dangers and oversold the benefits of opioids, and ordered it to pay the state \$572 million.<sup>9</sup>

11. Furthermore, such medicines are sometimes prescribed too easily and for longer than necessary. In fact, it is not always possible for doctors to assess the level of distress of the patient and to recognise a possible addiction. Relevant training, guidelines or standards are not always consistent or sufficient. Also, “shared decision making” is part of the culture in some countries, and patients can ask for a specific medicine that has worked well for them in the past.

12. Once addiction has set in, when medicines are not available from doctors, they are often procured from friends, family, or through “pharmacy hopping” or “pharmacy tourism”. The Internet is becoming a new additional source of medicines which is easily accessible and difficult to control. More specifically, Dark Net (or Darknet) is used, which is “an umbrella term describing the portions of the Internet purposefully not open to public view or hidden networks whose architecture is superimposed on that of the Internet”.<sup>10</sup> The addiction to prescription medicines is often likely to result in the subsequent use of counterfeit medicines and/or illegal drugs.

13. I am convinced that the “war on drugs”-approach is not appropriate to address this issue. I also feel that involuntary addiction to prescription medicines is highly complex and a systemic social problem, that requires a holistic and multidisciplinary approach. In this report I will 1) highlight the main challenges; 2) explore the current policies and strategies in this area; 3) examine to what extent they consider the specific needs of various groups of people and whether they address the root causes of involuntary addiction to prescription drugs. I will then propose policy recommendations on how a public health model could be developed and strengthened, to prevent and address involuntary addiction to prescription medicines. I also hope that this report will allow to promote public debate and raise awareness of the scale and gravity of this problem in Europe.

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<sup>7</sup> <https://www.nytimes.com/2019/05/02/health/insys-trial-verdict-kapoor.html>

<sup>8</sup> <https://www.nytimes.com/2019/03/26/health/opioids-purdue-pharma-oklahoma.html>

<sup>9</sup> <https://www.nytimes.com/2019/08/26/health/oklahoma-opioids-johnson-and-johnson.html>

<sup>10</sup> <https://en.wikipedia.org/wiki/Darknet>

### 3. Working methods and planning

14. I will analyse the available research, including reports of the United Nations Drug Control Programme, the World Health Organization, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Council of Europe's Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). The Pompidou Group has also invited me and the Rapporteur on the report on "Drug policy and human rights in Europe: a baseline study" currently in preparation in the Committee on Legal Affairs and Human Rights to an exchange of views later this year (20-21 November 2019).

15. A fact-finding visit to a country with well-developed policy in this area (I would like to suggest Denmark) would allow me to explore the perspectives of pharmaceutical companies, public health officials, health insurance providers and organisations representing patients' interests, as well as the existing channels for policy dialogue and possible ways to improve them.

16. It would be useful to hold a hearing with experts from the relevant UN and European agencies, in particular with a view to examine the extent to which the existing strategies (ex. EU Drugs Strategy (2013-2020)) address the issue of involuntary addiction to prescription medicines and potential for strengthening international monitoring and co-operation in this area – ideally, jointly with the Committee on Legal Affairs and Human Rights.

### 4. Time-table for the preparation of the report

Date	Action
<i>Committee meeting, Vienna, 13-14 May 2019</i>	Consideration of an introductory memorandum and exchange of views with an Austrian expert [see PV 05 (2019)]
<i>Committee meeting, Paris, 13 September 2019</i>	Consideration of a revised introductory memorandum and exchange of views with experts
<i>Meeting of the Pompidou Group, 20-21 November 2019, Strasbourg</i>	Exchange of views
<i>Committee meeting, Strasbourg, January 2020 part-session</i>	Consideration of a preliminary draft report
<i>Spring 2020</i>	Fact-finding visit to Denmark ( <i>to be confirmed, subject to Committee authorisation</i> )
<i>Committee meeting, Paris, March or May 2020</i>	Consideration of a draft report and adoption of a draft resolution

The formal deadline for the adoption of this report in Committee is 21 January 2021.