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Committee on Social Affairs, Health and Sustainable Development

Minutes

Public hearing on "Involuntary addiction to prescription medicines", held in Paris, on Friday, 13 September 2019

In the framework of the report currently in preparation on "Involuntary addiction to prescription medicines" (Rapporteur: Mr Joseph O'Reilly, Ireland, EPP/CD), the Committee held a public hearing with the participation of:

- ✓ Ms Anne Guy, Doctor in Psychotherapy, Secretariat Co-ordinator for the All-Party Parliamentary Group for Prescribed Drug Dependence of the House of Commons/House of Lords (United Kingdom)
- ✓ Mr Thomas Clausen, Professor at the University of Oslo (Norway)

In the absence of the Rapporteur, the **Chairperson** presented the revised introductory memorandum and warmly welcomed **Mr Thomas Clausen**, who is a Professor at the University of Oslo (Norway). **Ms Anne Guy,** the Secretariat Co-ordinator for the All-Party Parliamentary Group for Prescribed Drug Dependence of the House of Commons/House of Lords (United Kingdom) was delayed due to the public transport strike and arrived later on during the exchange of views.

Mr Clausen pointed out that some prescription medicines, such as opioids, benzodiazepines and ADHD medications could lead to the development of addiction. The medicines had different effects on different people, with some being more resistant or vulnerable than the others. Risk determinants included genetic, environmental and socio-economic factors. About 1 in 10 people in Norway were written one or more opioid prescriptions annually. Consumption of prescription medicines was growing. Use of potent opioids was on the rise. Prescription medicines were increasingly involved in addiction and harm. Problematic prescription medication use included combinations of different drugs, escalating doses, "doctor shopping", long-term use and overdose. The risk of misuse was 2-3 times higher when combined with mental disorders. In Norway, the demand for "modern" sleeping tablets was growing. When using such tablets, action started quickly, and patients were not subject to "groggy morning-after" symptoms. They were meant to be used on a short-term basis. Combatting the developing epidemic would require a range of interventions. Prescribers' skills should be improved, the public awareness of potential harm should be raised, alternatives should be promoted, national evidence-based treatment guidelines should be elaborated, prescription monitoring programmes and harm-reduction strategies should be developed. On-going evaluation and research were needed to understand the current situation and adapt to a "moving target". Long-term coherent public health policy was essential, in order to prevent new generations from developing addiction. Adequate and stable funding was required for interventions. User involvement should be supported. A combination of reducing fatal outcomes of overdose, reducing risk of overdose and reducing vulnerability was needed.

Mr Grin enquired about the role of doctors and pharmaceutical companies. The Chairperson mentioned the high-profile US trial this summer on opioids.

Ms Pruidze enquired whether it was doctor shopping or long-term prescriptions that were more frequent as a pathway to addiction.

Mr Clausen said that most doctors had little training in addiction. It was important to update the curriculum. In the past, mainly cancer patients had been concerned by addiction to strong pain-killers. Now, many non-cancer

[1]The minutes were approved and declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 5 December 2019, in Paris.

patients were concerned as well. The general public needed to be made aware of the harm. In Norway, a campaign had been organised to tackle resistance to antibiotics. Now a similar population education initiative was needed with respect to prescription medicines. In the US, pharmaceutical companies were illegally promoting their treatments as harmless. They played a dramatic role in the surge in addictions. Some of these companies operated in Europe, but they were more careful there. Doctors were under a lot of pressure. Guidelines for prescription had to be updated. This could take months and years.

Ms Guy introduced the work of the All-Party Parliamentary Group for Prescribed Drug Dependence of the House of Commons/House of Lords (currently chaired by Sir Oliver Letwin), which was the successor of the All-Party Parliamentary Group for Involuntary Tranquiliser Addiction. The Group's mission was to address the harm caused by prescribed drug dependence. This was a parliamentary network with no formal power, but with the ability to influence the debate. According to the Public Health England review (September 2019), in 2017-2018, 1 in 4 adults in England (26%) were prescribed benzodiazepines, z-drugs, gabapentinoids, opioids or antidepressants. There was a higher rate of prescribing to women and older adults. Longer-term prescribing was widespread. Over half of people taking antidepressants experienced withdrawal reactions, with half of those reporting their experience as severe. People who suffered from addiction did not see drug and alcohol services as relevant to them, and most of the time turned to on-line groups for support. The recommendations included supporting research, enhancing clinical guidance, improving information for patients and carers and improving the support available. Prescribed drug dependence needed to be recognised as distinct from illicit drug use. Prevention strategies needed to acknowledge the social and environmental factors. Education had to promote an understanding of the normal role of emotions, the development of resilience and the importance of human connection. Mechanisms to hear patients' experience needed to be found. Ms Guy asked what the next steps were in the preparation of this report and mentioned that the International Institute for Psychiatric Drug Withdrawal would certainly be interested in contributing to its preparation.

The Chairperson mentioned that, in some cases, parents gave medicines to their children. **Ms Guy** confirmed that stimulants such as Ritalin (Methylphenidate) were given to children with attention deficit disorder. Many researchers suggest that this medicine is over-prescribed. It was part of an unnecessary medicalisation of everyday problems. The Chairperson said that he had worked with young offenders in the field of drugs, and that their problems had often started in childhood.

Ms Guy remarked that one fifth of women in the United Kingdom took anti-depressants. The message of medical treatment as a response to every problem was passed on to younger generations. **Mr Clausen** mentioned that some medicines were also used by students to enhance their academic performance.

Mr Amraoui pointed out that sophrology, hypnosis and other alternative responses to depression were not profitable, and therefore were not promoted.

Mr Kılıç stressed that pharmaceutical companies were in business to make a profit and that they were also responsible. It was possible to buy medicines on the Internet. Every human being was unique, but there was a pill culture, with some people even taking a pill not to get hungry.

Ms Guy responded that the role of chemicals is often still used to justify prescribing psychiatric drugs. However, the theory of chemical imbalance had been discredited, because there was no evidence to support it. Public education was needed to counter the "pill for every ill" approach. The Public Health England report had noted that the general trajectory was that a new drug came to the market, was largely lauded as an effective treatment, widely prescribed, then side effects were discovered. There was a need for more research before drugs are licensed as well as for guidelines to be updated. Reportedly, doctors in France, Belgium, Denmark, Portugal and the Slovak Republic were legally obliged to declare money they received from pharmaceutical companies.

Mr Clausen said that pills were part of the perfection cult in our societies. General practitioners had an important role to play. However, as a general rule they had six minutes per patient. Writing a prescription was a quick solution, which was hard to stop. Furthermore, hospital doctors wanted to give effective, rapid medication. What happened in hospitals was inter-linked with what happened outside of them, and patients consequently demanded similar treatments from general practitioners. There was a crossover from legal to illicit ways of procuring medicines. These were not separate markets. Alternative solutions, such as physical exercise, needed to be promoted more actively (but they could be seen as boring and time consuming).

The Chairperson warmly thanked the experts for their contribution and closed the hearing.

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