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11 October 2018

Involuntary addiction to prescription medicines

Motion for a resolution

tabled by the Committee on Social Affairs, Health and Sustainable Development

This motion has not been discussed in the Assembly and commits only those who have signed it

In 2013, the late Jim Dobbin and 19 colleagues tabled a motion for a resolution on involuntary tranquilliser addiction which suggested that, in view of its individual and public health implications, the Parliamentary Assembly call on member States to recognise involuntary tranquilliser addiction as a serious illness, enforce prescribing guidelines according to their own regulations, and introduce tranquilliser withdrawal services.

The individual and public health implications of involuntary addiction to a range of prescription medicines (painkillers, tranquilisers, stimulants and antidepressants) have been becoming more and more evident in recent years. Indeed, recent research has shown that the more well-known opioid painkiller addiction epidemic in the United States has crossed into Europe: having been prescribed a pain reliever was associated with an eight times higher risk of subsequent nonmedical use of prescription pain relievers. The risk was ten times higher for sedatives and seven times higher for stimulants.

No patient starts taking doctor-prescribed medicines with the intention of becoming addicted. Typically, people start taking:

- prescription-painkillers to ease post-surgery pain and to deal with pain related to diseases or injuries;
- benzodiazepines and other tranquilisers for seizures, anxiety, panic, agitation and insomnia;
- antidepressants for depression, anxiety disorders, social anxiety, panic disorders, obsessive-compulsive disorder (OCD), eating disorders, chronic pain and occasionally, for post-traumatic stress disorder (PTSD).

A “war on drugs” punitive model is not appropriate to deal with involuntary addiction to such prescription medicines. Instead, the Assembly should recommend that member States apply a public health model, in the interests of everyone concerned. Key recommendations – which could be co-ordinated by the Council of Europe Pompidou Group – should include drawing up and enforcing proper prescribing guidelines which ensure that patients who need such medicines have access to them, while monitoring use and preventing (and, if necessary, promptly treating) involuntary addiction.

