Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

**Resolution 2441 (2022)**[1]

# Addiction to prescribed medicines

Parliamentary Assembly

1. Addiction to prescribed medicines is a worldwide problem, which has dramatic consequences for the well-being of the people concerned, as well as that of their families, and comes with a high social and economic cost for society. It has reached epidemic proportions in the United States of America and is a growing problem in Europe, where it unfortunately, however, remains largely under-researched and under-reported. The Covid-19 pandemic seems to have further exacerbated the problem worldwide, disrupting treatment services, multiplying and worsening mental health problems, and placing the topic low down on public health priority lists.

2. According to the European Monitoring Centre for Drugs and Drug Addiction, 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 the case of addiction to prescribed medicines, addiction is usually the 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, prescribed typically to counter physical or psychological pain, sleep and anxiety disorders, impulse control disorders or attention deficit hyperactivity disorder.

3. Addiction to prescribed medicines is a highly complex and systemic social problem that requires a holistic and multidisciplinary approach. A careful balance must be found between ensuring effective access to prescribed medicines – as an integral part of the right to health – and preventing harmful addiction to prescribed medicines. On the one hand, regulations should not limit the dispensing of prescribed medicines to those in need, as patients should not become hostage to restrictive national regulations (which can be the case for patients in end-of-life situations who need access to strong narcotic painkillers as part of cancer treatment or palliative care, for example, or for patients prescribed similar medicines as part of the treatment of substance abuse disorders). Indeed, the Single Convention on Narcotic Drugs of 1961 recognises that the medical use of narcotic drugs is indispensable for the relief of pain and suffering, and requires that the availability of such medicines is assured and not unduly restricted. On the other hand, regulations must ensure that prescribed medicines with an addictive potential are not prescribed too easily or for longer than necessary and that they are part of an appropriate and holistic treatment plan for the patient, with a view to preventing misuse of prescribed medicines.

4. The Parliamentary Assembly welcomes World Health Organization (WHO) guidelines which include recommendations on the proper use of prescribed medicines with addictive potential, such as the Guidelines on the management of chronic pain in children (2021). It encourages WHO to continue its work in this area, including the drafting and issuance of specific guidance on prevention, identification, management and treatment of addiction to/dependence on prescribed medicines.

1. *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 31 May 2022 (see Doc. 15454, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Mr Joseph O'Reilly).
See also Recommendation 2233 (2022).

5. The Assembly recommends that Council of Europe member States follow WHO's evidence-based guidance and, inspired by European good practice examples, take the following measures, if they have not already done so:

5.1. develop national guidelines on the proper use of prescribed medicines with addictive potential, which carefully balance the competing needs of ensuring effective access to prescribed medicines as an integral part of the right to health and preventing harmful addiction to prescribed medicines as an integral part of the same right to health, free of dependency or addiction; involving all relevant stakeholders, including prescribers, pharmacists, patient groups and academics, in the drafting process;

5.2. include guidance on prevention, identification, management and treatment of addiction to prescribed medicines in these guidelines, make them available and accessible to the relevant health professionals (prescribers, pharmacists), as well as to patients and the general public, and train professionals in their use;

5.3. allocate the necessary funds to ensure holistic treatment of patients' illnesses (particularly non-malignant chronic pain, depression, sleep and anxiety disorders), which are traditionally treated with prescribed medicines that have addictive potential, in particular by making non-drug interventions (such as psychological counselling and rehabilitation) accessible to all who need them, in as timely a manner as possible;

5.4. ensure, in accordance with the Single Convention on Narcotic Drugs of 1961, effective access to internationally controlled essential medicines to meet the medically indicated demand and make every effort to combat shortages;

5.5. pay particular attention to the social determinants of health in preventing and fighting harmful addiction to prescribed medicines;

5.6. systematically collect and monitor relevant data on the use of prescribed medicines with addictive potential, with a view to rapid intervention as necessary;

5.7. keep the issue of addiction to prescribed medicines high on the public health priority list, in view of the large number of persons affected and the high social and economic cost for society;

5.8. monitor the effect of the Covid-19 pandemic on addiction to prescribed medicines and adjust national guidelines as appropriate.