

## A CALL FOR MORE EFFECTIVE POLICY ON ADDICTIONS

### Integrated approach to addictions

Contemporary health challenges facing Europeans require proven solutions that transcend borders. Such solutions comprise of human capital, best practices, experience, as well as science. The ongoing global pandemic of COVID-19 is a reminder that no one EU Member State, no one decision-maker and no one medical care professional can solve it alone.

While the pandemic is a raised finger to us all that the health policy should be at the forefront of public spending and political focus, there are other health crises that deserve our attention. Many find their origin a behavioural phenomenon that is as old as humanity itself - the addictions. Addiction is at the root of multiple challenges that are facing today's Europe, including the drug epidemic, opioid crises, cancer, pathological gambling and alcohol abuse. Just as varied are the problems stemming from addictive behaviour, such must be our response to them.

It is acknowledged that societies are finding it increasingly hard to deal with the phenomenon of addictions, whether dependency on legal and illegal drugs or licit substances, like alcohol and nicotine, addiction to gambling, the Internet or electronic games, or eating disorders. Evidence is coming to light that, with regard to each of these categories, the receptor and neuro-transmitter systems in our brains do not function differently as the different policies and approaches to the different areas of addiction tend to imply. This suggests that problems related to drugs need to be tackled in the wider context of addictions.<sup>1</sup>

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Humanity is not succeeding to overcome addiction through wide restrictive campaigns. The War on Drugs is an ongoing struggle while the failure to amend the Single Convention on Narcotic Drugs 1961 leaves people dying of HIV/AIDS, hepatitis C, allows stigmatisation, mass imprisonment, and bars access to help for ideological reasons. Instead, where restriction failed, the academia and civil society took over with an integrated approach focused on reducing harmful consequences of addictions and registered successes

never seen before. Take for example the successful needle exchange programme in the UK and Czechia that saves thousands from the HIV/Hepatitis C infection or the illicit substance decriminalization in Portugal.

This paper is an appeal to the decision-makers to listen to our real-world experience and create better health policy at the European Union level that is based on the latest scientific findings putting emphasis on an integrated approach to addictions that

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<sup>1</sup> Pompidou Group. (2012) Policy paper providing guidance to policy makers for developing coherent policies for licit and illicit drugs. Strasbourg: Council of Europe.  
<https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806f40ab>

combines medical, psychological, and socio-economic circumstances of addicted individuals. The ongoing COVID-19 pandemic puts enormous pressure on the human ability to maintain mental health due to the stress caused by lockdowns and economic unease. With that, we see a rising trend in addictions. The time to make the EU policy on addictions more effective is now.

## Room for improvement

Contemporary health policy decisions at the EU level are increasingly focused at fostering good health and well-being as one of its objectives, which is undoubtedly a positive direction. These policies are evolving in the areas of disease prevention and the promotion of healthy lifestyles, which are focusing on nutrition, physical activity, the restrictions on using alcohol, tobacco, and other drug use, in addition to the elimination of environmental risks and injuries.

While the idea deserves our support, there is a room for improvement with regard to the manner in which the EU institutions, particularly the European Commissions, handles the scientific input for its legislative work on addictions. For the large part, the issue rests in the current institutional set up surrounding health policy and its inability to promote a holistic approach on prevention and lifestyle changes. This applies as well for the meaningful involvement of civil society organisations (CSOs) and, in particular, community-based and community-led services, which are both at the forefront. CSOs have an important watchdog function and provide essential support and information to people with addiction problems. Affected communities and people with lived experience play an important role in monitoring the impact of policy making and, as such, should be structurally involved in the development of policy responses. A good example for the positive involvement of civil society is the [EU Civil Society Forum on Drugs](#), which is *the* expert on drug related issues of the European Commission.

Moreover, more must be done in the policy-makers' ability to inform the citizens about risks of addictions while showing means of its reduction that are based on real and up-to-date science rather than on political goals. Let's take the example of the Scientific Committee on Health, Environmental and Emerging Risks (SCHEER), a European Commission Committee, that provides Opinions on questions concerning health, environmental and emerging risks, including those related to addictions and other lifestyle and behavioural concepts that are proven to incorporate influencing factors ranging from medical and psychological to socioeconomic. Out of its 16 current members, not one has erudition in human psychology and sociology or social work that would allow to study a broader circumstance of those addicted to harmful substances. Equally, the Public Health England (PHE) in its report criticized the methodological shortcomings of one of its assessment as i) not capturing all questions set out in its opinion, while ii) being limited in terms of timeframe thus preventing to capture important real-life data and iii) disregarding new evidence in a quickly moving field due to a strict cut-off date. Furthermore, PHE mentioned that SCHEER relied predominantly on non-EU studies that consider products regulated differently than in the EU. Finally, there was no information on the quality of the studies included.<sup>2</sup>

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<sup>2</sup> McNeill, A., Brose, L.S., Calder, R., Simonavicius, E. and Robson, D. (2021). Vaping in England: An evidence update including vaping for smoking cessation, February 2021: a report commissioned by Public

## What is addictive behaviour

Addiction is a biopsychosocial disorder characterized by repeated use of drugs, or repetitive engagement in a behaviour such as gambling, despite harm to self and others. Science shows that addictive behaviour is a combination of multiple factors: There are a number of genetic and environmental risk factors for developing an addiction that vary across the population.<sup>3</sup> Genetic and environmental risk factors each account for roughly half of an individual's risk for developing an addiction. Even in individuals with a relatively low genetic risk, exposure to sufficiently high doses of an addictive drug for a long period of time (e.g., weeks–months) can result in an addiction.<sup>4</sup>

## Forms of addiction

- Alcohol is responsible for 3 million deaths per year. 40% of drinkers have at least one heavy drinking episode per month.<sup>5</sup>
- Tobacco kills up to half of its users; more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. Over 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries.<sup>6</sup>
- Problem and pathological gambling: there are 350 million problem gamblers displaying problematic pattern each year.<sup>7</sup>
- Illicit drug use is responsible for 585,000 premature deaths by increasing the risk of particular disease and injury. Over 166,000 die from drug overdoses each year. More than half of those who die from drug overdoses are younger than 50 years old.<sup>8</sup>

## EP alliance for effective management of addictions

Growing poly-drug use and findings from addiction research and neurobiology have led to more holistic approaches in dealing with substance abuse. The proven interlinkage of substance abuse with other addictions calls for a coherence and consistency between policies dealing with licit and illicit drugs, as well as those dealing with other forms of addiction and dependency, notably addiction to medicines, gambling or internet use. As a result, public health and improved 'well-being' should become the overarching starting point for policy approaches that includes both licit and illicit

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Health England. London: Public Health England.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/962221/Vaping\\_in\\_England\\_evidence\\_update\\_February\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf)

<sup>3</sup> *Neuroscience*. 264: 198–206. [doi:10.1016/j.neuroscience.2013.07.064](https://doi.org/10.1016/j.neuroscience.2013.07.064). [PMC 3872494](https://pubmed.ncbi.nlm.nih.gov/23920159/). [PMID 23920159](https://pubmed.ncbi.nlm.nih.gov/23920159/)

<sup>4</sup> *Dialogues in Clinical Neuroscience*. 15 (4): 431–443. [PMC 3898681](https://pubmed.ncbi.nlm.nih.gov/24459410/). [PMID 24459410](https://pubmed.ncbi.nlm.nih.gov/24459410/)

<sup>5</sup> Harmful use of alcohol. (2018, November 21). World Health Organization. [https://www.who.int/health-topics/alcohol#tab=tab\\_1](https://www.who.int/health-topics/alcohol#tab=tab_1)

<sup>6</sup> Tobacco. (2020, May 27). World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/tobacco>

<sup>7</sup> Addictive behaviours. (2019, August 28). World Health Organization. [https://www.who.int/health-topics/addictive-behaviours#tab=tab\\_1](https://www.who.int/health-topics/addictive-behaviours#tab=tab_1)

<sup>8</sup> Ritchie, H. (2018, March 16). Opioids, cocaine, cannabis and illicit drugs. Our World in Data. <https://ourworldindata.org/illicit-drug-use>

substances in order to achieve tangible success. This can also help to ensure that policy measures in one field do not conflict with policy goals in another area of public health.<sup>9</sup>

The European Parliament plays a key role in putting citizen health at the forefront of the political debate. As an institution, it cumulates a wide array of experiences, professions and expertise suited to push for innovation of EU health policy decision-making. It is an important platform for finding common solutions to the health challenges. The vivid debate tied to the publication the Europe's Beating Cancer Plan and the creation of a dedicated Special Committee on Beating Cancer proves that. However, the members of the European Parliament must take an active role in helping the European Commission step out of a vicious circle of failures to manage harm of addictions by ignoring multidisciplinary approach.

**We therefore call on the Members of the European Parliament to:**

- Overcome political group affiliations and create a cross party alliance on innovative approach to health policy that promotes science, protects vulnerable groups, and guards free market. Together with a strong scientific team composed of top names in addictology research help to:
  - promote up-to-date scientific research in the EU health policy making,
  - debunk scientific misunderstandings surrounding addictions and prevention of diseases in general,
  - enrich the EU legislative work by joint preparation of sound methodology and data that will serve as a basis of new laws in disease prevention,
  - present real-world experiences on dealing with addictions on illicit and licit substances, in addition to behavioural additions.
- Push for full exploitation of resources that the Commission has at its disposal to make sure that addictions are managed effectively. This means deeper involvement of the Commission's own agencies, that possess important data, in health policy making, through expansion of their mandate. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) should be allowed to promote integrated approach to addictions.
- Combine scientific knowledge with your political wight to promote scientific validity of the EU legislation in front of the European public and increase transparency in available options to reduce the negative consequences of substance and behaviour addictions on human health. Make sure that the professional and business community can introduce means to reduce the risk of addictive behaviour to our patients and clients without unnecessary restrictions founded on outdated science.
- Foster a meaningful involvement of the civil society and affected communities in the policy debate to ensure a balanced approach which takes into account the needs of vulnerable groups and ensures a human-rights based policy.

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<sup>9</sup> Pompidou Group. (2012) Policy paper providing guidance to policy makers for developing coherent policies for licit and illicit drugs. Strasbourg: Council of Europe.  
<https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806f40ab>