

Bulletin of the Mental Health and Specialized Programs Unit



October 2006

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The Mental Health and Specialized Programs Unit of the Pan American Health Organization/the World Health Organization (PAHO/WHO), is pleased to send you a new issue of its Bulletin. The purpose of this publication is to communicate important advances, news, and information on publications in the fields of mental health, the control of alcohol and substance abuse, rehabilitation, and the international protection of human rights. The main objectives of the Unit are to strengthen the countries' capacity to develop mental health policies, plans, programs, and services; formulate public policies for the control of alcohol abuse; prevent disabilities and achieve equal opportunities for people with disabilities; and promote and protect the human rights and fundamental liberties of people with disabilities and their families. In this issue, the bulletin highlights advances in the promotion and protection of the human rights of people with mental illness.

World Mental Health Day 2006

Building Awareness – Reducing Risk: *Mental illness & suicide*



Leaders and Experts in Mental Health meet at PAHO in a Special Forum.

Washington, D.C., October 10, 2006 - Dr. Mirta Roses Periago, Director of the Pan American Health Organization (PAHO), delivered the Opening Remarks at a Special Forum to commemorate officially the "World Mental Health Day 2006.

Theme: "*Building Awareness - Reducing Risk: Mental Illness and Suicide*", creates the opportunity to focus attention on suicide as a major health public problem and its relation to mental disorders.

PAHO Press Release (Spanish). [Número de muertes por suicidio supera las causadas conjuntamente por guerras, terrorismo y asesinatos.](#)

Presentations:

- [Mr. P. Garrison, WFMH SG/CEO. The Global Mental Health Awareness Campaign of the WFMH.](#)
- [Dr. B. Mishara, IASP President. Improving the Public's Awareness and Understanding of Suicide and Mental Illness.](#)
- [Dr. J. Pearson, NIMH Acting Deputy Director. Mental Illness & Suicide: Research & Interventions.](#)
- [Mr. J. Reed, SPAN, USA. Perspectives on Mental Health and Suicide. Advocacy.](#)

Resolution on Prevention and Rehabilitation Approved by the Directing Council

During PAHO's 47th Directing Council, that took place in Washington D.C., on 25-29 September 2006, the Resolution "*Disability: prevention and rehabilitation in the context of the right to the highest attainable standard of physical and mental health and other related rights*" was approved. This resolution urges PAHO Member States to take very specific actions with regard to the reform of policies, laws, plans, practices and programs on rehabilitation and the creation of community based services, among others.

Bulletin of the Mental Health and Specialized Programs Unit

From an international human rights law perspective, this resolution is a very important precedent with regard to the recognition of health as a human right, the use of international human rights conventions and standards in the context of health and with regard to the role of PAHO in the context of regional and international human rights bodies. The resolution can be consulted at:

<http://www.paho.org/english/gov/cd/CD47.r1-e.pdf>

Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights

<http://www.paho.org/English/GOV/CD/CD47-15-e.pdf>
<http://www.paho.org/English/GOV/CD/CD47-15c-e.pdf>

Continental CBR Congress

The Pan American Health Organization, the World Health Organization and the Government of Chile by means of the Ministry of Health and the National Fund of Disability, jointly with the World Federation of Occupational Therapy, invite to the **Continental Congress on Community-based Rehabilitation (CBR)** that will take place in Santiago, Chile from 22 to 24 November 2006.

The Continental Congress of the Americas offers a privileged opportunity for a regional discussion of common elements for the development of the best practices that generate lasting impacts in the community

Under the slogan "**CBR: A Strategy for the Inclusive Development**", various interested parties from the American hemisphere will gather to promote the CBR as a strategy with a multisectoral approach in order to improve the quality of life of the people with disabilities, in support of the application of the Uniform Standards for Equal Opportunity for the People with disability, to allow that the CBR becomes a task for everyone and to learn as the participation of the people with disability, its families, and the communities could make a distinction when we aim to achieve a more inclusive world.

For more information it is invited to visit the Web page:

[RBC Congress](#)

EU alcohol policies and free trade:

Consequences beyond its borders

Dr. Maristela Monteiro and Dr. Itzhak Levav have recently published a comment in Lancet, in response to an European Union (EU) report on alcohol policies (Lancet 368; 580, 2006).

The comment States that the analysis of the burden of disease in the Americas indicates that alcohol is the leading risk factor for morbidity, ahead of tobacco use, malnutrition, and lack of sanitation. In 2000, it contributed to 9.7% of all disability-adjusted life years and 4.8% of all mortality, totaling 279,000 deaths in that year, which is proportionally higher than the global average or that in European region. Most of the disease burden affects men (83.3%), and 77.4% of the burden is among those aged 15- 44 years.

Despite great sub-regional variations in per capita alcohol consumption, the population-weighted average value in the Americas is 8.9 liters, well above the global average of 5.8 liters of per capita consumption. In addition, irregular heavy drinking occasions are very common, leading to a drinking pattern which is harmful to health. This translates into acute health problems, such as intentional and non-intentional injuries, including homicides, traffic crashes, violence, drowning, and suicides. At the same time, a significant proportion of the population with alcohol use disorders, particularly dependence, develop chronic health problems resulting in many years of life lost to disabilities- accounting for over 50% of all alcohol-related burden. It is estimated that there are over 30 million people that met diagnostic criteria for alcohol use disorders in Latin America and the Caribbean, and over 75% did not receive any care.

The absence of effective national policies provides a fertile ground for the expansion of alcohol markets, marketing, and alcohol related harm. The public is largely uninformed about what works, and often believes that personal freedoms are at stake when alcohol controls are proposed. In this climate, free trade agreements in the region have the potential to add to the devastating effects of harmful alcohol consumption. The examples of "liberalisation" in alcohol policy send the wrong message to the public and to policymakers in developing countries, who tend to believe that if developed countries are going that way, this must be good. Understanding history and science has never been so important for decision-makers, and countries can indeed learn from each other with respect to alcohol policy.

Bulletin of the Mental Health and Specialized Programs Unit

Fact sheets:

Alcohol and Interpersonal Violence

The Department of Mental Health and Substance Abuse and the Department of Injuries and Violence Prevention of the World Health Organization in collaboration with the center of public health of the John Moores University, United Kingdom, have prepared a series of fact sheets related to alcohol and interpersonal violence. In this series are included the following subjects: alcohol and interpersonal violence, child maltreatment and alcohol, youth violence and alcohol, intimate partner violence and alcohol, elder abuse and alcohol.

These fact sheets can be consulted in English and Spanish at:

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/

New Sub Regional Adviser in Mental Health in Central America and the Hispanic Caribbean

Dr. Victor Aparicio Basauri has been appointed as Subregional Adviser on Mental Health for Central America, México and the Hispanic Caribbean. Dr. Aparicio, a national from Spain, is a physician graduated from the University of Valladolid (1972) and has completed several post graduate studies in the fields of Psychiatry and Public Health. He has a vast experience in university education, research and services management. He has worked previously, on different occasions, as temporary advisor for PAHO/WHO. Before being incorporated into PAHO, the past 23 October 2006, Dr Aparicio worked as Chief of Psychiatry Services of the Hospital of Jove (Gijón), Spain.

Drug interactions between psychoactive substances and Antiretroviral Therapy in Individuals Infected with Human Immunodeficiency and Hepatitis Viruses

The liver disease characteristic of alcohol dependence encompasses three main related entities: steatosis, alcoholic hepatitis, and cirrhosis. Alcoholic cirrhosis is a leading cause of global morbidity and mortality. Alcohol intake among injecting drug users is a major contributor to transmission of viral infections, such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C viruses (HCV). HIV and HCV coinfecting patients develop liver diseases earlier and more severely than the monoinfected individuals, including hepatocellular carcinoma. Interactions exist between the therapeutic drugs used to minimize and control the drug and alcohol dependence. Furthermore, drug-drug interactions occur between the highly active antiretroviral therapy (HAART) and alcohol, different HAART components and methadone, or each one of the therapies with the other, thus contributing to a higher toxicity level. With the evolution of effective antiretroviral therapy, survival of persons with HIV, and the syndrome it causes, acquired immunodeficiency syndrome (AIDS) has increased dramatically. Drug-drug interactions may appear between alcohol and anti-HBV or anti-HCV, therapy in the presence or absence of anti-HIV therapy. Several other medical-, social-, and drug-related factors of this population have to be considered when providing HAART. Because many coinfecting patients also have problems with substance use, dealing with their drug dependence is an important first step in an attempt to improve adherence to and tolerance of antiviral therapy. It is necessary to minimize the risk of liver disease acceleration and/or reinfection with hepatitis viruses. Knowledge of potential drug interactions between methadone, antiretroviral therapy, psychoactive drugs, and antipsychotics and the role of coinfection with HBV or HCV and the drugs used in eradicating viral hepatitis permits suitable antiretroviral combinations.

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Source: Substance Use & Misuse, Volume 41, Numbers 10-12, -12/2006, pp. 1395-1463(69)