Mental Health and Drug Problems in Brazil

Dartiu Xavier da Silveira

Sao Paulo
January, 10, 2014

Brazil

North
Northeast
Central
Southwest
South

Brazil
The fifth largest country in the world, both in geographical area and in population, with over 193 million people. Bounded by the Atlantic Ocean on the east, Brazil has a coastline of 7,491 km.

Brazil was a colony of Portugal from 1500 until 1808, when the Portuguese Empire was transferred from Lisbon to Rio, after Napoleon’s invasion. Independence was achieved in 1822 with the formation of the Empire of Brazil. The country became a presidential republic in 1889.

Brazil has one of the world’s fastest growing economy. Home of a variety of wildlife, natural environments, and extensive natural resources.
Closing the Mental Health Gap in Brazil: Challenges for a Universal Health Care System (SUS)

From Hospitals to Communities: Change in MH expenditure

Expanding Coverage: Getting closer to Communities

2002-2013: From 424 to 1981 Community Mental Health Services (CMHC)
1. Implement mental health care as an integral element of primary health care services.

2. Expand the coverage offered by community mental health centres while improving the quality of care offered by them.

3. Expand the treatment of drug-related disorders within local networks of mental health services.

Some barriers and challenges

- The primary care system sometimes is not properly understood, being frequently considered as a kind of “magic solution”, as if all answers would lay on there.

- Human resources:
  Let’s take a professional that has chosen to be a general physician, that has dedicated 10 years of his education at a medical school to become a physician trained in internal medicine, and suddenly we want him to learn a sort of “general psychiatry” where he feels himself quite uncomfortable…
So what should we do then?

- Primary Care physicians are quite sensitive and compassionate with patients’ suffering.

- However, they often try to alleviate this suffering just by treating a disease (or illness). That is a quite confusing issue since the medical concept of disease is absolutely different from the patient’s perspective of his suffering.

So what should we do then?

- Establishment of a network of mental health facilities encompassing distinct models of intervention.

- In most cases, an associated psycho-social approach is mandatory.

- Human resources: Specific training for personal, tailored to fit differentiated levels of the required complexity of the available services.

São Paulo Mental Health Survey

- SPMHS is a cross-sectional population-based epidemiological study of psychiatric morbidity, assessing a probabilistic sample of household adult residents.

- 5,037 adult residents in the SPMA, using the World Mental Health Survey Version of the Composite International Diagnostic Interview. Response rate was 81.3%.

Viana, MC & Andrade, LH, 2012
**São Paulo Mental Health Survey**

**Results**
- Lifetime prevalence for any disorder: 44.8%
- Estimated risk at age 75 years: 57.7%
- Comorbidity frequent

*Viana, MC & Andrade, LH, 2012*

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**São Paulo Mental Health Survey**

**Results**

Most prevalent disorders:
- Major Depression: 16.9%
- Anxiety Disorder: 28.1%
- Alcohol Abuse: 9.8%

*Viana, MC & Andrade, LH, 2012*

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**São Paulo Mental Health Survey**

**Results**

Characteristics:
- Early age-of-onset: Phobic and Impulse control
- Late age-of-onset: Mood Disorders
- Substance Use: Gender (Men) and Low Education

*Viana, MC & Andrade, LH, 2012*
**How addictive are drugs?**

**TABLE 10.3: How addictive are different substances?**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Probability of becoming dependent when you have tried a substance at least once</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>32%</td>
</tr>
<tr>
<td>Heroin</td>
<td>33%</td>
</tr>
<tr>
<td>Cocaine</td>
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</tr>
<tr>
<td>Alcohol</td>
<td>15%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>13%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>9%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>9%</td>
</tr>
<tr>
<td>Narcotics</td>
<td>9%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>4%</td>
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*Anthony, J., 2004 (National Institute of Drug Abuse)*
How addictive are drugs?

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</tr>
<tr>
<td>Stimulants</td>
<td>13%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>9%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>9%</td>
</tr>
<tr>
<td>Analgesics</td>
<td>9%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>4%</td>
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Ever increasing use in Latin America
The Crack Cocaine problem

Estimate of the number of crack cocaine users in Brazil (2013)
Princeton University and Fundação Oswaldo Cruz (FIOCRUZ)
Bastos, FI (in press)
NSUM - Network Scale-up Method
25,000 persons interviewed

Pattern of crack use: Regular use – 35 times in the previous 6 months period (PAHO)

RESULTS

0.81% (CI95%: 0.76 – 0.86), corresponding to 209,000 regular users
Illicit drug users (except cannabis): 2.28% (CI95%: 2.17-2.38) 1 million users

Crack cocaine users represent 35% of all illicit drug users

The Crack Cocaine problem

Who are the crack cocaine users in Brazil?
Fundação Oswaldo Cruz (FIOCRUZ)
TLS – Time Location Sampling
7,381 persons interviewed (crack users)

Bastos, FI (in press)

The Crack Cocaine problem

Who are crack cocaine users in Brazil?
Fundação Oswaldo Cruz (FIOCRUZ)
TLS – Time Location Sampling
7,381 persons interviewed

AGE

Graph showing age distribution of crack cocaine users.
The Crack Cocaine problem

Who are crack cocaine users in Brazil?
Fundação Oswaldo Cruz (FIOCRUZ)

TLS – Time Location Sampling
7,381 persons interviewed

SEX

ETHNICS

EDUCATIONAL BACKGROUND
The Crack Cocaine problem

Who are crack cocaine users in Brazil?
Fundação Oswaldo Cruz (FIOCRUZ)
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7,381 persons interviewed

OTHER DRUGS USE

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>92.1</td>
</tr>
<tr>
<td>Alcohol</td>
<td>83.9</td>
</tr>
<tr>
<td>Cannabis</td>
<td>76.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>52.2</td>
</tr>
<tr>
<td>Inhalants</td>
<td>26.4</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>14.6</td>
</tr>
<tr>
<td>Ecstasy/MDMA</td>
<td>3.0</td>
</tr>
<tr>
<td>LSD</td>
<td>1.0</td>
</tr>
</tbody>
</table>

OTHER RELEVANT INFORMATION

- Long time users: 91 months (~8 years)
- Amount of crack used: 9 to 16 rocks of crack
- Sharing paraphernalia: 67.6% to 74.2%
- Acute intoxication (over-doses): 7.8% (last month)

The Crack Cocaine problem

Who are crack cocaine users in Brazil?
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OTHER RELEVANT INFORMATION

- Recent condom use - never: 39.5% (CI95%: 35.5 – 43.5)
- Tested for HIV - never: 53.9% (CI95%: 49.6 – 58.1)
- Gender related issues
  - Drug use: Women 29.9% versus 1.3% Men
  - Sexual violence: Women 44.5% versus 7.0% Men
The Crack Cocaine problem

Who are crack cocaine users in Brazil?
Fundação Oswaldo Cruz (FIOCRUZ)

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OTHER RELEVANT INFORMATION

Comorbid prevalences:

- HIV: 5.0% versus 0.6% (general population)
- Hepatitis C: 2.6% versus 1.38% (general population)
- Tuberculosis: 1.7%

Brazil

Alcohol
Cocaine snorted
 smoked (crack)

Other Amphetamines
 MDMA, ketamine, etc

Marijuana

Legal x Illegal Drugs
Hidden populations (vulnerabilities)

- Policies
  Brazilian government (Minist. of Health)
    - Outward treatment focused on Harm Reduction
    - Strong resistance to HR Strategies
  Coercitive approaches (involuntary/compulsory hospitalization)
Incarceration in America and Drug Price

Brazil

Law and General Health System

- Licit x Illicit drugs
- Drug user X Drug Dealer (Ambiguous)
- Drug user x Drug Addict (Ambiguous)
- Blame the user
- Human rights

Prohibition

LATIN AMERICA
IMPORTANT CHANGES IN 2013

Contrasting with what is happening
now in other countries
Drug harms in the UK: a multicriteria decision analysis

Chronic: Long-term, side-effects, adverse outcomes and potential for drug-related harm.

Figure 1: Bar chart showing the overall harm score, deriving the separate contributions to the overall score of harm to users and harm to others.

Figure 2: Bar chart showing the overall harm score, deriving the separate contributions to the overall score of harm to users and harm to others.

Figure 3: Bar chart showing the overall harm score, deriving the separate contributions to the overall score of harm to users and harm to others.

Figure 4: Bar chart showing the overall harm score, deriving the separate contributions to the overall score of harm to users and harm to others.
War on Drugs

- What happened 40 years later (today)?
  - Ever increasing use, directly benefiting crime.
  - Negative secondary effects: mass incarceration, hundreds of thousands of homicides (related to war on drugs), widespread corruption, HIV/AIDS increasing, Human rights violation.

Problems

- More rhetorical heat in debate than real scientific evidence.
  - This debate has been strongly affected by the reductionist biological paradigm that underlies contemporary psychiatry when approaching addictive behaviours.
  - Harm reduction strategies tend to be rejected.

Problems

- Distortions in this debate have adversely affected public policies.
### What SHOULD be done?

- Failure of Prohibition
- Failure of the abstinence-centered model of treatment
- Policies just don't care about drug users (neglected)
- Mass criminalisation
- Mass medicalization

Generally drug users tend to be considered...

- Criminals
- Mental cases
- Sinners
Disease, Illness, Distress, Suffering

- Health professionals are not prepared to deal with patient’s suffering
- But we must remember that the main motivation for a patient to look for health care is his/her suffering
- Specific training for such a comprehensive approach is generally still lacking

Suffering, beyond mental illness

- To be compassionate and empathetic does not mean we have a good understanding of what suffering is, how it works, why it emerges...
- And, if we could have that understanding we would be able to act in a more effective way

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