



bulletin

International Federation of Psychiatric Epidemiology
Volume 11(1) ■ January 2013



Message from the president
Johannes Wancata, President

Dear members of IFPE!

The activities in preparing our next conference in Leipzig are speeding up. An extremely large number of abstracts representing a wide range of epidemiological topics were sent recently to the congress organizers. This shows again that numerous themes and research questions of psychiatric epidemiology are fascinating researchers all over the world. For the congress in Leipzig, speakers from various backgrounds and coming from Asia, America and Europe will share their knowledge and experience.

Improving population mental health will be the main focus, but a variety of other topics will be part of the program.

Population health provides an additional point of view when thinking about future needs of those with mental disorders. This view will be important for those planning the mental health systems at national as well as local levels. What might be useful for preventing mental disorders is another topic which must consider health aspects of the total population. Results of prevention studies in small samples include the risk of being biased by selected samples. Including the perspective of the total population reduces the risk of wasting money for inadequate prevention measures. These are only two of numerous issues of population mental health. Results will be presented during our congress and will provide important information for policy makers. Nevertheless, researchers will have an excellent opportunity to change ideas and to develop new research questions.

Leipzig has broad range of facilities and accommodation across all cost levels –

nevertheless, the local team is suggesting to book very soon. But, don't forget that Leipzig is well-known for its famous composers such as Johann Sebastian Bach, Felix Mendelssohn Bartholdy and Robert Schumann. Perhaps, you can prolong your scientific stay in Leipzig and enjoy the wonderful music and culture?

Overall, it is going to be an outstanding Congress. We owe a debt of gratitude to the excellent organizing team, led by Professor Steffi Riedel-Heller in Leipzig.

I am looking forward very much greeting you in Leipzig.

All the best for the year 2013!

Johannes Wancata
President IFPE



**14th International Congress of the
International Federation of
Psychiatric Epidemiology
5 – 8 June 2013
Leipzig, Germany**

We are very pleased to report that we received a large number of exceptionally high quality abstracts from around the globe for the IFPE Congress in Leipzig next June – nearly 450 abstracts in total. In addition, we have confirmed contributions from many of the

leaders in the field of psychiatric epidemiology. What is equally encouraging is the scope and depth of the scientific programme that is forming: We truly have something for everyone.

In addition to the regular scientific programme, we will be offering a pre-meeting workshop titled: SCAN training short course. The cost of the training is included in the regular registration, Register early, as space is limited!

We encourage you to register now for the meeting, as there is a substantial discount for early registration. The discount will be offered through 15 January 2013. All conference participants must register online at:

<http://ifpe2013.org/registration.html>.

Further, we recommend reserving a room now at **The Westin Hotel Leipzig**. In addition to being the conference venue and a first-rate hotel, the Westin is within short walking distance to the city centre, the main train station and other sights. We have reserved a block of hotel rooms that can be booked [here](#). Please note that the number of rooms is limited.

Current information on the scientific programme and cultural offerings will be posted on the [conference homepage](#) as it becomes available. The historic city of Leipzig is known

for its music, art and politics and provides visitors with a wide range of interesting things to do and experience. We will be offering various themed city tours for conference participants, as well as a conference dinner at the Leipzig Zoo. Please check the website regularly for more specific information.

Finally, in the coming weeks we will be reviewing applications for travel grants and look forward to awarding these special, merit-based awards to colleagues who have requested support. If you have applied for a travel grant, you can expect to hear by the year's end.

Spring is a wonderful time to visit Leipzig and we look forward to welcoming everyone next June!

With warmest regards,

**Steffi Riedel-Heller
and the local organizing team**



A tribute to Professor Glynn Harrison



After over a decade of contribution, Glynn is stepping down from his formal IFPE roles at the

end of 2012. Glynn has been an active member since 2000 and for the last 10 years has served two terms on the IFPE committee, hosting the highly successful International Congress in Bristol in 2004.

Glynn took over from Andrew Cheng as President of the IFPE in 2007. Andrew was a hard act to follow, but under Glynn's leadership, IFPE membership increased and he worked hard with local hosts to ensure the success of the International Conferences in Vienna (host: Johannes Wancata) and Kaohsiung (host: Mian-Yoon Chong). Under his lead the new "associate membership" category was introduced, as a means of attracting up and coming psychiatric researchers to the organisation.

Glynn's colleagues at IFPE speak highly of the time and energy he devoted to the organization. He has opened meetings with an air of calm authority, politeness and enthusiasm. It may not surprise people to know that away from his day job he is a lay preacher and, since retiring, he has joined the Synod of the Church of England.

What about the researcher behind the public face of the IFPE? Glynn is now emeritus professor of psychiatry at Bristol University. Before joining the Bristol (and becoming Head of its Department of Psychiatry) he held a chair in Nottingham, UK. It is for his research carried out whilst at Nottingham he is perhaps best

known. His early epidemiological studies were carried out whilst he was still an NHS consultant, in collaboration with John Cooper the foundation Professor of Psychiatry at Nottingham. In a series of studies he documented the heightened risk of psychosis amongst African Caribbeans in the UK. One of his early papers on this issue (Psychological Medicine, 1988) has been cited over 250 times. He has a host of other citation classics in this field. He went on to carry out, along with colleagues, a 20-year follow-up of the WHO Determinants of Outcome in people with psychosis study. Other studies included SIN (schizophrenia in Nottingham) and NABUS (Nottingham acute bed use survey). He has an eye for an acronym!

In Bristol he established work on the epidemiology of Psychosis-Like Symptoms (PLIKS) in childhood, laying down the foundation for prospective investigation of the significance of these symptoms in the Avon Longitudinal Survey of parents and Children (ALSPAC), a research theme now led by Stan Zammit. His research has spanned small detailed clinical studies of psychosis up to record linkage studies with several million participants in collaboration with Swedish colleagues at the Karolinska.

Apart from his strong belief, his work for the church and a happy home life with three successful daughters, his other sustaining

influences are fly fishing and wine. Like most psychiatric researchers, Glynn is mildly obsessive; and his cellar hides his particular obsession: Chateauneuf–du-Pape. Vintages dating back decades, shrouded in a film of dust, are lovingly nurtured here. These will no doubt help sustain him in what we hope will be a long and happy retirement.

We wish Glynn well in his “official” retirement from IFPE, but still to see his face at future meets.

References:

Harrison G, Owens D et al. A prospective study of severe mental disorder in Afro-Caribbean patients. PSYCHOLOGICAL MEDICINE 1988 Volume: 18 Issue: 3 Pages: 643-657

Harrison, G; Hopper, K; et al Recovery from psychotic illness: a 15-and 25-year international follow-up study BRITISH JOURNAL OF PSYCHIATRY 2001 Volume: 178 Pages: 506-517

Horwood J Harrison G et al. IQ and non-clinical psychotic symptoms in 12-year-olds: results from the ALSPAC birth cohort BRITISH JOURNAL OF PSYCHIATRY 2008; Volume: 193 Issue: 3 Pages: 185-191

Harrison, G; Fouskakis, D; et al. Association between psychotic disorder and urban place of birth is not mediated by obstetric complications or childhood socio-economic position: a cohort study PSYCHOLOGICAL MEDICINE 2003; Volume: 33 Issue: 4 Pages: 723-731



Epidemiologic Highlights from the World Drug Report 2012

Jeffrey D. Schulden, MD*, Wilson M. Compton, MD, MPE*

The [World Drug Report 2012](#) calls attention to the high prevalence of illicit drug use across the globe, with resulting significant public health burden.¹ The report, published by the United Nations Office on Drugs and Crime (UNODC), estimates that 230 million adults worldwide, or approximately 5% of the global adult population, have used an illicit drug at least once in the past year. Adults with problem drug use, who would meet criteria for drug abuse or dependence, are estimated to number approximately 27 million worldwide (0.6% of the global adult population). Although the overall prevalence of drug use and problem drug use are described as relatively stable over the prior five years, areas of increasing concern are highlighted. The report further draws attention to the substantial global burden of morbidity and mortality associated with drug use, including the role of drug use in fueling the spread of HIV, hepatitis C, and hepatitis B. Finally, the report describes the tremendously destructive role drug use plays worldwide in terms of social and economic costs, including its contribution to lost productivity, crime, and violence.¹

Globally, cannabis and amphetamine-type stimulants (ATS), excluding MDMA (“ecstasy”), are estimated to remain the two most prevalently used drugs. Cannabis is estimated to have been used by 2.6%-5.0% of adults in the past year; ATS are estimated to have been used by 0.3%-1.2% in the past year. Substantial regional differences in patterns of drug use are described. For example, higher prevalence of cannabis use was found in Oceania (9.1%-14.6%), North America (10.8%), and Western and Central Europe (7.0%) than in other regions. Opioid use was found to be highest in North America (3.8-4.2%), Oceania (2.3-3.4%), and Eastern/South-Eastern Europe (1.2-1.3%). Cocaine use was reported most commonly in North America (1.6%), Western and Central Europe (1.3%), and Oceania (1.5-1.9%).¹

Though there are not yet global data on the abuse of prescription drugs, including anxiolytics, sedatives, stimulants, and tranquilizers, there is growing evidence from several countries of the emergence of high rates of misuse and abuse of these types of medications.¹ Recent data from the United States found that an estimated 2.4% of persons age 12 and over reported current (last month) nonmedical use of prescription-type psychotherapeutic drugs. Among these persons, approximately 4.5 million reported nonmedical

use of pain relievers, 1.8 million reported nonmedical use of tranquilizers, and 970,000 reported nonmedical use of stimulants.² Abuse of prescription medications ranked second in prevalence, after marijuana, among illicit drug users.² In Australia, the prevalence of non-medical use of prescription drugs among persons age 14 and over was found to have increased from 3.7% in 2007 to 4.2% in 2010.³

There is also rising concern regarding the abuse of an increasingly wide array of synthetic psychoactive substances, some novel and some existing for decades but only recently widely available in the illicit drug market. These myriad synthetic substances, developed in part to skirt existing international drug control policies, pose unique challenges for clinical care, drug abuse research, and drug control efforts. As of yet, the short- and long-term physiological effects of many of these substances are poorly understood. Some of the more common of these drugs include mephedrone and methylenedioxypropylamphetamine (MDPV), often sold under the street names “bath salts” or “plant food”. Two of a broad class of synthetic substituted cathinones, whose parent compound occurs naturally in khat, these synthetics can have a range of physiologic effects similar to stimulants or MDMA (“ecstasy”). In addition, a number of synthetic cannabinoids have emerged that can have

similar effects as cannabis, but often do not fall under international drug control regulations. These are often sold as a part of herbal smoking blends with the street name “spice”. In Russia and Eastern Europe, crude desomorphine preparations known as “krokodil” have become widely available as a cheaper substitute for heroin. Though pure desomorphine can be 10 times as potent as morphine, the crude processes used to make “krokodil” often produce extremely toxic preparations that are high in heavy metals, iodine, phosphorous, and hydrochloric acid.¹

Broadly, patterns of illicit drug use typically show much higher prevalence of use among males and young adults. In most of Europe, illicit drug use among women is half or less than half that of men. In the developing world, the gender difference is generally even greater. For example, in the Philippines, drug use among women was estimated to be roughly 13% that among men. Similarly, in Indonesia, use among women was about 11% that among men. However, a unique gender distribution was seen in some regions for misuse and abuse of tranquilizers and sedatives. Several countries in Europe and South and Central America showed much higher prevalence of such use of tranquilizers and sedatives among females for lifetime, annual, and past month prevalence. In South and Central America, for example, the

lifetime prevalence of such use among females was 6.6% while among males it was 3.8%.¹

In general, illicit drug use is most prevalent among young adults, with rates of use increasing during adolescence and peaking among persons aged 18-25 years. Prevalence generally declines among older age groups to negligible levels among persons age 65 years and older.¹ However, some studies have suggested the possibility of rising rates among older cohorts who came of age during periods that were more permissive of drug use in some regions, for example, during the 1960's in the U.S. and Western Europe.^{4,5} Particular concern has been raised regarding rising rates of prescription drug misuse by older adults and the increased risk of medical morbidity and mortality associated with their misuse among geriatric populations.^{4,5}

Illicit drug use further contributes a substantial global public health burden in terms of associated morbidity and mortality. The report notes the powerful role that drug use has played in fueling the global HIV epidemic, not only among injection drug users, but also among non-injection users who are more likely to engage in high-risk sexual behaviors while using drugs.^{1,6,7} Injection drug use is estimated to account for roughly one-third of all newly diagnosed HIV infections outside of sub-Saharan Africa. Transmission of other blood

borne infections, notably hepatitis C and hepatitis B, have also been fueled by global drug use. The report estimates that almost 50% of all injection drug users worldwide (approximately 7.4 million persons) are infected with hepatitis C, based on available data extrapolated from 54 countries. Likewise, roughly 15% of injection drug users (2.3 million persons) are estimated to be infected with hepatitis B. Globally, the report estimates the annual number of drug-related deaths, including accidental overdoses and suicides, at approximately 99,000-253,000. The estimated regional drug-related mortality rate per million for persons age 15-64 years ranges from 5.4-48.6 for Asian countries to 147.3 for North America.¹

In addition, drug use is highly associated with other psychiatric conditions, including mood, anxiety, and some personality disorders.^{1,8-10} For example, findings from the WHO World Mental Health Survey Initiative have suggested that there is a modest but robust association between early use of cannabis and later onset of depressive episodes.¹¹ When studies have controlled for the presence of multiple psychiatric disorders, the associations between individual psychiatric disorders and drug use disorders were reduced but overall remained substantial.⁸ It has been suggested that this finding of decreased

magnitude of the associations when controlling for multiple disorders could represent common etiologic factors underlying both drug use disorders and other psychiatric disorders, findings consistent with twin and genetic studies.^{8, 12}

The World Drug Report further describes the broader societal costs of drug use. The report estimates that over U.S. \$200 billion would be required to cover all drug treatment related costs worldwide. Additional societal burdens include the role drug use plays in fostering lost productivity worldwide and in driving crime and violence.¹ A study in the U.S. estimated that overall lost productivity costs due to illicit drug use likely amount to roughly 0.9% of GDP.¹³ The economic costs of drug-related crime are also substantial. A study in England and Wales estimated that the costs related to all drug-related crimes amounted to losses equivalent to 1.6% of GDP.¹⁴

Monitoring the epidemiology of drug use globally remains a daunting challenge. The report notes that data on prevalence and trends in drug use from countries in several regions, particularly in parts of Africa and Asia, remain limited. The World Drug Report calls attention to the critical need for continued efforts to improve regional capacity for on-going, high quality drug abuse epidemiology. Drug abuse continues to contribute a substantial burden

throughout the world, in terms of its associated medical morbidity and mortality and its many broader societal costs. Strong epidemiologic work to understand the extent of the problem, regional trends, and associated etiologic factors remain imperative.

*Division of Epidemiology, Services, and Prevention Research, National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD

Corresponding author:

Jeffrey D. Schulden, MD
Medical Officer
Epidemiology Research Branch
Division of Epidemiology, Services, and Prevention Research
National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard, MSC 9589
Bethesda, MD 20892-9589
E-mail: schuldenj@nida.nih.gov
Phone: 301-402-1526
Fax: 301-443-2636

Wilson Compton, MD, MPE
Division Director
Address and fax as above
Email: wcompton@nida.nih.gov
Phone: 301-443-6504

Date: November 1, 2012

Disclaimer: The views and opinions expressed in this report are those of the authors and should not be construed to represent the views of NIDA or any of the sponsoring organizations, agencies, or the U.S. government.

References:

1. United Nations Office on Drugs and Crime. *World Drug Report 2012*. United Nations Publications; 2012. Available at: <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2012.html>.
2. U.S. Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: National Findings*. U.S. Department of Health and Human Services; 2012.
3. Australian Institute of Health and Welfare. *2010 National Drug Strategy Household Survey Report*. Drug Statistics Series, No. 25; 2011.
4. Simoni-Wastila L, Yang HK. Psychoactive drug abuse in older adults. *Am J Geriatr Pharmacother* 2006;4:380-94.
5. Wu LT, Blazer DG. Illicit and nonmedical drug use among older adults: a review. *J Aging Health* 2011;23:481-504.
6. Mansergh G, Purcell DW, Stall R, et al. CDC consultation on methamphetamine use and sexual risk behavior for HIV/STD infection: summary and suggestions. *Public Health Rep* 2006;121:127-32.
7. Walkup J, Blank MB, Gonzalez JS, et al. The impact of mental health and substance abuse factors on HIV prevention and treatment. *J Acquir Immune Defic Syndr* 2008;47 Suppl 1:S15-9.
8. Compton WM, Thomas YF, Stinson FS, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Arch Gen Psychiatry* 2007;64:566-76.
9. Glantz MD, Anthony JC, Berglund PA, et al. Mental disorders as risk factors for later substance dependence: estimates of optimal prevention and treatment benefits. *Psychol Med* 2009;39:1365-77.
10. Grant BF, Stinson FS, Dawson DA, et al. Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry* 2004;61:807-16.
11. de Graaf R, Radovanovic M, van Laar M, et al. Early cannabis use and estimated risk of later onset of depression spells: Epidemiologic evidence from the population-based World Health Organization World Mental Health Survey Initiative. *Am J Epidemiol* 2010;172:149-59.
12. Kendler KS, Prescott CA, Myers J, Neale MC. The structure of genetic and environmental risk factors for common psychiatric and substance use disorders in men and women. *Arch Gen Psychiatry* 2003;60:929-37.
13. U.S. Department of Justice. *The Economic Impact of Illicit Drug Use on American Society*. U.S. Department of Justice; 2011. Available at: <http://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf>.
14. Gordon L, Tinsley L, Godfrey C, Parrott S. The economic and social costs of Class A drug use in England and Wales, 2003/4. In: *Measuring different aspects of problem drug use: methodological developments*; N Singleton, R Murray, and L Tinsley, eds., Home Office Online Report; 2006. Available at: <http://webarchive.nationalarchives.gov.uk/20110218135832/http://rds.homeoffice.gov.uk/rds/pdfs/06/rdsolr1606.pdf>.



Y-Mind – School of Advanced Science for Prevention of Mental Disorders



The burden of mental, emotional, behavioral, and substance use disorders (MEB) is growing worldwide, where they represent 12% of the total disease burden. While recent advances have shown that MEB are highly complex, affecting the brain in a dynamic phase-specific, gene-environment interaction through the neurodevelopmental process. Prevention is the most effective way to reduce the burden of these disorders however several knowledge gaps abide along with an overall lack of the practical applications of these advances. The Y-Mind School will bring together the most important national and international scientists producing cutting-edge research in prevention of MEB. The Y-Mind School will be selecting 100 graduate or post grad students with research projects in the area of prevention of MEB to participate in the Y-Mind Sao Paulo Advanced Science School (50 from abroad and 50

Brazilians). This event is funded by a special grant from the State of São Funding Agency (FAPESP), which will cover travelling and accommodation expenses for the scholars and students for the one week stay in the event. The Y-Mind school was advertised globally, for instance, in the Nature, Science, Plos One and Schizophrenia Bulletin. The applications were submitted from the 15th October to the 15th of November, 2012. The students will be selected by the quality of their research project, and previous publications in the field. The event is to be held at the Federal University of São Paulo from the 25th to the 29th of March, 2013. The School invited 20 internationally recognized researchers and the top Brazilian investigators acting in the field. The 25 conferences will be in the morning and take 30 minutes followed by 10 minutes for discussion. The official language of the meeting will be English. In the afternoon the students and researchers will be divided in four groups, distributing around 25 students in each group where the students will have 15 minutes to present their work, to be discussed by Brazilian and foreign researchers, in the following areas: a) Epidemiology and Risk Factors; b) Translational research; c) Neurobiology, Neurodevelopment and Brain Circuits of Early stages of Mental Emotional and Behavioral (MEB) disorders; and d) Effective Interventions to prevent MEB, Services and Stigma and Awareness. The main aim of the

seminars is to promote integration between graduate students and senior researchers, where current studies will be assessed and the possibility of future research projects from a global perspective are welcome, particularly the possibility of insertion of foreign students and young investigators in ongoing research programs in Sao Paulo or other Brazilian states. Students will present posters featuring their research related to the School's theme. The expected outcomes of the Y-Mind School are as follows: a) to gather the best research in prevention of MEB around the globe and synchronize with the Brazilian initiatives; b) to bring interest to MEB prevention research and attract national and international young researchers to the field; c) to place the epidemiological, neuroscience and clinical research developed in the state of São Paulo in the vanguard of knowledge in this area; d) to publish a supplement on Prevention of Mental Disorders with students and the main speakers of the Y-MIND School in an international journal; and e) to prepare a report for Government policymakers summarizing the main recommendations for implementing prevention research and clinical strategies in mental health. Further information can be seen in the site www.ymind.com.br, or contacting the email: ymind@ymind.com.br. I am happy to welcome participants in Sao Paulo 25th to the 29th of March, 2013.

Professor Jair Mari

Coordinator of the Y-Mind Advanced São Paulo School

☞

Calendar of Events



Leipzig, Germany
June 5-8, 2013

International Federation of Psychiatric Epidemiology
2011: The 14th International Congress of IFPE

More information:
<http://ifpe2013.org>



Lisboa, Portugal
June 29-July 3, 2013

World Association of Social Psychiatry, 21st world
congress

More information:
<http://www.wasp2013.com/>



Verona, Italy
October 3-5, 2013

European Network for Mental Health Service
Evaluation (ENMESH)

More information:
<http://www.enmesh.eu/>

☞

Editor of IFPE bulletin



Jens Christoffer Skogen

Editorial board of IFPE bulletin

Professor Andrew T. A. Cheng
Professor Brian Cooper



SUBMISSIONS

Submissions to the IFPE Bulletin —
news or views — can be sent to Jens
Christoffer Skogen, editor. E-mail:
jens.skogen@uni.no /
jensskogen@gmail.com

