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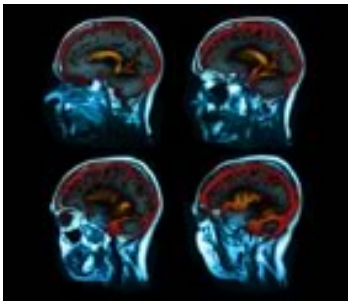
CAMH Science: Centred on Discovery

Science Synopsis from the Research Program



From the Desk of Darryl Yates, Director of Research Operations

With a new year comes new initiatives for CAMH Research. After extensive internal discussions and an external review of Research Operations in 2007, 2008 will be the year we re-assess our IT needs, begin developing an internal grant peer review process, enhance internal communications, explore options for creating more awareness of CAMH Research and raise the profile of technology transfer at CAMH – to name just a few priority areas.

We were very fortunate to have had the supportive and dedicated leadership of our Acting Chief of Research Dr. Louis Gliksman throughout much of 2007, as we developed many of this year's priorities. His seamless transition into this role was very helpful and reassuring during a time of change. Under our incoming Vice President of Research Dr. Bruce Pollock, CAMH Research can only move further ahead as we all work towards improving diagnosis, prevention, intervention, treatment and public policy initiatives for mental illness and

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addiction.

But it is not just the Research Program that is growing and changing in 2008. This year staff and clients will start to experience the new CAMH as they move into the first completed buildings of *Transforming Lives Here*, the Queen Street redevelopment project. Thoughts are now quickly turning to the next phase of the project that includes removing the existing administration building and constructing three new buildings. While Research staff are not moving during these two phases, this project will ultimately create a central hub and consolidate our operations on one site – more fully integrating Research into CAMH's continuum of care.

2008 will be an exciting year for CAMH Research and I look forward to meeting the challenges and sharing the success with all of you as we move forward.

In This Issue

Media Corner

- Antidepressant shows early

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Last updated:
Jan 15, 2008 3:47 PM
Published:
Aug 04, 2009 6:35 PM
ID#P34699

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CAMH Team Invited to CICAD Meeting in Colombia

(left to right) Louis Gliksman, Bruna Brands, Gloria Wright (CICAD) and Norman Giesbrecht

In November, Dr. Bruna Brands, Dr. Norman Giesbrecht and Dr. Louis Gliksman were invited to a meeting with representatives from 30 Central and South American countries, during the 42nd regular session of CICAD (Inter-American Drug Abuse Control Commission) in Santa Marta, Colombia. The CAMH team presented preliminary plans for a study on drugs, alcohol and violence against women in Central and South American countries, and gathered feedback on this proposed plan from the country representatives.

Employment Relations and Health Inequities: Report to the WHO Fills Important Knowledge Gaps on how Work Shapes Well-being

Rarely is there a focus on the

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important role played by employment relations and conditions as a key social determinant in shaping health inequalities, but a new World Health Organization (WHO) report helps fill this gap. Entitled *Employment Conditions and Health Inequalities,* this comprehensive report shows how employment relations effect different groups, and how this knowledge may help identify and promote worldwide effective policies and institutional changes to reduce health inequalities. more

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Journal of Substance Abuse - Special Issue on Alcohol Policy

Recent global developments suggests that the journey ahead for those wishing to foster effective harm reduction alcohol policies will challenging**.** CAMH's Dr. Norman Giesbrecht is guest editor for this special issues that deals with the topic of alcohol policy. The journal offers case studies on alcohol policy in Europe, and articles ranging in topics from alcohol marketing and retailing to college students' views on alcohol policy. They all point to the need for more research on the interactions among alcohol management, alcohol consumption, alcohol-related harm and public opinion on alcohol policies. Visit Journal of Substance Abuse for a copy of the alcohol policy special issue.

A Mainstay of Recognition in Research: 2007 C.O.R.E Awards a Success

Each December, the Research Program recognizes and celebrates Research staff and students who've made exceptional contributions toward the pursuit of research excellence. Visit 2007 C.O.R.E Awards to learn more about this year's nominees and recipients.

Dr. Norman Giesbrecht Receives

Lifetime Achievement Award
In recognition of his leadership and distinguished service in substance abuse research and application, Dr. Giesbrecht received the 2007 Lifetime Achievement Award from the American Public Health Association - the oldest, largest and most diverse organization of public health professionals in the world.

Request For Proposals - 2008 Community Research Capacity Enhancement Program
Launched in 2004, CRCEP enhances our research interactions with community partners, and helps build research capacity among organizations that address addiction and mental health issues in Ontario. This year's competition has a priority focus on projects that are dedicated to addressing issues of reducing mental health and addiction disparities and the building of relationships and capacity in diverse communities. Visit CRCEP for more information.

Scientists Honoured at Faculty of Medicine's 2007 Research Awards Ceremony
On December 12, CAMH scientists were honoured at the University of Toronto's Faculty of Medicine Research Awards Ceremony 2007. This event celebrates the prizes and awards received by faculty members over the past year. more

Last updated:
Jan 15, 2008 3:46 PM
Published:
Aug 04, 2009 6:35 PM
ID#P34727

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Recognizing Leadership - CAMH Scientist Receives Second Top 40 Under 40 Nomination

Vision and leadership. Innovation and achievement. Impact. Community involvement and contribution. Growth/ development strategy. Can one person achieve success in all these areas? And can he do it before the age of 40? One of CAMH's leading scientists can. As a two-time nominee for Canada's Top 40 Under 40 award, Dr. John Cairney and his work are being recognized and celebrated as one of our scientific leaders of today and tomorrow.

"I'm very proud to have my work evaluated along side our current and emerging corporate leaders. This nomination speaks to the value society is now placing on understanding, treating and preventing mental illness," says Dr. Cairney.

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As a senior scientist is the Health Systems Research and Consulting Unit, Dr. Cairney is internationally recognized for his work in social determinants and population approaches to mental and physical health. Here are just a few examples of how Dr. Cairney's leadership and expertise are changing the face of mental illness in only 5 years, since receiving his PhD in 2002:

- Published 61 publications in peer-reviewed journals since 1996, 49 of these since completing his PhD in 2002.
- Since 2003, he has held more than $3.3 million in research funding from major federal and provincial granting agencies such as the Canadian Institutes of Health Research (CIHR).
- Assumed a lead role in re-designing the Ontario HIV/ AIDS Treatment Network's community study. As Chair of the Socio-behavioural Working Group and a core member of the Scientific Executive Committee, he is re-focusing the efforts of the Cohort Study to emphasize the impact of social factors (poverty, stigma, & discrimination) on disease progress, medication adherence, and quality of life in Ontarians living with HIV/ AIDS.
- Received a Canada Research Chair (CRC) in Psychiatric Epidemiology in 2005, becoming the youngest CRC holder at CAMH and the youngest scientist to achieve this distinction in both CAMH and the Department of Psychiatry at the University of Toronto.

While recipients of the 2008 Top 40 Under 40 award will be officially announced in May 2008, it's clear that Dr. Cairney is already an accomplished leader in his field. But this award

nomination in particular has important meaning for him. “Nominations such as this not only offer a chance to raise awareness about my research, it is a chance to promote the diversity of research conducted here at CAMH. Our scientists are among the best in the world and the breadth of our research expertise extends from the molecular all the way to the social determinants of mental health and addictions. Regardless of the outcome, I am thrilled to represent CAMH in this competition.”

Last updated:
Jan 15, 2008 3:46 PM
Published:
Aug 04, 2009 6:35 PM
ID#P34700

Alcohol and cancer: is drinking the new smoking?

CAMH researchers have clarified the link between alcohol consumption and the risk of head and neck cancers, showing that people who stop drinking can significantly reduce their cancer risk.

According to Principal Investigator Dr. Jürgen Rehm, existing research consistently shows a relationship between alcohol consumption and an increased risk for cancer of the esophagus, larynx and oral cavity. Dr. Rehm and his team analyzed epidemiological literature from 1966 to 2006 to further investigate this association and their results, published in the September issue of the *International Journal of Cancer*, showed that:

- The risk of esophageal cancer nearly doubled in the first two years following alcohol cessation, a sharp increase that may be due to the fact that some people only stop drinking when they are already experiencing disease symptoms. However, risk then decreased rapidly and significantly after longer periods of abstention.
- Risk of head and neck cancer only reduced significantly after 10 years of cessation.
- After more than 20 years of alcohol cessation, the risks for

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both cancers were similar to those seen in people who never drank alcohol.

These results have important implications for tailoring alcohol policies and prevention strategies, especially for people with a family risk of cancer.

Dr. Rehm explains that alcohol cessation has very similar effects on risk for head and neck cancers as smoking cessation has on lung cancer. It takes about two decades before the risk is back to the risk of those who were never drinkers or never smokers.

Alcohol is the 'drug of choice' for Canadians, with 60% of Ontario adults consuming alcohol on at least a monthly basis. The direct and indirect costs to society of alcohol abuse are substantial: $5.3 billion in Ontario alone, second only to the social burden of tobacco. This burden takes into account the cardioprotective effects of alcohol, which, unlike its link to cancer, has received a great deal of public attention.

Dr. Rehm notes that more research is needed on the effects of alcohol cessation on other types of cancer -- especially breast, liver and colorectal cancers, for which the International Agency for Research on Cancer has also classified alcohol as carcinogenic -- and on the effects of alcohol type, drinking patterns, and the joint effects of smoking and alcohol cessation on the risk of cancer.

Visit Alcohol drinking cessation and its effect on esophageal and head and neck cancers: A pooled analysis for more information.

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Last updated:
Jan 15, 2008 2:56 PM
Published:
Aug 04, 2009 6:35 PM
ID#P34702

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Canada's longest running school survey reveals surprising data: Drug and alcohol use stabilizes, but prescription pain relievers emerge as a concern

One of CAMH's hallmark studies, the Ontario Student Drug Use and Health Survey (OSDUHS), is celebrating its 30th anniversary this year. Initiated in 1977 by CAMH's Dr. Reginald Smart, the OSDUHS began as a drug use survey. Under the direction of the current Principal Investigator Dr. Edward Adlaf, the OSDUHS expanded to a broader study of health and well-being. Topics now covered include: tobacco, alcohol and other drug use, mental health issues, physical activity, healthcare utilization, body image and weight, gambling behaviours and problems, violence and bullying, criminal behaviours, and family life.

In 2007 the data showed that while alcohol, cannabis and other drug use among Ontario teens has remained stable or decreased, the misuse of prescription opioid drugs may be a cause for concern. These surprising data are the first comprehensive Canadian survey results on non-medical use of prescription opioid pain relievers.

OSDUHS found that 21% of Ontario students in grades 7 to 12 report using prescription opioid

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pain relievers such as TYLENOL®No. 3and Percocet® for non-medical purposes; and almost 72% report obtaining the drugs from home. In addition, among all drugs asked about, OxyContin® was the only drug to show a significant, but small, increase in non-medical use since the last survey (2% of students reported using it in 2007, representing about 18,100 students, versus 1% in 2005).

Alcohol remains students' drug of choice. Almost two-thirds (61%) of all students drink alcohol. Binge drinking (consuming at least 5 drinks on the same occasion) still remains high, as approximately 26% of students are likely to engage in this behaviour. The proportion of all students who may be drinking hazardously (defined as a risky pattern of alcohol use that increases the likelihood of physical, psychological, or social problems) is at 19% and has not changed since 2005.

While the study shows a general decline in illicit drug use over the past decade, 26% of students reported using cannabis at least once in the past year. Among all students, 14% reported using cannabis six times or more during the past year. Also, more students with a driver's license report driving after using cannabis than after using alcohol (16% versus 12% respectively). The proportion of students reporting riding in a vehicle with a driver who had been using drugs declined since the last survey, but still remains elevated at 18%.

More encouraging news was revealed in the data on smoking. Only a small minority (5%) of all students report smoking on a daily basis, and 72% report never having tried a cigarette in their lifetime. The prevalence of daily smoking has been declining since the late 1990s, and the 2007 rate

is the lowest on record since monitoring began in 1977. However, there is still a significant percentage of students (12% or about 119,900 students) that do smoke either occasionally or daily.

Other survey highlights include:

- In addition to use of prescription opioid pain relievers, 2007 is also the first year that students were asked about their use of over-the-counter sleeping medication (4%), Jimson Weed (3%), and the non-medical use of attention deficient/ hyperactivity disorder (ADHD) drugs (1%).
- Despite recent attention on methamphetamine ('speed') and crystal methamphetamine ('crystal meth'), there is no evidence that either drug has diffused into the student population in Ontario. In fact, past year use of methamphetamine significantly decreased between 2005 (2%) and 2007 (1%).
- About 3% of all students used cannabis daily during the 4 weeks before the survey (representing about 27,300 Ontario students in grades 7 to 12). About 3% of all students may have a cannabis dependence problem (representing about 28,700 students).
- About 15% of students report getting drunk or high at school at least once during the past year, and one-in-five (21%) were sold, given or offered a drug at school.

Typically surveying about 6,000 students in over 100 elementary and secondary schools across Ontario, the OSDUHS in an invaluable resource. Health, education, and government officials have used this reliable and current information in setting health priorities, and the data has

been used to create preventative policies, programs and services that address youths' needs.

Visit 2007 Ontario Student Drug Use and Health Survey (OSDUHS) Media Resources for additional information.

Last updated:
Jan 15, 2008 3:46 PM
Published:
Aug 04, 2009 6:35 PM
ID#P34703

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Epigenetics: The Scientific "Third Wave"

There is growing evidence that we are custodians of our genes, rather than passive carriers. And our lifestyle choices may alter our DNA and that of our children. As one writer explains it, "If DNA is the hardware of inheritance, the epigenetic operating system is the software" that's controlling our genes and keeping our bodies running. In this compilation of newspaper articles - featuring CAMH science and scientists - journalists explore this exciting new gene concept as well as the history of epigenetics and twin discordance (why one twin develops a illness and the other doesn't).

CAMH is a pioneer in this exciting branch of molecular biology; the "third wave" in psychiatric research, following traditional genetic and environmental studies. We are home to one of the few programs in North America that is exploring the field of epigenetics. Literally meaning "in addition to changes in genetic sequence", this area of study looks at the factors that make the various activities of your cells work. More simply put, it is the second genetic code that turns your genes on and off without altering the DNA sequence.

Under the direction of Dr. Art Petronis, the Krembil Family Epigenetics Laboratory staff are

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intensively investigating the role epigenetic factors play in psychiatric illnesses and other complex diseases. Their work may significantly contribute to our understanding of the molecular basis of mental illness and addiction, and one day may be used to identify who’s at risk for developing a psychiatric illness.

For a PDF copy of media coverage compilation visit Epigenetics in the News

Last updated:
Jan 16, 2008 12:43 PM
Published:
Aug 04, 2009 6:35 PM
ID#P34704

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Your Family Doctor May be the Key to Quitting Smoking

CAMH's Dr. Bernard Le Foll, Head of the Translational Addiction Research Laboratory, and Dr. Tony George, Head of Addictions, are defining the most effective ways to treat tobacco dependence. In a recent article released in the Canadian Medical Association Journal (CMAJ) they highlight the surprisingly significant role that the health practitioner can play in helping people quit smoking. Many people's attempts to quit are unsuccessful, so effective interventions are critical for the 4.5 million smokers in Canada alone.

Their article *Treatment of tobacco dependence: integrating recent progress into practice* is a comprehensive summary of tobacco use, causes of nicotine dependence, and advances in treatment and intervention. Drs. Le Foll and George explain that advising patients to quit, even just once, helps to double quit rates. They add that to initiate as many cessation attempts as possible, practitioners should advise all of their patients who smoke to quit.

Research shows that since an estimated 70% of smokers visit a physician each year, and family doctors have a substantial opportunity to influence smoking behaviour. Even a short intervention (three minutes or less) can increase a person's

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motivation to quit and can significantly increase abstinence rates. Dr. Le Foll and Dr. George provide an algorithm topped by the simple question "Are you smoking?" to help physicians integrate a patient's smoking status and his or her readiness to quit, taking a comprehensive approach that combines assessment, behavioural interventions and pharmacologic treatment of tobacco dependence.

The article also showed that smokers with moderate to severe tobacco dependence have been found to respond best to three types of pharmacotherapy -- nicotine replacement therapy (NRT), bupropion and varenicline -- but there is no clear threshold that can help clinicians decide whether a particular patient will benefit from a particular pharmacotherapy, and there is no consensus on which one should be used first. The authors provide physicians with a clear comparative table of these three first-line pharmacologic treatments, as well as advice on whether to combine these pharmotherapies, or to consider nortriptyline and clonidine as second-line medications.

Epidemiologic studies have indicated that the majority of successful attempts to quit smoking occur without direct medical assistance or without pharmacotherapy. But the authors explain that using nonpharmacologic methods (such as counseling) should be encouraged, especially for people for whom medication use is problematic, as the goal is to motivate the patient to try to quit smoking. Moreover, pharmacological interventions are clearly effective and allow doctors to double or triple the odds of success.

Visit Treatment of tobacco

dependence: integrating recent progress into practice for a copy of the article.

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Jan 15, 2008 3:47 PM
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Aug 04, 2009 6:35 PM
ID#P34708