



# Social, Prevention and Health Policy Research Department

**DIRECTOR: Dr. Louis Gliksman**

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The Social, Prevention and Health Policy Research Department contains six research units; while each has different mandates, they often collaborate on research projects with each other and with other programs at CAMH. Our department staff have diverse professional backgrounds in fields such as, among others, criminology, epidemiology, history, nursing, psychiatry, psychology and sociology.

This multidisciplinary team environment provides a synergy of ideas, theories and approaches that is both exciting and creative. All scientists in the department have university affiliations, and many are actively engaged in teaching.

Our research ranges from surveys of the general population and sub-populations (e.g., school children, women, immigrant populations) to policy interventions, community studies and health systems delivery. The information that we produce informs the research community, the public, policy makers and program developers; we disseminate this knowledge through reports, papers, conference presentations, peer-reviewed publications, position papers and media releases. Our end goal is to develop and disseminate resources and services that will improve the lives of people with mental health and addiction problems.

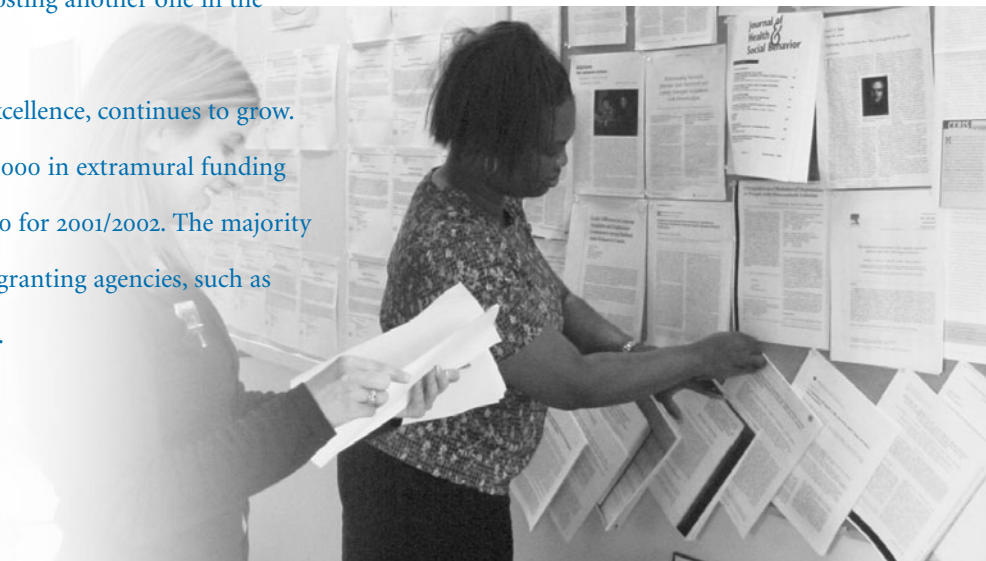
We are committed to working with our community partners, and all the research units are actively involved with government, agencies and special interest groups. In addition, we have resources dedicated to help agencies

and community groups develop and evaluate resources and services in which these community groups may be engaged.

We continue to pursue and be involved in international research. In addition to North American collaborations, our staff have worked with the World Health Organization and Swiss, Norwegian, British, Brazilian and Mexican researchers on various projects.

As CAMH is a designated World Health Organization (WHO) Collaborating Centre, we expect that our internationally recognized scientists will continue to be asked to undertake or collaborate on international research projects in the areas of mental health and substance use. We have committed to being part of the WHO mhGAP program, which is designed to train researchers in developing countries, and we have created the CAMH/WHO Centre of Excellence for training in research as part of our agreement with the WHO. We have accommodated one international fellowship scientist this past year and will be hosting another one in the coming year.

Our extramural funding, an indicator of excellence, continues to grow. Researchers in the Department received \$9,330,000 in extramural funding during the 2000/2001 fiscal year and \$10,600,000 for 2001/2002. The majority of this funding has come through peer-review granting agencies, such as CIHR, SSHRCC, Robert Woods Johnson and NIH.





# Culture, Community and Health Studies

ACTING SECTION HEAD: Dr. Louis Glikzman

## AN INTEGRATED RESEARCH, TRAINING AND

consultation unit, the Culture, Community and Health Studies (CCHS) Research Section takes a psychiatric epidemiology perspective to understanding cultural and social determinants of population health, with a focus on immigrant and refugee populations.

The team includes scholars from psychiatry, sociology, clinical and developmental psychology, social epidemiology, anthropology, demography, medicine, nursing and public health. Detailed project and staff information may be found at [www.camh.net/research/research\\_ar2000/culture\\_comm\\_health.html](http://www.camh.net/research/research_ar2000/culture_comm_health.html) or at <http://www.utpsychiatry.ca/programs/cchs.cfm>.

### Research

The CCHS attracts funding through the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, Citizenship and Immigration Canada, Health Canada, Human Resources and Development Canada and Canadian Heritage in support of its research programs.

Faculty and scientists of the CCHS section are leading 25 different research initiatives. The ongoing research activities of the CCHS include a national longitudinal study of the health and development of immigrant and refugee children; epidemiological studies in Toronto's Ethiopian and Tamil communities; youth acquisition of ethnocultural identity; the mental health effects of discrimination; long-term mental health impact of exposure to traumatic stress; multicultural meanings of social support; the development of a community resource guide to assist newcomers to Canada; stress and tuberculosis; depression and suicide among people from Pakistan living in the UK; and a randomized double-blind trial on raloxifene as an adjunct in the treatment of psychosis.

Recent research highlights include: (1) Although immigrant families are three times more likely to have low income than

non-immigrant families, immigrant children have fewer mental health and behavioural problems than their non-immigrant counterparts; (2) The prevalence of depression among Ethiopians in Toronto roughly equals that found among the general population of Ontario, but it is three times higher than the rates in Ethiopia; (3) Approximately one-quarter of people who are visible minority immigrants experience discrimination, and those experiences jeopardize mental health.

### Education, Training and Clinical Initiatives

The CCHS educates and trains future generations of health researchers and health care providers in appropriate policy and practice responses to the challenges of diversity and equity.

The CCHS offers an Inter-Faculty Research Seminar series, with topics such as immigrant and refugee mental health, cross-cultural research, economic and social determinants of health and general topics of mental health and addictions. The seminars are open to researchers, staff and students at the University of Toronto and the Centre for Addiction and Mental Health.

Faculty of the CCHS research section also contribute to the development, implementation and delivery of graduate and post-graduate courses offered by the Department of Psychiatry, the Institute of Medical Sciences (IMS) and other university departments. Dr. Ted Lo conducts a cultural competence training program for residents, psychiatrists and mental health staff.

The CCHS also offers resident and medical student training, clinical service consultations and public education on culture and mental health, including training in research methodologies for doctoral students and post-doctoral fellows through thesis supervision.

Dr. Lisa Andermann's completed post-doctoral work,

Approximately one-quarter of people who are visible minority immigrants experience discrimination, and those experiences jeopardize mental health.



jointly sponsored by the CCHS and the Psychological Trauma Clinic at Mt. Sinai Hospital, focused on cross-cultural perceptions of mental health. Rani Srivastava, Director of Clinical Resources in the Faculty of Nursing at the University of Toronto, continues PhD studies at the IMS through the CCHS section, with her research focusing on institutional and individual cultural competence. Through the CCHS, Dr. Kenneth Fung completed a study of alexithymia among Chinese people, in fulfilment of master's degree requirements in IMS, and continues to expand this research area.

Finally, research institutions and universities are increasingly recognising an obligation to provide information about their scholarship and its implications for improved clinical practices. Members of the CCHS section participated in the development of an ethno-racial initiative in the Joint General Psychiatry Program; implementing a Cultural Consultation Program that provides clinician training in cultural issues relevant for patient assessment and management. The CCHS also created partnerships with settlement agencies, public health units and CAMH to develop a community education program on mental health and addiction for ethno-racial groups.

#### Consultations and Review Panels

The CCHS provides community, policy and scientific consultations at national and international levels. Through affiliations with the Joint Centre of Excellence for Research on Immigration and Settlement—Toronto, a tri-university centre supported by SSHRC through agreements with eight departments of the federal government, the CCHS contributes to a national agenda of policy-oriented research, focusing on immigration and mental health.

As part of a Canadian Heritage initiative, Dr. Anneke Rummens continues to develop a database on identities in Canada. Dr. Ted Lo provides cultural consultation to

hospitals and education on integrative medicine. In collaboration with professionals in China, he is also planning an international conference on traditional medicines. Dr. Lo also serves on the Toronto/Peel Mental Health Reform Implementation Task Force.

Dr. Violet Kaspar is a member of the Canadian Institutes of Health Research peer review committee for Strategic Programs—Reducing Health Disparities and Promoting Equity for Vulnerable Populations.

#### Visiting Scholars

Dr. Francis Lu, Professor of Clinical Psychiatry and Director of the Cultural Competence and Diversity Program, Department of Psychiatry, San Francisco General Hospital and University of California, San Francisco, visited CAMH as the 2002–03 Beverley Professor. This visit was hosted by the CCHS section, through support from CAMH's Beverley Professorship fund. The Professorship brings distinguished researchers and clinicians to CAMH to promote and participate in academic discussion on a topic relevant to research, clinical care and teaching activities.

As the 2002–03 Beverley Professor, Dr. Lu provided lectures, workshops and consultation groups on cultural competence in academic research, clinical care and teaching, focusing on the role of systems' cultural competence in understanding mental health disparities.

#### International Initiatives

The CCHS has developed a memo of understanding involving the University of Port Harcourt, the University of Toronto and CAMH, and is continuing this initiative to establish a Centre for Stress and Health in the Niger Delta region of Nigeria. This work is being expanded to include methods of enhancing capacity to combat health hazards in the Niger Delta.

Another initiative is an ongoing collaboration between the University of Toronto, CAMH and the American University of Beirut, for a comparative study of adolescent mental health.

Finally, the CCHS has created an education elective in Addis Ababa, Ethiopia. The elective will allow two staff psychiatrists and one resident from the University of Toronto to travel to Addis Ababa three times per year, for one month per visit, to teach in the newly formed Ethiopian psychiatry residency program.





# Health Systems Research and Consulting Unit

SECTION HEAD: Dr. Paula Goering

**INFORMING AND IMPROVING SYSTEMS OF MENTAL health and addiction service delivery**—this is the goal of the CAMH Health Systems Research and Consulting Unit (HSRCU), the base of the University of Toronto Department of Psychiatry’s Health Systems Program. Our interdisciplinary team draws on the expertise of other jurisdictions, reviews current literature, interviews and consults with local stakeholders, analyzes data in existing administrative databases and gathers information through epidemiological and program evaluation studies.

Our goal is to have research disseminated and translated into policy and practice. Our section head, Dr. Paula Goering, also holds a CIHR/CHSRF (Canadian Health Services Research Foundation) health services chair; this supports knowledge transfer and exchange activities and emphasizes training.

HSRCU members work in close collaboration with the Ontario Substance Abuse Bureau and the Mental Health and Rehabilitation Reform Branch on system-related issues, such as performance measures and planning. We are affiliated with the Department of Health Policy, Management and Evaluation at the University of Toronto and have developed a collaborative relationship with the Institute for Clinical Evaluative Studies.

Our staff have cross-appointments with other departments at the University of Toronto, including the Faculty of Nursing, Department of Public Health Science and the Institute for Medical Science.

## Education and Training

We had over 16 trainees supervised by scientists on the unit in the last year, three of whom won awards for the excellence of their work. Our summer studentship program has shown great success, attracting 80 applications this year for four positions. Three fellows have learned about health services

research, as have graduate students from various disciplines.

We are involved in two CIHR Training Centres that will provide stipends for trainees as well as opportunities to connect with broader networks. Our scientists are teaching several new university courses, and our unit offers an educational series for trainees and staff.

## Linkage and Exchange

Our knowledge and exchange activities are well-established; we have helped develop a knowledge transfer plan for best practices in concurrent disorders; organized a research education series for our policy partner; evaluated and disseminated the research transfer training series and worked with our provincial evaluation project to implement innovative communication strategies.

A paper describing our relationship with the provincial policy branch has been accepted for publication. We are also developing a knowledge translation research program and a university course.

## Consultation

Our consultation service is busy transferring knowledge and keeping research staff in touch with front-line service delivery issues and problems. We have added an evaluation component to all of our projects, which in the last year have included a review of Toronto’s mental health court support services, an evaluation of a lead agency in northern Ontario and a study of use of inpatient services in southwestern Ontario.

## Community Mental Health Evaluation Initiative

The HSRCU is the co-ordinating centre for a multi-site evaluation research project to advance understanding of the roles played by case management, assertive community treatment, crisis services and consumer and family initiatives.



We are collecting common outcomes data on a cohort of over 600 people at baseline, nine and 18 months. The outcome protocol was designed to be brief and comprehensive; portions of it have been incorporated into other studies and monitoring initiatives. Projects are in the final stages of data collection and are now focusing on analyzing and interpreting results.

We conducted a half-day plenary at the “Making Gains” conference in Fall 2003 to engage Ontario stakeholders in discussion around the implications of the research for practice, programs and policy.

#### **Profile of Ontario Methadone Recipients and Providers**

Until recently, the availability of methadone treatment in Ontario and elsewhere in Canada has been restricted. In 1996, Ontario introduced a series of policy changes aimed at increasing the availability and uptake of methadone therapy.

Using registry data from the College of Physicians and Surgeons of Ontario, we are assessing the five-year impact of these policy changes on the patient and physician populations. Between 1996 and 2001, the total number of methadone clients in treatment in Ontario increased substantially, from 1,595 to 7,787. Over this time period, the number of physicians prescribing methadone increased from 60 to 161.

However, the estimated low proportion of opioid users in contact with the methadone treatment system shows that more efforts are needed to address the potential demand for treatment.

#### **Drug and Alcohol Treatment Information System**

Drug and Alcohol Treatment Information System (DATIS) is a provincial information system that collects, summarizes and reports information on the volume and characteristics of people being treated for alcohol, other drug and gambling

problems in Ontario. Unit staff help select performance measures within DATIS and analyse and interpret trends that are useful for planning, accountability and research.

This year we completed a provincial report and three research papers using the provincial data: 1. a study looking at the high rate of referral into the treatment system of clients with legal/correctional systems involvement; 2. a study showing the numbers and characteristics of clients in treatment for problem gambling; and 3. a study describing the volume and characteristics of clients seeking help for problems related to their use of cannabis.

#### **Depression in the Workplace**

In response to a request from the Ontario Roundtable on Appropriate Prescribing, we designed a study called Depression in the Workplace: Examining Antidepressant Use and Worker Characteristics and Their Associations with Disability. Three Canadian companies with national employee bases were recruited as project participants, representing over 65,000 workers.

Results showed that approximately 58 per cent of employees who were receiving depression-related short-term disability benefits had made at least one antidepressant claim. Employees who did not use antidepressants typically reported significantly fewer symptoms at baseline on average than those who did use antidepressants.

The results of this study represent an important first step in exploring the question of how antidepressants are used among workers who are most affected by depression and who use disability benefits.

#### **Comprehensive Assessment Projects**

This series of needs-based planning projects originated in Ontario’s psychiatric hospitals and expanded into the community system. We used a consistent methodology to assess current and recommended levels of care for people who use mental health services and to determine how well care received matched the level of need.

This series of needs-based planning projects is now completed; we created a database that merges results from projects across the province. There are about 42,000 clients of community mental health services and 13,000 clients of provincial psychiatric hospital services represented in this provincial database. Plans are under way to transfer the database to the Ontario Ministry of Health and Long-Term Care so researchers and planners can have full access to it.

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# Ontario Tobacco Research Unit

SECTION HEAD: Dr. Roberta Ferrence

## SINCE ITS INCEPTION IN 1993 AS THE RESEARCH

component of the Ontario Tobacco Strategy, the Ontario Tobacco Research Unit (OTRU) has been a focal point for an active, tobacco-control research network in Ontario. The principal sponsor of OTRU is the Department of Public Health Sciences, University of Toronto. CAMH is one of three co-sponsors of the unit, making in-kind contributions of investigator and staff time, facilities and administrative support. Funding comes from the Ontario Ministry of Health and Long-Term Care, in-kind contributions from sponsoring institutions and various external grants and contracts.

The OTRU network is a university-based, multi-disciplinary team of six principal investigators, 32 co-investigators, 24 collaborating investigators, many affiliates, consultants and Ontario Tobacco Strategy partners.

Following our external review in 2002, we began an extensive strategic planning process to review activities in the five functional areas based on our mandate (Program and Policy Research and Development, Monitoring and Evaluation, Teaching and Training, Information Analysis and Dissemination, and Networking and Communications) and to develop a research agenda for tobacco control in Ontario.

### Program and Policy Research and Development

We continue to support tobacco control research in Ontario by informing and supporting our investigator base. In the past year, we developed and implemented the OTRU Investigator Award Program for research in tobacco control. Through this program, we earmarked funds for four awards of up to \$7,500 to OTRU-affiliated co-investigators and collaborating investigators.

### New Research

We presented findings from OTRU research projects at several conferences. These included results from a national study on

second-hand smoke in the home, a study of pharmacists' role in advising clients about smoking and cessation and an examination of connections between the tobacco industry and universities in Canada.

Based on an analysis of data from the *Ontario Student Drug Use Survey*, we reported that students who perceived themselves as overweight and engaged in weight-control behaviours were two to six times more likely to smoke than those who didn't have this perception. The findings were stronger for young women than for young men.

In our second-hand smoke study, we found that having at least one non-smoker and having children in the home reduced the likelihood of exposure to second-hand smoke by almost half and increased attitudes favourable to controlling it. Further, we found that a majority of Canadians support banning smoking in vehicles carrying children, and about 40 per cent support banning smoking in homes where children live.

### Monitoring and Evaluation

This year, our Monitoring and Evaluation group issued our Annual Monitoring Report as a four-part Monitoring and Evaluation Series that examined progress of the Ontario Tobacco Strategy.

This series relies on qualitative and quantitative evidence to document changes in the province's tobacco control climate, including policy and program initiatives and tobacco-related knowledge, attitudes and behaviours. Two principal sources of data for our series are the annual *CAMH Monitor* and the biennial *Ontario Student Drug Use Survey*.

### Teaching and Training

Involving students and graduates early in their careers is an essential strategy for developing a future generation of researchers and practitioners with interests and skills in tobacco control.



In the past year, our student-related initiatives included individual thesis research and field practica under the supervision of OTRU investigators. We expanded the University of Toronto graduate-level course, “Tobacco and Health: From Cells to Society,” developed by Drs. Roberta Ferrence and Joanna Cohen.

We also continue to video-conference the course through our Eli Lilly Learning Centre; in the past year, we offered this option to students at the Universities of Toronto and Waterloo, McGill University and the University of British Columbia.

This course gives students a comprehensive overview of tobacco and tobacco-related issues from a public health perspective. Topics include patterns of tobacco use, nicotine addiction, genetic factors, determinants of smoking, health effects, social and economic impacts, treatment issues, prevention, and program and policy issues.

OTRU is now a collaborator on two CIHR strategic transdisciplinary tobacco training program grants, including one with three partners—the University of Waterloo, the University of British Columbia and the University of Toronto—that focuses on tobacco control research, and another training program grant, funded this spring through CAMH and the University of Toronto, that focuses on training clinicians in tobacco research on special populations, such as people with mental health and substance use problems.

Through the OTRU Graduate Studentships for Research in Tobacco Control Program, initiated in 2001 to increase tobacco research capacity in Ontario, we offered 10 studentships of \$7,000 each in the 2002/2003 academic year.

#### **Information Analysis and Dissemination**

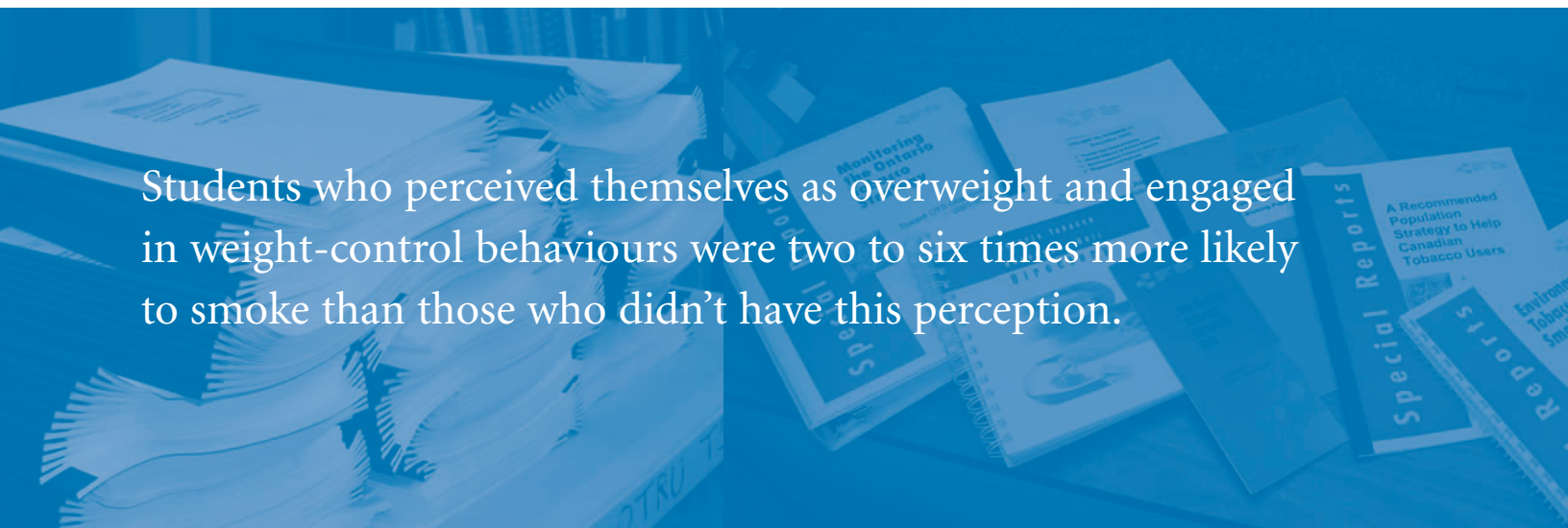
We continue to disseminate working papers and current abstracts on tobacco control to other researchers, public health professionals and policy makers in Ontario, through our library services and monthly mailings.

#### **Networking and Communications**

This year, OTRU investigators and staff continued to present new research findings at scientific conferences, workshops, seminars and lectures.

We held networking events and provided conference displays, media and electronic communication; we developed and disseminated various OTRU products, including several working papers, research and information updates and issues of current abstracts on tobacco. We presented several papers at the National Conference on Tobacco or Health held in Ottawa in December, 2002; at this conference, we held a reception for investigators and partners to honour our studentship recipients.

Our Web site and listserv continue to provide key information on funding and research events, as well as discussion on research issues for 152 investigators and practitioners across the province and beyond. In 2002/2003, we reviewed and updated the content and look of our Web site, which receives 2,000 to 3,000 visits per month.



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# Population and Life Course Studies

SECTION HEAD: Dr. Edward Adlaf

**THE OVERALL GOAL OF THE POPULATION AND LIFE Course Studies Unit** is to describe the extent of addiction and mental health indicators in the population and to monitor trends. This includes: providing and disseminating accurate and timely data about alcohol use, other drug use and mental health indicators among general and special populations; and monitoring and identifying risk and protective factors for alcohol use, other drug use and mental health indicators.

By measuring addiction and mental health indicators, we provide the knowledge base for health professionals, program planners and municipal, provincial and national government bodies. This information can also help us target prevention and other programs and evaluate existing programs, policies and health objectives. The result is an information base that helps ensure needed programs are established in a timely and cost-effective manner.

Our team of investigators includes epidemiologists, sociologists, psychologists, criminologists and historians. Investigators also serve as experts for international agencies such as the World Health Organization and the United Nations Drug Control Programme. Unit staff hold appointments with University of Toronto departments, including Public Health Sciences, Psychology, Psychiatry, Sociology and History.

## Survey Research

In the past year, we prepared the 14<sup>th</sup> cycle of the *Ontario Student Drug Use Survey (OSDUS)*, the longest ongoing school survey in Canada, and began the fieldwork in February. We expect that almost 6,000 students from over 100 schools will participate in the survey.

Some of the new issues that will be covered include work activity and related injuries, Internet gambling, non-medical

use of Ritalin® and the use of ketamine. The final report was released in November 2003.

In addition to monitoring addiction and mental health indicators among Ontario adults, the *CAMH Monitor*, our ongoing telephone survey of adults, investigates areas such as road rage among drivers, stigma related to mental health and the role of pharmacists in smoking cessation.

Along with Dr. Louis Gliksman and colleagues from the Universities of Montreal and Alberta and Dalhousie and Harvard universities, we have begun a three-year study of Canadian university undergraduates. This study, funded by the Canadian Institutes for Health Research, will survey some 10,000 undergraduates throughout Canada. The study will investigate the determinants of outcomes such as heavy drinking, illicit drug use, mental health problems and gambling behaviours.

## Internet Resources

We published seven *eBulletins*, our ongoing series of brief data overviews of substance use and mental health trends among Ontario students and adults. Topics included issues such as trends in rave attendance, binge drinking, student exposure to illicit drugs and suicide ideation. Among the results, we found that 11 per cent of Ontario students reported that they had seriously considered suicide during the past year.

We also completed and released our electronic monitoring report: *CAMH Monitor eReport: Addiction and Mental Health Indicators among Ontario Adults in 2001, and Changes Since 1977*. The report describes the extent of alcohol use, drug use, mental health indicators and gambling problems, and provides a knowledge base for health professionals.

Visitors to our Web page ([www.camh.net/research/population\\_life\\_course.html](http://www.camh.net/research/population_life_course.html)) will find highlights of our survey research.



### **International Activities**

Our staff have also been active in international research and training. We continue to train graduate students from the Faculty of Public Health, University of Applied Sciences (Hamburg, Germany), consult with and train staff at the National Drug Council of the Cayman Islands regarding their Cayman Islands Student Drug Use Survey, and collaborate with the DAVI (Drugs Alcohol and Violence International) study, a multi-site study involving researchers from Philadelphia, Montreal and Amsterdam.

### **Gin Use in 18<sup>th</sup> Century London**

Dr. Jessica Warner's *Craze: Gin and Debauchery in an Age of Reason*, a book about the gin epidemic in eighteenth century England, received critical acclaim in both North America and Britain.

The book has been reviewed in the *Globe and Mail*, the *Toronto Star*, the *Washington Post*, the *New York Times*, the *London Times*, the *Daily Telegraph*, the *Guardian*, the *London Review of Books*, *BBC History Magazine* and *Forbes Magazine*, among others, and it has also been featured on CBC Radio, BBC Radio and National Public Radio.

### **Natural History Telephone Survey**

Dr. John Cunningham completed a representative, general population telephone survey of 3,006 respondents, exploring the natural history of alcohol problems.

The survey contains a detailed assessment of current and prior alcohol problems, use of treatment and other social services, and demographic factors thought to be associated with recovery from alcohol problems. The survey also includes a qualitative interview component, asking people who have recovered from a drinking problem about their reasons for change.

By measuring addiction and mental health indicators, we provide the knowledge base for health professionals, program planners and municipal, provincial and national government bodies.

# Public Health and Regulatory Policy

SECTION HEADS: Drs. Benedikt Fischer & Jürgen Rehm



LATE IN 2002, THE PUBLIC HEALTH AND REGULATORY Policy Section was established with a broadened focus, emerging from the former Legal Controls and Regulatory Policy Section. The section is co-headed by Drs. Benedikt Fischer and Jürgen Rehm. Over the past few years, our investigators have secured substantial funding for several areas of research, highlighted below.

## Social and Epidemiological Studies

Exemplary projects of the section include the CIHR-funded multi-year Interdisciplinary Health Research Team (IHRT) on Illicit Opiate Addiction Research, Treatment and Policy. Led by Dr. Benedikt Fischer, the IHRT convened its first annual all-projects' meeting in September 2002; this meeting offered a forum in which all of the IHRT projects represented by research investigators, staff and students presented research results or plans.

One of the IHRT projects—the OPICAN multi-site cohort study, headed by Dr. Fischer, on untreated illicit opioid use in five cities across Canada—featured results from its baseline component.

As select key information, the majority of people from the total OPICAN baseline sample (679 subjects) featured the following characteristics: non-permanent housing, cocaine or crack use in conjunction with opioid use, physical and depression problems, similar use of health or social services and unmet treatment needs. The investigators will follow up with this cohort; our results will inform research and development of more effective interventions.

Drs. Reginald Smart and Robert Mann have received funding from the AUTO21 Network of Centres of Excellence to study antisocial driving behaviour. The Networks of Centres of Excellence program is funded by the Natural Sciences and Engineering Research Council (NSERC), the Canadian Institutes of Health Research (CIHR) and the Social Sciences

and Humanities Research Council (SSHRC), in partnership with Industry Canada.

One study focused on the emerging problem of road rage in the Ontario adult population. The investigators found that experiences as a victim or perpetrator of road rage are common; about half of Ontario drivers had such an experience in the past year. More serious road rage cases involving threats or injuries affected nearly one person in ten. Road rage is more common among young, male drivers and people living in larger, urban centres.

The investigators identified a small group of frequent road ragers, with elevated levels of psychiatric distress, who are involved in most of the serious cases. Future studies will focus on ways to prevent road rage, particularly among people who have the most severe problems.

Preliminary results of the Canadian Alcohol Experiences and Nordic Perspectives project, led by Dr. Norman Giesbrecht, indicate that commercial and policy measures that promote drinking and increase overall alcohol consumption (e.g., extended liquor store operations, increased density of liquor outlets and/or liquor price reductions) are not benign. In fact, such measures are associated with risks and costs for the general population.

As a result of such risks, the research team is recommending the promotion of policies that favour low-risk drinking and prevent an increase in aggregate drinking rates.

Activities to promote better policies could include, for example: promoting a better balance between control and trade agendas; developing a monitoring system of changes in alcohol policy; including health and safety experts at the table when plans for changes in retailing are considered; conducting impact assessments before introducing changes in access to alcohol; and increasing public awareness of the risks of higher drinking rates and the relevance of alcohol policies for public health and safety.



### Developing and Evaluating Interventions to Reduce Substance-Related Harm

An important area of our research has been to evaluate policies in Ontario and Canada that aim to reduce alcohol-related motor vehicle collisions. This year, Dr. Mann and his team completed the first long-term evaluation of the effects of the legal blood alcohol limit for driving (.08%) in Canada since the limit was introduced in 1969.

The investigators analysed alcohol-related driver fatalities in Ontario that occurred between 1962 and 1996, controlling for long-term fatality trends.

They found that the introduction of the legal limit has had a very strong impact on the number of alcohol-related fatalities; the legal limit law has been associated with a sustained reduction of 18 per cent in alcohol-related driver fatalities in the province. Additionally, the analysis demonstrated the impact of other factors on drinking driving fatality rates. In particular, a strong relationship with population alcohol consumption levels was observed, with drinking driving deaths increasing as consumption increased.

Dr. Scott Macdonald and colleagues recently also compiled data on motor vehicle collisions, in which collision rates of people who received treatment for problems with alcohol, cannabis or cocaine were compared with rates of population controls. Both the alcohol and cocaine groups had significant declines in “at fault collisions” after receiving treatment, compared to a control group.

Dr. Jürgen Rehm led the Comparative Risk Analyses for Alcohol within the Global Burden of Disease Study under the umbrella of the World Health Organization. The aim of the study was to quantify and compare the impact of 26 health risk factors on global burden of disease (see graph).

Alcohol was found to be the most important risk factor in developing countries with overall low mortality, such as China, and the third most important risk factor in established

market economies, such as Canada (after tobacco and high blood pressure).

Based on these results, in part published in the 2002 *World Health Report*, several countries have initiated interventions to reduce alcohol-related harm.

### Knowledge Transfer: From Research to Policy

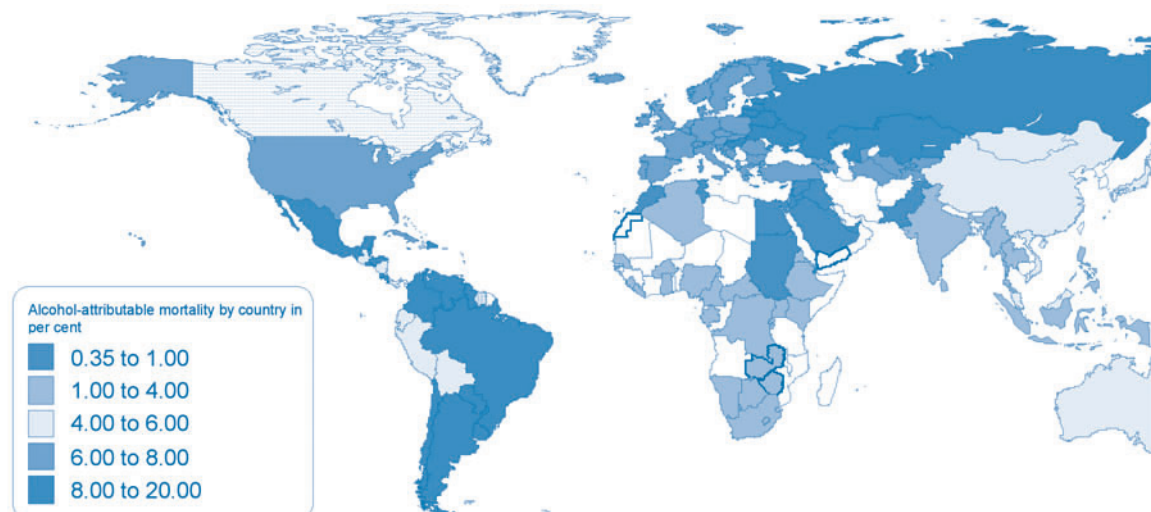
Dr. Norman Giesbrecht, as head of a large team studying Canadian alcohol policy, has submitted a book manuscript, *Alcohol, Commerce and Public Health—Agendas in Recent Canadian Policy Experiences*, to McGill-Queens University Press for publication. The manuscript has received very favourable reviews, and the author team expects that the manuscript will go forward to publication in 2004.

The book compares seven case studies, showing that a public health and safety agenda is not prominent in most national and provincial alcohol policy deliberations; these deliberations tend to favour commerce, revenue generation, vested interests and ideology.

Research findings and public opinion play some role, but not a critical one, in alcohol policy deliberations. The final chapter of the monograph notes the implications of these developments for research, prevention practice and effective policy.

Commissioned by Health Canada and its project partner organization UNAIDS, Jürgen Rehm and Benedikt Fischer led the development of an international compendium with the working title: “Reducing the Risks, Harms and Costs of HIV/AIDS and Injection Drug Use (IDU): A Synthesis of the Evidence Base for Development of Policies and Programs.”

This compendium, the basis for an international policy dialogue co-organized by Health Canada, comprises special topic chapters on the evidence of and best intervention practices for HIV/AIDS and IDU from some 21 expert contributor teams from four continents.





# Social Factors and Prevention Interventions

SECTION HEAD: Dr. Kathryn Graham

IN THE SOCIAL FACTORS AND PREVENTION INTERVENTIONS Section, our research identifies environmental factors (e.g., social, physical, cultural) and individual factors (e.g., personality, predisposition, risk, protection) that are associated with mental health and substance use problems. We then use this knowledge to develop and evaluate research-driven interventions to reduce the occurrence and severity of such problems.

Current programs of research in this section focus on gender and alcohol, preventing barroom aggression, alcohol-related aggression among students and other young adults, school-based and workplace-based prevention programs, healthy psychosocial development and childhood risk and preventive factors, parenting and school culture, and preventing and treating problem gambling.

## A National Survey on Alcohol and Gender: the GENACIS Project

The Canadian Institutes of Health Research have funded Dr. Kathryn Graham's national survey on gender and alcohol. This survey, co-led by Dr. Andrée Demers from the University of Montreal and involving collaboration with researchers from across Canada, is part of a multinational collaboration known as the GENACIS (Gender, Alcohol and Culture, an International Study) Project, involving about 30 countries from around the world.

In this study, we will examine the relationship between gender and drinking patterns, as well as the interaction of gender and alcohol consumption related to issues such as social and health consequences of drinking, partner violence, depression and social roles, both at the national level and as part of cross-national comparisons.

## Families Working Together

Led by Dr. David DeWit (CAMH) and Drs. Thomas Nochjaski and Andrew Safyer (University at Buffalo), the Families Working Together Project, funded by the U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA), has completed its third year.

The goal of the project is to evaluate the effectiveness of the *Strengthening Families Program*, a program designed to build resiliency among families struggling with alcohol problems. We have recruited families from 10 alcohol and drug treatment agencies (five in Ontario and five in New York); 277 of our target of 360 Ontario families are already enrolled. Preliminary results—of the impact of the program on children's social and coping skills—were presented at an international conference this past June.

## Reducing Aggression and Injury in Bars

Dr. Kathryn Graham heads an international team of investigators conducting a randomized control study, funded by the NIAAA, to evaluate the effectiveness of the *Safer Bars* program on reducing aggression and injury related to drinking in licensed premises.

The impact of the *Safer Bars* program was assessed by teams of trained observers, who conducted over 1,300 nights of observation in study bars and clubs before and after the intervention.

The study found that bars and clubs that participated in the *Safer Bars* program showed a significant decrease in physical aggression, especially more severe aggression such as punching and kicking, when compared with bars and clubs in the control group. These results have generated international interest leading to a number of invited presentations around the world.

## Promoting Healthy Childhood and Adolescence

Dr. DeWit and collaborators from CAMH, and from universities and programs across Canada, have been funded by the Hospital for Sick Children Foundation (Innovative Grants Competition) to study the feasibility of conducting a national evaluation of the Big Brothers/Big Sisters adult mentoring program.

In 2002, Dr. DeWit and his colleagues published a report summarizing the results of the *School Culture Project*. This project included a survey of over 2,400 students at 22 high schools in Ontario to study the impact of school culture on academic achievement, behavioural functioning and mental health of high-school students.

Findings revealed that a positive social environment at school contributes to feelings of belonging and acceptance among students, and these feelings, in turn, are associated with strong academic performance, positive mental health and minimal behavioural problems.

## Fairness and the Human Spirit at Work

Dr. Martin Shain and Ms Helen Suurvali have completed the development and preliminary evaluation of the *Neighbour at Work Project*. As part of this project, employees volunteer to participate in exercises that help them revisit the fundamental promises of their employment relationships.

The test site for this project was the federal department of Human Resources (HRDC) in Prince Edward Island. Our preliminary evaluation shows that the concept and practice of the *Neighbour at Work* idea have great appeal for all levels of staff and that the surveys and workshops can successfully

raise and resolve issues about the quality of the employment relationship. This idea needs the full support of senior management and unions if it is to have credibility and power.

The project is now entering a quasi-experimental phase, in which staff in several worksites will be trained to conduct surveys and workshops themselves. We will then be able to compare the effectiveness of their interventions with worksites that do not adopt the program. Outcome measures will include indicators of improved mental health.

In this area, we have also prepared an extensive review of the scientific literature on mental health in the workplace for Bill Wilkerson's Global Business and Economic Roundtable on Addictions and Mental Health.

### **Understanding and Preventing Problem Gambling**

Over the past several years, Dr. Nigel Turner has led a program of research into the development of gambling problems and applying this knowledge to prevention and treatment.

Two completed studies (*Winners* and *Pathways*) have shown that problem gambling results from a combination of impulsivity, pre-existing unhappiness, over-reliance on escape as a means of coping with stress, erroneous beliefs about one's ability to win and the experience of winning early in one's gambling career. Our research suggests that none of these factors is necessary for development of a gambling problem; however, the more these factors are present, the higher the risk of gambling problems.

This knowledge on the causes of problem gambling is also being applied to the development of a problem gambling prevention curriculum. In collaboration with CAMH's Problem Gambling Service, Dr. Turner has helped develop and evaluate a curriculum resource of information on problem gambling. Dr. Turner has recently completed an evaluation of the retention of information from this curriculum in a school setting, which found significant improvements in the students' understanding of randomness and coping skills.

Dr. Turner's work has also included developing new psychometric tools to measure erroneous beliefs about random events (*Random Events Knowledge Test*), gambling experiences (*Winning Experiences Questionnaire*) and experiences of mood across the lifespan (*Life Charts*).

### **Alcohol-Related Aggression among University Students and Other Young Adults**

Dr. Paul Tremblay has been funded by the Canadian Institutes of Health Research to conduct a study at four universities, looking at alcohol and aggression among students.

Using a Web-based questionnaire, our researchers will study students' perceptions about the effects of alcohol intoxication on aggression, and determine if these perceptions are influenced by dispositions toward aggression and various socio-environmental factors within the drinking environment.

A pilot study, conducted by Ms Laura Ewart under Dr. Tremblay's supervision as part of her fourth-year honours thesis, revealed that students think intoxication affects aggression in certain situations and that their likelihood of becoming aggressive is influenced by motivational factors, such as self-confidence, in provoking situations and level of anger.

Ms Samantha Wells is conducting secondary analyses of data from young adults who participated in the U.S. National Longitudinal Survey of Youth. The main focus of her analyses will be to explore the roles of drinking patterns, drinking contexts, social roles adopted during young adulthood and individual characteristics, including early anti-social behaviour and risk-taking, in terms of their association with alcohol-related aggression.

This extension of Ms Wells's previous research on alcohol-related aggression is part of her PhD dissertation in the Department of Epidemiology and Biostatistics at the University of Western Ontario. She presented preliminary results at a recent international conference.

### **Personality, Provoking Situations and Aggression**

Dr. Paul Tremblay, with others at CAMH and the University of Western Ontario, is investigating the role of personality in responding to provoking situations. In this work, researchers will develop a taxonomy of aggression-provoking situations, covering domains such as workplace aggression, schoolyard bullying, intimate conflict and driver aggression.

Our research papers and reviews have been presented at conferences and submitted for publication; Ms Mirjana Belchevski has completed an empirical study on this topic as part of an honours thesis.





# Women’s Mental Health and Addiction

SECTION HEAD: Dr. Brenda Toner

## THE WOMEN’S MENTAL HEALTH AND ADDICTION

Research Section continues to focus on multidisciplinary research collaboration at international and local levels. This year, we have strengthened our section by recruiting two outstanding research scientists, Drs. Lori Ross and Nili Benazon. The following represent selected highlights of our new and ongoing research programs.

### Mental Health Issues in Marginalized Populations of Women

In a new program, Dr. Ross has fostered collaborations with researchers and clinicians across disciplines and fields of study, including community partners, to study mental health issues in marginalized populations of women.

Examples of pilot projects in this program include studies on the role of culture in postpartum mood problems and mental health in lesbian biological mothers and co-parents.

This research seeks to examine potential relationships between experiences of discrimination (including racism and homophobia) and mental health. We also aim to determine whether existing mental services for new mothers meet the unique needs of women who are immigrants and/or identify as lesbian.

### Psychosocial Issues in Medical Disorders

Dr. Benazon’s area of expertise is the role of affective and anxiety disorders, as well as the family environment, on recovery from physical health conditions. A CIHR investigator, Dr. Benazon is principal investigator on a new study evaluating the quality of care for depression among cardiac patients.

### Functional Gastrointestinal Disorders in Women

We completed a study, funded by the U.S. National Institute of Health, of a multicentre trial of functional bowel disorders. We are pleased to say that that the first paper to come out of

this work, “Cognitive-behavioral therapy versus education and desipramine versus placebo for moderate to severe functional bowel disorders,” has recently been published in *Gastroenterology*, a high-impact journal in the field.

This study, a collaboration between mental health professionals and gastroenterologists from the University of Toronto (Drs. Toner and Nick Diamant) and the University of North Carolina (Drs. Bill Whitehead and Doug Drossman), aimed to improve understanding and treatment of these chronic and debilitating illnesses, which are diagnosed mainly in women.

This study is the first to take a holistic view of these disorders, assessing both the biological and psychosocial impact of cognitive behaviour therapy (CBT) versus antidepressant medication. We have continued, and expect to continue, to produce papers, abstracts and presentations from this rich database over the past five years.

We are pleased to report that we have had a large grant approved from CIHR (funds released contingent on NIH funding for U.S. collaborators) to continue this very productive program of research. Our new grant will focus on comparing the effect of combination treatment (CBT and antidepressants) versus monotreatment (CBT or antidepressants) for women with functional gastrointestinal disorders.

### Development of a Gender Role Scale for Women

Theorists suggest that many mental health problems experienced by women are influenced by socialization into the female gender role. We are one year into a three-year study, funded by the Social Sciences and Humanities Research Council of Canada, to develop and validate a scale to measure gender role socialization in women.

This year, we recruited over 800 research participants from local universities, the community, and health and mental health clinics to complete the candidate items for our scale



together with other questionnaires that will help us validate the scale.

#### **Gender Role Messages for Women: An Intervention**

Feminist researchers and clinicians have agreed on the need to develop interventions that expose and challenge gender role messages for women. During this year, we have further developed and refined a manual for such an intervention. We continue to look for a publisher for our prospectus for this work, *Exposing and Challenging Gender Role Messages for Women: Theoretical, Empirical and Clinical Perspectives*.

#### **Complex Post-traumatic Stress Disorder**

Dr. Linda McLean's study (co-supervised by Drs. Brenda Toner and Noreen Stuckless), "The development of a complex posttraumatic stress disorder, dissociation, somatization, childhood trauma, and alexithymia in an outpatient sample of women," funded by an Eli Lilly Canada Fellowship in Women's Mental Health Research, is proceeding as planned. Participant recruitment is almost complete.

#### **Life Role Changes that Contribute to Well-Being among Immigrant Chinese Women**

Ms Taryn Tang leads this longitudinal program of research that examines the transitional life event of immigration and the changes in Chinese women's roles.

This year, she has recruited 50 Chinese women using a semi-structured interview protocol. This study incorporates quantitative and qualitative research methods and analyses to examine sources of coping and support that are associated with mental health and well-being.

#### **Trichotillomania**

Ms Josee Casati is developing a research proposal to further identify themes involving women's experiences with

trichotillomania, or compulsive hair pulling.

Ms Casati's previous work in this area was a qualitative study that investigated psychosocial concerns for women with trichotillomania. Critical to this was the need to understand how women with trichotillomania conceptualized their condition and what feelings and concerns were associated with their hair-pulling.

The study identified several concerns, including negative affects, control and triggers. This timely study addressed the importance of identifying and integrating psychosocial concerns into current treatment protocols.

Her current research project will examine factors that may contribute to the development of trichotillomania and affect the quality of life for women with this condition. While providing a foundation for future research, findings from this study will help to define the relationship between early life events and trichotillomania.

Feminist researchers and clinicians have agreed on the need to develop interventions that expose and challenge gender role messages for women.