Message from the President

Andrew Cheng

Dear members:

It is my great pleasure to inform you that we have now received more than 250 abstracts submitted for our 2007 Congress. This number is greater than that in our last congress in 2004, indicating a continued growth of IFPE when several international meetings in this field have suffered from a shortage of delegates in recent years. There are several symposia including those submitted by our corporate members.

I’d like to express my sincere appreciation to the enthusiastic support from our Committee members, individual and corporate members in disseminating the news of the Göteborg meeting and encouraging colleagues to submit abstracts. The titles of these abstracts have covered a wide range of topics in psychiatric epidemiology from genetic, biological, clinical, and socio-environmental aspects across the life span. Members of the Scientific Programme Committee are currently spending considerable time assessing voluminous abstracts, with an aim to produce an excellent scientific programme for us. They expect to have this programme online in February.

We have received a number of applications for the Travel Fellowship from graduate students, young researchers, and people from less-income countries. We hope that a better income from registration will enable us to provide more supports to these applicants, so that many of them can join us in Göteborg.

Looking forward to meeting up with you in next May in Göteborg.

Merry Christmas and Happy New Year!

New Member Profiles

Michael Lynskey, PhD

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During the past several decades comorbidity has emerged as a major focus of research inquiry, and one that I have been particularly interested in. While multiple epidemiological surveys have documented the correlation or comorbidity...
between psychiatric and substance use disorders (as well as other “problem behaviors” such as sexual risk taking and criminal behavior) the mechanisms underlying this comorbidity remain controversial (Angold et al, 1999; Caron & Rutter, 1991). One popular hypothesis is that specific behaviors or disorders co-occur due to influence of shared and common risk factors and life processes that predispose individuals to multiple disorders. In an initial (for me) examination of this hypothesis we used longitudinal data collected as part of the Christchurch Health and Development Study, an ongoing study of a large and representative sample of Christchurch, New Zealand born children and methods of structural equation modelling to examine the origins of the correlations between tobacco, alcohol and cannabis use during adolescence. We found that correlations between use of these substances could be modelled as reflections of a common underlying vulnerability to substance use and there was no evidence of causal pathways between the use of specific drug classes. Additionally, peer factors emerged as a potent risk factor for the development of substance use and the influence of this—and other risk factors—acted through their influence on a general substance use “vulnerability” factor rather than being specific to any of the individual substance use outcomes.

In an analogous set of analyses using genetically informative data we recently fit a series of quadrivariate Cholesky models to data on alcohol and cannabis consumption and dependence symptomatology collected from a large cohort of Australian born twins (Lynskey et al, 2006). These models allowed us both to estimate the proportion of variance in alcohol and cannabis related behaviors that could be attributed to additive genetic, shared environmental and non-shared environmental factors and to estimate the extent to which these influences on alcohol and cannabis involvement were correlated. Results indicated substantial heritable influences on alcohol consumption ($a^2 = .53-59$), dependence symptomatology ($a^2 = .27-47$) and on cannabis consumption ($a^2 = .60-.72$) and symptomatology ($a^2 = .55-.71$), consistent with previous research findings (Agrawal & Lynskey, 2006; Tyndale, 2004). Importantly, there was also evidence of substantial overlap in the genetic factors associated with alcohol and those associated with cannabis: the genetic correlation between corresponding measures of alcohol and cannabis consumption was .62 in females and .65 in males, while the genetic correlation between alcohol and cannabis dependence symptomatology was .59 in females and .58 in males. Similarly, there were moderate non-shared environmental correlations (.21-.32) between alcohol consumption/dependence symptomatology and corresponding measures of cannabis involvement. These results are again consistent with the hypothesis that much of the observed associations between alcohol and cannabis use can be explained by common predisposing risk factors (particularly heritable predispositions).

While these analyses have examined links between tobacco, alcohol and cannabis use, perhaps the most controversial hypothesis is that early onset cannabis use may be associated with increased risks for the use of other illicit drugs such as amphetamines, cocaine or heroin (Hall & Lynskey, 2005). Specifically, common findings that: the onset of cannabis use typically precedes the use of these other drugs and that few people who have not used cannabis will ever use these other drugs have been interpreted by some researchers—and policy makers—as indicating a causal role for cannabis use in the development of illicit drug use and have led to cannabis being labelled as a gateway drug. While this conclusion appears premature as it has been based primarily on the temporal sequencing of cannabis and other illicit drug use (Morral et al, 2002), studies which have attempted to control for observed covariates have reported that, even after such control, significant associations remain between early onset cannabis use and subsequent illicit drug use, consistent with a causal role for early onset cannabis use in the development of other illicit drug use and drug abuse/dependence (Fergusson et al, 1996; 2006; Yamaguchi & Kandel, 1984).

To test this hypothesis we employed a co twin-control methodology to examine whether early...
onset cannabis use was associated with increased risks for subsequent use of other illicit drugs (e.g., cocaine, heroin) in a sample of young adult Australian twins. The co-twin control methodology provides an elegant methodology for controlling for both genetic and shared environmental risk factors that may be associated with both early onset cannabis use and with subsequent use of other illicit drugs. To my surprise early onset cannabis use (before age 17) remained associated with later risks: early onset cannabis users had odds of sedative, hallucinogen, cocaine/other stimulants and opioid use that were 2.6 to 5.2 times higher than those of their non-early using co-twin (Lynskey et al, 2002; Table 2). These associations remained after further control for a number of observed covariates, including early onset illicit drug use and exposure to childhood sexual abuse; when varying definitions of early onset were employed and when the sample was restricted to only those twin pairs where the non-early user did eventually initiate use. Similarly, subsequent studies using a variety of genetically informative research strategies have thus far failed to discount the possibility that the use of cannabis may influence subsequent risks for the development of illicit drug use (Agrawal et al, 1994; In press; Lessem et al, 2006).

While this pattern of results appears robust, what is perhaps more interesting is the very different interpretations that have been given to them: the apparent gateway effects of cannabis have been used both as a rationale for continuing legal prohibitions against possession and use of cannabis in the US and concurrently, as a justification for its de facto decriminalization in the Netherlands. Given this we were interested in examining whether associations between early onset cannabis use and other illicit drug use, previously observed in an Australian sample, would be replicated in a sample of Dutch twins (Lynskey, Vink & Boomsma, 2006). Again, (to our surprise) they were: early onset cannabis users had odds of other illicit drug use that were 7.4 to 16.5 times higher than those of their non-early using co-twin. While these results suggest that previously observed associations between cannabis use and subsequent use of other illicit drugs can not be attributed solely to the legal status of cannabis, nor do they discount the hypothesis that environmental factors explain the association between early onset cannabis use and later illicit drug use. Firstly, given the dramatically lower rates of cannabis use in the Netherlands relative to both the United States (Vega et al, 2002) and Australia, it is possible that cannabis use in that country represents as much a norm violating or socially proscribed behavior as it does in countries where it remains illegal. Thus, cannabis use may be a marker for and indicator of a propensity to norm violating behavior that is independent of familial risks.

An obvious process that was not included in either of our analyses was the association between peer affiliations and early cannabis use, despite findings that affiliations with delinquent or substance using peers are a powerful predictor of drug use. The association between early cannabis use and subsequent illicit drug use, if causal, could be mediated by peer affiliations. Alternatively, affiliations with delinquent peers could precede the initiation of cannabis use in which case the associations between early onset cannabis use and later illicit drug use would be non-causal.

If it is the case that there is a causal association between early onset cannabis use and subsequent illicit drug use I would therefore propose that any such association is likely to be mediated by social factors and perhaps particularly peer factors whereby early onset cannabis use is associated with transition into a social milieu which both encourages the use of— and provides access to—cannabis and other illicit drugs. While the pharmacological effects of adolescent exposure to cannabis have sometimes been proposed as explaining these associations, I consider such mechanisms unlikely: the levels of exposure typically employed in animal models are often many times higher than is typical in early onset cannabis users and animal models demonstrating cross-tolerance between cannabinoids and opioids, for example, seem not to address the essential components of the gateway model.
References


Agrawal A, Lynskey, MT, Bucholz KK, Martin NG, Madden PAF, Heath AC. Contrasting Models of Comorbidity for Cannabis and Other Illicit Drugs in Adult Australian Twins. Psychological Medicine, In press


Fergusson DM, Boden JM, Horwood LJ. Cannabis use and other illicit drug use: testing the cannabis gateway hypothesis. Addiction. 2006; 101: 556-69


Morral AR, McCaffrey DF, Paddock SM. Reassessing the marijuana gateway effect. Addiction, 2002; 97: 1493-504.


Elena Villamil PhD

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Dr Elena Villamil has over 20 years combined experience in the chemical and pharmaceutical industry both in research and in management roles. She has also worked in Academia in her native city (University of the Republic, Montevideo, Uruguay), before deciding to move to the UK. She has served with two of the top Pharma companies: RPR (Aventis-Sanofi) and most recently with GlaxoSmithKline. In the last five years she has lectured in Epidemiology and Medical Statistics at the Kigezi International School of Medicine (Cambridge, UK) and more recently, collaborates in the MPhil Epidemiology course at the Department of Public Health and Primary Care (University of Cambridge, UK).

At the University of Cambridge she worked on the epidemiology of depression and anxiety disorders around retirement age. During this time she explored the observed decrease in prevalence of these disorders around the conventional retirement age, working with the
British Psychiatric Morbidity Survey (including an 18-months follow-up subgroup, the “Better or Worse” Survey), the Australian National Survey of Mental Heath and Wellbeing, and later with the longitudinal National Population Health Survey of Canada. In her current role as a Principal Epidemiologist in the Psychiatry Section of the Worldwide Epidemiology Department in GlaxoSmithKline she has responsibility for the areas of depression, anxiety and sleep disorders, supporting product development from early drug development to clinical trials, and post-marketing. Her main research focuses on physical and psychiatric comorbidities of these psychiatric disorders. She also works on epidemiological strategies in the discovery of new therapeutic areas and has research collaborations with the University of Cambridge (UK) and with Boston University (USA).

Dr Villamil lives in Cambridge (UK) with her husband and three children. Email: elena.2.villamil@gsk.com

Update from Armenia

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At present a dominant idea among my colleagues in Armenia is that we should seek closer cooperation with Western countries in order to further the development of psychiatric services in Armenia—development which broke off after the disintegration of Soviet Union. As a consequence, our patients are neglected and fail to achieve the recovery levels and quality of life that should now be possible.

Unfortunately, mental health service provision is still often focused around a model of containment of chronicity, where chronic illness is seen as a necessary condition to access services. The early detection and intervention paradigm challenges this, but there is much still to be done if we are to bridge the gap between what occurs and what is possible.

Life in Armenia in the late 20th century has been extreme. During a historically brief period of time (1988-1996), the small territory of Armenia became a scene of huge destructive processes succeeding one another (earthquake, war, blockade, poverty) which tested personal hardness of person, adaptation and survival capabilities. Neither people, nor state-run institutions were prepared, psychologically or professionally. That brought about personal financial disasters; soaring and plummeting, shadow money, criminality, and complete losses of personal savings. The military conflict with Azerbaijan cost thousands of lives of the young reproductive part of the population. A considerable number of men of reproducible age emigrated to Russia, USA and other countries.

Against this backdrop psychiatric epidemiology has been receiving growing attention in our country. The Center of Mental Health Stress, under the leadership of Professor Samvel Sukiasyan, undertook a large epidemiological study to estimate the prevalence of affective (depressive, anxiety) and stress induced disorders in different inpatient hospitals and primary health care settings. The main objectives of this research are to investigate the prevalence of depressive and stress induced disorders and develop appropriate models of specialized care. This 3-year program (2005-2007) was approved by the Government of Armenia through the Ministry of Science and Education, not only because of its scientific significance, but for its great importance for public health care in Armenia.

In 2005 data were collected in specialized hospitals and mental health centers, as well as several primary health care settings. The mental disorders were diagnosed according to ICD-10. The data obtain so far is only the first round, but already these findings are helping to guide further research work.
We would welcome any suggestions and are open for scientific collaboration. Our results, which we hope to present at the XI IFPE Congress in Göteborg, are important not only for the further development of medical services in Armenia, but may be of interest to scientists from other countries.

**Calendar of Events**

**Prague, Czech Republic**  
**October 21-24, 2007**


**Madrid, Spain.**  
**Madrid, March 17-21, 2007**

This 15th annual Congress is organised by the Association of European Psychiatrists (AEP), which is the largest international association of psychiatrists in Europe with members in 63 countries. The theme of the conference will be “European Psychiatry – Science and Art”. The Congress will be fully accredited by the EAC-CME of the UEMS (European Accreditation Committee for Continuous Medical Education). The deadline for individual abstracts is November 15, 2006. Payment of early registration fees should be made before December 15th, 2006. Website: http://www.kenes.com/aep2007.

**Melbourne, Australia,**  
**November 28-December 2, 2007**

Working Together for Mental Health: Partnerships for Policy and Practice. A World Psychiatric Association International Congress co-sponsored by the Royal Australian and New Zealand College of Psychiatrists. For more details see: www.wpa2007melbourne.com

**Prague, Czech Republic**  
**September 20-25, 2008**


**Florence, Italy**  
**April 1-4, 2009**

WPA International Congress, “Treatments in Psychiatry: A New Update” Website: www.wpa-prague2009.florence.org

**From the Editor….**

Have a safe and happy Christmas!

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