

## MENTAL ILLNESS

## Schizophrenia linked to urban living

There's no scientific evidence that city life makes people more depressed than rural life, but schizophrenia rates do differ significantly between the 2 settings, a recent International Conference on Urban Health was told.

In the past 10 years, major birth cohort studies in developed countries have revealed that the incidence of schizophrenia is about 2 times higher among people in cities, reported Dr. Ezra Susser, head of epidemiology at Columbia University's Mailman School of Public Health.

"It's not clear if it is birth in cities, or upbringing in cities, but there is something about city living that increases risk," he said. Where you are born and brought up is a larger contributing factor to risk than genetic predisposition. Indeed, 34.6% of cases would be prevented if people were not born and brought up in cities, compared to 5.4% of cases that would be prevented if people did not have parents or siblings who suffered from the illness, Susser told participants at the New York conference.

The higher rate in urban areas may be due to environmental toxins, the social context that people live in, and contagion, including prenatal infections.

The studies also reveal a "dose response": the more urban the setting, the higher the risk. "This is one of the most solid findings in schizophrenia today," said Susser. But the association with urban living has not received enough attention because current research centres on neural imaging and pharmacology, Susser says. — *Ann Silversides, Toronto*

## CANADIAN LEGISLATION

## Martin government to reintroduce patent changes

The federal Liberals under Prime Minister Paul Martin have promised to reintroduce legislation amending the Patent Act to allow cheaper production of HIV/AIDS drugs for developing countries, as well as a bill to regulate reproductive technology.

Spokespersons for Martin and Health Minister Pierre Pettigrew say Bill C-56, which will amend the Patent Act, is "priority" legislation. The amendments would allow generic drug companies to export patented drugs to developing countries that are unable to manufacture their own and

can't afford to buy brand-name anti-retroviral drugs. The bill died on the order paper when the fall session of Parliament adjourned.

"I'm sure that will go ahead, that's very important legislation for Martin," said Pettigrew's press secretary, Adele Blanchard. Once reintroduced, the amendments will be discussed by the all-party Industry Committee.

The executive director of Médecins Sans Frontières (MSF) Canada says he was assured Martin backs the bill and is open to hearing about flaws in the proposed legislation (*CMAJ* 2003;169[12]:1257). "Our sense [is] that they want to do it right," says David Morley.

MSF objects to provisions giving brand-name companies 2 chances to match the prices offered by generic drug companies. Morley says this will discourage generic companies from bidding, thus driving prices up.

Under the plan, the cost of antiretroviral drugs will drop from about US\$200 per patient annually to US\$70.

This legislation will set a precedent among developed countries, Morley adds. "European countries are watching to see

how Canada structures the bill."

By contrast, Canada is one of the few Western nations yet to pass legislation regulating assisted human reproduction, including cloning and stem-cell research. Bill C-13, which passed through the House but died on the order paper when Parliament prorogued, prohibits the sale and purchase of eggs, sperm and embryos, and bans reproductive cloning, sex selection and the commercialization of human reproduction.

Reintroducing Bill C-13 is a "priority," though Pettigrew is not sure when that will happen, says Sébastien Thériault, Pettigrew's director of communications. When it is reintroduced, Bill C-13 would go back to the Senate and begin again there at first reading.

Given that more than a decade has passed since a royal commission urgently recommended this regulation, the executive director of the Infertility Network calls the delays "exasperating."

"We support the legislation," says spokesperson Diane Allen. "It's not perfect — no legislation ever will be ... but we need to have something in place." — *Laura Eggertson, Ottawa*



Canapress

AIDS sufferers, such as Chip Chivanze (left) of Zimbabwe, could benefit from ARV treatment but can't afford it.