

states and craving. There was a need for developing new instruments based on patient report.

Little attention had been focussed directly on the significance of the experiences of withdrawal symptoms and craving on subsequent substance misuse.

The hypothesis tested was that, no matter what initiates and maintains substance use, once withdrawal and craving develop, these experiences contribute to a significant degree to the perpetuation of further substance use.

Two separate instruments measuring different components of the dependence syndrome is the withdrawal state and craving, have been developed. These scales are more comprehensive than previous instruments and focus on the meaning and impact of withdrawal symptomatology and craving on further substance use in a parallel fashion for alcohol and opiates.

These two scales which were both applied to 289 alcohol and 169 opiate misusers, demonstrated generalisability, and provided scope for comparison across substance dependence. The extent and nature of both experiences in both alcohol and opiate misusers are documented for the first time. These instruments allow for simultaneous and standardised assessments of subjective and physiological responses. In addition they may offer a way forward for matching and monitoring treatment interventions.

#### A PILOT STUDY OF A WEEKLY LIAISON PSYCHIATRIC OUTPATIENT CLINIC IN A DISTRICT GENERAL HOSPITAL (DGH) CASUALTY SETTING

R. Daly.

*Aim:* To describe a population who presents to accident and emergency (A & E) with mental health problems who need assessment by the Mental Health Service but are not labelled emergencies.

ii. To provide an opportunity to educate and develop a better knowledge of mental illness and its service in the A & E staff.

*Method:* A weekly psychiatric outpatient clinic in the A & E department of a DGH hospital was set up.

The referrals were made by the medical A & E staff to clinic.

The clinic work was carried out by a psychiatric senior registrar as a special interest session.

*Results:*

Over 12 week period – 34 patients were reviewed at clinic  
 mean age range – males aged 14–60  
 – females aged 16–60  
 Sex distribution – 21 males and 13 females seen  
 Ethnicity – all white UK born

|   | Males | Females | Total |
|---|-------|---------|-------|
| Discharge without further follow-up       | 10    | 6       | 16    |
| Further follow-up by psychiatric services | 10    | 7       | 17    |
| Admission needed by                       | 1     | 0       | 1     |

*Conclusion:* Over 55% of sample needed further treatment from psychiatric service. Without clinic they would have just been discharged to GP care with a very dubious possibility of psychiatric care. Depression was the commonest diagnosis in the group who needed further help from psychiatric services.

#### PSYCHOLOGICAL FACTOR OF DRUG DEPENDANCE — PSYCHODYNAMICS OF ADDICTION

J. Djurkovic. *Medical Center Sabac, Department of Psychiatric. Sabac, 15000, Yugoslavia*

All forms of human interests can deform in passion, so that drug addiction with the pathologic dependence on the drug may present its specific form. Specific Ego structure and psychodynamics in drug

addicts can differentiate this state from other psychic disorders and describe it as a specific nosological unit.

The structure of drug addict personality includes neurotic, psychopathic and psychotic conflicts, as one of factors in its genesis, but etiopathogenesis must be primarily considered as multifactorial, having in mind diversity of contributing factors. Similarity of character structure between pathologic desire and depression is perceived, so that drug dependence serves as defence from depression.

Deficit of Ego functions, particularly the primary and secondary Ego weakness determined by the negative effect of drug, is not only of differential diagnostic, but of therapeutic importance as well. Specific Ego weakness, primarily the super Ego weakness, illuminates therapeutics "nihilism" of drug dependence and its prognosis.

#### INTRODUCING METHADONE IN GREECE

A. Douzenis, D. Tsaklakidou, C. Kokkoris, G. Bardanis.

*Objective:* To offer an outline of the development and implementation of the first methadone programme and training of staff.  
*Historical background:* Until 1977 heroin use in Greece was rather limited. However between the years 1977 and 1985 there has been a great increase in the availability and use, a major increase in the deaths attributed to heroin use, arrests of people in possession and in the seizures of heroin. There has also been a far greater presence of heroin dependent individuals seeking treatment. Until recently the only treatment available was detoxification in private or state psychiatric hospitals and rehabilitation mainly through therapeutic communities and other forms of group support. Laws passed in 1970 and 1987 stated clearly that heroin substitutes were illegal and could not be used for treatment. These laws changed only in 1993 with a new law allowing OKANA (the Greek organisation against narcotics, that is a private organisation associated with the ministry of health) to use methadone for the treatment (substitution) of heroin dependence in special units. In the same year one of the authors (C.K) was selected in order to draft specifications and general policies of such a unit. The proposals after general consultation and amendments were accepted by OKANA and by the minister of health in April 1995. A building in the center of Athens was found and modified to the needs of the clinic. 19 members of staff were recruited (3 psychiatrists, 2 social worker, 3 psychologist, 4 nurses and 6 members of ancillary and secretarial staff). *Training:* Only two psychiatrists and one psychologist have had experience in working with substance misuse patients in methadone programmes. The third psychiatrist, and another psychologist had experience in working with substance misuse patients. All members of staff were trained together in order to enhance group cohesion and a sense of owning the programme. The training lasted two months and it consisted of "in house training" as well as training from two different teams of specialists (one team from Amsterdam and one team from London). The "in house" training involved seminars in the pharmacology and action of illicit substances in Europe and the U.S., sessions on safe drug use and HIV and AIDS. It also included an introduction and outline of the general concepts of social skills training, family therapy, relapse prevention and the Minnesota model. The Dutch team offered a 4 day workshop and the UK team a 5 day seminar.

#### PSYCHOPATHOLOGIE A L'ADOLESCENCE: DU SOCIAL AU THERAPEUTIQUE. EXPERIENCE D'UNE MAISON PSYCHOTHERAPEUTIQUE POUR ADOLESCENTS, LA "MAISON DES 13/17"

C. Epelbaum, Fl. Cosserson, E. Gilbert, P. Ferrari. *Fondation Vallée, 7 rue Bénéradie, 94250, Gentilly, France*

Les auteurs relatent, à travers la description du cadre et l'analyse