

homozygotes + Val/Met heterozygotes; $N = 28$) than in nine Val/Val homozygotes (27.4 vs 24.1; $p = 0.042$, Two-Sample T-Test).

Conclusions: The Met allele of the COMT gene Val158Met polymorphism is associated with low COMT enzyme activity and high endogenous dopamine synaptic levels in the prefrontal cortex. This leads to a decrease in dopaminergic neurotransmission in nucleus accumbens and a need for an increased activity to stimulate it. Novelty seeking behavior corresponds with this need.

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The management of psychiatric comorbidity in an outpatient individual therapeutic program of addiction

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During last years there is an increasing tendency to develop treatments specifically tailored for addicted patients with psychiatric comorbidity. The Counseling Center offers an outpatient, drug counseling individual psychotherapeutic program. No medical treatment is administered except naltrexone which is prescribed to some selected heroin addicted users.

As substance use disorders and psychiatric disorders (psychotic, affective and anxiety disorders) commonly co-occur it is of great importance to facilitate early diagnosis so the therapist will be able to design the optimal management of users with a comorbid psychiatric disorder. If there is an evidence of comorbidity the user is also referred to a psychiatrist other than the drug counseling therapist who diagnoses and has the responsibility for the medical and psychotherapeutic treatment of this disorder.

The therapists' collaboration has two main intents: the abstinence from drug use and the recovery from the psychiatry disorder. In case abstinence is not succeeded or the comorbid disorder is not optimally treated the outcome of the treatment effort will not be successful.

Furthermore it is also important to give detailed information to the user about the therapeutic process and the way in which drug use contributes to the development and the maintenance of the psychiatric disorder. As for heroin users with psychiatric comorbidity the prescription of naltrexone will also be very helpful.

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Expression and communication through body in withdrawal attempt

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Development is a continuous procedure of innate and extraneous factors. One person's personality is formed by these factors, starting from the early childhood. Movement, cognitive, personal and social development, self-esteem and self-confidence are parts of the total human growth. Any behavior, adaptation or experience can be expressed by human body. During communication, the biggest part, is carried out by non verbal communication. Human body plays the most important role to conscious of the relationship between movement and expression ability during communication. Drug addicted people assign themselves, psychological and biological to "substance". As a result, they loose the control of their bodies. So, every withdrawal attempt should work, not only with the psychical part of

the addiction, but with the physical dimension, too. Then, can be thought as completed. The purpose of this study is to present "body awareness groups", which work out in an alternative "therapy" program to deal with addiction to drug. The purpose of these groups is to help drug addicted people to realize that their body can be a medium for express emotions and communication. Member's participation and behavior compares and assesses with their general function to the rest of the "therapeutic groups". The result of this assessment refer to the total psychological and biological withdrawal attempt.

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Educating high school teachers in applying programs for the prevention of drug abuse

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The Counselling Center for Combating Drug Abuse in Ioannina has planned and is currently applying a program on drug abuse prevention for high school students. The main object of this program is to enable students to develop basic skills and personal capabilities to cope with difficulties, expecting in this way to change their attitudes against drug use.

These programs are carried out by specialists or alternatively by teachers who have already been entirely educated how to apply prevention programs in a group oriented way. In addition teachers are supervised by a specialist so they can discuss with him both the progress of the program and the difficulties or questions which arise as the program goes on.

Although teachers are often regarded as the most suitable to apply such programs because of their close and continuous contact with their students, there are difficulties which some times make the implementation of the program problematic. Such difficulties arise either from insufficient education in the philosophy of prevention programs or from their rigid convictions about educational techniques. If we want teachers to be effective in applying preventive programs they must become familiar with experiential techniques and work in groups.

Supervision and examination of their motivations are also of great importance. Teachers who will be educated to apply these programs should be carefully selected in order to be appropriate to learn a new way to teach their students.

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A combination of the narcotic antagonist therapy and a special psychotherapy

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We believe that under valuation of the significance of special psychotherapeutic work in applying the narcotic antagonist therapy is the main reason of its comparatively poor efficacy. Often the antagonist therapy is conducted while drug addicts are not psychologically prepared to give up taking drugs.

We have tried to develop a model of combination of the narcotic antagonist therapy with special psychotherapeutic work (i.e. with our working model of forming an antinarcotic psychological set). Our special psychotherapeutic model is based on the Uznadze psychological theory of set.

In the structure of the antinarcotic psychological set of the personality we have distinguished the following components: 1) sphere of motivation; 2) the environment; 3) behavior; 4) emotions; 5) memory; 6) habits, fixed psychological sets, reflexes; 7) cognitive formations and processes; 8) the system of the personality values; 9) the system of the personality social relationships; 10) factors of possible relapse and ways of coping with them; etc.

In every concrete case we try to reveal and work psychotherapeutically with those components of the antinarcotic psychological set of the personality, which are of decisive importance for removing the narcotic psychological dependence in the drug addict.

Working psychotherapeutically on the conscious and subconscious (by means of hypno-suggestive therapy) levels of the personality we try to coordinate psychological interventions on these levels.

P314

Ondansetron for the treatment of stimulant addiction

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Although cortico-mesolimbic dopamine neurons mediate cocaine's reinforcing effects associated with its abuse liability, previous studies demonstrated inefficacy among dopamine receptor antagonists for treating cocaine dependence. Alternatively, the ability of indirect inhibitors of cortico-mesolimbic dopamine release (e.g., the 5-HT₃ receptor antagonist ondansetron) to diminish cocaine's reinforcing effects could be investigated. We hypothesized that ondansetron might exhibit greater efficacy than placebo at decreasing cocaine use and enhancing abstinence in cocaine-dependent individuals. In a pilot randomized, controlled, double-blind, 10-week trial, 63 treatment-seeking, cocaine-dependent individuals received ondansetron (0.25, 1, or 4 mg b.i.d.) or placebo. Subjects were assessed on several measures of cocaine use, including urine benzoylecgonine, up to three times weekly. Cognitive behavioral therapy was provided weekly. Ondansetron was well tolerated, with no serious adverse events. The ondansetron 4.0 mg group had the lowest dropout rate of all treatment groups and a greater rate of improvement in percentage of participants with a cocaine-free week than placebo recipients ($p=0.02$), while the ondansetron 1.0 mg group showed less improvement in percentage of weekly mean non-use days than placebo recipients ($p=0.04$). Our results provide preliminary evidence of efficacy for ondansetron 4 mg b.i.d. We also will present comparative information on a preliminary, multi-site, randomized, double-blind, 8-week controlled trial testing the efficacy of ondansetron (0.25, 1, or 4 mg b.i.d.) versus placebo for treating methamphetamine dependence. Additionally, results of pharmacogenetic analyses will be presented.

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Anxiety in addicted patients in different therapeutic units in greece

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Background and aims: The presence of anxiety in addicted patients, although it is expected, has been connected to poorer outcome of addiction treatment, decreased percentages of completion in patients admitted to substance abuse detoxification programmes and shorter period of abstinence. The Addictions Department at the Psychiatric

Hospital of Thessaloniki in Greece has an integrated Therapeutic Program which delivers a therapeutic continuum and attempts to cover the needs of various populations through a flexible, interconnected network of multi-dimensional services.

Methods: Sixty (60) subjects -equally regarded in a randomized way from three different domains of a Therapeutic Program in Addictions (Detoxification Unit, Residential Therapeutic Community, Reintegration Programme)- were examined. They were screened with the State-Trait Anxiety Inventory (STAI) and with the General Health Questionnaire (GHQ-30).

Results: Most of the subjects were young single men, with a secondary educational level. Anxiety level at the Detoxification Unit was quite high (median State Score: 56.35 ± 10.37 , median Trait Score: 50.70 ± 10.58) as well as at the Therapeutic Community (median State Score: 52.90 ± 9.10 , median Trait Score: 45.20 ± 7.48). Although there is a gradual decrease of anxiety level, it is not statistically significant. Anxiety level is decreased statistically significant at the Reintegration Programme (median State Score: 45.95 ± 6.67 , median Trait Score: 41.25 ± 5.35) ($p < 0.05$).

Conclusions: Addicted patients express high anxiety levels at the first stages of a therapeutic detoxification programme. As the therapeutic procedure goes on and abstinence is established, anxiety is decreased -although they are treated as outpatients at the final stage.

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Depression in addicted patients in different therapeutic units in greece

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Background and aims: The presence of depression in addicted patients has been connected to poorer therapeutic outcome, increased percentages of drop-outs and shorter period of abstinence. The Addictions Department at the Psychiatric Hospital of Thessaloniki in Greece has an integrated Therapeutic Programme which delivers a therapeutic continuum and attempts to cover the needs of various populations through a flexible, interconnected network of multi-dimensional services.

Methods: Sixty (60) subjects were examined -they were divided in three groups of twenty persons each, equally regarding (in a randomized way) the three facilitating sections for drug abuse: Detoxification Unit, Residential Therapeutic Community and Reintegration Programme. They were screened with the Beck Depression Inventory (BDI-II), and with the General Health Questionnaire (GHQ-30).

Results: Most of the subjects were young single men, with a secondary educational level. Depression level was statistically significant higher at the Detoxification Unit (BDI Score: 24.55 ± 12.45) compared to the Residential Therapeutic Community (BDI Score: 13.35 ± 10.24) ($p < 0.05$). Furthermore, depression level was decreased at the Reintegration Programme (BDI score: 8.60 ± 5.31) -statistically significant compared to the Detoxification Unit ($p < 0.000$).

Conclusions: Addicted patients seem to have mild severe depression at the first stages of a therapeutic detoxification programme. As the therapeutic procedure goes on and abstinence is established, depression is rapidly decreased in a stable way. Future studies with larger groups of addicted patients are warranted to further investigate the role of depression during the early period of abstinence.