

feel there was enough information. However, good general knowledge about means of transmission (98% reported blood and 82% semen) and prevention measures (78% indicated condom use) was shown. Despite a predominant positive attitude towards people with AIDS (68% would increase closeness), attitudes of rejection were shown (7% said would have nothing further to do with a HIV+ friend and 4% would exclude that person from work or school). Students' responses indicated lack of knowledge and misconceptions, only 41% of students mentioned vaginal secretions as a mean of transmission. In addition, 30% of students thought they could be infected by sharing a toilet with an HIV+ patient, 5% by sharing dishes and drinking glasses and, 4% by sharing a napkin. The most striking misconceptions about preventive measures were, choice of partner (reported by 27%) and faithfulness (reported by 22%). Television (78%) and newspapers (49%) were the most common sources of information about AIDS. University students mentioned doctors as the best person to inform about AIDS. These results should be taken into account when designing AIDS related information programs, in order to address prevalent misconceptions among university students.

PSYCHOLOGICAL MORBIDITY, SOCIAL CIRCUMSTANCES, SEXUAL BEHAVIOUR AND HIV IN KENYAN COMMUNITY SAMPLE

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Objectives: To study social factors, sexual behaviour and psychiatric morbidity associated with HIV in a community sample of working adults in Western Kenya.

Design: Cross-sectional cohort study with subjects and raters blind to HIV status.

Setting: An occupational health clinic for statutory annual health checks of workers in the food industry.

Subjects: Working adults who attended the clinic over a 10 week period beginning in September 1994.

Main outcome measures: HIV serostatus tested by ELISA. Psychiatric and neuropsychological morbidity.

Results: 40% of those tested were HIV positive. Women had a higher rate than men and those who worked as barmaids or were divorced, widowed or separated were particularly at risk. There was almost universal understanding of HIV transmission but unrealistically low perception of personal risk of infection. Most of the cohort were living in conditions of overcrowding with poor sanitation, predisposing them to infectious disease in the event of compromised immunity. Though the 92 HIV positive subjects had a total of 200 current sexual partners, only 6 were regular condom users. They had a total of 481 dependents. There was no difference in psychiatric morbidity or neuropsychological function between the HIV positive and the HIV negative subjects.

Conclusions: Though there was a good understanding of how HIV is transmitted, there had been little appropriate behaviour change to reduce risk of infection. The large number of dependents of currently economically active HIV positive individuals suggests the likelihood of major social problems in the future. Asymptomatic HIV infection is not associated with an increase in psychiatric or neuropsychological morbidity.

LE JEU DRAMATIQUE EN PEDOPSYCHIATRIE: TRAVAIL SUR L'ACCES A LA TRANSITIONNALITE

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Thérapeutes travaillant dans un centre de consultation de Psychiatrie infanto-juvénile de la banlieue de Paris, les auteurs proposent une présentation théorique et clinique, à propos d'un groupe thérapeutique de Jeu Dramatique hebdomadaire réunissant une dizaine de préadolescents de 10 à 12 ans.

Ces jeunes patients, présentant un ensemble de troubles du comportement -avec leur retentissement scolaire et social- ont tous expérimenté de multiples prises en charge psychologiques dont les résultats sont restés aléatoires. Leurs carences narcissiques, leurs tendances à l'agir, ainsi que la pauvreté de leur jeu fantasmatique les confrontent à des représentations crues ou à un vécu de vide interne, qu'ils cherchent parfois à combler par une dépendance audiovisuelle ou l'accrochage à des groupes de jeunes.

Le Jeu Dramatique a, dans ces cas, pour objectif principal la restauration d'une capacité à jouer et à imaginer, dans un climat de holding à la fois pare- excitant et stimulant. En créant un cadre très structuré et en permettant un étayage sur le groupe, il procure un contenant propice à la mise en scène des fantasmes. Il en découle une meilleure utilisation de l'aire transitionnelle.

Souvent proposé à cet âge charnière entre l'enfance et l'adolescence, ce type de prise en charge permet également de garder avec ces jeunes très perturbés, des liens, préparant l'éventualité d'un suivi ultérieur plus individualisé.

OUR EXPERIENCE IN URGENT PSYCHIATRIC CONSULTATIONS IN A GENERAL HOSPITAL CENTER

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Task: Investigation of the most common psychiatric pathologies in providing psychiatric consultations (Urgences and Liaison Psychiatry) in General Hospital Center "Le Fontenoy", Chartres. This aims improvement of the therapeutic strategies later (in short and long term).

Method: Diagnosis are decided according to criteria of ICD-10.

Results: In a period of one month, chosen occasionally, we have consulted 186 men. 150 of them were urgently hospitalised in Urgences and the rest 36 were hospitalised because of non-psychiatric reasons in the somatic departments of the hospital. For 127 men the main syndrome in the clinic table is the depressive one and 88 who were consulted in the Urgences had tried to commit suicide/most often medicamental). The depressively ill from the latter group are primarily young women, experiencing critical circumstances.

Perspectives: The specificity of the most common symptomatology leads us to the notion of changing the therapeutic strategy toward those patients through a quick diagnosis decision, urgent crisis interventions and adequate orientation.

THE EXPERIENCES OF WITHDRAWAL AND CRAVING IN ALCOHOL AND OPIATE DEPENDENCE

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While observational studies have confirmed the existence of the withdrawal state, there has been much debate regarding the concept of craving. A literature review demonstrated the inadequacy and inconsistency of the instruments utilised for measuring withdrawal

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

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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

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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"

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