

drug dependency was the only major health threat defined by name. In its efforts to achieve "European Union Added Value" one of the Article's primary aims is to promote transnational exchange and support national actions in the health sector. In response, the EU has encouraged organisations representing various sectors to apply for funding to set up and conduct projects which are transnational, and which are applicable to, and can be duplicated across, Member States. Although in theory this approach is agreeable, in practice its achievement is fraught with difficulties. The word collaboration implies harmony, unity, and partnership. Achieving this within one's own country can be difficult enough, when mapped onto Europe, with the diversity that culture, language, and national legislation's bring, the chance of failure increases.

In response to these dilemmas and challenges the European Collaborating Centres in Addiction Studies was established in 1992. ECCAS is a collaborative research network with a current membership of fifteen centres across eleven European countries. The group's mission statement is to develop and establish a sound and practical understanding of the impact of substance misuse on the individual, his/her family and the wider community, and the best approaches and methods for dealing with it, with due respect to national and international drug control laws and regulations. It translates the beliefs and plans of the European Union into practical co-operation and action and represents the next step in achieving wider and more effective strategies to combat drug addiction. This paper will set out the ECCAS model of transnational collaboration, and describe how the group set about designing the first European transnational study on the impact of methadone substitution therapy (MST).

S15-2

THE IMPACT OF MST (METHADONE SUBSTITUTION THERAPY) ON HIV RISK BEHAVIOUR IN OPIATE ADDICTS

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MST (methadone substitution therapy) has received renewed interest in the context of its efficacy in HIV-related harm reduction. As a part of an international study by ECCAS (European Collaborating Centres in Addiction Studies) 82 patients were assessed for changes of specific HIV-risk-behaviour at the German centre in Essen. Of these patients, 40 were still injecting drugs and 42 were on MST.

MST had a clear influence on HIV-risk-behaviour. There were fewer sexual risks and a more frequent use of condoms in patients on MST. Further patients on MST injected themselves less often and when injecting, most used clean needles. It proved easier to bring about changes of drug-use behaviour than of sexual habits. Positive conclusions can be drawn from the benefit of MST for HIV-risk-behaviour for therapeutic and preventive measures that may be taken in the field of opiate addiction.

S15-3

FOOD AND ADDICTION

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Eating Disorders: anorexia, bulimia and binge-eating disorders (AN, BN and BED) study, in the last decades, has created a great interest in medical scientific community. Craving for and the compulsive eating of food that cause illness, obesity, and obvious suffering may be interpreted as urges to find missing nutrients, but food and drinks found in compulsive searches are not biologically correct. Instead, food cravings are a symptom of an addictive loop.

The Eating Disorders Unit is one of the five Unit which compose the Addictive Behaviour Department of Bergamo. The other ones are: Illegal Drugs Unit, Alcohol Unit, Legal Drugs Unit and Designer Drugs Unit. The work group is composed by 3 doctors (specialisation in addictive behaviour, endocrinology, dietology), 4 psychologists (psychoanalytic and systemic training), and they dedicate 6 hours a week.

Objectives: to give medical and psychological diagnosis and treatment in one place only, avoiding the typical anorexic or bulimic patient wandering from the psychologist, to the endocrinologist, from outpatient to inpatient, from dietitian to general practitioner.

Preliminary Data: from February 97 to April 98 we have contacted 71 patients (5 male, 66 females). In order to the DSMIV criteria, the diagnosis was:

| | | |
|----------------|----|---------|
| ⇒ AN | 14 | (19.8%) |
| ⇒ BN | 20 | (28.1%) |
| ⇒ BED | 20 | (28.1%) |
| obesity-others | 17 | (24.0%) |

Conclusions: abuse and dependence are codified and classified. They are chronic relapsing illness. Tolerance, craving and addiction etiopathogenetic pathways are well known and they are reproducible for all substances. The substances, like heroin, psychodrugs, alcohol, food, etc., in the last few years are often used in an interchangeable way.

S15-4

BENZODIAZEPINES' CONSUMPTION IN A SAMPLE OF METHADONE-MAINTAINED PATIENTS: CHARACTERISTICS OF USE AND PSYCHOPATHOLOGICAL PROFILES

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In order to assess benzodiazepines (BDZ) consumption in methadone-maintained (MM) patients, 92 out of the 550 patients administered with this therapy were randomly selected in the Addiction Treatment Units of Padova and Dolo (Veneto Region, Italy). They had been studied with the means of a clinical interview and a questionnaire (SCL-90) evaluating ten different dimensions of psychopathological suffering. Fifty-eight patients (63.0%) reported a BDZ usage in the last year, with an average diazepam-equivalent daily dosage of 67.6 ± 95.5 mg. We defined as "problematic BDZ users" those patients who had at least one of the following characteristics: 1) a reported daily diazepam-equivalent dosage larger than 60 mg (14 pts); 2) a use of BDZs to get the "high" or to "boost" the effects of methadone itself (17 pts); 3) a self-administration characterized by binges in some circumstances (7 pts); and 4) i.v. usage in some circumstances (4 pts). These problematic users (N. = 26) showed, with respect to the other BDZ users, a profile more disturbed at the SCL-90, in particular with respect to the Hostility subscale (that often goes with an impulse dyscontrol). These patients, with respect to the others, showed a higher prevalence of judiciary troubles and alcohol, cocaine, amphetamine and hallucinogens abuse. The data support the hypothesis that BDZ abusers constitute a particular sub-group of MM patients characterized by a poly-substance abuse/dependence and an explosive/antisocial behaviour.