

A REVIEW AND EVALUATION OF METHADONE DOSE ASSESSMENT

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Despite the widespread need and clinical importance of methadone dose assessment within UK addiction services there are no empirical studies to support the process or outcome of any one method. The main goal of assessment is to provide an adequate dose of methadone in order that other treatment goals can be achieved after stabilization. An excessive dose must be avoided in the interests of individual safety and to minimise the risk of diversion of methadone on to the black market, and consequent public harm. A literature review reveals that methods of assessment vary considerably in their intensity of involvement of health professionals. Results of a recent national survey of assessment methods provides a summary of the current range of assessment methods used. An evaluation of two different assessment protocols is discussed in terms of service resource inputs and dependent variables such as client engagement, client perceptions, methadone dosage changes and other potential health gains.

RAPID OPIATE DETOXIFICATION AND NALTREXONE INDUCTION UNDER GENERAL ANAESTHESIA AND ASSISTED VENTILATION: EXPERIENCES WITH 265 PATIENTS IN THREE DIFFERENT CENTRES

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Using broadly similar techniques, we have successfully detoxified 265 patients (71 in London, 19 in Athens, 175 in Merchantville) dependent on heroin or up to 200 mg of methadone daily and transferred them to full doses of naltrexone (50–100 mg) under anaesthesia with endotracheal intubation and assisted ventilation. This is a modification of methods originally developed by Loimer et al (1988) in Vienna and avoids the hazards of the method described by Legarda and Gossop (1994).

Methods: For most patients, anaesthesia was induced and maintained (for 4–6 hours) with *i/v* propofol but in five cases, isoflurane via closed circuit was used. It seems a satisfactory and more economical alternative. Atracurium is used for muscle relaxation. Antiemetics are given prophylactically, as is octreotide which greatly diminishes the gastric hypersecretion and profuse diarrhoea commonly accompanying the procedure.

Results: No significant anaesthetic complications occurred. Most patients were fit to return home within 24 hours. It can often be done as an out-patient procedure if suitable non-hospital observation facilities are available. However, 10–15% of patients benefit from an extra day or two of nursing, especially if home facilities are poor. Flexible post-detoxification care is needed to accommodate these differences. While objective withdrawal manifestations generally diminish sharply within 24 hours, some patients have a more prolonged subjective abstinence syndrome which may need vigorous medical and psychosocial management. The technique is equally rapid and successful for both methadone and heroin withdrawal. There was no apparent relationship between previous heroin or methadone dose and speed of recovery.

Conclusion: Withdrawal and naltrexone induction under anaesthesia is rapid and effective and makes detoxification a less frightening and unattractive prospect. Continued treatment after withdrawal, preferably including supervised naltrexone, is important for most patients.

ALCOHOL CONSUMPTION AMONG CHRONIC MENTALLY ILL RESIDENTS OF THERAPEUTIC HOMES

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We conducted a study on alcohol consumption habits in the five therapeutic homes for the mentally ill in Mannheim. Through assessment by their case managers we collected data for 136 residents. The medium age of the study population was 40.3 years; 57.4% were male. In 80.1% of the cases of schizophrenia was diagnosed, secondary alcohol abuse before entry into the home was known in 4.4% through admission diagnosis.

Frequent alcohol use is currently reported in 12.5%, which remained consistent for most residents during the time of stay in the home. This group of frequent alcohol users, predominantly male, is characterized by a higher age at entry into the institution and a lower dosage of neuroleptic medication. No significant relation was found regarding the age at onset of disease, the rehospitalisation rate and the general life satisfaction. Severe problems through alcohol use were seen only in isolated cases, but in all clients with an earlier diagnosis of alcohol abuse. We conclude that in therapeutic homes problematic alcohol abuse is reported less frequently than in other comparable populations of chronic mentally ill clients.

It appears that through selective mechanisms (house rules, admission criteria) mentally ill people with additional alcohol problems are excluded from the care in therapeutic homes. Verification is needed whether patients with dual diagnosis actually desire this kind of complementary support, or possibly refuse this offer because of the infringements of individual rights, as it is the rule in therapeutic institutions.

PREVALENCE OF CHILDHOOD SEXUAL ABUSE IN MALTESE SUBSTANCE ABUSERS ATTENDING SERVICES

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The main goal of this research is to investigate the prevalence of childhood sexual abuse amongst substance abuse population attending services in Malta. The epidemiological analysis of such prevalence in Malta has never been studied before.

The study was conducted using an interview based on 'The Child Maltreatment Interview Schedule' by Briere J.N. Subjects were randomly chosen from the several drug and alcohol services on the island.

Results show a high prevalence rate amongst this population, which to some extent is comparable with similar data collected from most European countries and world-wide.

Some cultural specifics are identified and defined.

SOURCES OF INFORMATION, KNOWLEDGE AND ATTITUDES ABOUT AIDS AMONG UNIVERSITY STUDENTS IN SPAIN

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To assess sources of information, knowledge and attitudes about AIDS, 5515 university students from 19 faculties of Granada University (Spain) were surveyed in 1991. A questionnaire consisting of 40 items was administered. Seventy-seven percent of University students did not consider themselves well informed and 87% did not