and premature responses. While they reacted slower than controls in the easy versions of the tasks, they took less time in the difficult conditions, most prominently so in the combined auditory and visual modality, and much more errors.

Conclusion: We conclude that primary sensory function is unimpaired, but the following process of stimulus comparison (working memory) and the initiation of motor response both seem impaired. When faced with increasingly difficult tasks, they speed up responses disproportionally at the cost of less accuracy.

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ATTITUDES AND PERCEPTIONS RELATED TO DRUG ABUSE IN A SAMPLE OF GREEK USERS, EX-USERS AND PROFESSIONAL WORKERS

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Objective: This study describes the attitudes and perceptions of a sample of Greek users, ex-users and professional workers towards the nature and the etiology of drug addiction problem.

Material - Method: A sample of 120 users (U) and 84 ex-users (EU), randomly selected from the outpatient drug free drug addiction clinic of Athens University Psychiatric unit, were interviewed using a structured interview. An other sample of 80 medical doctors (MD) and 85 police and probation officers (P & PO) were also interviewed using a similar questionnaire.

Results: Among the findings of interest were views as follows:

- a. 50% of the users and 45.2% of ex-users cite fashion as a primary cause for their starting using drugs. Other reasons reported by the users, as a cause for their initial drug involvement were "personal problems" (U = 35%, EU = 45.7%) and "others" (U = 38.3%, EU = 29.4%).
- b. The vast majority of users and ex-users consider themselves responsible for their involvement with drugs (U = 95%, EU = 90.5%).
- c. The majority of the medical doctors and the police and probation officers believe that drug addicts consist a medical patient population (MD = 81.2%, P & PO = 80.9%).
- d. According to the perception of the second sample the two main factors responsible for the initiation of drug addiction are immediate family (MD = 68.7%, P & PO = 89.2%) and addicts personality (MD = 86.2% P & PO = 84.5%)
- e. Approximately three-quarters of the members of the first sample believe that the other people view them as "ill" (U = 73.3%, EU = 67.8%) and to a lesser extend as "foolish" (U = 48.3%, EU = 46.4%)

Conclusion: Findings from this study show that different groups involved in drug addiction phenomenon hold different attitudes and perceptions about its nature and etiology. The findings are discussed in terms of treatment implications and the need for attitudinal education in the training and selection of health professionals for work with substance abusers is emphasized.

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ATTITUDES AND PERCEPTIONS OF PROFESSIONAL WORKERS FACING DRUG ADDICTION PROBLEMS

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Objective: This study describes the attitudes of a sample of professional workers towards various aspects of drug addiction

problem. These subjects work in the field of drug addiction in various activities.

Material - Method: A sample of 80 medical doctors (MD) in hospital units and 85 police and probation officers (P & PO), were interviewed using a structured questionnaire.

Results: Individuals support views as follows:

- a. The majority of those sampled concern that drug addicts consist a medical patient population (MD = 81.2%, P & PO 80.9%, p = 0.000).
- b. The two main factors responsible for the initiation of drug abuse are immediate family (MD = 68.7%, P & PO 89.2%, p = 0.001) and addicts' personality (MD = 86.2%, P & PO 84.5%, p = 0.5).
- c. The most effective type of therapeutic facility are therapeutic communities (MD = 86.2%, P & PO 75%, p = 0.05) and to a lesser extend outpatients clinics (MD = 42.5%, P & PO = 33.3%, p = 0.1).
- d. Half of the members of both groups report that the treatment modalities provided by the state are effective enough (MD = 42.5%, P & PO = 54.7%, p = 0.1) but the vast majority of the sample concern that much more treatment modalities are needed to be established in order to face drug related problems. (MD = 97.5%, P & PO = 99.4%, p > 0.5)
- e. 82.5% of medical doctors and 57.6% of police and probation officers believe that it is possible for drug addicts to reach and maintain abstinence for the rest of the ir life (p < 0.001).

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PHARMACOKINETIC DRUG INTERACTION POTENTIAL OF RISPERIDONE AS ASSESSED BY THE DEXTROMETHORPHAN, THE CAFFEINE AND THE MEPHENYTOIN TEST

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Two published case reports showed that addition of risperidone (1 and 2 mg/day) to a clozapine treatment resulted in a strong increase of clozapine plasma levels^{1,2}. As clozapine is metabolized by cytochrome P450 isozymes (mainly CYP1A2 and CYP3A4), a study was initiated to assess the in vivo interaction potential of risperidone on various cytochrome P450 isozymes. Eight patients were phenotyped with dextromethorphan (CYP2D6 and CYP3A4), mephenytoin (CYP2C19) and caffeine (CYP1A2) before and after the introduction of risperidone. Before risperidone, all eight patients were phenotyped as being extensive CYP2D6 and CYP2C19 metabolizers. Risperidone, at dosages between 2 and 6 mg/day, does not appear to significantly inhibit CYP1A2 and CYP2C19 in vivo (median plasma paraxanthine/caffeine ratios before and after risperidone: 0.65, 0.69; p = 0.89; median urinary (S)/(R) mephenytoin ratios before and after risperidone: 0.11, 0.12; p = 0.75). Although dextromethorphan metabolic ratio is significantly increased by risperidone (median urinary dextromethorphan/dextrorphan ratios before and after risperidone: 0.010, 0.018; p = 0.042), risperidone can be considered as a weak in vivo CYP2D6 inhibitor, as this increase is modest and as none of the eight patients was changed from an extensive into a poor metabolizer status. With regard to CYP3A4, although the dextromethorphan/methoxymorphinan metabolic ratios were increased (median urinary dextromethorphan/methoxymorphinan ratios before and after risperidone: 4.55, 8.88; p = 0.068) in the four patients for whom ratios could be measured (levels of methoxymorphinan were below the limit of quantitation in four patients), this increase was only marginally significant (p = 0.068). Another study with another marker of CYP3A4 activity and with a larger number of subjects is needed