A variety of specific putative environmental factors for the multiple occurrence of psychiatric disorders in families have been explored. However, methodological limitations prohibit conclusive results on the specific nature of the predisposing environmental risk factors.

The available tools for the identification of causal and/or susceptibility genes are more stringent. Previous claims of predisposing genes for both disorders did not pass the test of replication. Very recently, multiple susceptibility genes for schizophrenia as well as for bipolar disorder were found in a replicable fashion. Current evidence emerging from genetic association and linkage studies in schizophrenia and bipolar disorder will be reviewed.

NEW PERSPECTIVES ON THE CLINICAL EPIDEMIOLOGY OF SCHIZOPHRENIA

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In this paper clinical epidemiology is used as an approach to explain the onset, development and course of schizophrenia. The period before first admission becomes especially important because the analysis of onset and development of symptomatology allows for the following:

1. To discriminate precipitating events from social consequences of the illness and to compare the social biography of the future patients with the biography of an age and sex matched control group from the general population. The ABC schizophrenia study, an investigation of the early course of a large epidemiologically defined first episode sample, has shown that already in the prodromal phase the illness causes age and sex specific effects on success in fullfilling social roles.

2. Cognitive deficits prior to onset of the illness or developmental disorders in childhood have been observed and have supported the hypothesis, that schizophrenia is in part caused by an early developmental disorder of the brain.

3. The gender difference in age at onset, tested on different investigational levels in the ABC study, and the second peak in rates of women around menopause have been explained by means of the oestrogen hypothesis of schizophrenia on the epidemiological level. This hypothesis has also been supported in animal studies, neurochemical analyses and controlled clinical studies.

A further hypothesis of sub-types of schizophrenia is for example a narrowly defined S+ schizophrenia based on neurodevelopmental disorders occurring mostly among young men and a benign form of the disorder usually a spectrum diagnosis occurring mostly in women usually several years older than their counterparts. The effort to determine empirical sub-types based on symptomatology in the early course, illness behaviour, further course and other factors within the ABC schizophrenia study yielded not very stable sub-types without any differences in gender distribution.

We can conclude, that symptomatology and the course, of schizophrenia are partly determined by age at onset, gender and developmental factors.

S79. Substitute prescribing and substance dependence

Chairmen: M Farrell, B Ritson

BUPRENORPHINE IN THE TREATMENT OF OPIATE ADDICTION. EUROPEAN STATUS

Marc Auriacombe. *Université de Bordeaux II, Faculté de Médecine Victor Pachon, Centre Carreire, 121 rue de la Béchade, 33076 Bordeaux, France*

This presentation will review the clinical and pharmacological basis for the rational use of buprenorphine for the treatment of opioid dependence. The first clinical report on the use of buprenorphine will be presented as well as a comprehensive review of the clinical data currently available from treatment centre based treatment settings. Long-term outcome results of buprenorphine treatment from office-based practice setting will be discussed, and the specifics of buprenorphine treatment in France will be presented as well as results from ongoing evaluation research.

DELIVERY OF METHADONE MAINTENANCE IN THE EUROPEAN UNION

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Objective: To provide an overview of the current level of provision of methadone maintenance in eleven European Union countries.

Method: National Data and key informant data was aggregated to provide a national overview and 2–3 clinics were visited to describe operational procedure in each country with such services.

Results: There is no consistency in definition of mode of delivery of methadone treatment in different countries and there is no consistent definition of the terms "detoxification" or "maintenance" across countries. The range of provision of methadone maintenance ranges from 10 per 100,000 to 100 per 100,000. There are three dimensions of treatment, the type of drugs and formulation of drugs delivered, the mode of administration and the associated types of psycho-social treatment delivered. The styles of delivery in different countries will be reviewed.

Conclusions: There has been a considerable growth in methadone treatment. There is major variation in mode of delivery and style of treatment.

METHADONE MAINTENANCE OR WITHDRAWAL: HOW REALISTIC IS IT TO CONDUCT A CONTROLLED TRIAL?

E.J.L. Finch, J. Strang, L. Hankinson, M. Gossop, M. Farrell, C. Taylor. *National Addiction Centre, Institute of Psychiatry, DeCrespigny Park, London SE5 8AF, UK*

Objectives: A controlled trial was conducted to compare an on site daily dispensing methadone maintenance programme (MMC) with a community detoxification programme (CDT) for opiate users. The study aimed to demonstrate differential treatment effects over time on treatment retention, illicit drug and alcohol intake, HIV risk behaviour, criminal behaviour and physical and psychological health.

Methods: Injecting opiate users presenting consecutively for treatment who had a previous episode of treatment were randomly assigned to community drug team treatment which consisted of

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