

DANGEROUSNESS OVERRIDES CULTURAL LABELLING: THE ASIAN PATTERN OF DRUG USE IN THE COMMUNITY

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Despite the advantages in cross cultural research on alcohol consumption, few investigations have simultaneously studied ethnic difference in drug users, so the aim of this study was to compare the Asian pattern of drug use to the British Caucasian pattern on a community drug team in Birmingham. The case notes of patients with drug use disorders seen by a consultant psychiatrist in a three year period (May 1992–May 1995) were reviewed. 179 patients fulfilled the inclusive criteria. 119 Caucasian British, 24 Asian, 18 Irish, 15 Afro-Caribbean and 3 other Europeans. Chi square used in comparing the Caucasian British and Asian group in drug related data. The Asian sample had a mean of (± 50) age at presentation of 24.5 years (± 4.4) which differed significantly ($P < 0.0001$) from Caucasian British sample, mean (± 50) was 32.2 years (± 7.5). There was no significant difference in the age of first use of the drug. Primary drug used differed significantly where the Asian reported high rate of using opiates (95.8% vs 54.6%; $\chi^2 = 15.344$, $df = 3$, $P < 0.01$). The Asian reported significantly higher smoking rate (79.2% vs 9.2%; $\chi^2 = 58.972$, $df = 3$, $P < 0.001$). The Asian reported significant lower rate of ever injecting (8.3% vs 68.1%; $\chi^2 = 29.262$, $df = 1$, $P < 0.001$), significant lower rate of ever shared (8.3% vs 39.5%; $\chi^2 = 8.611$, $df = 1$, $P < 0.01$), but no significant difference in sharing. No significant difference in source of referral or unemployment. The Asian reported significant high rate of stable accommodation and significant high rate of keeping contact with their families. The Asian reported significant lower rate of current legal difficulties (12.5% vs 37.8%; $\chi^2 = 5.740$, $df = 1$, $P < 0.02$). Individuals of Asian origin presented to the services significantly earlier than the British Caucasian contradicts previous studies which is possibly due to the location of the community centre in which there is a large Asian population. The Asians significantly keep contact with their families, have stable accommodation with low legal problems, which possibly could be due to the living in an extended family life. This could be a cause of pushing the addict members to go to drug services earlier, ignoring cultural labelling which has been claimed as a cause of avoiding contact with psychiatric services previously, which could be a matter of awareness of the dangerousness of using drugs.

PSYCHOSOCIAL AND PSYCHIATRIC ASPECTS OF MARGINAL YOUTH GROUP STUDY

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Introduction. Rendering psychosocial and psychiatric aid to the members of marginal sociocultural youth groups associated to the youth subculture requires the detailed information about their peculiarities. The so-called "System", the youth unformalious organisation, formally similar to hippie groups presented the centre of youth subculture in the territory of the former USSR. **Method.** There have been studied 34 members of this group (14 males, 20 females, aged of 16–25). The observation method, text analysis reports of group members, clinicocatamnestic data of group member's hospitalisation to the Tomsk Regional Mental Hospital, psychodiagnostic methods (Kelly's Test Of Repertory Gratings, Color Lusher's Test) have been studied as well. **Results.** It was shown that the specific psychosocial phenomena (clearly non-standard model of social behavior, weak sex and social role identification, specific influence of group language to the preferable communicative model) are closely connected with a considerable part of ritual behavior of group members as consulting a psychiatrist. It provides the imitation of non-existing or aggravation

of minimal mental disorders though a number of mentally-ill persons is equal to 44% (the very personal disorders as schizoid, schizotypal and histrionic, but 2 cases of severe delusional disorder have been registered). **Conclusion.** Thus, the traditional approaches to the qualification of mental status of the group member demand correction as standard behaviour for the group has a typological similarity with clearly-marked psychopathological phenomena.

EVALUATION AND MEANING OF EMOTIONAL REACTIONS OF FEAR DURING THE PREGNANCY

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The aim of this study was to evaluate the emotional reactions of fear in pregnant women from the moment of finding out about the pregnancy to the end of pregnancy.

Fears in 30 pregnant women with their first child were explored on the basis of subjective experiences of women revealed in semidirective interviews on three occasions: 1) in first trimester, 2) at the very time of the first moving of the baby, and 3) at the end of third trimester.

Experienced and expressed fears were categorized in five groups: 1. fears during the pregnancy, 2. fears of labour, 3. postdelivery fears, 4. fears of motherhood, and 5. cultural, social and economic fears. The above mentioned categories could be further reduced to two groups only: a) fears relating to the mother's own personality, and b) fears relating to the child. Emotions of fear during the pregnancy and after the birth can be understood as expressions of motherhood crisis. Interviews of woman pregnant with their first child show that fears are in most cases repetition of early fears of castration and separation, then a marked ambivalence regarding the accepting of a child, and that in part fears resulting from great physiological changes in a pregnant woman.

In conclusion, fear as a one of rather frequent symptoms in pregnancy, in majority of pregnant woman does not turn into pathology because, due to ego's forces, psychosomatic processes of pregnancy are not experienced nor treated as an illness.

THE VALUE OF BIOLOGICAL MARKERS IN ALCOHOLISM: A COMPARISON OF SELF REPORTS AND BLOOD TESTS

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The value of treatment outcome in alcoholism is often doubted when based on self reports. The aim of this study was to compare self reports of alcohol consumption with the biological markers CDT and GGT.

The study took place in a treatment setting with a six week inpatient combined with a one year outpatient program. Blood samples were taken at the beginning and end of the inpatient treatment, and six and twelve months later.

During the outpatient program about 30% of the patients ($N = 100$) had elevated laboratory markers. Surprisingly only 10% of the patients were detected exclusively by biological markers, whereas more than half of the patients reported their relapse.

We conclude that the validity of self reports are better than often expected. Nevertheless the detection of biological markers is important in treatment programs.

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