

has been remained an ill-defined concept with many psychological and also biochemical aspects. Moreover, clinical studies concerning craving are widely lacking.

**Methods:** 191 chronic alcoholics who underwent detoxification and motivational enhancement therapy were followed up for 1 year. After 4, 8, and 12 months they were interviewed by the Lübeck Craving-Relapse-Risk-Questionnaire (Veltrup, 1994).

**Results:** Our results showed that 87.6% of the 81 alcoholics who relapse within the first 4 months reported on craving. 78.6% of all cases reported on craving relapsed.

**Conclusion:** Craving has an important impact on the termination of alcohol abstinence and has to be considered in the planning of therapeutic strategies

### Mon-P14

#### MEASURING CRAVING IN ALCOHOLICS: A COMPARISON OF THE GERMAN VERSIONS OF ACQ, OCDS, VAS AND LCRR

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Craving is a concept that has been used in clinical practice for a long time. In the alcohol research renewed interest has been rising only recently. One problem associated with research in the field of craving is the measurement of craving.

The presentation will give an overview on the differences in conceptualization of craving by different research groups with different research backgrounds ("What is craving?") and differences in the measurement of craving ("How do you measure craving?").

Data will be presented from our current study on craving scales. So far a total of 70 alcohol dependent patients (DSM IV) have completed the test-retest study. Approximately two weeks after detoxification alcohol dependent patients filled out a series of questionnaires and scales and repeated this procedure exactly one week later. They completed the OCDS (Obsessive Compulsive Drinking Scale, Anton et al., 1995), ACQ (Alcohol Craving Questionnaire, Tiffany et al., 1994), visual analog scales and relevant parts of the LCRR (Lübeck Craving Recurrence Risk Questionnaire, Veltrup, 1994). The OCDS and ACQ had been translated and then been back translated by two separate and independent translators before being applied in this study.

The typical test psychological analyses for testing consistency, reliability and validity will be presented as well as correlations for scales and subscales. Similarities and disparities will be discussed.

### Mon-P15

#### VARIABILITY OF TOBACCO ADDICTION AND NARCISSISTIC DISPOSITION: A COMPARISON OF NON-SMOKERS AND SMOKERS UNDERGOING STOP SMOKING TREATMENT

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**Objective:** For many years, researchers have described the variability involved in addiction effects. Upon further consideration of this research, it would naturally follow that since addiction is susceptible to variability that dependence should similarly vary regardless of whether it is physical or psychological. The evaluation of drug dependency also involves consideration of the degree of dependence on the product (strong, moderate, weak) as well as the type of dependence (physical/psychological). Psychoanalytical research have also been interested in the concept of variability, which will be referred to here as the narcissistic disposition of drug

addicts that corresponds to the deficiency of the system of actions organisation. This research provides a substantial basis for understanding the degree of dependence and/or addiction as a function of the pathological seriousness associated with the dependence. The proposed hypothesis states that *the addict's narcissistic disposition will influence the degree and the intensity of his addictive behavior.*

**Method:** The population consisted of 50 smokers in stop-smoking treatment and 50 non-smokers. Several measures were used for evaluation: 1) The Fagerström Questionnaire; 2) The Test of Psychological and Behavioral Addiction to Tobacco (T.D.P.C.); 3) The Narcissistic Disposition Questionnaire (Q.D.N.).

**Results:** The results indicate that smokers with a moderate or strong psychological dependence are also physiologically dependent on nicotine indicating an association between the two dependencies. Smokers manifesting a strong or moderate narcissistic disposition are more likely addicted to tobacco than those with weak narcissistic disposition. Smokers are more likely than non-smokers to manifest a strong/moderate narcissistic disposition; and further, those non-smokers presenting a strong/moderate narcissistic disposition are more likely to participate in other addictive behaviors than non-smokers with a weak narcissistic disposition.

**Conclusion:** This study was undertaken with the specific purpose of establishing a relationship between tobacco addiction and narcissistic disposition. The results reinforce the notion of a variability of tobacco addiction as a function of narcissistic disposition variability.

### Mon-P16

#### DELINQUENCY AND DRUGS CONSUMPTION: SOME RISK FACTORS IN YOUTHS MALE

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**Introduction:** There are multiple evidences of criminal behavior and drugs consumption in youths. The objective is to analyze what drugs consumption and what psychosocials factor are associated with have been in prison (custody and/or penalty) before fulfilling 19 years old.

**Material and Method:** Of the Not Professional Soldiers attended in our Service (1-1-92 to 10-30-97), 403 (mean age 19.28; S.E. Mean 0.7) expressed to consume drugs, excluded the alcohol. It is investigated the possible relationship between factors obtained by anamnesis: absence of parents (AP), place between the brothers (PBB), number of brothers (included he) (NB), habitat (H), and present factors in the moment of be attended in the Psychiatry Service: drugs in urine (DU) and diagnostic (MD) (DSM-III-R or DSM-IV) with have been in prison (IP) before be incorporated into Army. Statistic analysis includes Chi-Square (Pearson), ONEWAY and Logistics Regression (SPSS Release 6.1 for Windows 95).

**Results:** The association of the IP with each one of the factors is:

| IP by/ | Pearson Chi-Sq | DF | Significance |
|--------|----------------|----|--------------|
| AP     | 14.77          | 3  | 0.002        |
| PBB    | 16.37          | 4  | 0.002        |
| H      | 14.61          | 3  | 0.002        |
| DU     | 35.31          | 6  | 0.000        |
| MD     | 38.68          | 6  | 0.000        |
| NB     | F Ratio 19.02  | 1  | 0.000        |