

**Mon-P3****WHAT DOES REVEAL ABSTINENCE ABOUT THE FUNCTIONS OF ADDICTIVE BEHAVIORS?**

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**Objective:** this study presents an analysis of the common functions of addictive behaviors based on speeches and behaviors of heroin addicts in aftercare. The abstinence position allows to identify what is seek and achieve when there is no addictive behavior. The analysis of these functions is linked with a system of actions model.

**Method:** the recording of semi-structured interviews from 12 heroin addicts, abstinent, in aftercare since more than a month allowed a content analysis of the speeches based on two categories: abuse and abstinence. A comparative analysis of these two categories allows to establish the functions of addictive behaviors.

**Results:** addictive behaviors have two functions: an avoidance of psychological activity and an Ego restoration. As there is no addictive behavior, these two functions have other substitutive ways as intensive physical activity, boulimia, psychological rumination. The variety of these substitutive ways indicates variable potentiality of psychological reorganisation according to the subjects and the organisation of their system of actions.

**Conclusions:** the addictive behaviors are positive solutions on the psychological point of view even if they implicate somatic and social damages.

**Mon-P4****TOWARDS AN ADDICTION GENERAL MODEL?**

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**Objective:** There are many models of addiction, more or less specific or general, that attempt to link the wide acception of addiction concept and the invisible mechanisms that could explain both drug and non-drug dependancies. An Addiction General Model (AGM) has not to embrass all the complexity of the phenomenon of addiction with its biological, psychological and social factors, but an AGM has to establish from some fundamental facts a set of principles and laws, sufficiently simple and obvious, for neurobiologist, psychologist and sociologist to find a common field of meta-explanations.

**Method:** The fundamental facts chosen for an AGM concern the deprivation of stimulation and its effects on dysphoria and Ego disorganisation. These facts are closely akin to the basic process of all addiction: to maintain an optimal level of stimulation and a lower level of dysphoria. From that principle we propose three general laws for a system of actions model (in which actions are considered in their "pragmological" purpose to seek and consume stimulations). This model as AGM can integrate all the addictions from everyday to pathological ones and a conception of an Ego quality and strength (narcissism) as an organisation of the system of actions.

**Results:** four researches are presented to sustain the system of actions-AGM:

1. The drug abstinence reveal the functions of addictive behaviours as a reorganisation of the system of actions in an avoidance of psychological activity and in an Ego restoration (see Cateeuw M., Sztulman H. in symposium);
2. Mariholic adolescents show two types of system of actions: an active one on the neurotic organisation and a passive one on the

psychotic organisation in borderline personality (see Bernoussi A., Sztulman H. in symposium);

3. The study of borderline drug-addicts show how the attempt to resolve the intrapsychic conflict on a intersychic mode reveals the characteristics of a particular system of actions, this suggesting a new orientation in the cares (see Carreau-Rizetto M., Sztulman H. in symposium);
4. The link between narcissistic disposition and the degree of tobacco addiction seen as a deficiency in the organisation of a system of actions (see Fernandez L., Sztulman H. in symposium).

**Conclusion:** the system of actions-AGM shows some abilities to explain the functions of addictive behaviours, to account for different borderline organisations, to sustain the role of narcissism in addictions .... Wether this system of actions-AGM can be developed in a wide range of other different studies, it could bundle the current separated models and offer interesting future prospects in prevention and care in all the various addictions.

**Mon-P5****ALTERNATIVE STRATEGIES OF OPIATE DETOXIFICATION: EVALUATION OF THE SO-CALLED ULTRA RAPID DETOXIFICATION**

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In principle, the so-called ultra rapid opiate detoxification consists of a sudden displacement of the incorporated opiates from the opioid receptors by applying large doses of opiate receptor antagonists during general anaesthesia. The existing studies do not allow a conclusive evaluation of this detoxification procedure. This study was done in order to test the hypothesis that ultra rapid detoxification provides a mild, short and safe withdrawal.

Twenty-two patients who were addicted to opiates exclusively underwent ultra rapid detoxification. Each patient was pretreated with methadone. During a general anaesthesia with methohexital or propofol lasting approx. six hours, naloxone was administered in bolus doses, starting with 0.4 mg and doubling the dose every quarter of an hour up to a total dose of 12.4 mg within 60 minutes, followed by a naloxone infusion of 0.8 mg/h until the next morning. On the first day, also naltrexone (50 mg/d) treatment was initiated. In case of withdrawal symptoms, specific medication was added. Withdrawal symptoms were recorded during four weeks using established scales.

On average, patients showed medium grade withdrawal symptoms at least during the first week after detoxification. The intensity of withdrawal symptoms during the first ten days of treatment was more marked ( $p < 0.05$ ) than during baseline. None of the patients underwent a life threatening complication and only one patient interrupted the detoxification procedure. About 75% of the patients could be referred for further treatment.

In this study ultra rapid detoxification provided a safe withdrawal procedure with middle grade intensity of withdrawal symptoms, high rates of completed withdrawals and referrals for further treatment, respectively. Due to the risks of general anaesthesia and the expense associated with this treatment, only patients addicted to opiates alone and with definite social or therapeutic perspectives should undergo this detoxification procedure.