

March 20, 1970

Mr. Max Singer, President
Hudson Institute
Quaker Ridge Road
Croton-on-Hudson, New York 10520

Dear Mr. Singer:

Much has happened since I received your interesting letter of March 12. I appeared before Senators Hughes and Javits in support of a proposed bill (S-3562) to establish a division of HEW dedicated to a national effort in treating and studying drug dependence. Mr. Javits became interested in antagonists and when his office called NIMH, they were told that our unsolicited contract for a long acting naloxone was rejected.

As to your questions. Most are unanswerable according to present facts or dogma; but here are some tries.

"Craving" after detoxification as a metaphor, "there is nothing in his body which one can hope to influence": There is some evidence that tissue cells change when exposed to opiates, and that such changes, even after a single exposure, are long lasting. When animals are exposed to an opiate days or weeks after the initial exposure, their response (however measured) is significantly altered from the response of unexposed animals. Thus, opiates are a potent signal and one-trial [or few-trial] learning occurs - with consolidation of "learned" behavior very rapid and persistent. Such evidence supports the view of opiate dependence as a biological problem. How to induce "unlearning" or forgetting is our problem. We need means to enable selective forgetting (e.g., in such diverse illnesses as phobias, allergies, penicillin and rH sensitivity, etc.), and the "cure" of opiate dependence may be viewed in this framework. By the dictionary, it may not be a "medical" problem, but it is a biologic, not a sociologic, problem.

The problem with methadone maintenance (and heroin maintenance) is that these agents consolidate learning. A principal hope of treatment by antagonists is that they may serve to reduce opiate "memories."

The Nature of Heroin Addiction: A spontaneous cure reflects the ability of some subjects to resist tissue demands for opiates for sufficiently long periods to reduce tissue changes by disuse atrophy. Whether the drive to withstand tissue demands is socially determined (as in asceticism), physically (as in incarceration) or biologically (antagonists) may be irrelevant to the outcome of discontinued addiction. RAV is an interesting term that needs clearer definition.

Heroin Use and Disease: Some interesting ideas, I have responded with marginal notes, agreeing with most, and disagreeing with some.

1. A reason for reducing a habit may be expense and strain, but this sounds like a rationalization. Perhaps, a reduction in drive for opiates occurs because of hormonal changes (stress, age) or after an illness which may alter tissue responsiveness.

2. Like with other addictions, as alcohol, tobacco or barbiturates, social participation seems necessary to assure availability of the drugs.

3. Perhaps contagion is re-enforced in opiates because users know it is illegal. To assure an adequate supply, they wish to increase their connections, so that if one connection is disrupted, others will be available to sustain the dependence.

4. Theoretically balanced, but is there any evidence? More likely, the bad apple in the barrel analogy is applicable.

5. Surely, [repeated] exposure to opiates is the necessary and sufficient causal factor.

These are my responses. Perhaps I am over-emphasizing the biological bases of addiction, but this model seems to provide a better theoretical framework for the study of your questions than sociologic or psychologic theories.

I look forward to your recommendations - which I hope will balance the psycho-mania and methadone-mania with some other techniques for study.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry