

June 7, 1972

Mr. John A. Hamilton
New York Times
New York City

Dear Mr. Hamilton,

I very much appreciated your balanced presentation of the problems inherent in a heroin delivery research project in your article, *Free Fix for Addicts ?* on June 5. In addition to the problems described by Drs. Jaffe, Dole, and Phillipson, we should add the special risks of heroin administration. In our studies at this center, we have used 'heroin challenges' as a specific index of the duration of action of narcotic antagonists. This experience has brought to our attention that intravenous heroin has effects on heart rate and the EKG; on cerebral rhythms (exciting seizure activity sufficient on at least three occasions to precipitate a grand mal convulsion); and on respiration. The sequence of events are often unpredictable, since the men vary in the degree of the induced cross-tolerance to opiates they have developed. Even in the laboratory, there are problems; we are not sanguine about a large scale delivery system.

Indeed, rather than seeking the use of shorter acting opiates, as heroin or morphine, there is logic in seeking opiate-like compounds with durations of activity longer than methadone. Levomethadyl, the 1-alpha-acetylmethadol, is such a substance. Instead of seeking the use of a short acting substance, the leaders desiring to innovate might do well to look into the greater use of this substance: by providing a longer duration of cross-tolerance, dosages must be taken only three times a week, reducing both the problems of irregular intake and that of 'seepage' of illicit materials into the community. Levomethadyl is also taken orally, as is methadone.

Again, I wish to commend you on a reasoned view of the heroin delivery recommendations.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry