

July 2, 1971

Dr. Jerome H. Jaffe
Special Consultant
to the President
The White House
Washington, D.C.

Dear Jerry,

The grapevine has you off for Viet-Nam, and I trust your trip will be helpful in clarifying the facts of drug abuse among our servicemen and their dependents.

Roger called earlier this week, and I freely shared our data with him. I also sent him a copy of the program of the meeting on narcotic antagonists to be held in Aberdeen, July 12-13, and a copy of a small project to get studies of M-5050 off the ground.

It is apparent that neither NIMH, BNDD, NAS/NRC, nor industry have provided the leadership to develop the antagonists. I believe the appointment of either a committee or an "office" for this development would be a necessary first step. New York City has established such a committee but included no one with dedication or interest and it is ineffectual.

A. In answer to your questions, the projects that are important are:

(1) Testing cyclazocine prophylaxis in Viet-Nam, using available oral doses of 2-4 mg/day, a rapid induction schedule, combined with naloxone during the first week.

(2) Develop a long acting antagonist.

(a) Contracts for trials with naloxone, using such methods as depot-oil, silastic, plastic film;

(b) Change import quotas for thebaine and import this and other raw materials for naloxone; and, establish an adequate supply of naloxone for clinical research.

(c) Trials for a long acting cyclazocine.

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(3) Test and establish the pharmacology, clinical toxicology and clinical trials with M-5050 and EN 1639A. If either compound is useful, introduce it into trials of a long acting formulation.

(4) Clinical trials of cyclazocine or naloxone in direct comparison with methadone or ℓ -alpha-acetylmethadol.

B. The "guesstimate" costs for the projects, on a "crash" basis:

(1) Prophylaxis - for consulting expenses US-VietNam, 4-6 staff members - \$10,000; local military costs; supplies to be defined by Sterling-Winthrop based on size of study.

(2) Long acting development (1st year).

Naloxone	\$800,000 (4 contracts @ \$200,000)
Thebaine and naloxone supplies - ?	
Cyclazocine	\$250,000

(3) Pharmacology M-5050 and EN 1639. I do not know the status of 1639A, but for M-5050:

Animal pharmacology	\$42,000
Clinical trials	120,000
Supplies	50,000

(4) Clinical Comparison Cyclazocine-Methadone:
6 VA clinics, 600 patients, additional \$200,000 organization cost added to present VA allocations of \$400,000/unit.

C. Role for myself.

If you establish a commission, I suggest you consider A. Freedman, J. Villareal, D. Jasinski, G. F. Blane or K. W. Bentley (Great Britain), J. Woods and A. Kurland. I would be pleased to be a member or to chair it.

I have been actively soliciting the cooperation from industry for a few years and now know many of the people who could be involved in a long acting drug research program. If a committee were set up and given the support its studies justified, the programs would be successful in a reasonable time. They may require some special regulations regarding financial rights to industry, however, and some cooperation from BNDD.

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Should you wish to undertake this program yourself, or have Roger, John or someone else do it, I will make my files available and introduce your appointee to the appropriate persons.

Incidentally, Villareal and Kosterlitz are chairing a symposium on the antagonists in Aberdeen, July 12-13 and you may wish to attend or send someone. I sent Roger a copy of the program in case you had not seen it.

Again, my best wishes for the rapid success of your mission.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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