

March 5, 1971

Dr. Jack Freund
A. H. Robins Company
1407 Cummings
Richmond, Virginia

Dear Jack,

We have been very interested in the use of narcotic antagonists in treating opiate dependence, and since 1966 have carried out clinical studies with cyclazocine, naloxone, methadone, and *l*-alpha-acetylmethadol. Last fall I was asked to summarize our data, and in conclusion, I attempted a justification of the logic of the need for a long-acting formulation of an antagonist.

I believe that the methadone maintenance "solution" to opiate dependence is politically expedient but not a long-term solution. I am concerned with the question of, "After a patient is on methadone, what next?" "Is he committed for life?"

The antagonist model is theoretically elegant and clinically feasible. We are committed to continuing our studies, have contracted with Food and Drug Research for some help; and would encourage others to experiment with other antagonists and long-acting formulations. wi

Incidentally, our experience with narcotic antagonists has led us to think of antagonists to other drugs of abuse, notably alcohol; and we have recently carried out some studies to determine the degree and duration of alcohol antagonism of propranolol.

I trust the enclosed reprints are helpful.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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