

November 7, 1968

Dr. Paul H. Blachly  
Associate Professor  
University of Oregon Medical School  
3181 S.W. Sam Jackson Park Road  
Portland, Oregon 97201

Dear Paul,

As is typical for this time of the year, there are many studies under way. The naloxone study was begun again and we have recently given as much as 600 mg a day. Protection against intravenous heroin seems to last, at this dose at least eighteen hours.

In parallel fashion we have continued to explore the efficacy of methadone in blocking intravenous heroin and find that at 100 mg per day, the subjects do not obtain a euphoric response for up to 75 mg heroin, at least for eighteen hours after a dose; and for 15 mg for at least 36 hours.

The duration of methadone using this criterion is longer than we anticipated, and we are continuing to explore the duration and dose response. Nevertheless, one of my staff has proposed a study of acetyl-methadol. With our present methods and experience, we should be equipped to assess the relative merit of methadone and acetyl-methadol, not only on the clinical syndrome of addiction, but in the heroin challenge criterion as well.

Before progressing with the details of a protocol, do you think that supplies of acetyl-methadol may be available and in what relative quantity? If the supply is very limited, as I think it might be, then we would suggest a simple heroin challenge study in some subjects in whom we have already determined the duration of effect of methadone.

Our present detail studies of methadone should be completed by the end of the year and we could undertake a comparison study in January or early February. Is it realistic for us to continue this exploration? Would it be worthwhile if the supplies are indeed limited to ask NIMH to make additional supplies available?

My best regards.

Sincerely yours,

Max Fink, M.D.  
Professor of Psychiatry

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