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Mr. Stewart Alsop
Newsweek
444 Madison Avenue
New York, New York 10022

Dear Mr. Alsop:

The conclusions regarding the use of opiates in dying patients, quoted in the New York Times of March 5, strikes a responsive chord. I am a national consultant in opiate research with experience in studies of heroin, and I am frequently called upon to answer disturbing questions.

Physicians ask whether heroin may be used, its safety, and what their risks are with regard to the Federal Internal Revenue Service and the Bureau of Narcotics and Dangerous Drugs. I have to answer that they may not use heroin; that even for research it is difficult to obtain permission and supplies; and that their fears of IRS and BNDD are probably groundless. But I am not sure about the latter statements, recognizing that in their asking, the physicians are reflecting a fear that may be founded on history.

Because experience with opiates is limited, they tend to use dosages that are too small for fear of developing 'dependence,' thereby under-treating their patients. This attitude reflects on our education and on the proscriptions quoted in our journals.

I have used heroin to treat relentless pain and have found that it is quicker in action, more effective in response, and has fewer side-effects than morphine. As you have suggested, the mood-altering qualities are particularly gratifying.

Your reference to morphine and heroin brings to mind the reports that other opioids, particularly etorphine (M-99) have been tested and are even more effective than heroin; that they are probably 1000 times more active on a dose basis--but studies

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are proscribed by authorities in the U.S. and Europe for fear that the compound may be 'instantly addicting' and too dangerous for man. Its use is limited to animals, where (as Immobilon) it is used to capture non-feline mammals. (For a description of its use in patients, see the reports by Blane in Agonist and Antagonist Actions of Narcotic Analgesic Drugs, Ed. by H. Kosterlitz. London: Macmillan, 1972.)

Not only should heroin and etorphine be made available for clinical analgesic studies and, if found useful, allowed to be prescribed by physicians for patients with intractable pain; but we should be willing to make these substances available to patients with instructions as to the consequences of overdose, so that they have an opportunity to self-regulate their dosages as needed.

Your efforts at liberating these analgesics for medical uses are to be encouraged.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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