TO: Alfred M. Freedman, M.D. DATE: October 17, 1969

FROM: Max Fink, M.D.

SUBJECT: Description of the New York Medical College-Metropolitan Hospital Addiction Programs, as requested by Mr. C. H. King, 10/14/69.

The addiction treatment and research programs at Metropolitan Hospital have been in operation since 1960. Many modes of therapy have been assessed, and the most successful has been the "pharmacologic rehabilitation" approach. In these, the subjects are treated with substances that relieve opiate hunger or prevent opiate dependence, and are concurrently continued in an intensive aftercare system to assist the development of their educational, family and job potentials. The engagement of the subject by the pharmacologic approach has improved the success of the rehabilitation technique alone.

One problem has been to develop more effective antagonists and this is a goal of our programs. We have studied methadone, tybamate, cyclazocine and naloxone - and now centrophenoxine - to determine the best method of administration, their safety, and duration of action. To assess their efficacy, we have developed and are the principal proponents of 'heroin challenges' as a tool of research and of therapy.

The present emphasis is on the development of improved delivery of naloxone and of methadone - the two compounds which have shown the most promise.

The work was done for many years on wards 12B and 15A but since January 1969 has been restricted to 15A and the out-patient facilities on the 15th floor. Because of staff limitations, we have restricted the in-patient program to 20-22 beds; but expanded the out-patient program to include 60-80 subjects. The duration of in-patient care is 1-3 months; out-patient, indefinite. We are now trying to wean a few patients who have been with us more than 3 years. To do so we are developing a special combined drug therapy which requires some nursing cooperation as well as medical supervision.

Our program admits approximately one patient each day, and has a waiting list of 60-100 at any time.

The principal forms of therapy and a common sequence is:

1. Withdrawal and detoxification using decreasing amounts of methadone;
2. Social service evaluation; group therapy;
3. Educational evaluation and introduction to retraining;
4. Medical evaluation and therapy of medical conditions;
5. Induction on antagonists (methadone, cyclazocine, naloxone);
6. Heroin challenges;
7. Aftercare, with the appropriate therapy: rehabilitation, group therapy, social casework, and pharmacological monitoring.

In response to suggestions for the immediate future, I would emphasize that no therapy has been sufficiently tested to warrant general and indiscriminate application, despite the severity of the problem. The dangers of each approach are poorly understood and any mandatory program (especially if carried out by untrained laity) will provide the basis for more harm than good.

Efforts at developing better pharmacologic agents, the trial of storefront, non-hospitalcentered units for delivery of antagonists, special educational units in the community, especially in the schools and the health centers to involve the users in the treatment programs, and better general medical care of the addicted are some of the steps that are logical now. A broad scale methadone-rehabilitation program should be available to all who volunteer. One specific project would be the development of a long-acting naloxone, as potentially the most useful pharmacologic tool at this time.

From the point of view of the report, we would best be labelled as:

Experimental-research: 60%

Care and therapy: 40%

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MF:kp