March 7, 1970

Mr. Max Singer
Hudson Institute
Croton-on-Hudson, New York

Dear Mr. Singer,

I have read your interim report and appendices with much interest, particularly since the views are both novel and engaging. A heroin distribution system, if feasible, may indeed be a useful interim step in reducing the opiate abuse problem. An immediate reaction is reference to the reputed failure of the British system, and your review of that 'failure' is too superficial to be convincing. I also believe that our present climate will not allow such a system unless it is encumbered by psychotherapy, social therapy, rehabilitation, group therapy, etc.- and this will increase the costs markedly. Is this not one of the handicaps of the New York State system, that it pays lip service to all systems, having none of its own ?

I would immediately agree that the heroin addiction problem is not purely a medical problem, and that the solution is not purely a medical one. But that was also the status of the syphilis, the tuberculosis and the leprosy problems, before medical solutions were defined. These medical solutions plus the social has had the major impact in reducing the tragedies of these, now curable, diseases.

Since discussing our proposal for naloxone with you, we have reviewed the cyclazocine data, and find that the same approach is feasible for this drug as well-- thus increasing the costs of our proposal, since two drugs ought to be studied. We are not optimistic that either the New York State nor the National Institute of Mental Health will provide funds-- both have said all the nice things like the idea is excellent and the need is great, BUT . . . They differ in their "BUT'S", the results will be the same. We have also made a presentation to the lawyers of the Vera Institute, who also spoke highly of the ideas but "BUT-TED" the possibility of funding away.

The principal question of your letter relates to the channeling of opiate users to other substances if a concerted governmental action inhibits the use of heroin. Indeed, that is likely. Let us suppose that the heroin (opiate) use is severely inhibited, and marijuana use increases markedly. So long as the penalties for marijuana use remain the same, the results interms of crime will be the same. But is it necessary to maintain the fiction that marijuana is as deleterious as opiates ? I have worked with both types of substances, and have read the literature carefully. There is no relation in pharmacology or physiology between the substances. One is severly toxic to the body, causing extensiwe chemical changes that persist for weeks, months and perhaps years; the other, minimal changes, of a transient nature. Deaths do not occur with cannabis; they do with opiates. That is a sufficiant basis for me to consider the channeling of opiate users to marijuana to be a social good, not evil, in the present climate (provided the penalties were removed for marijuana use).

As for the 'soft-drugs', here too, the pharmacology and physiology of methedrine, amphetamine and the barbiturates are sufficiently unique that the distinction from opiates is easy. Addiction may occur, but deaths are less common; dosages necessary are very large for fatality; and while I am not so enthusiastic about channeling to these drugs from opiates, I consider them so much less damaging, and addiction so difficult to achieve, that a 'war' on opiates with a resultant increase in the abuse of these drugs is still a useful 'war'. (In the balance of nature, the abuse of these drugs seems less commonly achievable than the abuse of alcohol, and we have been able to live with that abuse as a nation.)

You may be pleased to know that the National Institute of Mental Health has looked upon our suggestion that a team of scientists be sent to Greece to study chronic (20-30 year) hashish users with some favor, and called to say that that contract will be awarded effective June 1. This will be our effort to obtain some data on chronic cannabis abuse (use).

Thank you for the comments, the questions, and especially for the preliminary reports with their novel (?daring?) suggestions.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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