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SUBJECT: Drug Use: Narcotic Addiction Program

During 1972-73, the SUNY-Stony Brook Drug Abuse program will examine the usefulness of cyclazocine in their treatment of opiate dependence, and compare it to methadone and levomethadyl. In this study, diacetylmorphine will be used in "heroin challenges" to measure the degree of blockade (to define adequacy ^{and} in duration) and to demonstrate the potency of these substances as a step in the deconditioning process.

(1) Cyclazocine. After detoxification, patients will be ~~inducted~~ to 4-6 mg. cyclazocine in 4-6 days. As an antagonist to the agonistic features of cyclazocine, naloxone hydrochloride (oral) 600 mg. q3h; p.r.n. will be available for the 4-6 days of the induction period.

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(2) Methadone. Following the prevailing high dose regimens, we will induct patients in 20-40 days to 100 mg. oral daily. (Should it prove hseful, we may adapt a low dose [50 mg/day] schedule). ✓

(3) Levomethadyl. Induction to 80 mg. three times a week is planned with the induction period of 4 weeks.

(4) Heroin Challenges. Following our described methods, we will use intravenous heroin (20-30 mg/lcc saline/minute) when subjects are drug-free (to define heroin response) and when induction to cyclazocine, levomethadyl, or methadone is achieved, to define efficacy and duration of blockade, and to provide a basis for de-conditioning.

5 Supplies Necessary

Based on 50 patients receiving cyclazocine, and 45 each on methadone and levomethadyl.

Cyclazocine:	36 grams (≈ 90 liters, 2 mg/5cc)
Naloxone:	240 grams (800 tablets, 300 mg each)
Methadone:	500 grams (powder)
Levomethadyl:	150 grams (powder)
Heroin:	10 grams (powder)

CITATIONS

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(A. Zaks, T. Jones, A. M. Freedman) #).

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Intravenous Diacetylmorphine (Heroin) in Studies of Opiate Dependence. *Dis. Nerv. Syst. Suppl.*, 30: 89-92, 1969. (A. Zaks, A. Bruner, #, A. Freedman).

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