

Narcotic Is Used to Treat Addicts



Patients at Manhattan General Hospital who are taking treatment to free them from addiction to heroin play cards. Manuel Gallardo, hospital aide, stands by and observes.

City Program Finds Methadone Curbs Need for Heroin

By JOHN SIBLEY

Over one of the doorbell buttons in the foyer of an East 18th Street apartment house are the letters M.M.R.P.-O.P.D. The button is pressed dozens of times a day.

The letters stand for Methadone Maintenance Research Program-Out Patient Department. The visitors who stream into the ground-floor apartment throughout the day are former heroin addicts whose enslavement to the narcotic caused them years of misery.

No longer are they obsessed day and night with the next "fix." No longer must they steal and "hustle" to maintain a habit that can cost \$100 a day.

Instead they visit the 18th Street clinic once a day and swallow a bitter-tasting medicine called methadone in a glass of orange juice.

Since February, 1965, when the program began under city auspices at Manhattan General Hospital, 164 addicts have undergone the treatment. Not one has gone back to heroin. There is no plan to try to get them to give up the use of methadone.

21 Addicts Discharged

Critics of the program point out, however, that 21 addicts who had enrolled were discharged. The sponsors reply that these were thrown out "because of psychiatric problems we couldn't handle."

The possibility of using maintenance doses of methadone to permit addicts to live normal lives was first explored in January, 1964, by Dr. Vincent P. Dole and Dr. Marie Nyswander at Rockefeller University.

They found that regular doses of the synthetic narcotic not only blocked the euphoric "high" produced by heroin, but also eliminated the addict's craving for it.



The New York Times (by Allyn Baum)

A patient receives methadone, drug used, in orange juice.

According to its proponents, methadone is particularly well suited for controlling addiction because of its long-lasting effect. Most heroin addicts must have a "fix" every four to six hours or undergo agonizing withdrawal symptoms. A dose of methadone lasts at least 30 hours before the withdrawal symptoms begin.

The methadone program has come under sharp attack from several sources, notably the Synanon organization, in which addicts undergo "cold turkey" withdrawal from narcotics with the help of former addicts who are "clean."

These critics point out that methadone is itself a narcotic. Switching an addict from heroin to methadone, they argue, is like switching an alcoholic from gin to Scotch.

Lewis Yablonsky, a sociologist and director of the Synanon Foundation, recently challenged the Dole-Nyswander approach

in a highly critical article in The New Republic.

"This emphasis on drug-effect research rather than on changing the addict's behavior or personality is dangerous," Dr. Yablonsky wrote. "Maintaining a person as an addict on methadone or any other drug of this kind blocks the possibility of behavior change."

But Dr. Nyswander, a psychiatrist, asserts emphatically: "There is simply no such thing as a drug-addict personality. Sure, addicts have similar habits when they're on the street, struggling to get the next fix. But once they're detoxified, their personalities are as different as yours and mine. There is no cause for addiction to be found in the unconscious."

A layman who visited the clinic and chatted with addicts

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as they came in for their daily medication could not detect any signs of intoxication. Without exception, they appeared alert and responsive—neither ecstatic nor sedated.

They spoke of the program with fervor.

"I've tried other programs," said a 32-year-old former heroin addict who is now working as a research assistant in the out-patient department, "but I always wound up back on the street shooting it up again.

"I was hooked for 16 years. I was arrested 15 times and jailed 9 times. My wife and kids left me.

"Now I've been off the stuff for 17 months. I'm not high. The urge, the desire, just isn't there."

Some critics of the experi-

mental program charge that its effectiveness is limited to a severely restricted segment of addicts. They point out that strict criteria have been laid down for admission to the program, and that this explains the success it has enjoyed. To be admitted, an addict must be between the age of 21 and 39; he must have undergone several unsuccessful treatments elsewhere; he must have been addicted for at least four years; he must not have a mixed addiction (since methadone is a treatment for heroin only), and he must have no mental illness that would complicate the experiment.

A newly admitted patient is hospitalized for six weeks in an unlocked ward at Manhattan General before returning home and starting the daily visits to the out-patient clinic.