

City and State to Join Disputed Narcotics Program

By TOM BUCKLEY

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pg. 1

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The city and state have decided to bring hundreds of addicts into a controversial program in which a narcotic is used to treat narcotics addiction.

The narcotic, methadone, is said to end the addict's craving for heroin and other opiates and to block their effects if he takes them. It does this without creating the sense of euphoria, the addict's "high," that interferes with normal functioning.

The decisions, which were taken independently, vindicated the five years of methadone research carried out at Rockefeller University by the husband-and-wife team of Dr. Vincent P. Dole Jr. and Dr. Marie Nyswander in the face

of what they described as the bitter opposition of Federal narcotics officials and partisans of rival treatment methods, notably Dr. Efen Ramirez, who resigned last month as the head of the city's Addiction Services Agency.

Eighty-two per cent of the 1,135 hard-core addicts who have been treated with methadone at the nine hospitals here participating in the Dole-Nyswander research project have remained free of heroin, according to statistics verified by outside agencies. The figures show that individuals in the program have been free of heroin for four months to four years.

The percentage of success is four to five times higher

according to supporters of the treatment, than any other treatment method for which reliable figures are available.

In contrast with the Dole-Nyswander patients, all of whom are carefully screened volunteers and whose average age, 33, is considerably higher than that of the addict population as a whole, younger and perhaps less highly motivated addicts will be included in the city and state programs.

While they regard the outlook as hopeful, both Michael Dontzin, the Lindsay administration official who specializes in narcotics programs, and Dr. Harold Meiselas, the director of treatment of the State Narcotic Addiction Control Commis-

sion, emphasized that the programs were regarded as an extension of methadone research rather than as a final commitment to the treatment.

The city's objective is considerably more ambitious than the state's. The Vera Institute, a private foundation that has undertaken projects in the field of criminal law, has been assigned to draw up a program within the next two months that is expected to bring several hundred people into treatment by the middle of next year.

"We are really pushing

Continued on Page 52, Column 1

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City and State Are Joining Controversial Narcotics Program

METHADONE GIVEN TO HEROIN ADDICTS

82% Said to Have Ended Opiate Dependency During 5-Year Research Project

Continued From Page 1, Col. 7

ahead on this," Mr. Dontzin said.

City Hall sources said over the weekend that the decision was not related to the resignation of Dr. Ramirez. Privately they said that there had been a growing disenchantment with what they called his administrative shortcomings and by his failure to approach the ambitious goals he had set for his own treatment program.

Opposition had also been building up in the City Council against the Ramirez program, in which addicts remain in "therapeutic communities," called **Phoenix Houses**, for a year or more.

In a recent interview, Council President Frank D. O'Connor stated: "The Ramirez program is composed of a lot of high ideals, hopes and prayers, but as far as I can see, the Dole-Nyswander program is the only one that's really working. It's past the stage of research and should be broadened as soon as possible."

Dr. Ramirez, who says he resigned to resume his practice of psychiatry, said he was unaware of criticism of the program within the Lindsay administration. "I have set up a functioning program," he said, "and that is what I was brought up here to do."

The state commission, which has financed the Dole-Nyswander research for the last 18 months, will begin its program in April with 25 volunteers who have been committed for treatment under a 1966 law, and the number of volunteers is expected to be increased to 200 by the end of the year.

The city and state must emphasize the "research" aspects of their program because Federal narcotics officials do not permit the medical use of narcotics to sustain addiction except experimentally.

Donald E. Miller, counsel of the newly combined Federal Bureau of Narcotics and Bureau of Dangerous Drugs, is one of the challengers of the methadone treatment. He says the drug does produce euphoria but does not produce dramatic results attributed to it.

Critics have charged that the Dole-Nyswander treatment, in which the addict receives methadone for an indefinite period, merely substitutes one addiction for another.

Denies Addiction Charge

Dr. Dole, a 55-year-old physician and biochemist who has made many notable discoveries in the fields of metabolism and blood chemistry during his 27 years on the Rockefeller University research staff, denies this allegation.

"Methadone is a narcotic that, as administered in our program, does not produce narcotic effects," he said. "A man on methadone is in exactly the same position as anyone else who has to take a medication every day to operate normally. What, as a practical matter, is the difference between methadone and the diabetic's insulin?"

Under the Dole-Nyswander treatment, addicts receive gradually increasing doses of methadone over a period of six weeks of hospital care until they are "stabilized" at an average of 100 milligrams a day. At the same time they receive psychiatric treatment and vocational guidance.

They then become outpatients and report once a day at first to hospitals or clinics to receive the required daily dose of methadone. Three times a week, on the average, patients must provide urine samples that are analyzed for the presence of other drugs.

After six months or a year, if their records are good, patients are required to report only once a week, being given enough methadone at that time for their daily dosages.

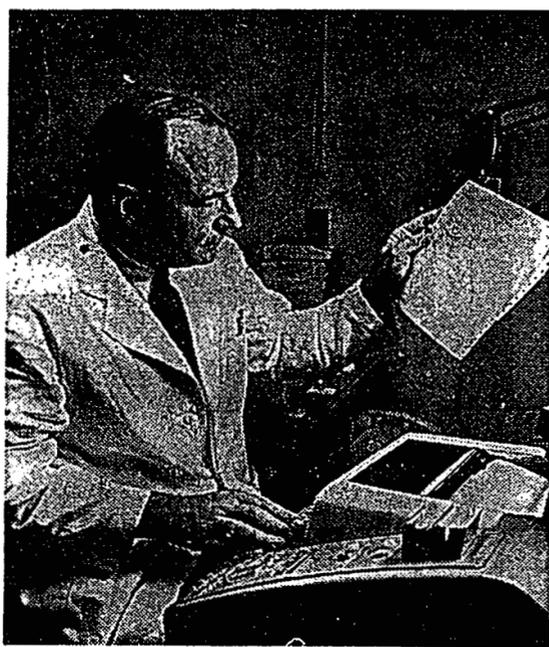
Panel Certifies Data

According to the research project's statistics, which are certified by a distinguished 11-member evaluation committee headed by Dr. Henry Brill, superintendent of Pilgrim State Hospital, and by a team from the Columbia University School of Public Health, 85 per cent of the people who have remained in the program are working or are in school.

None of the patients have become readdicted to heroin. However, 11 per cent have been found to be repeated users of amphetamines or barbiturates. Five per cent have been found to have chronic problems with the abuse of alcohol.

Before being put on methadone, 91 per cent of Dr. Dole's patients had been in jail at least once, most of them several times, and all had failed in at least one other treatment program. Since then, 88 per cent have remained out of trouble with the law and only 5.6 per cent have been convicted of offenses that led to being dropped from treatment.

Dr. Nyswander, a psychiatrist, who married Dr. Dole after joining his research team, said, "We have found that it isn't the desire for the 'high' that keeps a man on heroin. But the fear of the sickness



CONDUCTED STUDIES ON METHADONE: Dr. Vincent P. Dole Jr., who—with his wife, Dr. Marie Nyswander—performed research on the narcotic. In his laboratory at Rockefeller University, he feeds the results of tests into a terminal connected with a computer elsewhere in city.

that comes when he's without it.

"I treated addicts for 15 years, starting at the **Federal narcotics hospital at Lexington, Ky.**, and then in private practice, before I came to Rockefeller. I wrote a lot of papers but nothing that I or anyone else did really worked."

New Theory Propounded

Dr. Nyswander, a slender, smiling blonde, went on to say that their research had led them to a new theory of addiction. Where the prevailing belief has been that addiction is merely the symptom of an underlying character disorder, Dr. Dole and Dr. Nyswander believe, on the basis of their laboratory and clinical experiments, that addiction may create long term changes in the metabolism that give a primarily physical, rather than emotional, basis for the craving for drugs.

"There isn't any such thing as an addictive personality," Dr. Nyswander said flatly. "Our patients represent an absolute cross section of the population—normal, neurotic, borderline psychotic—with the exception that they are somewhat brighter than the average."

Repeated testing appears to show that methadone does not impair physical or mental per-

formance. And unlike opiates, methadone, which is a synthetic narcotic developed in Germany during World War II, is long-acting, which means it has to be administered only once a day, and nonhabituating, which means that the dosage does not have to be steadily increased to produce the same effect.

"In fact," said Dr. Dole, "we often reduce the stabilizing dose after a period of time. Many of the patients request it."

Tapering Off Possible

While Dr. Dole does not rule out the possibility that patients may be tapered off methadone over a period of several years, he does not think that the point is particularly important.

"If they're doing well—working or going to school—what's the sense of it, fooling around with their futures?" he said. "My duty is to defend the welfare of my patients. We haven't done enough reductions or cutoffs to comment and I won't do it just to appease my critics. The hell with it!"

Dr. Dole and Dr. Nyswander agree that, in broader use, methadone would be less successful than it has been in limited use thus far, but they believe that at least half of the city's estimated 50,000 nar-

cotics addicts might be willing to remain stabilized on the drug.

"Meanwhile, we've got more than 1,000 people on our waiting list," Dr. Dole said last week, sitting in his Rockefeller University office overlooking the East River. "Each week that goes by some of them get arrested and go to jail or perhaps die of an overdose."

Since October, 1967, the Dole-Nyswander program has been supported by the State Narcotic Addiction Control Commission, with grants totaling \$2.1-million. However, a sharp reduction last year by the Legislature of commission funds has led to a cutback in the methadone program, forcing the reduction of the number of hospital beds in the program from 32 to 22.

Joined Research Council

"You know," said Dr. Dole, "I had never thought much about narcotics until 1963, when a colleague of mine asked me to take his place on the city's Health Research Council while he was on sabbatical. The subject of narcotics addiction came up again and again. I got curious. I looked through the literature and saw that almost no real research had been done."

"Then I went to Det Bronk [Dr. Detlev Bronk, the president of the university]. I told him I wanted to do research in narcotics. I said, 'It's a dirty job, but nobody else will touch it.' All he said was: 'Well, then, it's our job. Go ahead.'"

Dr. Dole emphatically rejected the assertion of Federal narcotics officials that they had any control over his work.

"They try to make it appear that I'm operating with their approval," he said. "That's nonsense. When we started the program we got legal advice and then we went ahead. They didn't like it and I told them that if they wanted to try to stop me in the courts to go ahead."

"So far they haven't, but they put pressure on our associated hospitals. Federal agents have shadowed our research people. They tried to get hold of our records. At one time they even seized methadone prescriptions from Beth Israel and they warned a pharmacist near the university here that he would be in trouble if he filled our methadone prescriptions."

Research Figures Questioned

Mr. Miller, counsel of the combined Bureau of Narcotics and Bureau of Dangerous Drugs, reiterated many criticisms of Dr. Dole's research in a recent interview, suggesting that his figures were either false or in error, and that the

number of people in the program who had been in trouble with the law or had abused other dangerous drugs was larger than reported.

"What's going to happen when the social stigma of narcotics addiction diminishes?" Mr. Miller asked. "Doesn't society have the right to say they don't want proselytizers for methadone in their communities?"

Mr. Miller asserted that the bureau took no position on methadone, but was guided by the ethical standards of the American Medical Association.

The association states that a physician can administer drugs to an addict in an effort to cure him, but not to sustain his addiction. (Methadone was used originally, and still is, to taper off addicts from heroin without withdrawal sickness.)

Critics of the Federal bureau assert, however, that it was instrumental in getting the A.M.A. to take this position, which is now said to be undergoing reconsideration.

Conversations with many city officials, medical specialists and academicians indicate that they no longer regard the moral question of methadone maintenance, if one exists, to be relevant to the problem.

In July, 1966, three months after taking office, Dr. Ramirez said that he expected to have 5,000 addicts in treatment by the end of that year and 25,000 in three to four years. He said that 80 per cent of the city's addicts would prove amenable to voluntary treatment.

City Program Falls Short

As of last week, 22 months later, only 500 addicts were in voluntary residence at the city's **four Phoenix Houses**, or "therapeutic communities," and none had completed the program.

Dr. Ramirez, who is on medical leave until his resignation becomes effective at the end of the year, denied that he had opposed the methadone program, but he restated his view that it would be unethical to provide any addict with methadone who did not first have the opportunity to enter a Phoenix House or receive other drug-free treatment.

The city's decision to turn to methadone was also underscored by the grating dispute between the board of directors of **Daytop Village** and its director, David Deitch, a former addict, that has all but torn apart the four therapeutic communities.

Daytop and the Phoenix Houses are conducted in general according to the techniques evolved by **Synanon**. Day-by-day control of these group residences is given to former addicts. The therapy that is meant to cure the addicts' purported character disorders is accomplished in painful "confrontation" sessions in which

the participants try to ruthlessly strip away one another's "hang-ups" and make them face "reality."

In the state program, begun in 1966, a total of 6,500 addicts have now been committed to treatment centers for periods up to three years in most cases. Of the 800 people who have been returned to the community this year, 46 per cent have already relapsed or have broken probation.

A high ranking Federal official in the field of mental health said recently that there was no reason to suppose that the achievement of the state program would be superior to that in California, on which it is patterned. There, only 16 per cent of addicts have remained free of drugs for two years after their release.