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COMMITTEE ON DRUG ADDICTION AND NARCOTICS

Minutes of Twenty-third Meeting

16 and 17 January 1961



National Academy of Sciences - National Research Council
Division of Medical Sciences
Washington 25, D. C.

NATIONAL ACADEMY OF SCIENCES - NATIONAL RESEARCH COUNCIL
Division of Medical Sciences

Committee on Drug Addiction and Narcotics

Minutes of Twenty-third Meeting - 16 and 17 January, 1961
New York, N. Y.

16 January - Open Session

Riverside Hospital, North Brother Island
New York, N. Y.

ATTENDANCE:

Committee:

Dr. Nathan B. Eddy, Chairman,
Drs. Raymond N. Bieter, Henry
Brill, Dale C. Cameron, Jonathan
O. Cole, Marshall Gates, Joseph
M. Hayman, Jr., Maurice H. Seevers,
Ralph G. Smith, and Isaac Starr.

Liaison:

Treasury Department:

Mr. Carl De Baggio, Chief
Counsel, Bureau of Narcotics

U.S. Public Health Service:

Addiction Research Center: Dr. H. F. Fraser

National Institutes of Health: Dr. Carl L. Anderson,
Dr. Everette L. May, Chief, Sec-
tion on Medicinal Chemistry,
NIAMD.

Office of the Surgeon General: Dr. Harris Isbell, Chief,
Addiction Research Center, NIMH.

Veterans Administration:

Drs. J. F. Casey, Lyndon E. Lee,
Jr., and Cecil P. Peck.

National Narcotic Enforcement
Officers' Association:

Donald B. Ant, Joseph S. Cardino,
Joseph L. Cannizzaro, Joseph De
Ambrose, Sidney Joffe, Sam
Kirschenbaum, Frank A. La Porte,
W. A. Moschauer, Irving Power,
and Leonard J. Valero, Narcotic

National Narcotic Enforcement
Officers Association, cont.:

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Bureau, State of New York
Health Department; Emanuel
Bund, New York, N. Y.; Daniel
A. Belmont, U.S. Bureau of
Narcotics, New York, N.Y.;
Arthur M. Grennan, New York
City Police Department; Robert
C. Grieb and Herman T. Reinsch,
Jr., Narcotics Control, Connecti-
cut State Department of Health;
William E. Hoag, Thomas A. Kenny,
and Maurice J. Nazareta, Newark
Police Department; Leonard J.
Iatesta, New York State Police;
John F. Kreppel, Queens County
Court Probation Officer, Long
Island City, N. Y.

Riverside Hospital Staff:

Dr. Rafael R. Gamso, Medical
Superintendent, Drs. Milford
Blackwell, Takis Evdokas, Seymour
Gurchin, Vincent Ippolito, A.
Iwaniukowicz, Hyman Kachalsky,
Arthur Kaplan, Theodore Lanning,
Percy Mason, Charles Messeloff,
Robert Osmos, Emanuel Rubin and
Arnold Zucker; Joseph Argrett,
Roger Baretz, Eric D. Brown, Anna
B. Chase, Stanley Einstein, Aleathea
Griffin, Martha Herman, Ida
Jiggetts, Ferdinand Jones, Raya
Kowarsky, David Laskowitz, Lester
Lefkowitz, Ruth I. Mock, Kate L.
Trent, Arthur Stein, Janet Strong,
Samuel Waksman, Herbert Walcoe,
and Eric B. Weiss.

Guests:

Drs. Robert O. Bauer, U.C.L.A.
Medical Center, Los Angeles, Calif.

John J. Bellizzi, Chief, Narcotic
Control, New York State Health
Department, Albany, N.Y.

Dr. J. Weldon Bellville, Stanford
University, Palo Alto, Calif.

Guests - continued:

Dr. Hylan A. Bickerman and
Sylvia E. Itkin, Goldwater
Memorial Hospital, New York,
N.Y.

Drs. L.S. Bender, Herbert Waltzer
and Stanley W. Weitzner, Down-
state Medical Center, State
University of New York, Brooklyn,
N.Y.

Dr. Rose C. Boyer, New York
City Department of Correction.

Dr. Victor H. Breth, Metropoli-
tan Hospital, New York, N.Y.

Mr. Leon Brill, Demonstration
Center, U.S. Public Health
Service, New York, N.Y.

Drs. Leo J. Cass, Willem S. Frederik
and Franklin F. Snyder, Harvard
University, Boston, Mass.

Dr. McKeen Cattell, Cornell Univer-
sity Medical College, New York, N.Y.

Drs. Benjamin J. Ciliberti and Grete
Teutsch, Veterans Administration
Hospital, Bronx, N.Y.

Dr. D. H. Clouet, New York State
Psychiatric Institute, New York, N.Y.

Dr. Joseph Cochin, Hugh Jackson,
and Dr. M.E. Odoroff, National
Institutes of Health, Bethesda, Md.

Dr. Thomas J. De Kornfeld and
Sadeo Morikawa, Baltimore City
Hospital, Baltimore, Md.

Dr. Gerald A. Deneau, University of
Michigan, Ann Arbor, Mich.

Dr. Charles Farmilo, Food and Drug
Directorate, Ottawa, Canada

Guests - continued:

Loretta M. Gore, Knickerbocker
Hospital, New York, N.Y.

Drs. E.G. Gross and J.P. Long,
State University of Iowa, Iowa
City, Iowa.

Dr. Leonard Grumbach, Albany
Medical College, Albany, N.Y.

R. C. Hammond, Narcotic Control,
Department of Health and Welfare,
Ottawa, Canada.

Dr. James R. Harris, Philadelphia
General Hospital, Philadelphia, Pa.

Dr. Raymond W. Houde, Terence W.
Murphey, Ada Rogers and Stanley
Wallenstein, Sloan-Kettering
Cancer Center, New York, N.Y.

Dr. Edward J. Humphreys, Institute
for Alcoholism and Narcotic Addic-
tion, Philadelphia, Pa.

Dr. Eric Kast, Chicago, Ill.

Dr. Arthur S. Keats, Baylor Univer-
sity, Houston, Texas.

Dr. Conan Kornetsky, Boston Univer-
sity School of Medicine, Boston,
Mass.

Dr. John T. Laing, Long Island
Hospital, Boston, Mass.

Dr. William R. Martin, Addiction
Research Center, Lexington, Ky.

Dr. Gladys Mc Dermaid, Kings County
Hospital, Brooklyn, N.Y.

Dr. James Moore, Mercy Hospital,
Pittsburgh, Pa.

Guests - continued:

Clyde Nichols, United Nations
Division of Narcotic Drugs,
Geneva, Switzerland.

Dr. Fred W. Oberst, Directorate of
Medical Research, Army Chemical
Center, Md.

Dr. Maurice Pruitt, Rossville, Ga.

Dr. Henry Rapoport, University of
California, Berkeley, Calif.

Dr. Henry L. Richman, Manhattan
General Hospital, New York, N.Y.

Dr. Theodore Rosenthal, New York
City Health Department, New York, N.Y.

Dr. Phyllis F. Schroff, Veterans
Administration Center, Los Angeles,
Calif.

Dr. A. Sunshine, New York University
College of Medicine, New York, N.Y.

Dr. Geoffrey Woodard, Herndon, Va.

Drug Manufacturers'
Representatives:

Abbott Laboratories:
Dr. E. T. Kimura

Baxter Laboratories:
Dr. Edward H. Bowen, Jr.

C. H. Boehringer Sohn, Germany:
Drs. Kurt Freter, Helmut Wick
and Karl Zeile.

Bristol-Myers Laboratories:
Drs. Samuel Kuna and Peter D.
Orahovats.

Burroughs Wellcome & Co.:
Dr. John C. Seed.

Ciba Laboratories:
Drs. G. Stevens and L. B. Wilkin

Drug Manufacturers'
Representatives - Continued:

Endo Laboratories:

Dr. Harold Blumberg, David L.
Klein and Drs. M. J. Lewenstein
and Nathan Weiner.

Geigy Research Laboratories:

Dr. Joseph Marrus.

Irwin-Neisler & Co.:

Dr. Thomas B. O'Dell.

Hoffmann-La Roche:

Drs. John A. Aeschliman, John
Lee, Leo A. Pirk and M. J.
Schiffrin.

Knoll Pharmaceutical Co.:

Dr. Rudolf O. Hauck.

Lederle Laboratories:

Drs. Selby B. Davis and Robert
A. Hardy, Jr.

Eli Lilly & Co.:

Drs. Don Carlos Hines, Charles
M. Gruber, Jr., Albert Pohland,
Raymond M. Rice, E. Brown Robbins
and David L. Stone.

Mallinckrodt Chemical Works:

Drs. Floyd P. Hallett, George
B. Hoey, August H. Homeyer and
Harold E. Thayer.

Mead, Johnson & Co.:

Drs. Byron B. Clark and Earl T.
Lewis.

Merck & Co.:

Arthur J. Basso, W. E. Clapham
and H. W. Estey.

Merck Research Institute:

Drs. S.C. Strickland and Charles
A. Winter.

Drug Manufacturers'
Representatives - continued:

Miles Laboratories:

Dr. L. A. Crandall.

S. B. Penick & Co.:

Drs. Bernard B. Brown and W.
G. Bywater and James G. Flanagan.

Parke, Davis & Co.:

Drs. George H. De Stevens, Alex
Z. Lane, Duncan A. Mc Carthy,
Franklin W. Short and C. V. Winder.

Richardson-Merrill Co.:

Dr. Thomas C. Grubb.

A. H. Robins Co.:

Drs. Robert S. Murphey and
Fletcher B. Owen, Jr.

Schering Corporation:

Dr. Samuel Irwin.

G. D. Searle & Co.:

Dr. Thomas H. Hayes.

Smith, Kline & French Laboratories:

Drs. Patricia W. Evers, Maxwell
Gordon, Edward Macko, Murray
G. Smythe, Jr., and David H.
Tedeschi.

E. R. Squibb Institute:

Drs. Bradford Craver, James A.
Dingwall and John Krapcho.

Sterling-Winthrop Research Institute:

Drs. Sydney Archer and Louis
S. Harris.

The Upjohn Co.:

Dr. R. James Collins, H. V.
Demissianos, Hugh H. Keasling,
Louis Skaletzky, and Alan B.
Varley.

Wallace Laboratories:

Drs. J. C. Ryan and S. E. Wilson.

Drug Manufacturers'
Representatives - Continued:

Warner-Lambert Research Institute:
Dr. Arthur D. Flanagan.

Winthrop Laboratories:
Dr. M. C. Wynes.

Wyeth Laboratories:
Drs. Patrick T. Mc Loughlin,
Joseph Seifter and Fred A. Tate.

National Research Council:

Drs. R. Keith Cannan and Isaac D.
Welt, Mr. Herbert N. Gardner, Mrs.
Lois Bowen and Mrs. Barbara Rusteberg.

11:00 A.M. Dr. Nathan B. Eddy, Chairman, welcomed the Committee's guests, thanked Dr. Gamso for inviting the Committee to visit Riverside Hospital, and thanked the S.B. Penick and Company for furnishing transportation and otherwise assisting in the arrangements for the meeting.

The following reports were presented and discussed:

1. Treatment of Young Narcotic Addicts at Riverside Hospital. By Drs. Rafael R. Gamso, Medical Superintendent, and Percy Mason, Attending Psychiatrist, Riverside Hospital, New York, N.Y. See Appendix 1, p. 2414.
2. Preliminary Experiences of a Pilot Project in Drug Addiction. By Leon Brill, New York Demonstration Center, U.S. Public Health Service, New York, N.Y. See Appendix 2, p. 2425
3. Statement on Program for Narcotic Addicts. By Dr. Henry Brill, Assistant Commissioner, State of New York Department of Mental Hygiene, Albany, N.Y. See Appendix 3, p. 2433.
4. Coordinate and Liaison Services for Addictive Disorders at the Pennsylvania Institute for Alcoholism and Narcotic Addiction. By Dr. Edward J. Humphreys, Director, Institute for Alcoholism and Narcotic Addiction, and - Dr. James R. Harris, Psychiatrist-in-Chief, Philadelphia General Hospital, Philadelphia, Pa. See Appendix 4, p. 2438.

12:30 P.M. Luncheon at Riverside Hospital.

1:30 P.M. Presentation of Reports Continued:

5. Morphine Metabolism Studies in Humans with Radioactive Morphine, with a Note on the Biosynthesis of Morphine. By Dr. Henry Rapoport, Department of Chemistry, University of California, Berkeley, Calif. See Appendix 5, p. 2444.
6. The Toxicity of Meperidine in the Monkey as Influenced by its Rate of Absorption. By Drs. Gerald A. Deneau and Kengo Nakai, Department of Pharmacology, University of Michigan Medical Center, Ann Arbor, Mich. See Appendix 6, p. 2460.
7. Annual Report on Analgesic Testing at Baltimore City Hospitals and the Johns Hopkins Hospital. By Drs. Thomas J. De Kornfeld and Louis Lasagna, Departments of Anesthesiology and Clinical Pharmacology, The Johns Hopkins University Hospital, Baltimore, Md. See Appendix 7, p. 2470.
8. Annual Report: (1) Morphine Antagonists as Analgesics; and (2) Analgesic Potency of 1-(p-Chlorophenethyl)-6,7-dimethoxy-2-methyl-1,2,3,4-tetrahydroisoquinoline. By Drs. Arthur S. Keats, R. Jane Telford and C. N. Papadopoulos, Division of Anesthesiology, Baylor University College of Medicine and Jefferson Davis Hospital, Houston, Texas. See Appendix 8, p. 2484.
9. Clinical Observations on the Use of Ro 4-1778/1 (1-[p-Chlorophenethyl]-6,7-dimethoxy-2-methyl-1,2,3,4-tetrahydroisoquinoline). By Drs. Max S. Sadove, M. J. Schiffrin and S. Ali, Division of Anesthesiology, University of Illinois, Chicago, Illinois. See Appendix 9, p. 2501.
10. Studies on the Respiratory and Circulatory Effects of Ro 4-1778/1. By Dr. James Moore, Mercy Hospital, Pittsburgh, Pa. See Appendix 10, p. 2510.
11. Determination of Physical Dependence Potentiality of Milder Analgesics when Administered Repeatedly for Chronic Pain. By Drs. Leo J. Cass, John T. Laing and Willem S. Frederik, Harvard University and Long Island Hospital, Boston, Mass. See Appendix 11, p. 2516.

12. Meeting Pain Relief Problems with Oral Phenazocine.
By Dr. Joseph Cochin, Section on Medicinal Chemistry,
National Institute of Arthritis and Metabolic Diseases,
National Institutes of Health, Bethesda, Md. See
Appendix 12, p. 2529.
- 5:15 P.M. Open Session adjourned.
- 7:00 P.M. Reception for the Committee and its guests at Hotel
Lexington. Hosts, S.B. Penick & Co.
- 8:00 P.M. Dinner at Hotel Lexington (Committee and 120 guests) followed
by talk by Dr. Harris Isbell on The Addiction Situation
in Europe. Dr. Isbell described his contacts with many
people in various European countries during his year of
residence there and their attitudes towards and his
impressions of the addiction situation particularly in
England. He discussed conditions which might contribute
to differences in the addiction problem in Europe and the
United States.

The 17th January continuation of the Open Session was
called to order by the Chairman, Dr. Nathan B. Eddy, at
9:15 A.M. in the Auditorium of the National Academy of
Sciences.

The presentation of reports continued as follows:

13. The Annual Report from the Memorial Cancer Center.
Clinical Studies of Morphine, Codeine, Aspirin, 1,2-
Dimethyl-3-phenyl-3-propionoxypyrrolidine hydrochloride
and α -dl-3-acetoxy-6-methylamino-4,4-diphenylheptane.
By Drs. Raymond W. Houde and J. Weldon Bellville and
Mr. Stanley L. Wallenstein, Division of Clinical
Investigation, Sloan-Kettering Institute for Cancer
Research, New York, N.Y. See Appendix 13, p. 2533.
14. Demonstration of Tolerance and Physical Dependence
Following a Short-term Infusion of Morphine. By
Drs. William R. Martin and C. G. Eades, National
Institute of Mental Health, Addiction Research Center,
U.S. Public Health Service Hospital, Lexington, Ky.
See Appendix 14, p. 2557.
15. The Relationship of Physical Dependence to the Dual
Action Concept of Morphine Action. By Drs. Maurice
H. Seevers and Gerald A. Deneau, Department of Pharma-
cology, University of Michigan Medical Center, Ann
Arbor, Mich. See Appendix 15, p. 2575.

16. An Hypothesis of Opiate Action. By Dr. Leonard Grumbach, Department of Physiology, Albany Medical College, Albany, N.Y. See Appendix 16, p. 2585.
17. Evaluation of Factors Relating to Morphine-like Physical Dependence in the Monkey (Macaca mulatta) and Report on Substances Tested for Physical Dependence Capacity. By Drs. Gerald A. Deneau and Maurice H. Seevers, Department of Pharmacology, University of Michigan Medical Center, Ann Arbor, Mich. The report was not read but a mimeographed copy of the data from the testing program was distributed. See Addendum 1, following p. 2678.
18. Addiction Liability of 1-(p-Chlorophenethyl)-6,7-dimethoxy-2-methyl-1,2,3,4-tetrahydroisoquinoline (I-K-1; Ro 4-1778/1). By Drs. H. F. Fraser, W.R. Martin and A.B. Wolbach, National Institute of Mental Health, Addiction Research Center, U.S. Public Health Service Hospital, Lexington, Ky. See Appendix 17, p. 2593.
19. I. Evaluation of Carisoprodol and Phenyramidol for Addictiveness. By Drs. H.F. Fraser, C.F. Essig and A.B. Wolbach. II. Human Pharmacology and Addictiveness of Certain Opioid Dextroisomers. (a) d-3-Hydroxy-N-phenethylmorphinan; (b) d-3-Methoxy-N-phenethylmorphinan; (c) d-Methadone. By Drs. H.F. Fraser and Harris Isbell, National Institute of Mental Health, Addiction Research Center, Lexington, Ky. See Appendix 18, p. 2615.
20. The Addiction Liability of α -dl-3-Acetoxy-6-methyl-amino-4,4-diphenylheptane hydrochloride and of 6-Acetyl-3-ethoxy-dihydromorphine. By Drs. H.F. Fraser and A. B. Wolbach, National Institute of Mental Health Addiction Research Center, Lexington, Ky.

Dr. Fraser summarized briefly the results with the substances listed in items 19 and 20 without describing them in detail. See Appendix 18, p. 2615 and Addendum 2.

The Open Session adjourned at 11:15 A.M.

APPENDIX 4

Coordinate and Liaison Services for Addictive
Disorders at the (Pennsylvania) Institute for
Alcoholism and Narcotic Addiction.

by

Drs. Edward J. Humphreys, Director, Institute for
Alcoholism and Narcotic Addiction and James R. Harris,
Psychiatrist-in-Chief, Philadelphia General Hospital
Philadelphia, Pa.

The Institute for Alcoholism and Narcotic Addiction located at
915 Corinthian Avenue, Philadelphia 30, is a direct outgrowth of a
collaboration between the Pennsylvania Department of Health and the
Philadelphia Department of Health. It reflects the pioneering efforts
of Joseph Adlestein, M.D., who laid the foundations for the state
program supported by others in the two Departments especially C.J.
Wilbar, Jr., M.D., Secretary of Health, and James P. Dixon, M.D.,
former Director of the Philadelphia Department of Public Health, and
Dr. Martin D. Kissen of the latter Department.

The Institute was designed to provide clinical and rehabilita-
tive services for alcoholics, drug addicts, and more recently, services
for compulsive gamblers. Upon referral from an agency, physician,
clergyman, relative, friend, or upon personal application, an initial
history is secured, emergency action taken if indicated, or further
referral is made to the Institute staff for such medical, psycholo-
gical, social work, and psychiatric study and treatment as are presently
available. An activities program has been initiated which provides
therapy supportive of the clinical facilities; an opportunity for
individual attention with respect to special interests such as art
or music; and a "home center" unit focussing upon the socialization
of the patient and encouragement of spirit. Day and evening programs
are available but no inpatient services are open. Negotiations are
underway for the development of medical center facilities to provide
much needed basic medical, psychological and psychiatric services
with a re-intensification of the present organization as a multiple
purpose social treatment center. Dr. James Harris, psychiatrist-in-
chief of the Philadelphia General Hospital, who is present today,
will tell us further of this effort. The Institute in ultimate reaches,
will seek to blend the medical and social science interests of the
Departments of Health in a more complete manner than obtains at present.

During the first nine months of operation, the state and city
counseling centers on alcoholism have struggled to relate and blend

their respective services - for these centers together with central support have increased staff potentials so that nearly 4000 visits have been made by over 500 patients. Many have attended for general supportive treatment, others for more intensive individual counseling or psychotherapy, or group therapy. The specific organizational areas of the Institute may be described as follows:

1. Medical Services.

Services in general medicine for alcoholics, drug addicts and gamblers, now include the beginnings of more extensive medical study and treatment, i.e., general and specialty medical examinations and treatment. Some patients are being referred to the Comprehensive Medicine Clinic at Temple University School of Medicine and to the University Hospital at the University of Pennsylvania Medical School. Increasing use of services is anticipated at the Philadelphia General Hospital where an inpatient service is being negotiated. Plans call for a complete medical service for alcoholics, drug addicts and gamblers. Related interests in the field of chronic diseases will also be included. Supportive vitamin therapy is being provided for many patients. Increasing attention will be paid to the nutritional status of the patients.

The field of nursing is already represented in the day treatment phases including close collaboration with all the specialties represented in the total program. The inauguration of inpatient facilities will greatly enhance the nursing services.

The general medical services also include referrals from and to other public and private facilities; the planning for projected local community clinics on alcoholism, particularly in Philadelphia; and relationships with Alcoholics Anonymous. Liaison is maintained with court centered activities.

The services, briefly described, are supervised by the clinical director, Dr. Martin D. Kissen, who is also head of the Saul Clinic. Dr. Kissen has made a significant contribution to the field of alcoholism over many years and more recently, to the work of the Institute.

2. Mental Health Services.

Mental Health Services for alcoholics, drug addicts and gamblers are integrated through the office of the Chief Psychiatrist, Dr. Albert Wood, who has also contributed significantly as an associate of Dr. Kissen. Psychological, social work, patient activities and

general rehabilitation work are gradually being integrated under mental health services. Liaison with court centered activities is also maintained. Psychiatric consultations concerning patients are available for staff members. Group therapy approaches are being developed under mental health services. A special feature of the mental health services is the activities program gradually getting under way. In this program, individual interests and aptitudes of the patient and his socialization are specially stressed especially in relating psychotherapy to specific elements of rehabilitation. Plans have been laid to link this work with the state rehabilitation program. With increasing facilities, follow-up will become correspondingly important.

3. Liaison with Law Enforcement.

Extensive programs are being developed in linking medicine and law in a common effort at control, treatment and prevention of drug addiction. The effectiveness of this effort is a reflection of the devotion of the Division of Behavioral Problems, especially that of the former director, Dr. Joseph Adlestein, and of Mr. Donald Walter, Chief Supervisor of Narcotic Control. Of special importance in this direction, is the work of Mr. Renato Della Porta, Chief of Field Operations in Narcotic Control, Philadelphia Area. Lt. Anthony Bonder and the Narcotic Squad of the Philadelphia Police have also been contributing splendidly in this endeavor. Other liaison with Philadelphia police units is being established.

Operational liaison in drug addiction is maintained with the following organizations: Divisional personnel, Seventh Health Region, Philadelphia Narcotic Squad, county and local police units, county boards of probation and parole, the State Police, the State Board of Parole, the Federal Board of Probation and Parole, the Federal Bureau of Investigation, the Federal Bureau of Narcotic Control, the Courts, and pharmaceutical organizations - state and private.

Further plans include the organization of an Addicts Anonymous with the linking in of the Institute activities and rehabilitation services for addiction patients. Full medical and psychiatric services will include increasing numbers of addicts. The organization of in-patient services at the Philadelphia General Hospital will open new opportunities for services to drug addicts, including a Nalline testing program (depending on resolution of present controversy), and a drug detection procedure using new methodologies. Relating law enforcement agencies with medical and rehabilitative services, should make it possible for more addicts to be treated in Pennsylvania, with follow-up currently largely lacking. Law and Medicine working together make a modern control and treatment system possible, alone, the public

Bulletin, Drug Addiction
and Narcotics
1961 p. 2441
Appendix 4 p. 4

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is not served.

It should be noted that the remarkably low incidence of juvenile drug addicts in Pennsylvania is a direct reflection of the efficiency of control exerted largely by the Narcotic Control Division of the Division of Behavioral Problems, the Philadelphia Narcotic Squad, and other police units. The Division personnel cover all areas of the state, cooperating with all pertinent interests listed above.

4. Services for Compulsive Gamblers.

These services are still in initial stages of organization consisting of (1) Gamblers Anonymous, (2) Gamelon - for wives of gamblers and (3) Institute Services. The latter services include medical, psychiatric, psychological, social work and activities programming, as indicated. The needs of the field are great and overlap with those of alcoholism and drug addiction. Only brief reference is made at this time to this phase of the work.

5. Social Treatment Center.

This Center now represented largely by the present services will be redeveloped following establishment of full liaison with the Philadelphia General Hospital. It will include halfway house facilities serving "PGH", Temple University Alcoholism Unit, Danville State Hospital Alcoholism Unit, other state hospital services, certain chronic diseases units, and liaison with the field of the socio-epidemiology. Special relationships with the Rehabilitation Office of the Department of Labor and Industry are being initiated. The present facilities will therefore be converted into an organization more community centered than before, intensifying the work initiated by the inpatient and day treatment center at PGH.

6. University Affiliations.

Six medical schools, together with other college and university facilities, offer the Institute extraordinary opportunities in the Philadelphia area. Liaison is also open throughout the state, including the Pittsburgh area. It is not possible here to list the various activities already engendered, but significant steps have been taken in the development of clinical services, research opportunities, professional training courses and public education. These arrangements open new potentials for collaborations with other bureaus and divisions of the Department of Health and indeed, with other Departments of State.

7. Public Education and Prevention.

Allusion has already been made to education, but in addition to the seminars and courses being given at the Institute, other plans include collaboration with the Section of Traffic Epidemiology of the Division of Behavioral Problems, the Bureau of Mental Hospital Services of the Department of Public Welfare, and with the Departments of Public Instruction, Labor and Industry, and of Justice. The Office of Community Services of the Division of Behavioral Problems maintains a specially intimate role in the educational work of the Institute.

8. Religious Organizations.

Because of the high degree of operational religious influences in the work of the Institute, extensive relationships are being developed with reference to multifaitth interests. These are mentioned here to round out the total number of essential services, for the religious influences in many instances are determinative in the restoration of health.

It may thus be seen that the Pennsylvania program for the control, treatment, and prevention of drug addiction is based upon:

1. An intimate collaboration between law enforcement and medical and rehabilitative forces.
2. An extensive utilization of the medical and social sciences in a broad spectrum approach to addictive and compulsive disorders and diseases including alcoholism, drug addiction, gambling and certain chronic conditions.
3. An inclusive emphasis in public health so as to sharpen the operational focus of the field of the behavioral sciences with respect to the total range of responsibility of both state and local units of health.

Dr. James Harris, psychiatrist-in-chief of the Philadelphia General Hospital will extend this brief report to include oncoming relationships with the Hospital. His understanding and practical sense of need has been an inspiration and solid encouragement to us - Doctor Harris!

Bulletin, Drug Addiction
and Narcotics
1961 p. 2443
Appendix 4 p. 6

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Philadelphia is at the present time planning a coordinated approach to the problems of Alcoholics and Drug Addicts. We have in mind an Alcoholic Center in the Department of Psychiatry at the Philadelphia General Hospital which will have complete in-patient, out-patient, Day Hospital, and hopefully follow-up facilities for these patients. This would involve a merger of the present Institute for Alcoholics into the psychiatric facilities at Philadelphia General Hospital. All alcoholics and addicts picked up by the police would be evaluated for possible therapy in this program. In addition plans are under way to start a Nalline Diagnostic test at Philadelphia General Hospital for parolees picked up throughout the city, in the manner that California is experimenting with at the present time. We are anxious, however, to develop individual methods of treatment at Philadelphia General Hospital which will bypass the usual diagnostic categories and treat each individual in a manner appropriate to his difficulties, whether they be alcoholism, narcotic addiction, or other disturbances.