

[Excerpt of 1971 Congressional testimony from the Select House Committee on Crime relevant to addressing the national addiction problem.](#)

Tsel (Perse).

Mr. Perito. Thank you, Mr. Chairman.

Dr. Casriel, as you have been kind enough to provide us with
somewritten material and a statement by Dr. Revici; is that correct ?

STATEMENT OF DE. DANIEL H. CASRIEL, Director, Accelerated
EDUCATION OF EMOTIONS. BEHAVIOE, AND ATTITUDES
(AEEBA) ; ACCOMPANIED BY EEV. EAYMOND MASSE Y. INSTITUTE
OF APPLIED BIOLOGY, INC. ; AND DE. WALTEE EOSEN

Dr. Casrael. Yes; I have given you some of the written material
and my remarks after Dr. Revici's initial lecture on his new drug
called Perse. I didn't give you the article that Dr. Revici has
written, but I assume you have that.

Mr. Perito. Yes ; we do.

Mr. Chairman, at this point I respectfully request that the materials
which have been furnished to us by Dr. Casriel be incorporated into
the record.

Chairman Pepper. Without objection, they will be received and will
appear following Dr. Casriel's testimony.

Mr. Perito. Dr. Casriel, you have worked with the addiction problem in
a substantial portion of your professional life; is that correct?

Dr. Casriel. That is correct. Almost 20 years.

Mr. Perito. Is it fair to say that your therapeutic approach is an
amalgamation of your learning from Synanon and Daytop, plus some
innovative thinking of your own ?

Dr. Casriel. Also my training in Columbia Psychoanalytic Institute, my
experience in Synanon, my establishment of Daytop, my experience in

Daytop and my own private practice.

I have a new amalgam of treatment now which is different from all of these and I find it clinically very effective.

Mr. Perito. It is my understanding, Doctor, that in your treatment approach you have been using- a new experimental drug; is that correct ?

Dr. Casriel. Yes ; it is, Mr. Perito.

Mr. Perito. And that experimental drug can be properly referred to as a rapid-acting detoxification drug?

Dr. Casriel. Yes ; it can.

Mr. Perito. That drug is nonaddictive ?

Dr. Casriel. It is nonaddictive.

Mr. Perito. Could you kindly explain to the chairman and members of this committee what your experience has been with the use of this drug ?

Dr. Casriel. Yes.

Chairman Pepper. You are talking about the drug Perse, P-e-r-s-e?

Dr. Casriel. Right.

I met Dr. Revici, the developer of this drug, a year ago last February, and I guess like most of you who might have seen it for the first time, I didn't believe my clinical eyes, but in the past 14 months I am convinced that this is a major breakthrough, on a chemical basis, of the addictive phenomena of addiction.

I personally have given it to about a 100 addicts, about 30 of whom have remained in my therapeutic community, called AREBA, which stands

for the Accelerated Reeducation of Emotions, Behavior, and Attitude.

I have never found any harmful side effects from Perse per se. It has removed not only the addicting quality, but it gives the individual a sense of well-being, the type of well-being he had before he was addicted.

However, I would like to make sure that the committee realizes there is a difference between an addict who is addicted, and an addict who is not addicted.

After you remove the addiction you still have to treat the individual.

My work in the past 20 years has been with people. I have rehabilitated multiple addicted and it really doesn't make much difference what they are addicted to, whether it is heroin, or morphine, or alcohol, or homosexuality, or delinquency, or whatever.

The basic underlying personality structure has to be changed.

Perse has made my job much easier with those character disorders called the addict.

Chairman Pepper. With what?

Dr. Casriel. With those people, the psychiatrists call the addicted personality.

Chairman Pepper. I see.

Mr. Perito. Doctor, is it fair to say that you are drawing a distinction between physical addiction and psychic addiction ?

Dr. Casriel. Yes ; there is a tremendous distinction. Perse removes the physical addiction, the physiological addiction. It takes the type of psychotherapy that I am doing, which is much different than classical psychotherapy, to restructure the addict.

I think in terms of the physiological addiction, the physical addiction, it is interesting that the several people I heard before me

I have spoken about methadone and methadone blockade really have not mentioned what do they mean by blockade, where does the location of the blocking effect, what is the physiological cause of addiction, how does addiction work, what is addiction, how does it work, how does methadone blockade, what does it blockade, et cetera, et cetera, etcetera.

These answers have never been mentioned. I am aghast, really, that this whole concept of methadone maintenance started with the research, clinical research of six highly addicted heroin addicts by Dr. Dole, who then transferred them to methadone and maintained them on methadone.

There is no theory, no pharmacological theory to substantiate methadone addiction or methadone maintenance.

I met Dr. Revici. He is a fine old gentleman. He speaks in such a quiet voice and he is so esoteric it took me about a year to really understand his understanding of the nature of addiction, and if I may, in the next few minutes, I would like to give this committee my interpretation of his understanding of the nature of addiction.

He developed Perse with a pencil and paper. He theorized the nature of addiction from his knowledge of intercellular physiology, biochemistry, and pharmacology. With this theoretical approach he then theorized the type of pharmacological type of drug that was needed to solve it.

Chairman Pepper. That is the way Dr. Einstein developed the Einstein theory, with a pencil and paper.

Dr. Casriel. On a piece of paper, a pencil and piece of paper, and you might have said he never had enough money to do it any other way.

He took this chemical and applied it successfully to thousands of laboratory animals and then finally applied it to several thousand patients that he has detoxified from heroin without any harmful effects.

I have detoxified about 100 without any harmful effects whatsoever. I have personally taken some Perse, myself, to see the effect that it would have in preventing – it also prevents alcohol addiction, alcohol intoxication – to see what it would do to me in preventing alcoholic intoxication. Normally 2 ounces of alcohol taken by me will give me a drunk and I fall asleep. One big cocktail will get me sleepy on an empty stomach.

I took two of his capsules of Perse and proceeded to drink 8 ounces of scotch without any side effects of dysarthria or intoxication. It is true my belly felt a little bloated and my wife told me I smelled like a kangaroo, but I was not drunk. I had no harmful effects.

I have no hesitation, if necessary, to inject this whole bottle of Perse into me. I am that sure of its safety.

This is_a 100 cubic centimeter bottle. The addict only takes 5-10 cubic centimeters.

Chairman Pepper. Orally?

Dr. Casriel. Injectable, because we know how much is going in that way. The first day about four times, the second about three times, the third day twice and the_ fourth day one injection, and this is supplemented with the pills which are continued for the week.

So that at the end of the week this person is detoxified from his addiction.

Chairman Pepper. You mean if anybody had been taking heroin for a protracted period of time and had that course of injections which you just described, all in 1 week, that at the end of that week that person would not have any further craving for heroin ?

Dr. Casriel. While he is on Perse, no further physiological craving, but if he stops taking Perse and takes heroin, he will get his old habit back, his old euphoria.

The first injection of Perse immediately cuts down the amount of heroin they need to sustain their addiction. I have seen people go from 40 bags a day to one bag until they came to me the next day and got another shot of Perse.

Now, how does Perse work? Dr. Revici stated that heroin is an alkaloid. An alkaloid is a building block of protein. Those chemicals which are addictive are basically alkaloids building blocks of proteins. Now, if you put a specific protein into your body like milk, you will get a specific reaction to that milk, you will get a marked inflamed area and you will develop certain antibodies to counteract the proteins in the milk.

But an alkaloid is only a small portion of a protein and it doesn't develop a specific antibody when it is injected. Instead, the body develops a generalized defensive substance which is a steroid, which combines with the alkaloid, be it heroin, or methadone, or morphine. But because it is not specific there is an overproduction of this steroid.

For instance, if one unit of heroin got into the body, the body manufactures in an analogous two units of steroids, one which combines with the heroin and neutralizes the effect of the heroin.

The other one is free in the body. It is this free steroid which is not attached to the heroin which causes the addictive phenomena, it causes the craving phenomenon.

Now, when a person who has never used a narcotic injects a small portion of narcotics into his body or takes it orally, the body's defense system is activated. The injectable route is the quickest route. If you digest it, it takes a little longer to get into the bloodstream. The effects of the narcotics will be felt by the body, it goes to the brain centers.

It diminishes the body's awareness of pain and it is a basic depressant. One dies of an overdose because one's respiration stops and then the individual stops breathing. That is how one dies of an overdose.

One of the lifesaving measures is to give artificial respiration until the effect of the narcotic is passed out of the body.

Now, the body removes heroin in about 4 to 6 hours. It takes the body about 36 hours to remove methadone. That is why one injection or one pill of methadone can last at least 24 hours, Whereas one injection or one pill of heroin would only last 4 to 6 hours.

But when this heroin is detoxified it is removed by the body, the steroid which the body has developed previously to defend itself against the heroin is free and it gradually develops an attraction to the body tissue, setting up a type of pulling or craving sensation. It sets up in the body what Dr. Revici calls an anoxicbiosis, which when translated into English means a negative oxygen metabolism. It is very similar to the type of pain and feelings you would get if a tourniquet were tied around your hand. You get a negative oxygen metabolism with an increase of lactic acid. The oxygen isn't present to break down the carbohydrates in the body.

"What we have then, after the injection of heroin after 4 hours, the heroin goes through the body, we have this steroid which turns upon the body which produced it, causing an anoxicbiosis. This is perceived by the addict as a craving, as a yearning. As this anoxicbiosis builds up greater and greater, depending on the amount of steroids, there is localized acidosis that develops in the body and the body attempts to compensate for this localized acidosis by a generalized alkaline reaction.

This is manifest clinically as the so-called cold turkey phenomenon. It is very uncomfortable for the addict to experience. It is seen with high amounts of steroid – not high amounts of heroin – but a high amount of steroid developed over a long period of addiction or due to methadone maintenance. The blockading effect of methadone, by

the way, is just the overwhelming of the body's ability to produce more steroids and the body then develops a tolerance for methadone, just as some people who start to become heavy alcoholic drinkers can show heavy tolerance for alcohol before they become drunk. I have seen people drink 10 ounces of alcohol and look like they are sober.

But the steroid which has been produced in response to this foreign alkaloid, remains in the body about 7 days. It takes about 7 days for this steroid to break down. This is why it takes 7 days to detoxify some- body from addiction. It takes 7 days to maintain a state of oxygenation in the body while the steroid is being broken down.

Dr. Revici has developed other pharmacological tools to go along with this basic tool called Perse. For instance, when a person has been on methadone maintenance, for instance, he has so much steroid in him that all the Perse that you give him still causes some side effects, you just can't get enough of this oxygenizing substance into the tissue and that is all that Perse is.

Mr. Perito. Doctor, excuse me.

Are you saying it is more difficult to detoxify a methadone addict than a heroin addict ?

Dr. Casriel. Yes, because a person on methadone maintenance, has tremendous quantities of defensive substance built up in them. Dr. Revici has developed a substance which will temporarily combine and neutralize the steroid in the blood and this is called trichlorbutinol. It is an alcohol, but the interesting thing about this alcohol, it doesn't develop more steroid.

For instance, if I have given a person who is really under tremendous craving, and you know he has a large steroid component because he has been on, say, methadone maintenance, I would give him, together with the Perse, some trichlorbutinol. Within 7 to 15 seconds he feels better because that alcohol combines with the steroids in the bloodstream. It takes about 7 to 15 minutes for the Perse to get into the tissue to counteract the anoxicobiosis. If the person is already

in secondary stages of withdrawal, the cold turkey phenomenon, you can give him a little hydrochloric acid to counteract the generalized alkaline condition that he has.

If we know the degree of his steroid developed, we can detoxify a person without any side effects. If we don't know the amount of steroid he has in him we might get some withdrawal effects after using Perse because we haven't given him enough Perse or we don't give it often enough. It is true we do get some side effects, residual side effects of their detoxifying process.

Mr. Perito. Doctor, are you concerned about the possible toxic effects of the selenium in that solution ?

Dr. Casriel. Not at all. I never knew what selenium was. Dr. Revici told me there are four types of selenium. Three are highly fatal in minute dosages. One is completely inert. Of course, he uses the one that is completely inert. It has no effect on the body. It acts apparently as a catalytic agent to the peroxide in Perse, and hydrogen peroxide is an oxygenizing agent. Perse has a fatty acid base.

Dr. Revici's research for the last 50 years concerned itself with these fatty acids. This allows this material to get within the cell.

For instance, water doesn't permeate the skin. Fats don't permeate the skin, but he has developed substances that can permeate the skin and get right into the tissue so that other things such as muscular aches and cramps and arthritis can be relieved directly because he can add an oxygenizing substance directly to the tissue, wherever he wants to apply it.

So what happens is that when the Perse gets into the cell, the binding of the selenium to the peroxide is free. The peroxide that was bound to the selenium is free. The peroxide is then used as an oxygenizing agent, removing the negative oxygen balance and giving the person a sense of well-being and very frequently the addict will say, "My God, what did you give me? I feel as if I got a fix, my stomach feels warm and good, my head feels clear, my head feels clear.'*

"What kind of drug are you giving me because suddenly I feel as if I got a fix, except my head stays clear and I didn't get any high and I didn't go on the high, but my stomach feels good and I feel as if I had a fix, except I don't have any side effects of having a fix."

Mr. Perito. It is a feeling of normality ?

Dr. Casriel. Yes ; Feeling of normality ; saying, "I haven't felt like this since before I shot dope," is normal.

Now, the interesting thing with the physiological addiction is that the body responds in a nonspecific way to several things, so that not only will the body develop a steroid in defense of the alkaloid that you inject, but frequently a hot bath or hot shower will cause a steroid development.

I remember when I was medical superintendent of Daytop, on Saturday night the residents would take a hot bath or hot shower, get dressed, and would split out the door, I never could figure out why they used to leave on Saturday night after they were all cleaned and dressed up. I figured some of them were afraid of the visitors, or since they are dressed up, they might as well leave, or it is Saturday night and they remember how it used to be on Saturday night.

I am beginning to realize one of the reasons they would split is because that is when they took their hot baths or hot showers. A person who has been physiologically clean by cold turkey procedures can, under certain circumstances such as a hot bath, develop a craving again as if he had need of addiction.

Mr. Perito. Doctor, I would like you to clarify something: The committee has heard some testimony in the past that there are primary and secondary withdrawal syndromes. Would you care to comment on this phenomena, if such syndromes are, in fact, recognized by clinicians treating addicts ?

Dr. Casriel. That is probably 99 percent psychological. However, it is theoretically possible that he might have had a hot bath, or it

is theoretically possible he is under tension. When I get tense my "fix" is to go to the Caribbean for a week. Other people's fix is to have a scotch and soda. Other people play a good game of golf or tennis.

The addict, with his psychological memory, says, When I feel like this I want a good shot of dope." Perse is not going to cure the addict, it is going to resolve his addiction and keep it, certainly, within manageable results, because on a psychological theoretical level, every addict would rather get high on a \$5 bag than remain addicted, spending \$100 a day. He would not have to be addicted, therefore the amount of crime that he has to commit will be tremendously reduced because he won't need \$100 to get a reaction to his heroin.

So certainly this can remove the crime tremendously. However, I wish to go on record as very strongly suggesting to the committee that the person who had been addicted is in tremendous need of psychological retraining and re-treatment.

I also want to tell you as a psychiatrist that our classical means of treating are completely ineffectual when it comes to the treatment of psychological addict, or as a matter of fact, the psychological delinquent, the criminal, and so forth and so on.

In the past 10 years we have developed a new process which has gotten tremendously favorable results. In AEEBA nine out of 10 people that come in stay. I expect that those that stay will be well, psychologically well; emotionally, behaviorally, and attitudinally re-educated, and if necessary reeducated morally, educationally, and socially.

The treatment process is a reeducation of that human being in affairs of his thinking, feeling, and behavior. This takes time, and the medical profession is not yet geared to this type of treatment. But we can buy the time with Perse to train and retrain the professional army of psychologists and psychiatrists and social workers to truly rehabilitate the human being, because heroin or methadone is only one chemical. These kids that are on methadone maintenance, I have seen

them on cocaine maintenance, barbiturate maintenance, and delinquency maintenance.

If you think giving them methadone is going to remove the problem, it is going to give you an additional problem.

One of the big problems you are going to get is amphetamine and cocaine. Cocaine especially because methadone doesn't stop them from enjoying cocaine, and cocaine is a much more dangerous drug than heroin is. So are amphetamines and, of course, so is LSD.

But at least we now have a chemical that is nonaddicting, that is nontoxic in any way, that will remove the addictive phenomena. Also, by the way, work for barbiturate addiction and alcoholic addiction.

It can sober up the alcoholic as it does the narcotics addict and also sober up the barbiturate or a person in a barbiturate coma the same way.

I, for the life of me, can't understand why they have been dragging their feet on this chemical.

Mr. Perito. You are referring to the FDA now?

Dr. Casriel. Yes. Over 2,000 people have taken it. I would be willing to take this whole bottle by injection or orally. I am not a hero— it is a perfectly safe drug. It is a perfectly safe drug.

Chairman Pepper. How long has it been now since Perse was submitted to the Food and Drug Administration?

Reverend Massey. About two and a half months.

Mr. Rangel. That is the second time?

Reverend Massey. That is the second time.

Dr. Casriel. To me this is lifesaving.

Chairman Pepper. You personally treated how many patients when you first started ?

Dr. Casriel. Approximately 100.

Chairman Pepper. And you personally observed those patients?

Dr. Casriel. I personally observed those patients and I have personally observed my reaction with Perse in me with alcohol.

Chairman Pepper. And you have had no injurious effects in your patients ?

Dr. Casriel. No.

Chairman Pepper. That has achieved the effect you have described, to detoxify ?

Dr. Casriel. Yes. I have been able to detoxify three people who were on methadone maintenance with this, who have come to me. One was on 140 milligrams of methadone maintenance, one was on 160 milligrams of methadone maintenance, and one was on 240 milligrams of methadone maintenance.

In addition, the person on 140-milligram methadone maintenance was also taking about 60-100 milligrams of barbiturates a day and was also taking anything he could take, anything he could get, which included cocaine, and so forth.

Chairman Pepper. Doctor, how would that interesting, and certainly challenging, drug be properly adapted for general use into a drug addiction treatment program ?

Dr. Casriel. Under methadone – and I agree with the previous speaker that methadone should not be in the hands of the general physician – it shouldn't be used, but if it has got to be used, don't put it in the hands of general physicians. I think it is chaos under clinical conditions.

But Perse can be given to every physician in the country. This is not addictive. You only need to use this at most for a week.

Chairman Pepper. You mean Perse could safely be used and prescribed by a private physician.

Dr. Casriel. Every physician in the country. It is not a narcotic. He doesn't need a special narcotic control, it is not dangerous, it is not addictive.

It will also detoxify alcoholism and barbiturate addiction. It is a lifesaving drug. It is a major breakthrough in treatment. It has given me the opportunity to treat the addict as I would treat the average character disorder, because we don't have to treat them against their physiological craving. We remove that right away. They are immediately able to get into treatment. I don't have to wait for a period of detoxification of a month or 2 weeks, or whatever.

They are immediately psychologically capable of being engaged psychologically.

I wouldn't think of trying to psychologically treat a person on methadone any more than I would try to wash a person who has a raincoat around them. You just can't get through that protective rubberized skin.

Mr. Pekito. Knowing what you do, Doctor, about Perse, would you use methadone to detoxify an addict, rather than rely on Perse ?

Dr. Casriel. No ; this is much easier, much simpler, much cheaper, much quicker, much everything.

{...}

Dr. Casriel. An average addict needs about 6 shots, that is about 20-40 cubic centimeters. You could treat two-and-a-half or three addicts with this.

Chairman Pepper. Treat two-and-a-half addicts. That is phenomenal. Doctor.

Dr. Casriel. Yes, it is, Mr. Pepper. It is a major breakthrough. I didn't believe it when I first saw it because I have been treating drug addicts for a long time. But I have been with this now for 14-15 months, and it works. What can I tell you ?

Mr. Perito. Do you think your AREBA approach would work without Perse ?

Dr. Casriel. Yes ; but not as well. We don't have any problem holding them. These kids stay. We suck them in psychologically. We don't have to work against the physiological craving.

Mr. Perito. If that precludes the physiological craving it is possible for a person to detoxify on Perse but relapse soon after the effects of Perse wear off ?

Dr. Casriel. Yes. You are not going to cure the psychological problem with this. You will cure the physiological addiction with it. Those people still need to be treated.

Mr. Steiger. Would counsel yield on that point ?

I wondered. Doctor, the person who repeats the process several times, does he require additional Perse each time ?

Dr. Casriel. No.

Mr. Steiger. In other words, there is no cumulative resistance to Perse ?

Dr. Casriel. Not at all.

Mr. Steiger. Thank you, Mr. Perito.

Mr. Perito. As far as you know, the 1,900 patients that have been

treated by Dr. Revici are drug free ?

Dr. Casriel. I don't know. I haven't followed Dr. Revici's patients. I have enough trouble following my own.

Reverend Massey. May I answer that question for you? Approximately 1,900 patients treated with Perse, I can say that these 1,900 are not drug free. I can say approximately 7.5-8 percent, that I know of and follow up, are drug free.

What does that give us? Approximately 143-145 individuals that I know of that are free of drugs.

The other remaining amount are either individuals whom I could not keep up with because of no address, or moved, no contact, out of town, because we get them from Boston, we get them from California, as well, coming for this treatment. So, therefore, I can say I can put my hand on approximately 145 individuals who are drug free from this medication here.

Dr. Casriel. I would like to say one other thing, and I think it is important in passing.

Dr. Revici does not charge anyone anything for his treatment. I have gotten medication now for 15 months without cost to me, and I pass that on to my patients. In other words, I don't charge them for this drug.

Dr. Revici is the head of the Institute of Applied Biology which which is a nonprofit corporation, and I have seen him treat literally scores while I have visited him, scores of indigents. There has never been a question of fee. I have seen him treat people who come in who are extremely wealthy, and there has never been a question of a fee. This is a man who is one of the true humanitarians that I have met, one of the very, very few.

Chairman Pepper. Doctor, in a treatment program, in the use of Perse, would there need to be clinics set up over the country to get it, in

addition to the doctors?

Dr. Casriel. No ; the Perse, itself, could be given through medical channels because it is not addicting, it is not habit-forming. You just take it for a week. It is like penicillin. If you got pneumonia you take penicillin for a week and it cures pneumonia. If you are addicted and you take this for a week it cures your physiological addiction.

As Reverend Massey said, a certain small percentage, once they got free of the monkey on their back, will stay clean. A much larger percentage, because they are psychologically mixed up, will revert back to addiction.

However, they don't like a large habit. They get no fun out of a large habit. Once they found out this can at least remove the habit, they won't need \$100 a day to maintain their habit. One shot of heroin will give them a much better high than \$100 worth before.

However, these people now can be engaged in psychological treatment. You have to treat the individual psychologically. It really does not make any difference if they are addicted to morphine or barbiturates, or LSD, or anything else, you have to treat them psychologically.

I also again wish to reiterate that the current classical psychological treatment is not effective, but we have developed an effective process. This will give us time to tool up. Currently, right now, Phoenix ?, which is the largest rehabilitation center in the country, which is over 1,000 people, have sent to my institute 15 of their top clinical people who are actively involved in the rehabilitation of their addicts, and I am retooling them in my current knowledge, the psychological knowledge of what I have learned.

Drug addiction can be cured. This doesn't mean just a removal of drugs. It means changing the underlying structure of the personality. We have to do this. We cannot settle for anything less because there

are just too many people who are addictive prone, certainly over half the country.

Chairman Pepper. Doctor, I hate to interrupt you.

Members of the committee, we will take a short recess.

(A brief recess was taken.)

Chairman Pepper. The committee will come to order. We will continue with the questioning of Drs. Casriel and Rosen and Reverend Massey.

Mr. Mann, any questions.

Mr. Mann. Doctor, you have been using Perse and the followup for about 14 months ?

Dr. Casriel. Yes.

Mr. Mann. What dropout rate have you had in your experience?

Dr. Casriel. Well, I am a psychiatrist and I treat the total spectrum of problems. I have developed a private therapeutic community called AREBA, which certainly about 100 percent are there because of the use of heroin and similar destructive drugs, a couple LSD. We have only lost five. About 95 percent have stayed. We are now graduating our first members.

The program is geared for 9-month rehabilitation courses. We sent our first member back to your home State, Miami, Fla., about 2 weeks ago. He is a beautiful boy. I helped establish Self -Help and the Concept House in the Miami area. He is now in Self-Help, helping scores of others.

Chairman Pepper. Have you finished, Mr. Mann?

Mr. Mann. Yes.

Chairman Pepper. Mr. Rangel. who has been very much interested in Perse. has asked to speak to a question out of order because he wants to clear up some possible confusion.

Mr. Rangel. Yes.

Reverend Massey, you gave a very small percentage of Dr. Revici's that are drug free.

Reverend Massey. Yes, sir ; correct.

Mr. Rangel. But these are persons you can identify as being drug free?

Reverend Massey. Correct.

Mr Rangel. This does not imply that the other patients with the doctors are not drug free?

Reverend Massey. True.

Let me state here that I know of individuals going through this treatment, and I want you to understand that I have been with Dr. Revici right from the beginning when he started the use of Perse.

Every day, 7 days a week for the past 17 months. Individuals motivated somehow, self-motivation or through motivation of the court, have come to Dr. Revici for treatment for the detoxification from the use of heroin, alcoholism, or some type of drug, have been treated and detoxified. But once they have left, some go immediately back to the use of drugs.

Now, why? Because probably their habits were very high 40 50 bags a day, which totals about \$100 a day. To get it back down to a \$2-a-day habit these individuals who return directly to the use of drugs after detoxification have no real intent of really staying drug free.

Then we have those who are really motivated within themselves to

really leave the drug scene. These individuals, some that I can account for, like I stated, still others who are still drug free, I am sure, but cannot be reached.

Mr. Rangel. Reverend Massey, this drug only brings the addict back to where he was before he became an addict ; is that correct ?

Reverend Massey. True.

Mr. Rangel. And the patients that you have been dealing with mainly have come from the Central Harlem community; is that correct ?

Reverend Massey. Correct.

Mr. Rangel. So no matter what this drug does, it sends them back to the same addict environment from which they became addictive in the first place ?

Reverend Massey. Correct.

Mr. Rangel. So I believe that Dr. Casriel was saying this does not take care of the psychological problem which may exist before the person became an addict ?

Reverend Massey. It only takes care of the physical.

Dr. Rosen. The concept has to be, in anything such as this, that there is a totality of treatment. You can't deal with drug addiction, with alcoholism, with any of those problems, unless you have a totality of treatment. That totality' must encompass both psychological and physiological. It must encompass rehabilitation, vocational rehabilitation, counseling, changing the patterns of their economic existence, changing the patterns of where they live and how they live.

If you are going to have any kind of program that is worth a darn you will have to have a program that encompasses all of that.

What Dr. Casriel was saying, Perse is great, you can give it and have

an addict withdrawn without any problems and then you must approach the other aspects of the situation that need attention. It can be done immediately with the totality being added as you go along.

But it is never going to work without funds because Dr. Revici just started with this 14 months ago. Of course, he has many addicts coming in and going; out the old revolving doors, but no money to do the total program. It is not going to work to that effect until you have a totality of program in anything, either the drug addiction or the alcoholism.

Mr. Rangel. I would like to state for the record that it was this drug and Dr. Revici I was speaking about when I first had the opportunity to join this committee and ??????? been born and raised and still live in this community, I don't suppose anybody was more cynical when it came to drug rehabilitation than myself.

I just want the record to state that my first impressions. I felt the need to bring with me the administrator of the Harlem hospitals drug rehabilitation program. That is how cynical I was before I had the opportunity to meet Reverend Massey and talk with Dr. Revici. The results and what we witnessed with patients was so unbelievable that the doctor from Municipal Hospital has now gone back on a daily basis in order to continue with this chance to see the miraculous results that have taken place.

I personally have gone back on several occasions to the clinic. I have talked with patients, talked with youngsters that have given up on being decent human beings, given up and have talked with their parents and grandparents, many times in the presence of responsible State officials that have subscribed publicly to the methadone program and yet vigorously support the efforts that have been made by Dr. Revici.

I just want that stated for the record. I only regret that the illness of Dr. Revici prevented him from more eloquently being present. But I hope that in the near future, whether we have further hearings or not, that each one of you will have the opportunity to really meet this very decent human being who I believe has made an outstanding

contribution in this area.

Chairman Pepper. I want to say for the record that Mr. Rangel has been impressing upon the consideration of the committee this remarkable work and Dr. Eevici's remarkable work and your splendid cooperation for some time. He has entertained, as he has expressed here today, high hopes for it. That is one of the bases on which we initiated these hearings, to see if we can't get the Federal Government to have part in the development of some of the brilliant leads that we have already learned about. This is one of them.

Now, anything that offers a hope, even the hope that you have testified about here today, should receive the strongest approbation of the Government of the United States as soon as the Government is satisfied that it is safe and will do substantially what you claim for it. Because this would, to a large degree, enable us to combat the drug problems in this country.

Seventy percent of the people in prisons in this country are there for alcohol abuse. We have got to spend billions of dollars if we are going to use the current methods of dealing with drug addiction. If we could develop something like this it would make the whole problem immeasurably more easy and cheaper and effective.

Dr. Casriel. I asked Dr. Rosen to come with me. He is a general practitioner in Harlem. He has been spending a considerable amount of his time with alcoholism and the problems of that.

Chairman Pepper. You find it effective with respect to alcoholism ?

Dr. Rosen. Let me give you a little bit of background that might be of interest.

I started practice in Harlem 21 years ago, and I agree with what Mr. Horan said about the training that a doctor gets in terms of drug addiction and alcoholism. It is practically nil.

I had an excellent residency in internal medicine and I came into

practice and thought I was pretty well equipped to handle anything that came along. All of a sudden I am operating a practice in Harlem, I see alcoholics, drug abuse, and I don't know what to do about it. The only thing to do when a drug addict came into my office would be to suggest Lexington, Ky. It has a facility and that is about where you can go, and they would laugh in my face.

This was a period of frustration for many, many years and at periods of time I would knock my brains out, calling social workers, trying to find something to do for them, somehow to handle the situation.

I got to the point once in terms of the methadone we are talking about in the private practitioner's hands, there were a number of houses at one point, about 4 or 5 years ago, who were dealing with drug addiction : Exodus House, Phoenix House. These drug addicts are pretty shrewd. They come in with, "Doc, I am drug addict, I want to kick the habit and if you give me something to help it. I swear I am going to kick it. I have a job, a family, I can't go into a program."

Most of the time, of course, this was something I wouldn't accept from them. I thought at this point maybe if you get a drug addict or any kind of addict who has some motivation, maybe you can use that motivation and direct it.

So I contacted Exodus House and we got together on a program where as somebody came to my office under those circumstances I would say, "Look, if you are really sincere and you want to do something I will give you enough Dolophine, methadone, to withdraw but not yet, you first have to go to Exodus House, you have to get involved with a meeting there, get a letter from them and come back here.

"I will give you enough for 2 days, until the next meeting, and 2 days more, and 1 day more, until you are withdrawn."

As Mr. Horan said, public relations in the drug addict community is so great that they were falling all over themselves in my office waiting for prescriptions for methadone.

Sure, they hit the first meeting, the second meeting, but I think out of the whole group, maybe I did about 30 in a month's period of time, there wasn't one that really made it.

Really what they were doing, if the habit is getting to be so high that they can't afford that kind of habit, the methadone cuts it so that they can go and start back down again on one bag instead of five or three instead of 10, or if things are tight on the street and they can't get it, methadone is a good thing.

I don't know their names, but there are a lot of practitioners I know of who will give you a prescription any time you walk in. They are not involved in drug-addiction programs. They are selling methadone prescriptions.

Chairman Pepper. Mr. Steiger, any questions?

Mr. Steiger. Yes, Mr. Chairman.

Let me understand. Dr. Casriel, this Perse will detoxify anybody who is addicted chemically, I use that advisedly, recognizing that an opiate is a natural derivative, including alcohol; is that correct ?

Dr. Casriel. That is correct.

Mr. Steiger. When you say detoxify an alcoholic, are you saying that works when a guy is hungover, will this cure the hangover feeling, because this is something I understand ?

Dr. Rosen. No; hungover is not a criteria of alcoholism. what we are dealing with is somebody who has passed over the line from social drinking to compulsive.

"What the Perse will do, and it is very interesting, because of this stuff Dr. Casriel came up with, because I didn't know some of these concepts – some of the concepts up at Columbia about the development of alkaloids – what happens in anybody's body when they take a drink, what is the physiological mechanism. They have come up with some

studies that have shown there are actually alkaloids produced in the brain that are similar to the alkaloids of hallucinogenic substances.

Just to get back to your question of what Perse does, in the same sense it will detoxify a drug addict, in the disease of an alcoholic there is a physiological mechanism that creates the compulsion and Perse will destroy the physical compulsion of that disease. So that they will go through withdrawal like a dream.

Alcohol is more frightening than narcotics. They die from alcohol withdrawal, but not from narcotics.

Mr. Steiger. Assume they have a man in a state of alcoholic intoxication. Have you had any experience – or you. Dr. Kosen, or you – or perhaps Reverend Massey has observed this – we give Perse to the man in the state of alcoholic intoxication or under the influence of alcohol or LSD ; what is the result?

Dr. Casriel. With alcohol he is sober. With LSD, it doesn't help.

Mr. Steiger. He gets sober with one shot ?

Dr. Casriel. Well, I have only had about half a dozen acute alcoholics come into my institute, but with one shot they get sober ; yes.

Dr. Rosen. It varies, and just how darned drunk they are. I have had them falling down drunk and it doesn't always sober them up, but where a second shot

Mr. Steiger. In what period of time would it sober up a person reasonably drunk?

Dr. Rosen. About 5 or 10 minutes; 5 or 10 minutes after the injection you will have someone just weaving a bit, sober.

Mr. Steiger. What would happen if an addict, whether it is in speed, freak or whatever, if he were to take Perse, or Per-se, which pronunciation do you prefer?

Dr. Casriel. You name it. Perse.

Reverend Massey. I think Dr. Revici's pronunciation is Per-se, being French, it is Per-se.

Mr. Steiger. "What would occur, or have you considered the possibility of the individual who, anticipating a breakdown of his character, would take Perse in advance of either amphetamines or alcohol?"

Dr. Casriel. I already mentioned this. I did this to myself.

Mr. Steiger. You took that prior to your

Dr. Casriel. Prior to the 8 ounces, and I didn't get drunk, and 2 ounces will get me drunk.

Reverend Massey. May I state here, also, with the addict himself, if he takes this prior to an injection of heroin he will get high.

Mr. Steiger. He will get high ?

Reverend Massey. He will get high.

Mr. Steiger. How about amphetamines ?

Dr. Casriel. Not amphetamines. It works on barbiturates, alcohol, and narcotics. These are all alkaloids.

Mr. Steiger. All right. In the production of this substance obviously it is inexpensive to produce. Is Dr. Revici producing it himself?

Dr. Casriel. Yes.

Reverend Massey. In his laboratories.

Mr. Steiger. Has he approached a pharmaceutical house or have they approached him ?

Reverend Massey. They have approached him.

Mr. Steiger. And he is not interested ?

Reverend Massey. Yes, he is; but he wants to get Federal Drug Administration approval.

Mr. Steiger. You mentioned anoxicbiosis. Is that a characteristic symptom of all of the withdrawals, of either alcoholism or narcotic withdrawal ?

Reverend Massey. I can't answer that with authority, because I am not, you know, I am not Dr. Revici. I think the anoxia, the negative oxygen metabolism is the criteria.

Mr Steiger. All right. Again using the same anticipatory vision, do you know if Dr. Revici has measured the oxygen deficit effect ?

Reverend Massey. Yes ; he has.

Mr. Steiger. Giving this prior to say just exertion because, you know, we develop anoxia if we climb the stairs.

Reverend Massey. I saw his book that was sent to the Food and Drug Administration with all the tests with the oxygen differentiation, with Perse, without Perse, and so forth and so on. He has all that documented.

Mr. Steiger. That is a measurable situation ?

Reverend Massey. Yes ; he has that measured.

Chairman Pepper. Would you let me interrupt you just a minute?

We have this as a matter of committee business. I have had a note passed to me by Mr. Wiggins, the ranking Republican, advising me that five members of our committee have other commitments and can- not be here tomorrow, and since all of us would like to hear the testimony

for tomorrow, we will defer tomorrow's hearing until a later date.

Mr. Steiger, you may continue.

Mr. Steiger. Doctor, both of you are, I assume, aware of no consistent ill effects in the use of this. On the other hand, you don't know of any prolonged use. By prolonged – is there anybody. Reverend Massey, perhaps you could help us – is there anything in the 7 months' period of your exposure to Dr. Revici's treatment, do you know of anybody who has been treated, say at least twice a month, or once a month ?

Reverend Massey. No, Mr. Steiger, no ; in reference to that I know Dr. Revici has given this over a long period, to laboratory animals, without any harmful side effects.

He has also told me the amount he has given mice and rats that is if similar amounts were given to human beings in terms of weight, about 6 liters have to be injected before a toxic response. That is less fatal than the water. I couldn't inject 6 liters into the body.

Mr. Steiger. All right. All the substances that make up this material are available?

Dr. Casriel. Inexpensive and available.

Mr. Steiger. Inexpensive and available, and you say you can give it orally but it simply takes longer to achieve the same effect, in a larger dosage ?

Dr. Casriel. Right, a little larger dosage ; yes.

Mr. Steiger. In your experience with your community with APEBA, do you find yourself ? the ? ? of the dedicated addict who says, "You found this wonderful ? and I am now able to get high for little or nothing and there is really no reason for me to stay straight because I can ?

Dr. Casriel. No; that hasn't been my experience. AREBA is for an upper-middle-class youngster and we seek them in psychologically and

they don't even think about drugs after a few days of AREBA.

Dr. Rosen. Most of them in my group, which is entirely different from the AREBA group, come and eventually agree to go through this treatment because they have some motivation, so they go and have it. But what happens to many of them is that they get thrown back into the same environment and same friends and it is not a question of using this and knowing they are going to go back to it. The motive is there originally, but the same life pressures cause them to relapse.

Mr. Steiger. The guy goes back to his own group and who started in the first place, he is still better off because he can conceivably hold a job and do all of these things ?

Dr. Casriel. He doesn't have to be addicted any more.

Mr. Steiger. I understand that, but there is no blockage effect – yes : there is a blockage effect as far as the narcotic

Reverend Masset. Let's put it this way : This also reduces the mental desire for the use of the drug, as well.

Mr. Steiger. That is pretty hard to measure, isn't it. Reverend?

Reverend Masset. I am telling you.

Let me tell you from what I know, not from what I am guessing at. I see 75 percent of our patients being treated. And when I say 75 percent, that is a large percentage, in and out of a hospital.

Now, we have seven male beds and three female beds. Those who go into the hospital and stay the length for treatment, I see them all. I am there every day.

Mr. Steiger. That is 1 week ?

Mr. Perito. Is this Trafalgar Hospital that you are referring to ?

Reverend Massey. That is right .

Mr. Steiger. This is in the hospital for 1 week ?

Reverend Massey. Correct ; for the 1-week period.

There is something amazing about this medication. The individual who is in the hospital for the 1 week, when he is discharged and comes back to the office where the doctor talks to him, I talk to him, he states he has no desire whatsoever, no desire whatsoever for the use of heroin or what have you that addicted him previously.

Now, how does he take on this desire after treatment? He returns to the environmental surroundings. He is first offered by the pusher in the neighborhood a bag of heroin free. Why? Because he has detoxified himself, he is not addicted any more, he has no desire. I get this constantly from most individuals who stay through the period of treatment. But he falls back into that old environment again, no job and society constantly turns him away.

When they see he has a record or has been addicted to drugs he is turned back to his environment because society rejects him, because he was a previous addict.

Mr. Ragnel. I would lilce to state that while Dr. Casriel and Reverend Massey have stated that the addict treated says he felt normal, I think the tragic thing is that after treatment at the clinic they have merely said they want a job.

Dr. Casriel. Right.

Mr. Ragnel. I could see then that if I was unable to fill that need for a job, how easy it would be for them to go right back into the same population. So I think we are both saying the same thing. Reverend Massey, in addition to working very closely with Dr. Revici, has a long reputation of working very closely in the community, so that he really wears two hats when he is working in the laboratory, because the other is his very close identification with the addict

population in my district.

Mr. Stetger. I just have one question. I am about through.

You know, we heard Dr. DuPont previously, and I don't remember who else, that the "I feel normal" reaction is one that they have heard from people who are on methadone maintenance. I don't want to make an equation here, but obviously they feel an improvement, and there is clearly a chemical improvement because the physiological craving is answered and there is no high and so they feel relatively normal.

Are they getting any kind of a comparable situation out of Perse and if not, why not ?

Dr. Rosen. Simply because of the fact that they are being normal on a drug. They are taking the drug to be normal. With Perse, you give them the drug and detoxify them and the noncravings and the normal feelings they have are while they are not on medication. You do that with an alcoholic where the craving lasts 3 months with this up and down sensation that he needs a drink. I will take them through withdrawal and they will tell you they have been through drying-out places before and they know they have got this constant hassle with needing a drink on Perse without tranquilizers, without any sedative drug, they will say, I feel normal. But they are not on addictive drugs while they are saying it.

Reverend Massey. Gentlemen, may I say here that with methadone and I was for methadone at one time because I had no other source of referral. I figured that if methadone was available, shoot, why not, if it is going to reduce the crime rate in the communities, if it is going to allow an individual to become employed, why not. But then when I approached Dr. Revici in coming up with a medication that is not addictive, whereas an individual does not have to depend on a drug to survive, to work every day and to lead a normal life, then I felt that if Dr. Revici can fulfill these desires of coming out with a medication that will detoxify an individual 100 percent, that is, taking the drug out of the body and leaving it normal like myself, I am under no addiction at all – then I feel that an individual who

speaks normal from the use of detoxification with Perse, then he actually speaks the truth.

Now, how can an individual who is taking methadone in place of heroin, even if he is maintained, say he feels normal ? The body has drugs in it. If he has used – if methadone is used as a treatment for a number of days, he still has drugs in the blood cell. He is not normal. He will have reactions. He will have a desire, because the body is calling for more drugs at certain times.

It is impossible for an individual who is on methadone. I have taken methadone, myself, and I think I heard a gentleman ask whether or not an individual can get a high off of methadone orally I was never on any drugs at the time, and I have experimented with drugs for the main reason I wanted to be able to converse with the addict, and

I am out in the street at 3 and 4 o'clock in the morning with the addict trying to help him, and to be able to communicate with the addict I have to understand him.

I have tried – not LSD, I am sorry – I have tried heroin, cocaine; marihuana is out of the picture because that is not a drug. I have tried some barbituates, Seconol, you name it, I have tried it, except LSD and speed. I know what I am talking about.

Mr. Steiger. All that happened when you took methadone ?

Reverend Massey. I got high off of 10 milligrams – I got high.

Chairman Pepper. Is that all ?

Mr. Steiger. Yes, sir.

Chairman Pepper. Mr. Winn, would you yield ?

Mr. Winn. I will be glad to yield.

Chairman Pepper. Thank you very much. Mr. Keating, you may inquire.

Mr. Keating. I am interested in a couple of points. Maybe you said and maybe I didn't hear it, but I assume that you implied there are no withdrawal symptoms with the use of Perse.

Dr. Casriel. If it is used correctly there is absolutely no withdrawal symptoms.

Mr. Keating. They don't go through the suffering that is associated with withdrawal ?

Reverend Massey. May I answer that question ?

I don't like to, like I say – I noticed with the addict who is going through treatment in the hospital – and let me say Dr. Casriel is in one location and I am in another – there may be some symptoms as far as where I am. There may be some symptoms of withdrawal, and when I say "symptoms" they are very mild, running eyes, running nose, yawning, some crampiness of the stomach.

With the use of Perse they may have some aches, but they are so minor they are variable.

Dr. Casriel. I agree. When I say no symptoms I mean ■

Mr. Keating. No comparison. Everything is relative ?

Dr. Casriel. Very moderate.

Mr. Keating. The gentleman mentioned something before about the high numbers confined in jail because of public intoxication. I used to sit on the bench for a number of years. We have had them in court and the idea was to put them in jail for a few days and send them home or else keep them a night in jail.

Would Perse be, or could it be used in this situation where they are arrested and it is not safe to leave them on the street because they can be physically harmed and they have to be brought in ? They could be treated with Perse and then go home ?

Dr. Casriel. In 15 minutes they are sober.

Mr. Steiger. Winos, too ?

Dr. Casriel. In 15 minutes they are sober.

If a wino has no brains left because he has drenched his brain, that is something else.

Mr. Keating. The population of our city jails – and I can speak from experience – are occupied mostly by people who have been arrested for public intoxication.

Dr. Casriel. Mr. Keating, I have been thinking about this for many months now. I can see the use of Perse like peanuts in a bar and before you leave to drive home take one or two peanuts called Perse and drive home sober.

Mr. Keating. We have been through Antibuse. The governments are spending thousands and hundreds of thousands of dollars on alcoholism.

We have councils all across the country. If this works as effectively as you say, in my area where we are fighting for a new workhouse facility or correctional institute for misdemeanants, we could reduce the size of the facility substantially by simply having this form of medication to treat the alcoholics.

Dr. Rosen. There is no comparable medication. Antibuse doesn't

Mr. Keating. I understand that. I am speaking generally of all these programs and all this money being spent in all these areas. If this is as effective as you say

Dr. Casriel. Mr. Keating, I think this is revolutionary. I can say you are going to have a lot of inquiries because I am going to get busy on that letter and a lot of councils I have worked with through so many years, contacting you, that people on probational – I am getting off the field of drugs, but not really

Mr. Keating. That is the point, it is the same thing, alcohol and barbiturates and Seconols and heroin and LSD. You have got the problem of the person. This will resolve the physiological problem of alcoholism, narcotics, and barbiturates.

Mr. Steiger. Is this addictive ?

Dr. Casriel. No: not at all. It is not nn alkaloid.

Mr. Keating. How long does it take for an alcoholic, the man who has been drinking for years and there is no way for you to reach him. he still, I understand, has psychological problems, but how long does it take him to phvsilogically recover ?

Dr. Casriel. From acute – 5 minutes.

Mr. Keating. So that vou are talking about, in the case of methadone or heroin, it takes about a week or mavbe I misunderstood.

Dr. Rosen. Withdrawal from alcohol is about the same time, about days vs in the chronic alcoholic to withdraw him.

Dr. Casriel. But the acute symptoms-

Mr. Keating. But he needs about a week to destroy

Dr. Casriel. The steroids.

Dr. Rosen. Let's not go cutting down moneys for alcoholism. The thing is it is not a panacea that we cnn have peanuts on the bar and there will be no alcoholism, because the alcoholism is going to be there.

You can have somebody withdraw and take this and go back to drink-mp- for the same emotional reasons as bof orehnnd.

Mr. Keating. If this is as successful as indicated, you eliminate one of the obstncles of treatment.

Mr. Rosen. Thanks is the main impact.

Mr. Keating. Which is the major thrust of what we are all talking about and driving at, which makes the psychological problem easier to cope with.

Dr. Rosen. Right.

Mr. Keating. Mr. Chairman, I find this extremely remarkable and very fascinating, and obviously it has a number of other possibilities.

You have been kind to take me out of order and Congressman ? has allowed me to go out of order.

Mr. ?. I have no questions. Go right ahead.

Chairman Pepper. Go right ahead. Mr. Keating.

Mr. Keating. I can just see at the misdemeanor level, as I indicated that this destroys the whole concept under which we have been operating. We talk about putting in a whole detoxification center. Well, you wouldn't even need it at all. really.

Dr. Casriel. As I think I have mentioned in my paper that followed Dr. Revici's paper on this, it is going to revolutionize the problem of addiction : alcohol, narcotics, and barbiturates.

Mr. Keating. How long has it been before the Food and Drug Administration ?

Mr. Rangel. About 2 1/4 months. It was there before and rejected for additional tests. We had scheduled a meeting with Dr. Revici before the FDA. The FDA has not really rejected it in terms of saying that it doesn't do everything Dr. Revici claims it does, but in their opinion there are certain clinical tests that have not been made, and Dr. Revici was supposed to have come down.

This committee has had doctors available to go with him. We thought we

would be able to come back with some lay knowledge of what the FDA was really demanding. Unfortunately, because of the sudden illness of Dr. Revici, this meeting has been postponed.

But I have talked with people in the ?? House that have been in touch with the FDA, as well as the FDA itself, and they have made it abundantly clear that we are not rejecting any of the testimony that we have heard today, but merely indicated that we have certain standards that have to be met. I think Mr. Perito will be able to report back soon.

Mr. Keating. "What limitations are there, at this state, from the use of Perse by hospitals, physicians, and the fact that it has not been approved by the FDA ?

Dr. Casriel. Well, right now it is only a research drug usable in the State of New York by experts.

Mr. Keating. Could, for example, a physician in my district use it?

Dr. Casriel. What is your district ?

Mr. Keating. Cincinnati, Ohio.

Dr. Casriel. That is where I went to medical school.

Reverend Massey. Only in New York State may it be used.

Mr. Rangel. Transportation could be arranged for him to come to New York.

Dr. Casriel. As soon as we get FDA approval you will be able to use this on a research basis throughout the country. That is what we have been waiting for and waiting for, and every time there is an automobile death, every time there is a death from addiction I feel there is something wrong with bureaucracy.

Mr. Keating. We all know 50 percent of the deaths, as someone

mentioned, automobiles, come from drivers under the influence. I am talking in terms of 20,000, 30,000 people a year. We are not going to have 100 percent. We are talking about a lot of people whose lives may very well have been saved. '

Mr. Steiger. Bill, would you yield on that?

What period of time are are talking about for the oral

Dr. Casriel. About 15 minutes, 20 minutes; depends upon a person's capacity to absorb.

Mr. Steiger. I can see just before closing time everybody have a Perse.

Dr. Casriel. Right, everybody sober up, party's over, sober up.

Mr. Keating. I have no more questions.

Chairman Pepper. Mr. Winn.

Mr. Winn. No questions, Mr. Chairman.

Chairman Pepper. Mr. Blommer.

Mr. Blommer. One question, Dr. Casriel.

You said that you treated three people who had been maintained on methadone, and I am sure that you talked to them about their experiences on methadone.

Now, when they said, as I assume they said to the doctor that was maintaining them on methadone, *'I feel normal," were they speaking the truth?

Dr. Casriel. They are lying out of their heads, for God's sake. They weren't just on methadone, they were taking everything they could get their hands on. They told the doctor this is good. They were

taking cocaine, barbiturates, getting drunk, taking anything. It is ridiculous. They don't know the psychology of an addict. He will lie through his teeth. He will steal his mother's teeth, and you expect him to tell the person who gives him methadone, or if he is taking anything else, of course, he won't say that. He will say. This is a wonderful drug and I have been looking for a job, et cetera, et cetera, et cetera. You are dealing with a pathological infantile character disorder.

How can you treat them as if they are adult people, adult, responsible people ? They are all liars, all liars.

Mr. Blommer. My next question was what you think the people on methadone maintenance think of the program. I think you have answered that.

Chairman Pepper. Doctor, just one or two questions.

We had testimony before our committee from the commissioner of corrections of New York City. He testified that thousands of people who come into the correctional system with heroin addiction simply have to go through agonies of withdrawal, without any treatment at all, because they don't have any treatment.

Dr. Casriel. Mr. Pepper, let me answer that.

I was a court psychiatrist and I saw them kicking the Tombs, and I was a ward psychiatrist at Metropolitan Hospital and I saw them kick at Metropolitan Hospital, and I have also, of course, been in Synanon, Daytop, and I have seen them kick this. The same kid, with the same habit, with the same length of time, reacts completely different in the Tombs, in Metropolitan Hospital, and in Daytop.

In the Tombs he will figure the least he will get is to be known as a junky with a large habit. He gets status. The more he complains and climbs the walls, he figures maybe if he screams enough they will send him to the hospital and he will get some methadone.

In the methadone unit they yelled bloody murder and climbed the wall because they got methadone. The same kid, and I saw them, the same kid literally, the same kid in the jail with methadone and Daytop, the same kid would finally tell me what he was doing. He figured the more he screamed, the more drugs he would get, or at least have the reputation of a junky with a big habit.

In Daytop they have a cold, runny nose, upset, sick, in a day or two, and then get over it. It is not a physiological thing.

Now, methadone maintenance is another thing. That is a lot of dope and the kid you have to withdraw from the methadone maintenance can really get pretty damned sick.

Chairman Pepper. This would be a simple and relatively inexpensive way of treating those with withdrawal symptoms ?

Dr. Casriel. Yes ; you just give them a shot or a pill.

Chairman Pepper. Well, Doctor, I think all of us are excited about this testimony you have given today. We have heard about Dr. Revici's work and we certainly do hope, and I know my colleagues hope, it can be a satisfactory drug and come into general use.

It has been my belief for a long time that that is one of the reasons this committee committed itself to hold these hearings.

Dr. Casriel. If you can speed up this drug to public use you will save lives. Every day that is wasted is killing people, and costing billions of dollars.

I think, if I may suggest, if you can use your influence to speed up the investigational use of this drug so that it can get out on the market, I know it is going to work. I know it works.

Chairman Pepper. Mr. Sandman, would you like to inquire?

Mr. Sandman. How many cases have you tried this on ?

Dr. Casriel. About 100.

Mr. Sandman. I wasn't here when you apparently testified.

What were your results ?

Dr. Casriel. They were detoxified.

Mr. Sandman. Detoxified. Does this satisfy their desire ?

Dr. Casriel. Satisfies their desire.

Mr. Sandman. You can take a hardened heroin addict

Dr. Casriel. I can take a person on methadone maintenance – to me that is the hardest – and get them off.

Mr. Sandman. Now, he has to continue taking this, he never really is cured ?

Dr. Casriel. Oh, no ; a week and you are finished. This isn't a maintenance drug.

Mr. Sandman. Oh, you only do this for 1 week ?

Dr. Casriel. One week at the most.

Reverend Massey. May I also say here that some can take it for a week, some for just 2 to 3 days. If an individual is shooting 50 bags a day he may take it for 3 days only with approximately three or four injections per day.

Mr. Sandman. But he is going to go right back to heroin ?

Reverend Massey. No ; I beg your pardon.

Mr. Sandman. He is not ?

Reverend Massey. Also, he takes oral medication in between the injections. He is given oral medication.

Mr. Sandman. This is injected ?

Reverend Massey. This is injectable. I have a brother who was on heroin, shooting approximately 50, 60 bags a day. A year ago – no, it was March of 1970 – he was admitted into Trafalgar Hospital, detoxified, received this injection for 3 days. The remainder of his stay in the hospital – he stayed 8 days – he received oral medication, and I must say he is back to the use of drugs but it is not because he stopped.

Mr. Sandman. This doesn't cure the habit ?

Reverend Massey. This detoxifies him physically.

Mr. Sandman. It just detoxifies him ?

Reverend Massey. Correct.

Mr. Sandman. I got it.

I have no more questions.

Chairman Pepper. Well, thank you very much, Dr. Casriel, Dr. Rosen, and Reverend Massey. We have very much appreciated your testimony and we are obliged to you for coming here today and giving us this very exciting testimony. We appreciate it.

For the record. Dr. Rosen, please give us your name and address.

Dr. Rosen. Walter Rosen, 102 East 116th Street, New York City.

Chairman Pepper. And you are a medical doctor ?

Dr. Rosen. Yes, sir.

Chairman Pepper. Under the laws of New York ?

Dr. Rosen. Yes, sir.

Mr. Pepper. How long in practice ?

Dr. Rosen. Since 1949.

Chairman Pepper. Since 1949.

Reverend Massey, your full name ?

Reverend Massey. Rev. Raymond Massey ; my address is 144 East 90th Street, Institute of Applied Biology, In New York City 10026.

Chairman Pepper. You are a member of the clergy ?

Reverend Massey. Yes ; I am.

Chairman Pepper. What is your church ?

Reverend Massey. Bethel Baptist Church, Jamaica, Long Island.

Chairman Pepper. You have been associated with Dr. Revici for about ?? months ?

Reverend Massey. Correct.

Chairman Pepper. Thank you very much.

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