

Narcotic Antagonists and the Parolee— Outcome, Issues, and New Directions

In a myriad of curious and ironic ways, the treatment of the addict-parolee with a narcotic antagonist is an anomaly in the practice of medicine. It entails the prescription of medication to individuals who have not actively sought treatment of their own accord, who frequently do not consider themselves sick, and whose symptoms and clinical course are, for the most part, measured in societal rather than medical terms. Invariably, treatment evaluations are primarily concerned with behavioral criteria of effectiveness such as extent of narcotic drug use and length of program participation. Emphasis is placed on maintaining the addict free of opiate drugs by the prescription of antagonists, with the presumption that he will thus be better able to readjust to the demands of free society and to make maximum use of rehabilitative resources that are available. In forestalling opiate use, there is also the more likely avoidance of hepatitis and other sequelae of self-administration, including death from overdose, and the possible curtailment of criminal and other illegal activities associated with supporting a narcotic drug habit. But how well do the antagonists forestall compulsive opiate use?