

IN MEMORIAM Richard Resnick

Jeffrey A. Lieberman¹

Neuropsychopharmacology (2019) 44:1674; https://doi.org/10.1038/s41386-019-0419-3

Richard Boyce Resnick 1931–2018: Pioneering Researcher in Addiction Medicine.

Richard Resnick, M.D., psychiatrist, substance abuse researcher and long-standing ACNP member, died December 24, 2018, six months following the passing of his beloved wife Elaine. He was 87.

Dick, as he was known, born in New York City, graduated from City College of New York and received his M.D. from New York Medical College in 1958. He completed post-graduate training in psychiatry at Albert Einstein Medical College and Hillside Hospital where he worked with Max Fink utilizing pharmaco-EEG for drug development. This primed his interest in drug effects on the brain which ultimately led him to take a position as the fledgling Director of Narcotics Addiction Treatment at Metropolitan Hospital and New York Medical College.

In the 1960's, addiction medicine did not exist as a discipline, and substance abuse was more often viewed as moral deviance rather than a clinical condition warranting medical care. There were limited clinical services and no evidence-based treatments. Most of what existed for treatment were methadone centers and faith based non-medical programs.

In 1969, Dupont began to market naltrexone, a compound that had been synthesized by Endo labs. This provided a new pharmacologic tool with which to treat substance abuse and joined Dick with a small cadre of pioneering researchers in the nascent field of addiction research including, Herb Kleber, Mark Galanter, Robert Millman, and Richard Francis. Nurtured by funding from NIDA, Dick and colleagues carried out a series of studies in heroin addicts to assess the effectiveness of naltrexone and psychotherapy (a forerunner of motivational interviewing) treatment, along with methadone. Observations of patients in these studies that naltrexone reduced alcohol craving spurred the controlled studies later carried out by Charles O'Brien and others that confirmed this therapeutic indication for alcohol abuse.

In 1975 Dick recruited Arnold Washton, a research psychologist, to join him and together they continued this work and operated a

clinic which provided treatment to an impoverished, underserved, largely minority population in Northern Manhattan that had no other options for clinical care. Among their studies was the use of clonidine to treat withdrawal symptoms. Their numerous publications focused on the early clinical testing of naltrexone and later buprenorphine. Their research expanded to include cocaine abuse in 1981, as recreational drug use in the U.S. increased.

In the mid 1980's, Dick left New York Medical College and Metropolitan Hospital and joined the NYU faculty as Director of the Buprenorphine Research Program at New York University Medical Center. He moved his clinical practice to a townhouse on the Upper West Side of Manhattan where he continued to see patients until last year. Dick's devotion to his work and his patients is evident in this unsolicited comment from a patient posted on a doctors' website.

"About 25 years ago, I developed a severe opioid addiction, and in those days, there were hardly any real treatment options—only methadone or cold turkey. I tried NA, AA as well as several reputable rehabs with no success. My addiction raged until I met Dr. Resnick. He was leading a clinical trial with NYU investigating burprenorphine as a treatment for heroin addiction. It took some years of treatment, but I was eventually cured and I have been 100% drug free ever since. (Buprenorphine, thanks to Dr Resnick, became FDA approved under the name Suboxone.) There is no doubt in my mind that had it not been for this guy and his deep insight into treating opioid dependency, I'd be dead. I'm not sure if he's still practicing, but I owe this man a debt of gratitude. I hope this review serves as some testament to his professional skill and compassion." -Robert, F.

Richard is survived by his children, Deborah, Demian, Jesse, and Nora.

Received: 7 May 2019 Accepted: 7 May 2019

Published online: 30 May 2019

¹Department of Psychiatry, College of Physicians and Surgeons, Columbia University and the New York State Psychiatric Institute, Columbia University, New York, NY, USA Correspondence: Jeffrey A. Lieberman (jlieberman@columbia.edu)