Needle-exchange program debate gets pointed

The already heated debate over needle-exchange programs as a method to lower HIV transmission between intravenous drug users is getting hotter. A strongly worded letter of protest to Donna Shalala, Secretary of the US Department of Health and Human Services (DHHS), signed by more than thirty experts on needle-exchange programs, takes the secretary to task for "grossly mischaracterizing the enormous body of research" on the value of giving addicts clean needles. The signatories of the 17 January letter take issue with Shalala's public statement that "different experts disagree" over the research done to date. At stake is whether or not federal money can or should be used to fund needle-exchange programs.

Six federally funded reviews of exchange programs have been conducted in the past five years, including studies under the auspices of the Centers for Disease Control and Prevention (CDC), the General Accounting Office (GAO), the Office of Technology Assessment (OTA), and, most recently, the Institute of Medicine. All six come to the conclusion that giving out clean needles reduces the spread of HIV without leading to an increase in drug use.

These two conclusions should, by law, lead to the availability of federal funds for these programs, according to Peter Lurie of the University of California at San Francisco and the letter's principal author. Lurie points out that four of the studies recommend federal funding, and the other two (by the GAO and OTA) support the research, without making formal recommendations.

However, the legal questions, not the scientific ones, prevent the government from funding needle exchanges, according to Victor Zonana, a spokesperson for Shalala. Zonana claims that the secretary's comments were taken "out of context," insisting that the secretary was referring to legal rather than scientific experts. "It is a question of *legal* federal funding," he says, calling the legal requirement to show both a decrease in HIV transmission and no increase in intravenous drug use a "tough standard." Zonana points out that the administration is "not opposed" to the "dozens of locally funded experiments and programs occurring throughout the country."

At the widely publicized "First Presidential Conference on HIV and AIDS" on 6 December, President Bill Clinton was directly challenged during the open plenary session to aggressively pursue funding for needle-exchange programs. He did not respond. However, in the earlier closed session on HIV prevention, then-director of the Office of National Drug Control Policy Lee Brown, is reported to have said that the official administration position was that experts still disagreed about the scientific worth of needle exchanges.

IMAGE UNAVAILABLE FOR COPYRIGHT REASONS

Edward Kaplan

The van used by outreach workers to take clean needles to intravenous drug users in New Haven, Connecticut, before and after a "face-lift." A study of the effectiveness of the New Haven/Yale University needle exchange was the first funded by federal dollars.

Edward Kaplan of Yale University says, "What we really need is an honest debate." Kaplan was the chief investigator in the first federally funded needle-exchange study, which demonstrated a significant decrease in HIV-contaminated needles over time. Although Kaplan admits that the idea of providing needles to drug abusers generates a "high level of discomfort" for many people, he says that the high incidence of HIV among drug users should also be a major concern. "The relevant question is whether this is the best way to go with our resources," he says. Researchers who favor needle-exchange programs argue that it is money well spent, especially in hard-hit urban areas where 60 percent or more of all new AIDS cases are linked to intravenous drug use.

FINTAN R. STEELE

FDA approves Olean snacks

A scant 24 hours after the Food and Drug Administration approved Procter & Gamble's fat substitute olestra (Olean™) for use in salty-type snacks, such as chips and crackers, full-page newspaper advertisements and other promotional material began appearing: "Oh, yes! Olean," they declared. "It's about taste. It's about time."

Conspicuously absent, however, was the warning that the FDA will require on every package that eating olestra can cause "abdominal cramping" and "loose stools."

The additive is the first in a novel line of "macro" food ingredients, and the only fake fat that is heat stable and can be used in cooking, frying and baking.

The licensing of olestra was bitterly fought by numerous nutritionists and public health groups, led by the Center for Science in the Public Interest and the American Public Health Association, who argued that because the olestra molecule depletes the body of important nutrients, including essential vitamins A, D, E and K, as well as carotenoids, it is potentially harmful.

The FDA will require the company to add the essential vitamins that would otherwise be swept out of the body. But it will not require that lost carotenoids be similarly replaced.

This Product Contains Olestra. Olestra may cause abdominal cramping and loose stools. Olestra inhibits the absorption of some vitamins and other nutrients. Vitamins A, D, E, and K have been added.

As a condition of approval, the agency also will require the company to conduct research to study the consumption and long-term effects of the substance. These results will be formally reviewed by the agency in a public meeting within 30 months.

Olestra is a sucrose polyester made from sugar and vegetable oil. But the extra fatty acids in it make the substance too large to be digested or absorbed by the body, which is why it adds no fat or calories. A typical serving of regular potato chips contains 10 grams of fat and 150 calories. The same serving of potato chips made with olestra has zero fat and 60 calories.

MARLENE CIMONS
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