

Reactor fuel and the private sector

During World War II the U.S. Government developed an entire new industry, atomic energy, from the ground up. It was probably the largest excursion into socialized economics in American history, including Government-owned laboratories, factories and the attendant company towns. It was not only big; until 1945 its existence was a well-kept secret.

When it emerged into daylight, the atomic energy industry was something of an ideological embarrassment to the Government. Despite the misgivings of some, it became policy under administrations of both parties to allow gradual entry of private organizations into the business. Nuclear reactors, the most widely applicable technological development of the industry, have been built by private organizations under Government license and inspection for the last two decades.

Up to now creeping capitalism in the nuclear-reactor business has stopped short of the preparation of enriched uranium for their fuel. That has remained a Government monopoly. By the 1980's expansion of this part of the industry will be necessary and the

Nixon Administration would like to see private companies participate. In February the Atomic Energy Commission invited 21 firms to a meeting to begin to familiarize themselves with the technology involved to see whether they would like to do it. Last week the Reynolds Metals Co. surprised the AEC with a proposal to build an enrichment plant at a site near Buffalo, Wyo.

The commission was taken off guard because it had assumed the industrial organizations would need more time to study the procedure. Reynolds feels it knows enough about the technology to determine that it would be a proper organization to undertake such a project. According to a spokesman: "Our people felt that we had many ingredients that were necessary." Among them are large supplies of coal and water at the Wyoming site.

The AEC reacted rather defensively with a statement that although it hadn't solicited any such proposals it would certainly consider the Reynolds one and any others any other companies cared to make. A commission spokesman explained that the wording was intended to avoid any inference

that Reynolds has been given an inside track or that other organizations might be frozen out. If the Reynolds proposal goes through, the company indicates the plant could be completed before 1980.

An interested observer of all these proceedings is the Congressional overseer of the atomic energy business, the Joint Committee on Atomic Energy. In the past the Joint Committee has taken a dim view of Administration proposals to sell the fuel enrichment technology. A few years ago, the Administration sent up trial balloons about selling the Government's three enrichment plants to private industry, and the Joint Committee promptly shot them down. Instead the Joint Committee persuaded Congress to appropriate money for the improvement and expansion of the Government plants. The Administration froze the funds. Now it seems that the frozen funds have been released, and Joint Committee staff members speak of public and private cooperation in increasing nuclear-fuel enrichment capacity. Nevertheless, the Joint Committee will be watching developments closely. □

A reclassification for methadone

If penicillin were available to only 10 percent of those who needed it, it would probably be the object of wholesale thievery, black market dealing and misuse. Vernon D. Patch, director of the drug treatment program in Boston, labels this the situation with methadone. To many of the estimated 10,000 heroin addicts in the Boston area, methadone is a potential lifesaver. But Patch has facilities to treat only 300. An additional 700 are waiting to get into the program, and 150 addicts apply every month for methadone maintenance.

Even with such a demand, the use of methadone has been limited. Critics cite its addictive qualities and question its efficacy. Deaths from methadone overdose are on the rise (SN: 3/11/72, p. 170), and some communities have refused to license methadone-maintenance facilities because they fear the proximity of heroin addicts. Some 3,700 employees of Boston City Hospital have threatened to strike unless the

methadone treatment center is moved out of the hospital and out of the neighborhood.

In an effort to answer some of the questions and solve some of the problems created by methadone use, the Government announced this week new guidelines for methadone maintenance programs. Charles C. Edwards of the Food and Drug Administration said 100 FDA and Public Health Service professionals are being trained to conduct a nationwide review of the more than 450 methadone-maintenance programs in operation. They will examine ways to safeguard against diversion of methadone from the maintenance clinics, make recommendations to improve the quality of counseling to patients in these programs, survey national treatment needs, and determine the capacity of clinics to expand if given additional resources.

Following this inspection there will be a "major expansion of the methadone system," says Jerome H.

Jaffe, director of the Special Action Office for Drug Abuse Prevention. About \$1 billion is expected to be made available during the next three years to improve methadone delivery systems for those who need and can benefit from the drug.

Increased use, however, may be followed by increased misuse. John E. Ingersoll, director of the Bureau of Narcotics and Dangerous Drugs, attributes most misuse to certain private practitioners who have supplemented their incomes by prescribing methadone to patients who in turn supplement their income by selling the drug on the street. Part II of the new Federal proposal reclassifies the drug and takes it out of the hands of private practitioners and pharmacies. Methadone will be available only through Government-approved programs that will strictly monitor and control its use.

The FDA proposals were published this week in the Federal Register. They will go into effect—with possible revisions—in 90 days.