

routine requests through the morning hour be granted and the Senate then resume consideration of H.R. 2676, the IRS reform bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GRASSLEY. I further ask unanimous consent that at 9:30 a.m., Senator ROTH be recognized to offer the so-called "pay for" amendment to the IRS reform bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. GRASSLEY. Mr. President, for the information of all Senators, tomorrow morning at 9:30 a.m., the Senate will resume consideration of H.R. 2676, the IRS reform bill. Senator ROTH will immediately be recognized to offer an amendment relating to offsets. It is hoped that the Senate will be able to make substantial progress on this legislation so that the Senate may finish this bill on Wednesday or Thursday of this week. Senators can, therefore, expect rollcall votes throughout the session on Wednesday.

ORDER FOR ADJOURNMENT

Mr. GRASSLEY. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order following the remarks of Senator AKAKA and my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

CHEECH AND CHONG DRUG POLICY

Mr. GRASSLEY. Mr. President, I spent much of the recent recess talking to constituents in my state about drug problems. It is clear to me after a field hearing, numerous town meetings, and many conversations that the public is deeply concerned about the drug issue. This impression is confirmed by recent polls. Again and again, the public have indicted an abiding concern about the presence of drugs in our society. Parents, community leaders, and young people have repeatedly indicated that the availability and use of illegal drugs is among the most important issues affecting them. They expect the government to help them in fighting back. They expect our policies and programs to support community efforts to keep drugs off the streets, out of our schools, and away from our kids. But what do they find?

I am sorry to say that the Clinton Administration is simply not making a convincing case that it is serious about the war on drugs. If I had doubts about this before, events of the last several days have removed them. I learned during recess that the Administration was planning to endorse needle exchange programs. I found it hard to believe that this could be true, but I learned

otherwise. Indeed, on 20 April, Donna Shalala, the HHS Secretary, issued a statement saying that needle exchange programs were a good thing. That they stopped the spread of AIDS and did not encourage drug use. She encouraged communities to embark on programs giving needles to drug addicts. She did not go so far as to say that the Administration would back up this determination with federal dollars—a small blessing. But she has now put the authority of the Administration behind this idea. Exactly what is this idea? It is startlingly simple: The Administration has announced that it will now facilitate and promote others to facilitate making drug paraphernalia available to drug addicts in our communities.

It will now use the voice of the Federal Government to facilitate drug use. What next, handing out the drugs themselves to addicts?

This is voodoo science backing up Cheech and Chong drug policy. It is making the federal government a Head Shop.

How does the Administration justify such a decision? It hides its move behind junk science. Secretary Shalala's argument is "The science made me do it." At best, this is a half-truth. While there is science, of a sort, that claims that needle exchange programs work, there is no consensus science that establishes this as remotely the case. Still, we are being asked to endorse this vast experiment on the public based on a trust-me argument. This is not acceptable. It is irresponsible and risky.

In order to understand what is at issue here, let me start at the beginning. One of the most effective delivery systems for illegal drugs is intravenous injection using needles. This is one of the most common methods for taking heroin and it also can be used in taking cocaine and methamphetamine. The addict uses injection because it means getting high quicker. The whole purpose of using needles is to facilitate drug use. Major addiction, which is risky business all by itself, also often leads to other, destructive behaviors. One of these is sharing the needles used for injection.

Basically, what this means is that a number of addicts pass around or get together and share the same needle for numerous injections. In the age of AIDS, this means that if any of the sharing addicts has HIV or AIDS, anyone who shares the needle is at great risk of infection. Now, addicts already know this. It is not a secret. There are also quick and easy ways to disinfect these needles. Addicts know these too. They are not secrets here either.

Despite this, addicts often don't bother with these easy steps. They don't bother even though they can do them with commonly available disinfectants in the comfort of their own preferred environment for injecting. Addicts are not the most rational of people when it comes to life decisions. Their lives are built around and based

upon upon risky behavior. Our decisions on policy, however, should not be so cavalier.

Now we come to the logic of needle exchange. The argument is, that a significant, or overwhelming proportion of HIV-positive cases are the result of using infected needles shared among addicts. Arriving at this conclusion, the next step in the logic is that stopping the use of infected needles will stop the spread of HIV and AIDS. Having reached this point, the next step is to argue that we must, therefore, keep addicts for sharing dirty needles. And now, in this breathless chain of argument, we arrive at this conclusion: To ensure that drug-using addicts only use safe needles, we, that is the government using public money or some similar deep-pocket institution, must hand out clean needles to addicts on demand.

This is what the Secretary of Health and Human Services has now endorsed. But there is more to this story.

Let us start again at the beginning. Drug addicts, particularly heroin users, depend upon syringes as the best vehicle for administering their drug of choice. This means that, for addicts, needles are essential drug paraphernalia. Just like crack pipes or other devices used to administer the drug, needles are part of the necessary equipment.

During our last drug epidemic, one of the things that we learned we needed to do was to close the many "Head Shops" that specialized in selling drug equipment. We realized that pushing drug paraphernalia, making the equipment for drug use readily available, fostered drug use. It encouraged a climate of use. It was an indirect way for advertising drug use. Most states passed laws to prohibit the sale of drug paraphernalia.

Many States included needles as part of this. Doing so was one of the things that helped us stop the drug epidemic. It helped us establish with kids that consistent no-use message that is essential if we are to keep drugs off our streets and out of our schools. Now, enter needle exchange.

The Congress and most of the public have long opposed needle exchange. This is not because anybody wants to promote the spread of AIDS. Let's get that canard out of the way right up front. The concern is for whether or not handing out drug paraphernalia promotes drug use. Our past experience says yes, so it is a reasonable assumption that doing so in the present will cause a similar problem. Hence the opposition in many quarters to handing out needles. Thus, also part two of Secretary Shalala's announcement: Her claim that not only do needle exchanges stop AIDS, handing out needles will not, in her view, encourage drug use. Really?

Just how do we know this? Just how do we know that handing our needles will also stop AIDS? The short answer is, we do not know any such thing.