

offender possessing 50 grams of methamphetamine would trigger a 10-year mandatory minimum prison sentence. If the offender was convicted of possessing 5 grams of methamphetamine, he or she would receive a 5-year mandatory minimum sentence.

In closing, Mr. Speaker, we must pass this bill in the short time left in this session of Congress. It must also be passed by the Senate with these tough but appropriate sentencing provisions so that it can be sent to the President for signature. The Nation must become serious and effective in combating this very dangerous problem. This bill must become law this year in order to do all we can do to fight the use of this dangerous drug. This Member urges his colleagues to support H.R. 3898.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise to oppose the passage of this bill, because I believe we should be moving away from the imposition of mandatory minimum sentences, and also because I want to avoid creating further racial inequalities in our Federal drug policy.

This bill lowers the amount of methamphetamine that a person must possess in order to trigger mandatory minimum sentences required under the Federal Sentencing Guidelines. In effect, it cuts that triggering amount in half, giving methamphetamine a status roughly equal to that of crack cocaine.

I am against restricting the role of the judges in the courtroom. Mandatory minimum sentences, like the sentencing guidelines, take discretion away from impartial Federal judges, and put it in the hands of the prosecutors.

The more we allow mandatory minimums to become a part of everyday courtroom life, the more power we place in the hands of prosecutors who have a vested interest in the outcome of the case.

In committee, I expressed concern that this bill would cause us to walk into essentially the same controversy that we had just a few years ago, when it involved African-Americans and the sentencing disparities between crack and powder cocaine. I am especially concerned because there has been some debate whether this bill would disproportionately impact the Mexican-American community in the United States.

The bill was amended in the Judiciary Committee to provide for a report by the Sentencing Commission one year after enactment of this bill, but by then, a significant amount of damage will already have been inflicted.

I do not want to be a part of a bill, which specifically targets a minority group, and then gives an extreme amount of discretion to the federal authorities charged with pursuing them.

I also oppose this bill because it is unnecessary. There have been reports that in the last few years, that we have seen an actual decrease in the use of methamphetamine. For instance, the Substance Abuse Mental Health Services Administration (SAMHSA) reported that emergency room admissions for methamphetamine-related events has decreased one-third.

I oppose this bill because I think we can do better than this. I believe we can win the war on drugs, by stressing treatment and prevention, and without alienating an important group of citizens from our society.

Mr. MICA. Mr. Speaker, today I rise in support of H.R. 3898, the Speed Trafficking Life In Prison Act. Recently, we have witnessed a

drastic increase in the use of illegal drugs like cocaine, heroin, marijuana and methamphetamines in this country. The crisis continues and, unfortunately, our children are the victims.

Methamphetamine is currently a popular "designer drug" of choice which causes severe side effects and can result in death. A 1996 National Household Survey on Drug Abuse shows that 4.9 million people have tried methamphetamine at some time in their lives. In a report of combined data from 21-metropolitan areas across our nation, the statistics show that methamphetamine related episodes in hospital emergency rooms increased by 71% between the first and second halves of 1996. That is an increase from 4,000 to almost 7,000 reported incidents over a six month period. The situation is alarming and spinning out of control. We must penalize those that are putting this poison on our streets.

H.R. 3898 strengthens the penalties for manufacturing, trafficking or importing methamphetamine—making penalties equal to those for crack cocaine—and imposes life imprisonment sentences for those that manufacture or distribute methamphetamine. This legislation also reduces the quantity of methamphetamine required to trigger the mandatory minimum sentences by one-half and establishes that 50 grams triggers a 10-year mandatory minimum.

It is time to send a clear message to those drug dealers that threaten our communities. Tough penalties must be imposed on those who deal in destruction of lives and death. I ask my colleagues to join with me in support of this measure as we continue to wage a war on drugs to save our children and every American from the plague of methamphetamines now sweeping across our land.

Mr. MCCOLLUM. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CALVERT). The question is on the motion offered by the gentleman from Florida (Mr. MCCOLLUM) that the House suspend the rules and pass the bill, H.R. 3898, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### SENSE OF CONGRESS REGARDING MARIJUANA

Mr. MCCOLLUM. Mr. Speaker, I move to suspend the rules and pass the joint resolution (H.J. Res. 117) expressing the sense of Congress that marijuana is a dangerous and addictive drug and should not be legalized for medicinal use, as amended.

The Clerk read as follows:

H.J. RES. 117

Whereas certain drugs are listed on Schedule I of the Controlled Substances Act if they have a high potential for abuse, lack any currently accepted medical use in treatment, and are unsafe, even under medical supervision;

Whereas the consequences of illegal use of Schedule I drugs are well documented, par-

ticularly with regard to physical health, highway safety, and criminal activity;

Whereas pursuant to section 401 of the Controlled Substances Act, it is illegal to manufacture, distribute, or dispense marijuana, heroin, LSD, and more than 100 other Schedule I drugs;

Whereas pursuant to section 505 of the Federal Food, Drug and Cosmetic Act, before any drug can be approved as a medication in the United States, it must meet extensive scientific and medical standards established by the Food and Drug Administration to ensure it is safe and effective;

Whereas marijuana and other Schedule I drugs have not been approved by the Food and Drug Administration to treat any disease or condition;

Whereas the Federal Food, Drug and Cosmetic Act already prohibits the sale of any unapproved drug, including marijuana, that has not been proven safe and effective for medical purposes and grants the Food and Drug Administration the authority to enforce this prohibition through seizure and other civil action, as well as through criminal penalties;

Whereas marijuana use by children in grades 8 through 12 declined steadily from 1980 to 1992, but, from 1992 to 1996, has dramatically increased by 253 percent among 8th graders, 151 percent among 10th graders, and 84 percent among 12th graders, and the average age of first-time use of marijuana is now younger than it has ever been;

Whereas according to the 1997 survey by the Center on Addiction and Substance Abuse at Columbia University, 500,000 8th graders began using marijuana in the 6th and 7th grades;

Whereas according to that same 1997 survey, youths between the ages of 12 and 17 who use marijuana are 85 times more likely to use cocaine than those who abstain from marijuana, and 60 percent of adolescents who use marijuana before the age of 15 will later use cocaine; and

Whereas the rate of illegal drug use among youth is linked to their perceptions of the health and safety risks of those drugs, and the ambiguous cultural messages about marijuana use are contributing to a growing acceptance of marijuana use among children and teenagers: Now, therefore, be it

*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That—*

(1) Congress continues to support the existing Federal legal process for determining the safety and efficacy of drugs and opposes efforts to circumvent this process by legalizing marijuana, and other Schedule I drugs, for medicinal use without valid scientific evidence and the approval of the Food and Drug Administration; and

(2) not later than 90 days after the date of the adoption of this resolution—

(A) the Attorney General shall submit to the Committees on the Judiciary of the House of Representatives and the Senate a report on—

(i) the total quantity of marijuana eradicated in the United States during the period from 1992 through 1997; and

(ii) the annual number of arrests and prosecutions for Federal marijuana offenses during the period described in clause (i); and

(B) the Commissioner of Foods and Drugs shall submit to the Committee on Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report on the specific efforts underway to enforce sections 304 and 505 of the Federal Food, Drug and Cosmetic Act with respect to marijuana and other Schedule I drugs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

Florida (Mr. MCCOLLUM) and the gentleman from Massachusetts (Mr. FRANK) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. MCCOLLUM).

GENERAL LEAVE

Mr. MCCOLLUM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the joint resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. MCCOLLUM. Mr. Speaker, I yield myself such time as I may consume.

Today we are about to consider a medical marijuana bill. It is a bill probably with a misnomer because there is no initiative out there in the country that proposes truly medical marijuana, where a doctor's prescription is required, you have to go to the drugstore and get it, or the Food and Drug Administration has approved the smoking of marijuana as a drug and so forth.

But there is an awful lot of confusion in the public mind out there today. I want to call my colleagues' attention to what this resolution actually calls for after all of the sense of Congress is expressed in it. It resolves that the House and Senate and Congress continue to support the existing Federal legal process for determining the safety and efficacy of drugs and opposes efforts to circumvent this process by legalizing marijuana and other Schedule I drugs for medicinal use without valid scientific evidence and the approval of the Food and Drug Administration.

I would like to point out at the beginning of this discussion that there is a synthetic drug known as Marinol that contains the same powerful medical ingredients found in marijuana for relieving pain and does not cause the addiction or side effects associated with marijuana. Everybody here today in this body is sympathetic with people who suffer from pain in this country and the many Americans who have been told in some cases that the smoking of marijuana will relieve that pain to them. Nobody is unsympathetic to their cause, particularly those who are terminally ill, but the ingredients that they need the medical profession has already laid forth in medicine that is available and approved and is separate and apart from the question of should we in any way provide for the opportunity to smoke marijuana in a smoke form, which is what is in so many resolutions around the country these days and initiatives.

Secondly, the Food and Drug Administration, which must approve all drugs, has never approved marijuana as a prescription or over-the-counter drug.

Third, no doctor's prescription, under the initiatives that I have seen in the States where this has been proposed and is being proposed today in the 50

States, no doctor's prescription would be required to obtain marijuana. The only thing that would be required is for the doctor to say, "It's okay, I think it's a good idea, I'll sign a piece of paper." But you do not have to go to the drugstore to get it. In fact, you could not get it at the drugstore because the Food and Drug Administration has never approved it.

And fourth, there is a very important health problem that is associated with this in terms of the body's immune system. Regularly smoking marijuana weakens the body's immune system and doubles the speed in which the AIDS-causing virus HIV produces AIDS symptoms.

Having made those statements, I want to discuss H.J. Res. 117 in a little bit more detail. Congressional support, as I have said earlier, for the current legal process is what this is all about: the process for determining the safety and efficacy of drugs, including marijuana and other Schedule I drugs for medicinal use.

I am pleased to say that the joint resolution we have here today is fully supported by General Barry McCaffrey who is the head of our Office of National Drug Control Policy, and he has a letter dated September 9, 1998 that so states that support.

At the outset, I want also to state that we personally do not possess the medical or scientific expertise to pass judgment on whether marijuana is a medicine. But the Food and Drug Administration does and so does the American Medical Association, the National Institute of Drug Abuse, the American Cancer Society and numerous other organizations. Each of them has concluded that marijuana is not a medicine. It seems to me that their collective expert judgment and the long-established FDA approval process should not be lightly set aside. Either on the basis of scientific evidence and testing or whatever other basis you might come to a conclusion on, marijuana is not a medicine. It has got to be determined by a scientific basis. That is all there is to it. So far it has not been. No opinion poll or State initiative in any way can alter that status.

Simply put, this resolution before us today reflects the view that science cannot be based upon opinion polls. This was the position taken before the subcommittee by General McCaffrey and by numerous other witnesses. Until agencies with the authority and expertise, through established scientific testing and review process, find marijuana to have legitimate medical applications, it should not be legalized by States for medicinal purposes.

This resolution takes that position and provides the House of Representatives as an institution the opportunity to weigh in on this debate that is going on nationally. I believe such a statement is important for a couple of reasons. First it is timely. More than 30 States and the District of Columbia

have been targeted for possible medical marijuana initiatives. They have already been passed in California and Arizona.

I might add that the language of this resolution has been crafted in cooperation with the gentleman from California (Mr. COX) and Senator KYL from Arizona.

The resolution is also timely because of the tragic drug crisis engulfing our young people today. The numbers are simply shocking. From 1992 to 1997, drug use among youth from 12 to 17 years of age has more than doubled.

□ 1330

It is up 120 percent. That is an increase of 27 percent in the last year alone. For kids aged 12 to 17, first-time heroin use has increased 875 percent from 1991 to 1996, and from 1992 to 1996 marijuana use increased 253 percent among eighth graders, 151 percent among tenth graders and 84 percent among twelfth graders. Overall among kids aged 12 to 17 marijuana smoking has jumped 125 percent from 1991 to 1997 in that 6 year period. Today in the District of Columbia 96 percent of all youth arrested for crime test positive for marijuana. That is 96 percent of all juvenile arrests.

Marijuana users today are younger than ever before. The most recent survey by the Partnership for Drug-free America found that among children ages 9 to 12 who were surveyed, nearly one-fourth of them were offered drugs during 1996 with marijuana being the most prominent. That is up from 19 percent for the same age group in 1993. The University of Michigan survey for 1996 reports that 23 percent of the seventh grade students said they had tried marijuana, and 33 percent of the eighth grade students had done so. Mr. Speaker, our kids are drowning in a sea of drugs.

The second reason for this resolution is to send a message that cavalier labeling of smoked marijuana as medicine sends an unmistakable message to our youth. How harmful can it be if it is a medicine for any ailment? The polls that have been taken before and after State initiatives clearly demonstrate young people have a more accepting attitude towards marijuana after the passage of those initiatives.

Kids get it. They understand it when civic and cultural institutions and leaders are ambivalent, and I am of the view that future prospects of our young people are too important for such a matter of ambivalence. As a country we need to speak out, and this House needs to speak out.

Third, we need to know much more about marijuana today, and we do no more than we did a few years ago, and the news that we do know is sobering. The potency of marijuana has more than doubled in the last decade through genetic manipulation and cloning. On top of that, the typical marijuana dose is significantly larger than in past years, laced with other

drugs. As a result in recent years there has been a dramatic increase in the number of marijuana related emergency room episodes for 12- to 17-year-olds.

Marijuana's troubling gateway effect is now well understood. According to Columbia University, youth between the ages of 12 and 17 who use marijuana are 85 times more likely to use cocaine than those who abstain from marijuana. The research clearly demonstrates smoke marijuana impairs normal brain function and damages the heart lungs reproductive and immune systems. According to the National Institute of Allergies and Infectious Diseases, HIV positive smokers of marijuana progress to full blown AIDS twice as fast as non-smokers and have increased incidences of bacterial pneumonia. In June 1997 the National Institute of Health found that long term use of marijuana produces changes in the brain that are similar to those seen after long term use of other major drugs such as cocaine and heroin. It is with this disturbing back drop that we bring forward the resolution today.

While the substance of the resolution is straightforward, I want to highlight again a couple of points.

The resolution points out that before any drug can be approved as a medication in the United States it must meet extensive scientific standards established by the Food and Drug Administration to ensure its safety and efficacy. The resolution points out that marijuana has been extensively studied, but it has never been approved by the FDA as a medication. In fact because of its high potential for abuse and its lack of any accepted medical use in treatment marijuana is a schedule one drug, which means, of course, it is illegal under federal law to manufacture, distribute or dispense marijuana, heroin, LSD and more than 100 other schedule one drugs.

And let us be perfectly clear. This schedule one rating is not a function of politics, it is a function of the rigorous medical scientific evaluation process of the Food and Drug Administration. The doctors and scientists with the greatest expertise have determined that marijuana is simply not a medicine, however they have approved its active ingredient, THC, in a pill form as medicine.

In light of these facts, the resolution affirms the importance of supporting the existing Federal legal process for determining safety and efficacy of drugs including marijuana and other schedule one drugs. It further states opposition to efforts to circumvent this process by legalizing marijuana and other schedule one drugs for medicinal use without valid scientific evidence and the approval of the FDA, and it calls on the Attorney General and the Food and Drug Administration commissioner to report to Congress on their efforts to enforce the Federal marijuana laws already on the books.

Again, I am as concerned and sympathetic as anyone else about terminally-

ill patients, but the scientific evidence does not support the medicinal marijuana resolutions that are running around the country these days, and they do not require prescriptions by doctors of these of marijuana, there has been no approval at all to smoke marijuana by the Food and Drug Administration as a medicine, and it is a highly dangerous thing to do, and we need to condemn it today.

Mr. Speaker, I reserve the balance of my time.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 5 minutes to my colleague, the gentleman from Massachusetts (Mr. DELAHUNT).

Mr. DELAHUNT. Mr. Speaker, I thank my friend from Massachusetts (Mr. FRANK) for yielding this time to me.

As my colleagues know, this is truly a resolution that can be described as a Alice in Wonderland resolution. Up is down and down is up. Marijuana is dangerous for folks who are suffering, who very well may be dying, but cocaine and morphine are okay. In other words, coke and morphine are less dangerous than marijuana. That just does not make any sense whatsoever.

It seems to me, if we are going to ban the use of marijuana in the face of growing medical evidence of its therapeutic value, in cases resistant to other treatments, then we should ban morphine and cocaine as well.

What are the arguments for treating marijuana differently from these other and arguably far more dangerous drugs? I am sure that if we ask anyone from the law enforcement community, they will tell us that violent behavior is far more endemic to the use and the abuse of cocaine and morphine and related drugs than marijuana.

Well, the first argument is that whatever benefits it may have, marijuana is simply too dangerous for us to send a single signal that it is okay. Yet the same signal is sent by, as I said, allowing therapeutic access to cocaine, and yet we allow it nonetheless. If we adopt a different policy with regard to marijuana, what we will be saying is that we are willing to allow patients to suffer excruciating, debilitating conditions so as not to send a signal to others who might wish to use these drugs recreationally. With all due respect, I do not believe that anyone who has watched an AIDS or cancer patient suffer uncontrollable nausea for hours at a time could make such an argument. That is not the signal that we want to send.

Proponents of the resolution are quick to point out that the scientific community is divided over the medical benefits of marijuana. They are less quick to acknowledge that both the benefits and dangers of this and hundreds of other medicinal substances are subject to scientific dispute also.

It is not our role, I would submit, to prohibit scientists and researchers from continuing to develop sound data regarding the safety and efficacy of

marijuana as they do with any other experimental treatment.

There is also another reason why Congress has no business legislating in this subject. In November of 1996 Californians approved Proposition 215 which legalized the medical use of marijuana. That same year folks from Arizona supported a measure allowing physicians to prescribe the drug. The Californian measure was approved by a 56 percent majority, the Arizona referendum by 65 percent. I am continually surprised and stunned really at the capacity of some of my colleagues to preach the gospel of States rights while doing everything they can to federalize State prerogatives. In this Congress alone we have had legislation to deny juvenile justice funds to States that do not comply with new Federal mandates to preempt State authority with respect to product liability, tort and security litigation, to curtail State court jurisdiction over class action suits, and to override State and local land use decisions through so-called property rights measures, to name only a few of the more notorious examples.

But if we are determined to override State authority, to really bury the concept of evolution, if we are determined to replace sound medical judgment with our own, at least let us not be hypocritical. Let us take morphine and cocaine off the market as well. Let us make it clear to patients who depend on these drugs to control their pain that they will simply have to suffer so that we can send the right signal about drug abuse. I am sure they will understand.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 3½ minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. I thank the gentleman very much for yielding this time to me.

Mr. Speaker, this resolution is just another effort by the Republican leadership to substitute slogans for substance. Time after time the leadership has ignored the facts and slapped down the work of States and public health experts because it serves the Republican leadership's political interests, as they see it any way.

First, they are going to take a slap tomorrow at the State of Oregon, and they want to ban here at the federal level, any funding or any attempt to Oregon to have a law for assisted suicide. Yet in spite of this ban, the Washington Post reported last April that Oregon's Death with Dignity Act has profoundly improved the end of life care given the terminally-ill patients.

Now the House also taken a swap at States and cities across the country this spring by banning Federal funding of needle exchange. Needle exchange is preventing AIDS and saving lives in dozens of American cities in over 20 States. The Surgeon General, the National Academy of Sciences, the National Institutes for Health, the American Medical Association all concluded

that needle exchanges save lives, prevent AIDS and do not encourage drug use. But do not confuse the Republican leadership with the facts; they are not interested. They want Americans to believe that the government was going to install needle vending machines next to coke machines across the country. They want everybody to know that the greatest wisdom in the country is here in Washington, nowhere else in the Nation. Now the House leadership wants to take a slap at California. The voters of California supported Proposition 215. They support doctors prescribing or recommending marijuana for medical uses. The voters of California have spoken on this issue, and their judgment deserves the respect from this House.

Just as importantly, the National Institutes of Health is calling for more research on medical uses of marijuana, the National Academy of Sciences is due to report on this issue in the next few months, and the AMA, California Nurses Association, California Academy of Family Physicians, the Los Angeles County AIDS Commission all support Proposition 215. But the gentleman from Georgia (Mr. GINGRICH) and the gentleman from Texas (Mr. ARMEY) and the rest of the Republican leadership do not care. They do not want to wait for a report that will give them the facts. They want to deprive seriously ill patients of potential therapies because they have a political agenda. They think we should just say no to sick and dying patients because it looks like we are getting tough on illegal drugs.

Mr. Speaker, this resolution is not about crime, it is not about legalizing drugs, it is not about legalizing marijuana. This is about letting doctors care for dying patients in the best way possible. This is about letting scientific research proceed unhindered by politics.

Mr. Speaker, I urge my colleagues to oppose this resolution, and I want to put into the RECORD a statement from the New England Journal of Medicine. It is an editorial endorsing the physician freedom to determine the medical uses of marijuana.

I urge that we oppose this resolution which is strictly here for political purposes, and it should not be dignified with our votes because it deprives the States and the people from making a decision in the local areas for their own determination.

Mr. MCCOLLUM. Mr. Speaker, I yield 30 seconds to the gentleman from New York (Mr. SOLOMON).

Mr. SOLOMON. Mr. Speaker, as a survivor of cancer twice in my lifetime, let me put to rest this business that marijuana is needed to take care of pain of cancer victims. Marijuana is a dangerous and addictive drug and should not be legalized for medical use or for any other use.

Let me just tell my colleagues as a 20-year Member of this Congress, I fought for States' rights more than any other Member on this floor.

□ 1345

This is not a States' rights issue. The illegality of marijuana is a national law, and State laws do not override national laws. I urge all States' righters to come over here, as I am going to do, and vote "yes" on this legislation.

I find it very disappointing that medical marijuana referenda will appear in five states this November. Nevada, Alaska, Washington, Arizona, and Oregon all have proposals to legalize marijuana as a medicine. This is a sham. The FDA has repeatedly rejected marijuana for medical use because it adversely impacts concentration and memory, the lungs, motor coordination and the immune system.

Why would you give a drug, which has been scientifically proved to weaken the immune system, to a sick person? I think we know the answer to that question and it has nothing to do with compassion!

The simple truth is that the organizations promoting the legalization of this dangerous drug—NORML and the Drug Policy Foundation—are intentionally exploiting the pain and suffering of others as part of their backdoor attempt to legalize drugs.

I agree with Drug czar Barry McCaffrey's recent statement, "This is not the time to use ballot-box ploys to make this drug more readily available. Instead, it is time to pay attention to the science-based information already available about the consequences of marijuana use."

While the people promoting the legalization of drugs would have you believe that this approach is a viable alternative to the war on drugs it is nothing more than a foot in the door to the legalization of all dangerous drugs.

Listen very carefully to what Lee Brown—the former Drug Czar and an African-American himself—said about the effect of legalization on the African-American community.

He said, "When we look at the plight of many of our youth today, especially African-American males, I do not think it is an exaggeration to say that legalizing drugs would be the moral equivalent of genocide."—The moral equivalent of genocide!

He goes on to state, "Making addictive mind altering drugs legal is an invitation to disaster for our communities that are already under siege. Without laws that make drug use illegal, some experts estimate that we could easily have three times as many Americans using illegal drugs. The proponents of legalization would have us believe that crime would go down if drug use was legal, but an honest look at the facts belie this argument."

Mr. Brown went on to state that "statistics tell us that almost half of those arrested for committing a crime test positive for the use of drugs at the time of their arrest. Making drugs more readily available will only propel more individuals into a life of crime and violence.

Contrary to what the legalization proponents say, profit is not the only reason for the high rates of crime and violence that are associated with the drug trade \* \* \*. Drugs are illegal because they are harmful—to both body and mind."

The message is very, very clear. \* \* \* Those who can least afford further hardship in their lives would be much worse off if drugs were legalized.

Crude marijuana contains over 400 different chemicals. Safer and more effective medications are preferred by physicians. We need to

support this resolution and reject those who make empty promises to patients with chronic illnesses.

Mr. MCCOLLUM. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. COX).

Mr. COX of California. Mr. Speaker, I thank the gentleman for yielding me this time.

I have listened carefully to the debate and it occurs to me that those who have been speaking against the resolution have not read it. They have been attacking various public policy positions that some people in America might or might not hold, but they have not been mentioning the resolution. The resolution itself is very, very clear, it is very straightforward, and it is indeed entirely consistent with Proposition 215 in California.

The resolution says the following. First, it declares that Congress continues to support the existing Federal legal process for determining the safety and efficacy of drugs. That is the law, it is the existing Federal law, and a vote against this resolution, then, is to take the position that Congress no longer supports the existing Federal legal process for determining the safety and efficacy of drugs.

The second thing that the resolution says is that the Attorney General, the Department of Justice, in other words, shall submit to the Congress a report, a report on the efforts of the Clinton administration to enforce existing laws. Now, perhaps the Congress does not want to know whether or not the administration is enforcing existing laws; perhaps the minority does not wish to know that because the administration has a pretty sorry record on that score.

In 1992, President Bush committed \$1.5 billion to drug interdiction. In 1993, President Clinton cut \$200 million out of that effort and rolled back significant other involvement by the Coast Guard, the U.S. Customs, Border Patrol and the National Guard. He then further cut his own Anti-Drug Policy Office from 146 persons down to 25. In 1993 and 1994, out of 2,600 speeches and interviews, President Clinton did not speak more than 2 dozen times on the topic. Under President Clinton's watch, marijuana use among youths has more than doubled, more than doubled during the Clinton administration. President Clinton and Vice President GORE and their FDA have raised a lot of hell about tobacco smoking, and that is important, but the FDA cares only about whether or not there is tobacco in that cigarette. Go ahead and put marijuana in it, and that is a different score.

What we are interested in with this resolution is where is the FDA when we put something besides tobacco in a cigarette? The FDA went out of its way in order to claim jurisdiction which Congress had not explicitly given it over tobacco to determine that a cigarette is a medical device. Now, that strains the lexicon a bit, but nonetheless, they made that determination. A cigarette

is a medical device and, therefore, the FDA has jurisdiction under our FDA statutes over tobacco. Well, surely, then, if a cigarette is a medical device, the FDA has jurisdiction over marijuana when put in a cigarette and smoked. But the FDA has done nothing to determine the safety and efficacy of marijuana for medical uses.

It is already the law that doctors can prescribe marijuana to sick patients, and that is not what we are talking about here. But what we do wish to do is get the FDA to focus as much as they are focused on tobacco on what happens when we put marijuana in those cigarettes.

Mr. Speaker, the last thing that the resolution does is it asks the FDA, the Commissioner of foods and drugs, to submit to the Congress a report on the specific efforts underway to enforce existing law. That is the entirety of what this resolution does, and a vote against this resolution is a vote against either 1 or all 3 of those things, a position which is untenable if one takes as seriously smoking marijuana as one takes smoking a tobacco cigarette.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield myself 1 minute to say there is one part of this resolution that specifically affirms the FDA's current rules for determining not just the safety of a drug, but efficacy.

So if one votes for this and if one has told people in their district that they think the FDA has been too restrictive on certain kinds of drugs, if one thinks they have been too much interfering with people's rights to make their own choices without regard to safety, understand that this resolution contradicts it. Because one of the specific things in this resolution is an explicit endorsement of the rules of the FDA, not just regarding safety, but efficacy.

Now, I know Members have written in and said, oh, yeah, the FDA has been too harsh on this drug and too harsh on that drug. I know Members have told people that they think the FDA has been too restrictive. Understand that this resolution is not just about marijuana; this is an explicit endorsement of current FDA procedures for dealing not only with safety, but efficacy, telling people that the FDA will tell them whether or not they can take a certain substance, even if it is not going to do them any harm.

Mr. Speaker, I yield 3½ minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, I rise in opposition to this questionable election year resolution. I do so as one who chose personally to never experiment with marijuana, either inhaling or not inhaling, and who shares the professed concerns of the supporters of this resolution that we do nothing to glamorize the recreational use of marijuana.

I think that the gentleman from California has just made 2 points that deserve further consideration. One is he suggests that we read the resolu-

tion. I have. Not all of the electioneering in the early "whereas" clauses, but what this resolution actually does. All that it does is to ask the Attorney General for some data which a phone call or one 32-cent stamp would probably produce.

The other thing it does is to place Congress on record in telling the States that they ought not to pass anymore initiatives on this subject. I suggest that is going to be about as meaningful as them getting up and making this list of speeches this afternoon as far as the views of people in the individual States.

The gentleman from California also makes an important comparison between marijuana and tobacco. This House has chosen to do absolutely nothing about a much more addictive drug, that being nicotine, that threatens the lives of thousands of our young people each day. This House has chosen, though there have been many statements to the contrary, including by the Speaker, that we have chosen to avoid an opportunity to deal with the very serious public health problem that addicts 3,000 more young people every day to nicotine; it has chosen to avoid that. The only way it has addressed that issue was the unsuccessful attempt last year to pass a \$50 billion tax break for the tobacco companies.

But on the specific issue of marijuana use for medicinal purposes, it seems to me that the basic difference that we have on this issue is whether to entrust that decision to the scientific community, to the medical community, or repeatedly to turn to Dr. NEWT. I think that if someone has a serious cancer, a serious case of glaucoma, one of the other uses for which medicinal use of marijuana has been recommended, I would like them to determine whether they might be saved some serious pain and suffering that no other kind of medication attempts to relieve, not based on my opinion, not based on Dr. NEWT's opinion, but based on their doctor and their scientific community as to whether this is an appropriate way to reduce the pain and the suffering that that person has.

I note that the New England Journal of Medicine, one of the most respected publications in the medical community in this country, and a number of oncologists in this country seem to believe that this substance has some benefits, and for this Congress to mangle politics into medicine is a mistake. But perhaps it was put best by a Florida woman who successfully uses marijuana to treat glaucoma in her eye who said, "You cannot outlaw compassion, self preservation, or survival." That is what is proposed as we inject here on the eve of the election Dr. NEWT in a medical decision.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CALVERT). The Chair would point out that Members should not refer to other Members by their first names.

Mr. MCCOLLUM. Mr. Speaker, I yield 2 minutes to the gentleman from New

York (Mr. GILMAN), chairman of the Committee on International Relations.

(Mr. GILMAN asked and was given permission to revise and extend his remarks.)

Mr. GILMAN. Mr. Speaker, I rise today in strong support of House joint resolution 117, the sense of Congress on marijuana, and I commend the sponsor of the resolution, the gentleman from Florida (Mr. MCCOLLUM) for bringing this measure to the floor at this time.

In recent years, promoting so-called medicinal uses for marijuana has taken hold in several States. In 1996, the voters in both California and Arizona passed referendums in defiance of the Federal law permitting the use of marijuana as a medical device primarily for pain relief.

This resolution, a result of several committee hearings and intensive research, expresses the sense of the Congress that marijuana contains no plausible medicinal benefits and that it is, in fact, harmful to the smoker.

Specifically, the resolution restates congressional commitment to keep marijuana on the roster of Schedule 1 of the Controlled Substances Act and requests 2 reports, one from the Attorney General, on the amount of marijuana seized and destroyed, as well as the number of marijuana prosecutions from 1992 through 1997; and secondly, from the Commissioner of the Food and Drug Administration on the efforts to enforce current laws prohibiting the sale and use of Schedule 1 drugs.

Mr. Speaker, the number of adolescents who have used marijuana has doubled since 1993. It has been well established that marijuana is a gateway drug, the use of which often leads to more serious drug consumption such as heroin and cocaine use. These trends need to be reversed.

Moreover, I believe that it is important for Congress to take a firm stand on the issue of medicinal use of marijuana. This is a poor cover for the larger issue of drug legalization. Accordingly, I urge my colleagues to strongly support this worthwhile resolution.

The SPEAKER pro tempore. The Chair would point out that the gentleman from Florida (Mr. MCCOLLUM) has 3½ minutes remaining; the gentleman from Massachusetts (Mr. FRANK) has 7 minutes remaining.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. PAUL), a real doctor.

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I am a physician, I am a parent and I am a grandparent, and I am convinced that drugs are a very, very serious problem in this country, not only the illegal ones, but the legal ones as well. Just last year, 106,000 people died from the legal use of drugs. We are drug dependent, on the illegal drugs and on the legal tranquilizers. That is a major problem.

But I have also concluded that the war on drugs is a failed war and that we should be doing something else. I might point out that the argument for the use of marijuana in medicine is not for pain. To say that it has not relieved pain is not what this is about. Marijuana has been used by cancer patients who have been receiving chemotherapy who have intractable nausea. It is the only thing they have found that has allowed them to eat, and so many cancer patients die from malnutrition. The same is true about an AIDS patient. So this is a debate on compassion, as well as legality.

But the way we are going about this is wrong. I am rather surprised in our side of the aisle that champions limited government and States' rights, that they use the FDA's ability to regulate nicotine as an excuse and the legal loophole for the Federal Government to be involved in marijuana. I might remind them that 80 years ago when this country decided that we should not have alcohol, they did not come to the Congress and ask for a law. They asked for a constitutional amendment realizing the Congress had no authority to regulate alcohol. Today we have forgotten about that. Many of my colleagues might not know or remember that the first attack on the medicinal use of marijuana occurred under the hero of the left, F.D.R., in 1937. Prior to 1937, marijuana was used medicinally, and it was used with only local control.

The Federal controls on illicit drugs has not worked and it is not working when it comes to marijuana. Once again, we have States saying, just allow the physician the option to give some of these people some marijuana. Possibly it will help. I think the jury is still out about how useful it is. But for us to close it down and say one cannot, and deny some comfort to a dying patient, I do not think this is very compassionate one way or the other.

The war on drugs has been going on now for several decades. We have spent over \$200 billion. There is no evidence to show that there is less drug usage in this country.

□ 1400

I have a program designed, which I cannot present here, that will change our policy and attack the drugs in a much different way.

Mr. MCCOLLUM. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. Mr. Speaker, it is hard to believe, at a time when this entire Nation is abuzz about what kind of moral leadership is coming out of Washington, that we even have to consider this resolution.

In my hometown in Fort Wayne and throughout northeast Indiana and throughout this country, kids are dying in the streets, they are dying in automobile wrecks, they are getting shot down as innocent bystanders in drug wars, most of which started in

some kind of combination of cigarettes, alcohol, and marijuana.

We have seen a lowering in attitudes about the positive usage of cigarettes. We need to make more gains on alcohol. But we have seen a reversal in the trends on marijuana, partly because the leaders of our country have not spoken out as strongly.

The last thing we need in this House are Members of Congress using the word simultaneously with medicinal use of marijuana when what they actually mean is a component inside marijuana, THC, and giving the implication that somehow this is a medicine, at a time when young people are becoming more lax in their attitudes and in their usage.

Directly to make this point, in California, it is not for cancer patients. It also can be used for such things as memory recall, writer's cramp, corn callouses. It was a back doorway in California and Arizona and other places where misleading commercials were run, funded predominantly by a man named George Soros and two of his allies who have poured \$15 million over 5 years into this to oppose the war on drugs.

Among his statements in Time Magazine was, "I do want to weaken drug laws. I think they are unnecessarily severe. The injustice of the thing is outrageous."

The director of Soros' Lindesmith Center said, it is nice to think that in another 5 to 10 years the right to possess or consume drugs may be as powerfully and widely understood as other rights of Americans.

We are at a moral crossroads in this country. The question is, where do we in Congress stand? Are we going to work to protect our kids in this country, or are we going to weaken these laws that we have tried to uphold?

I am very concerned about this trend, and I hope the Members of Congress understand the moral responsibilities of this office.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield myself my remaining time.

Mr. Speaker, while I was glad to hear my friend express such indignation at the large amounts of money George Soros is spending in a referendum, that is the first support we have heard from that side for campaign finance reform, at least in principle.

Of course we have people on that side who think spending unlimited amounts of money is a good thing when they agree with the cause. It only becomes bad when they disagree with the cause.

That is where we are with States' rights. The gentleman from New York who spoke on the left said he was for States' rights, and that is true. I can say now that I know this Republican majority very well. They are for the right of any State to do anything they agree with. But let a State diverge, and that State is going to be spanked.

The gentleman from California (Mr. Cox) who spoke is a little embarrassed,

perhaps, because there is a resolution that talks about how dumb his own State is. He said, well, there is nothing in this resolution which criticizes the State.

That is only partially a good description. It is the case, and I will give the majority this, they did recognize that the resolution that they put through committee was a little too explicit in spanking the State.

The Committee on the Judiciary passed a resolution calling the States all kinds of names in effect, and telling the States not to do this, and wagging their finger at the States. They get a little embarrassed about it, but I am going to put it in the RECORD anyway, Mr. Speaker, because I think people ought to know what they were really trying to get at.

So then they cleaned it up some. But they did leave in this telling phrase, "Congress opposes efforts to circumvent this process." They are talking about California's referendum. What effort is that? To circumvent the process. So this resolution does say to the States, "Naughty, naughty. How dare you differ with us?"

The fact is it also goes on to say, and I think this is important for Members to understand, this is not just about marijuana, Congress continues to support the existing Federal legal process for determining the safety and efficacy of drugs, all drugs.

I know there have been Members on both sides who have been questioning whether the FDA ought to have the kind of control it has where efficacy is involved. We all believe the FDA should say that is not safe.

Indeed, this Congress passed a bill, I think it was sponsored by the gentleman from Utah and, I know, our former colleague, the gentleman from New Mexico, recently which relaxed FDA control. There were others who wanted to relax FDA control further.

If my colleagues have told constituents that they want to relax some FDA rules on determining efficacy, and if they vote for this resolution, they better write them an apology, because they have just undercut that statement.

The final thing I want to say, in addition to saying that it seems to be that States ought to be able to make some decisions in this matter, and this resolution is clearly an effort to stop the States from deviating from whatever the national orthodoxy is, the gentleman from Texas (Mr. PAUL) who spoke made a very important point. People get up and they talk about how terrible the drug problem is and then talk about the importance of continuing our current policy approach.

There is a great inconsistency here. When we talk about poverty, public housing, welfare, we have a tendency to have people look at the amount of money spent, then look at the fact that the problem has, if anything, gotten worse, and say therefore we must stop. That method of analysis has turned on its head for drugs.

There is a real problem in the way we have fought drugs. Obviously trying to diminish drug use particularly, but not only among young people, ought to be a very high public policy goal. But this current extremely punitive approach, this current approach of not differentiating in this between marijuana use for medical purposes and drugs that are instantly mind altering doesn't work. It undercuts.

One Member complained about the diminution of funds for interdiction. Interdiction seems to me a prime example of money wasted. Given the scope of this country, the size, the commerce, the people who come and go, physically keeping out terribly small amounts of things is fruitless compared to money that could go into law enforcement, that could go into prevention, that could go into education.

So what we have here is the latest, as the previous resolution was, the latest endorsement of more of the same, and a failed policy, a policy that says you can shoot drugs out of existence, you can outlaw them. It did not work for alcohol. It would not work for tobacco. This approach of being exclusively punitive and not allowing any differentiation does not work here.

The document referred to above is as follows:

Referral to the Committee on Commerce extended for a period ending not later than March 18, 1998.

Committee on Commerce discharged; referred to the House Calendar and ordered to be printed.

Resolution expressing the sense of the House of Representatives that marijuana is a dangerous and addictive drug and should not be legalized for medicinal use

Whereas certain drugs are listed on Schedule I of the Controlled Substances Act if they have a high potential for abuse, lack any currently accepted medical use in treatment, and are unsafe, even under medical supervision;

Whereas the consequences of addiction to Schedule I drugs are well documented, particularly with regard to physical health, highway safety, criminal activity, and domestic violence;

Whereas marijuana—which along with crack cocaine, heroin, PCP, and more than 100 other drugs, has long been classified as a Schedule I drug—is both dangerous and addictive, with research clearly demonstrating that smoked marijuana impairs normal brain functions and damages the heart, lungs, reproductive, and immune systems;

Whereas before any drug can be approved as a medication in the United States, it must meet extensive scientific and medical standards established by the Food and Drug Administration, and marijuana has not been approved by the Food and Drug Administration to treat any disease or condition;

Whereas a review by the Annals of Internal Medicine of more than 6,000 articles from the medical literature evaluating the potential medicinal applications of marijuana concluded that marijuana is not a medicine, that its use causes significant toxicity, and that numerous safe and effective medicines are available, which means that the use of crude marijuana for medicinal purposes is unnecessary and inappropriate;

Whereas on the basis of the scientific evidence and the testimony of the American

Medical Association, the American Cancer Society, the National Multiple Sclerosis Association, the American Academy of Ophthalmology, the National Eye Institute, and the National Institute of Drug Abuse, marijuana has not met the necessary standards to be approved as medicine;

Whereas the States of Arizona and California, through State initiatives in 1996, legalized the sale and use of marijuana for 'medicinal' use, while the State of Washington in 1997 rejected an initiative to legalize the sale and use of marijuana for 'medicinal' use;

Whereas after the initiative in Arizona, the legislature of the State of Arizona, with the support of a majority of the citizens of the State, passed legislation to prevent the dispensing of any substance as medicine which had not first been approved as medicine by the Food and Drug Administration, thereby preventing marijuana from being dispensed in the State;

Whereas these States and a majority of States in the United States, as well as the District of Columbia, have been targeted by out-of-State organizations which advocate drug legalization for 'medical' marijuana initiatives in 1998 and 1999, and these organizations have provided the majority of the financial support for these State initiatives;

Whereas some individuals and organizations who support 'medical' marijuana initiatives do oppose drug legalization, prominent pro-legalization organizations have admitted their strategy is to promote drug legalization nationally through State 'medical' marijuana initiatives, and, as such, are seeking to exploit the public's compassion for the terminally ill to advance their agenda;

Whereas marijuana use by 8th, 10th, and 12th graders declined steadily from 1980 to 1992, but, from 1992 to 1996, such use dramatically increased—by 253 percent among 8th graders, 151 percent among 10th graders, and 84 percent among 12th graders—and the average age of first-time use of marijuana is now younger than it has ever been;

Whereas according to the 1997 survey by the Center on Addiction and Substance Abuse at Columbia University, 500,000 8th graders began using marijuana in the 6th and 7th graders;

Whereas according to that same 1997 survey, youths between the ages of 12 and 17 who use marijuana are 85 times more likely to use cocaine than those who abstain from marijuana and 60 percent of adolescents who use marijuana before the age of 15 will later use cocaine;

Whereas the rate of drug use among youth is linked to their perceptions of the risks which are related to drugs and, in that regard, the glamorization of marijuana and the ambiguous cultural messages about marijuana use are contributing to a growing acceptance of marijuana use among adolescents and teenagers;

Whereas surveys taken in the wake of State 'medical' marijuana initiatives indicate a more approving attitude toward marijuana use among teenagers than prior to the initiatives; and

Whereas the evidence of the last 2 years indicates that the more the public learns about the facts behind the 'medical' marijuana campaign, the more strongly opposed the public become to such initiatives: Now, therefore, be it

*Resolved, That—*

(1) the United States House of Representatives is unequivocally opposed to legalizing marijuana for medicinal use, and urges the defeat of State initiatives which would seek to legalize marijuana for medicinal use; and

(2) the Attorney General of the United States should submit a report to the Committee on the Judiciary of the House of Rep-

resentatives before the end of the 90-day period beginning on the date of the adoption of this resolution on—

(A) the total quantity of marijuana eradicated in the United States beginning with 1992 through 1997; and

(B) the annual number of arrests and prosecutions for Federal marijuana offenses beginning with 1992 through 1997.

The SPEAKER pro tempore (Mr. SHIMKUS). The time of the gentleman from Massachusetts (Mr. FRANK) has expired.

Mr. MCCOLLUM. Mr. Speaker, I yield myself the remaining time that I may have.

Mr. Speaker, THC, the active ingredient for medicinal purposes in marijuana, is available widely as a prescription drug known as Merinol for pain and other purposes, that doctors can prescribe anywhere in the United States today.

Unfortunately, smoke marijuana is dangerous to your health. The American Medical Association believes that, the National Institutes of Health believes that, and numerous other organizations, including the American Cancer Society, believe that.

I do not have the scientific expertise, but I have listened to them. I am convinced it is dangerous; that it means those who are HIV-positive will turn AIDS-symptomatic twice as fast if they smoke marijuana regularly than those who do not.

I do not think that any of us want to see smoke marijuana made legal anywhere in this country for any purpose at all that is going to be detrimental to your health, especially when the Food and Drug Administration has never approved it as a drug and where no doctor in this country can prescribe it in the traditional meaning of the word "prescription" because the FDA never approved it.

That is what prescription means. Every drug in the history of this country today, modern times, has to be approved by the Food and Drug Administration before a doctor is allowed to prescribe it. Marijuana cannot be prescribed without FDA approval. FDA has refused again and again and again to approve it in the smoke form.

I encourage my colleagues to adopt this resolution that says simply that we oppose efforts to circumvent the process by legalizing marijuana and other Schedule I drugs for medicinal use without valid scientific evidence and the approval of the Food and Drug Administration, because to do otherwise is a back doorway of legalizing marijuana. That is all there is to it.

A vote for this resolution today is a vote for the normal process of the Food and Drug Administration approval and doctors' prescriptions being required before any use as medicine. A vote against this resolution is frankly a vote to legalize marijuana for all purposes, because that is what would happen if we were not to use the traditional processes.

Mr. BUYER. Mr. Speaker, Americans take their medicine in pills, shots, sprays, solutions,

drops, creams, and suppositories \* \* \* but no medicine in the United States is smoked.

Proponents of marijuana argue that our compassion for those suffering physical ailments should override our common sense and steadfastness in combating illegal drugs.

With regard to cancer, proponents argue that marijuana will decrease the nausea associated with chemotherapy. The Truth is that marijuana contains cancer-causing substances, many of which are in higher concentrations than in tobacco. The National Cancer Institute reports that new drugs have been shown more effective than marijuana.

With regard to AIDS, proponents argue that smoking marijuana will relieve the physical wasting aspects of the disease. The Truth is smoking, whether tobacco or marijuana or crack cocaine, has been shown to increase the risk of developing bacterial pneumonia in HIV-positive immune-compromised patients.

After 30 years of research, we know that marijuana impairs learning and memory, perception and judgement. It impairs complex motor skills and judgement of speed and time. Among chronic users it decreases drive and ambition.

Finally, marijuana use among our young people is increasing \* \* \* alarmingly so. From 1992 to 1996, marijuana use increased by 253 percent among 8th graders, 151 percent among 10th graders, and 84 percent among 12th graders.

We should not let our compassion for the terminally ill and those in chronic pain to deceive us into treating a dangerous drug as medicine. Support the resolution opposing marijuana as medicine.

Mr. NADLER. Mr. Speaker and I ask unanimous consent to revise and extend my remarks.

Mr. Speaker, today we are debating a non-binding resolution that would express the sense of the Congress that because marijuana is a Schedule One controlled substance, and therefore an illegal drug, then its use for medicinal purposes should be prohibited. This is absurd. Medical use of marijuana is a public health issue; it is not part of the war on drugs. Marijuana has been proven to relieve the pain and suffering of seriously ill patients. It is unconscionable to deny an effective medication to those in need.

It would seem that the Speaker of the House and the distinguished Chairman of our own Crime Subcommittee once agreed with that position. In 1981, Representative NEWT GINGRICH and Representative BILL MCCOLLUM, co-sponsored H.R. 4498, a bill introduced by the late Congressman Stuart McKinney, that would allow the medicinal use of marijuana. In 1985, Chairman MCCOLLUM again co-sponsored H.R. 2282, a bill reintroduced by Congressman McKinney, which would have allowed the medicinal use of marijuana. I, along with many others, would be very interested to learn why our colleagues changed their minds.

Mr. Speaker, prestigious groups such as the National Academy of Sciences, the American Public Health Association, and the British Medical Association have endorsed the medicinal use of marijuana. I would like to refer my colleagues to an article that was published by the Journal of the American Medical Association (JAMA, June 21, 1995—Vol. 272, No. 23) for more detailed information regarding the legislative and medical history regarding the medicinal use of marijuana.

Most recently, a National Institutes of Health report released in August of 1997 urged the federal government to play an active role in facilitating clinical evaluations of medical marijuana. More than 30 medical groups, including the ones I have previously cited, have endorsed prescriptive access to marijuana, under a physician's supervision. Several medical groups, including the American Medical Association and the American Cancer Society have endorsed a physician's right to recommend or discuss marijuana therapy with their patients.

Several published studies have found that the best established medical use of marijuana is as an anti-nauseant for cancer chemotherapy. In addition, these same studies have found that medicinal use of marijuana has helped in treating patients with glaucoma, chronic muscle pain, multiple sclerosis, epilepsy, spinal cord injury, and paraplegia. Tens of thousands of cancer and AIDS patients use medical marijuana, and they report that it is effective in reducing the nausea and vomiting associated with cancer and AIDS treatment. In a 1990 survey, 44 percent of oncologists said they had suggested that a patient smoke marijuana for relief of the nausea induced by chemotherapy.

Mr. Speaker, I would like to address the question of a state's right to implement policy that the voters of those states have supported. Many states have held, or are planning to hold, state referenda on the use of medical marijuana. Two states, California and Arizona, have successfully passed legislation to allow the prescribed use of marijuana for medicinal purposes. The voters of these states have spoken and in our democratic system they must be respected. Those on the other side of the aisle seem to constantly remind us of the power of big government over the ability of states to make their own policies. Who is championing big government now? Where are all the state's rights supporters on this issue?

Finally, Mr. Speaker, permitting the medical use of marijuana to alleviate the pain and suffering of people with seriously ill conditions does not send the wrong message to children or anyone else. It simply says that we are compassionate and intelligent enough to respect the rights of patients and the medical community to administer what is medically appropriate care. It is time for this Congress to acknowledge that a ban on the medicinal use of marijuana is scientifically, legally, and morally wrong.

Mr. DIXON. Mr. Speaker, I rise to express my opposition to H.J. Res. 117. The voters of California have showed their support for allowing doctors to recommend marijuana for seriously ill patients by voting for the state's Proposition 215 in November 1996. House Joint Resolution 117 attempts to infringe upon the decisions of California citizens by expressing Congress' opposition to the medicinal use of marijuana. While I did not support the California initiative, I oppose this resolution which attempts to nullify their choice.

Ms. PELOSI. Mr. Speaker, I rise in opposition to H.J. Res. 117 because this bill accomplishes nothing in the war on drug abuse other than highlight the misplaced emphasis of the country's anti-drug efforts. The bill seeks to tell voters how to cast their votes, and disregards the votes of over five million people in my state. It focuses on arrests and prosecution rather than education and treatment as the answer to drug abuse. And it seeks to make

criminals of people in pain because of serious illnesses. This is no war on drugs. It is political grandstanding.

H.J. Res. 117 disregards the proven medicinal uses of marijuana, including increasing the appetites of people with AIDS who have wasting syndrome, and reducing nausea and vomiting resulting from chemotherapy.

Opponents of medicinal marijuana argue that there are other ways to ingest the active ingredient in marijuana, including the use of synthetic THC. However we know that the oral drug containing THC does not work for all people. The logic of the authors of this legislation therefore seems to be that a very ill person should be sent to jail because he or she used the smokable form of a drug whose active ingredient is currently licensed for oral use.

Voters in my home state passed an initiative authorizing seriously ill patients to take marijuana upon the recommendation of a licensed physician. Proposition 215 has provided as many as 11,000 Californians who suffer from AIDS and other debilitating diseases with safe and legal access to a drug that makes life a little more bearable. Fifty-six percent of the electorate voted for Prop 215. The voters have spoken, and there is no need for federal intrusion on this matter. Thousands of constituents in my district struggling with AIDS and cancer will tell you that choosing the appropriate medical treatment should be a decision for public health officials, physicians and patients. Congress would do well to stay out of the prescription business.

Mr. Speaker, I look forward to the day when we can pass truly effective measures to address drug abuse in our country. According to the Legal Action Center, over half of federal drug control spending is dedicated to the criminal justice system, and only 18% goes to drug treatment. To effectively fight the war on drug abuse we must get our priorities in order and fund treatment and education. Today's legislation, which encourages making criminals of seriously ill people who seek proven therapy, is not a step towards controlling America's drug problem. I therefore oppose H.J. Res. 117.

The SPEAKER pro tempore. The time of the gentleman from Florida (Mr. MCCOLLUM) has expired.

The question is on the motion offered by the gentleman from Florida (Mr. MCCOLLUM) that the House suspend the rules and agree to the joint resolution (H.J. Res. 117), as amended.

The question was taken.

Mr. MCCOLLUM. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### JUVENILE CRIME CONTROL AND DELINQUENCY PREVENTION ACT OF 1998

Mr. GOODLING. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2073) to authorize appropriations for the National Center for Missing and Exploited Children, as amended.

The Clerk read as follows: