

and professional development materials and programs for language arts and social studies, and to require the Eisenhower National Clearinghouse to collect and analyze the materials and programs; to the Committee on Health, Education, Labor, and Pensions.

S. 988. A bill to provide mentoring programs for beginning teachers, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

S. 989. A bill to improve the quality of individuals becoming teachers in elementary and secondary schools, to make the teaching profession more accessible to individuals who wish to start a second career, to encourage adults to share their knowledge and experience with children in the classroom, to give school officials the flexibility the officials need to hire whom the officials think can do the job best, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

S. 990. A bill to provide for teacher training facilities; to the Committee on Health, Education, Labor, and Pensions.

By Mr. McCAIN:

S. 991. A bill to prevent the receipt, transfer, transportation, or possession of a firearm or ammunition by certain violent juvenile offenders, and for other purposes; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DOMENICI (for himself, Mr. DODD, Mr. COCHRAN, Mr. LIEBERMAN, Mr. FRIST, Mr. DORGAN, Ms. MIKULSKI, Mr. COVERDELL, Mr. CLELAND, Mr. BENNETT, Mr. ROCKEFELLER, Mr. BROWNBACK, Mr. ENZI, Mrs. MURRAY, Mr. SARBANES, Mr. BURNS, Mr. KOHL, Mr. BINGAMAN, Mr. DEWINE, Ms. COLLINS, Mrs. FEINSTEIN, Mr. BOND, Mr. INHOFE, Mr. SMITH of Oregon, Mr. REID, Mr. WELLSTONE, Mr. CHAFEE, Mr. GREGG, Mr. AKAKA, Mr. BAUCUS, Mr. KENNEDY, Mrs. HUTCHISON, Mr. THURMOND, Mr. HUTCHINSON, Mr. BREAUX, Mr. CONRAD, Mr. JOHNSON, Mr. BYRD, Mr. WARNER, Mr. MURKOWSKI, Mr. BUNNING, Mr. HAGEL, Mr. ALLARD, Mr. VOINOVICH, Mr. GORTON, Mr. STEVENS, Mr. NICKLES, Mr. LOTT, Mr. SPECTER, Mr. ROBERTS, Mr. MACK, Mr. CRAIG, Mr. BIDEN, Ms. SNOWE, Mr. GRAMS, Mr. FITZGERALD, and Mr. MOYNIHAN):

S. Res. 98. A resolution designating the week beginning October 17, 1999, and the week beginning October 15, 2000, as "National Character Counts Week"; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DODD:

S. 970. A bill to amend the Public Health Service Act to establish grant programs for youth substance abuse treatment services; to the Committee on Health, Education, Labor, and Pensions.

TEEN SUBSTANCE ABUSE TREATMENT ACT OF 1999

• Mr. DODD. Mr. President, I rise today to introduce the Teen Substance Abuse Treatment Act of 1999. This legislation fills an important gap in our national strategy for combating substance abuse in our communities. Spe-

cifically, this bill creates a dedicated funding commitment for treating youth with alcohol and drug problems.

We have made important progress in impacting the number of our youth using alcohol and drugs. However, studies reveal that alcohol is still the drug of choice for many Americans—and our youth are no exception. Studies reveal that fifty-two percent of senior high school students report using alcohol in the past month and 25% are using drugs on a monthly basis.

Each year, 400,000 teens and their families will seek substance abuse treatment but find that it is either unavailable or unaffordable. Some teens in need of treatment may have incomes too high to receive Medicaid, but too low to afford private insurance or to pay for treatment out of pocket. Those who do have private insurance through a managed care plan may find that length of treatment is severely restricted. At best, 20% of adolescents with severe alcohol and drug treatment problems who ask for help will receive any form of treatment.

Those teens who are fortunate enough to get treatment often find that available services do not adequately address their needs. The physical, hormonal, developmental, and emotional changes of the adolescent years pose challenges to health care providers, many of whom have not been trained to deal specifically with this population. Providing teens with access to research-based, developmentally and age-appropriate treatment which will address their specific needs can increase their rates of recovery and better prevent relapses.

Without intervention teen substance abusers may also engage in other risky behaviors. Teen alcohol and drug abuse may spiral into academic failure and involvement with the juvenile justice system. Juvenile courts report that in over 50 percent of their cases substance abuse is a contributing factor. In a survey of teens receiving substance abuse treatment, 59% had been arrested at least once and 16% had been arrested for felonies. In addition, teens who use alcohol are more likely to become sexually active at earlier ages and to engage in unsafe sex, increasing the chances of unplanned pregnancies and sexually transmitted diseases such as HIV/AIDS.

We also know that substance abuse is associated with aggressive, anti-social, and violent behaviors and that chemical dependency can magnify existing behavioral problems. The facts are alarming: children who abuse alcohol and drugs are at a greater risk for killing themselves or others. Alcohol-related traffic crashes are the leading cause of teen death, and alcohol is also involved in homicides and suicides, the second and third leading causes of teen deaths respectively.

Alcohol and drug use has a huge price tag both for families and society at large—and we can't afford to sit idly by while it continues to rise. Seven thou-

sand youth in my state of Connecticut alone are in need of treatment. That is why I am introducing the Teen Substance Abuse Treatment Act. This legislation will provide grants to give youth substance abusers access to effective alcohol and drug treatment services that are developmentally and culturally appropriate. Specifically, this bill will address the particular issues of youth involved with the juvenile justice system and those with mental health or other special needs. Finally, this legislation will contribute to the development of treatment models that address the relationship between substance abuse and aggressive, anti-social, and violent behaviors.

While I am disappointed that this bill is not currently included in the Substance Abuse and Mental Health Services Reauthorization legislation that will be introduced today, I am encouraged that Senator FRIST has agreed to work with me, Senator REED, and Senator BINGAMAN prior to a markup of the bill to craft legislation to comprehensively address the substance abuse needs of adolescents.

The Teen Substance Abuse Treatment Act of 1999 expresses a commitment to ensuring that no child who asks for help with a substance abuse problem will be denied treatment. I urge my colleagues to support this legislation. •

By Mr. DODD (for himself and Mr. JEFFORDS):

S. 971. A bill to amend the Public Health Service Act to revise and extend the grant program for services for children of substance abusers; to the Committee on Health, Education, Labor, and Pensions.

SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS REAUTHORIZATION ACT

• Mr. DODD. Mr. President, I rise to join Senator JEFFORDS in introducing the Children of Substance Abusers Reauthorization Act" (COSA). This legislation represents a vital step in expanding and improving early intervention, prevention, and treatment services for families confronting substance abuse. In addition, this legislation addresses the devastation generated in the wake of parental substance abuse—the physical and emotional difficulties faced by children of substance abusers, abuse and neglect, and adolescent substance abuse and violence.

Children with substance abusing parents face serious health risks, including congenital birth defects and psychological, emotional, and developmental problems. For example, fetal exposure to alcohol puts a child in danger of fetal alcohol syndrome and other congenital birth defects. In addition, each year around 500,000 babies are born prenatally exposed to some form of addictive substance including crack, alcohol, and tobacco, compromising their long-term ability to thrive and to learn.

We also know that substance abuse plays a major role in child abuse and