

amendments. I want substantive debate and up-or-down votes, and I want us to be accountable.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

ECSTASY

Mr. GRASSLEY. Mr. President, many times I have come to the floor to express my concerns regarding the threat of illegal drugs to our young people. Today, I want to address one drug in particular, a designer drug called Ecstasy. Although it has been around a long time, its use has exploded recently. As with most such drugs, drug pushers are marketing it as a safe drug. That's a lie.

Ecstasy is a Schedule I synthetic drug with amphetamine-like properties that is inexpensive and easy to make. It acts as a stimulant and a hallucinogen for approximately 4 to 6 hours and gives its users a false sense of ease and relaxation. Because of these effects, Ecstasy is often found in big city club scenes that specialize in attracting young people. Recently, however, the nation is experiencing an Ecstasy explosion, which is spreading this dangerous drug into suburban and rural areas. With the recent release of a study on substance abuse in mid-size cities and rural America by the National Center on Addiction and Substance Abuse (CASA), this is particularly disturbing.

In January of this year, CASA warned that Americans need to recognize that drugs are not only an urban problem, but a rural problem as well. I see this in my own state of Iowa. CASA reports that 8th graders living in rural America are 34 percent more likely to smoke marijuana and 83 percent more likely to use crack cocaine, than those in urban areas. It also reports that among 10th graders, use rates in rural areas exceed those in urban areas for every drug except marijuana and Ecstasy. The key here is that Ecstasy is not yet, but is quickly becoming a rural drug. It is imperative that parents and kids become aware of Ecstasy and the dangers of use.

Unfortunately, Ecstasy is quickly becoming the drug of choice among many of our young people. It is perceived by many as harmless because negative effects are not immediately noticeable. In fact, Ecstasy is often referred to as a recreational drug. For this reason, it is not surprising that Monitoring the Future, an annual study that monitors illicit drug use among teenagers, reported Ecstasy use growing. Lifetime use among 12th graders increased from one in fifteen in 1998 to one in twelve in 1999. Past year use went from one in twenty-five in 1998 to one in fifteen in 1999. This is a disturbing upward trend.

Ecstasy is a dangerous drug that can be lethal. Many are unaware that it

can cause increased heart rate, nausea, fainting, chills, and sleep problems. In addition to physical effects, there are also psychological effects such as panic, confusion, anxiety, depression, and paranoia. Scientists are also learning that Ecstasy may cause irreversible brain damage, and in some cases it simply stops the heart. We need to put an end to the spread of Ecstasy into our communities. We need to take away its image as safe. We need to counter the arguments, that it is a fun drug.

However, with recent reports of rises in Ecstasy seizures by the U.S. Customs Service, it seems we have a long, hard battle ahead of us. In fiscal year 1999, Customs seized 3 million doses of Ecstasy. In the first 5 months of fiscal year 2000, Customs seized 4 million doses. Ecstasy has become such a threat that Customs has established an Ecstasy Task Force to gather intelligence on criminal smuggling of Ecstasy. Customs has also trained 13 dogs to detect Ecstasy among those crossing the border and entering major airports.

Although much is being done to stop the flow into our country, we need to play our part and educate the young people in our communities. In my home state of Iowa, Ecstasy is not yet a major problem and this may be the case in your home states as well. However, I am here today to tell you that if it isn't a problem now, it may be soon. We need to stop the use of Ecstasy before it starts. And the way to do that is to educate the parents and young people in our communities on the dangers. I don't want to see any more innocent lives cut short or careers ruined because of bad or no information.

Mr. FEINGOLD. Mr. President, I ask unanimous consent to speak for 15 minutes as in morning business.

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

Mr. FEINGOLD. I thank the Chair.

(The remarks of Mr. FEINGOLD pertaining to the introduction of S. 2463 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. HELMS. I ask unanimous consent that I be permitted to yield to the distinguished Senator from Oregon and that I follow him.

The PRESIDING OFFICER (Mr. HUTCHINSON). Without objection, it is so ordered.

Mr. DEWINE. Mr. President, I also ask unanimous consent that I follow the Senator from North Carolina.

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

The Senator from Oregon.

Mr. WYDEN. Mr. President, before I begin I want to thank Chairman HELMS for his courtesy. There is no Senator more gracious. I particularly appreciate the Senator giving me the opportunity to speak today at this time.

PRESCRIPTION DRUG COVERAGE

Mr. WYDEN. Mr. President, this morning there is fresh evidence that millions of our older Americans cannot afford their prescription medicine. I have come to the floor of this Senate on more than 20 occasions now to make this point. But the news this morning comes at an especially important time. On both sides of Capitol Hill efforts are underway to develop a practical approach to making sure older people can get prescription drug coverage under the Medicare program.

I have had the opportunity for many months now to work with colleagues on both sides of the aisle, and I am especially appreciative of the efforts of Senator DASCHLE to try to bring Members of the Senate together to find common ground in this session to get prescription drug coverage for older people. Under Senator DASCHLE's leadership, principles have been developed that every Member of the Senate would find appealing and attractive to. We have talked, for example, about how this program would be voluntary. No senior citizen who is comfortable with their prescription drug coverage would be required to do anything if they chose not to. That is something that would be attractive to both parties.

We have talked about making sure this is a market-oriented approach, that we use the kind of forces that are available to individuals receiving coverage in the private sector through private insurance and through health maintenance organizations. We want to make sure the benefit is available in all parts of the United States. There are areas of this country where there may not be big health plans, but as long as there is a telephone, a pharmacy, and a mailbox, we are going to be able to get the medicine to those older people in an affordable way.

Finally, many of my colleagues and I believe coverage ought to be universal. It ought to be available to all people on the Medicare program.

The most important point—and it is why I come to the floor today—is that we have fresh evidence that millions of seniors can't afford their medicine. We have to take steps to make the cost of medicine more affordable to the elderly. There is a right way to do this and a wrong way to do this. The wrong way is to institute a regime of private controls, a Federal one-size-fits-all approach because that involves a lot of cost shifting to other groups of citizens.

If we just have Federal price controls for the Medicare program, a lot of women who are 27, single, with a couple of kids will see their prescription drug bill go through the roof. We will have to develop a market-oriented approach along the lines of what Members of Congress receive through the Federal Employees Health Benefits Plan. That way we can give senior citizens the kind of bargaining power that