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 medical use, as amended.

The Speaker pro tempore. Pursuant to the Rules, the Speaker pro tempore took the chair.

The Speaker pro tempore. The question is on the motion 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 medical use, as amended.

The Clerk read as follows:

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

(1) 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; 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;

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

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. 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).

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 to a legitimate patient and 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 this country. There are many Americans who have been told in some cases that the smoking of marijuana will relieve that pain.

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 medicinal 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 produced 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 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 get it from a drugstore because the Food and Drug Administration has never approved it.

And fourth, there is a very important health problem that is associated with the use of marijuana, 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 the National Drug Control Policy, and he has a letter dated September 9, 1998 that states that support.

At the outset, I want also to state that we personally do not possess the collective expert judgment on whether marijuana is a medicine. But the Food and Drug Administration does and so does the American Medical Association, the National 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 safety, efficacy, 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, can it? Science is based upon collective expert judgment and, through genetic manipulation and other things that we 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. V stripping) and Senator Wyler 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 those from 12 to 17 years of age has more than doubled.

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 1993 to 1996, and from 1992 to 1996 marijuana use increased 253 percent among eighth graders, 151 percent among tenth graders and 94 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 arrested for drug offenses were arrested 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 change 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 substances. Today we are about to consider a medical marijuana bill, and is being proposed today in the States and the District of Columbia.

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 substances.
Mr. FRANK of Massachusetts. Mr. Speaker, I yield 5 minutes to 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.

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.

What are the arguments for treating marijuana differently from these other 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, which has 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 to cultivate, produce, sell, 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 political manipulation of 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 to cultivate, produce, sell, distribute or dispense marijuana, heroin, LSD and more than 100 other schedule one drugs.

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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 Shinseki vending machines on the Capitol steps to cope with the drug problem. 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 are 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 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 patients and their doctors 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. SOLONON).

Mr. SOLOMON. Mr. Speaker, as a survivor twice in my life-time, 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 tell my colleagues as a 20-year Member of this Congress, I fought for States’ rights more than any other Member on this floor.

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’ rights’ to come over here, as I am going to do, and vote “yes” on this legislation.

I find it very disappointing that medical marijuana resolutions have been introduced 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 the heart, consciousness, 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 other 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 legitimizing 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 propels 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 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 enforcement efforts involving 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 did not explicitly give it over tobacco to determine that cigarette is a medical device. Now, that strains the lexicon a bit, but nonetheless, they made that determination. A cigarette
Mr. DOGGETT. Mr. Speaker, I rise in strong support of House joint resolution 17, the House resolution 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 the Nation. 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 states that Congress 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. 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 profound concerns of the supporters of this resolution that we do nothing to glamorize the recreational use of marijuana.

I note that the gentleman from California has just made 2 points that deserve further consideration. One is he suggests that we read the resolution. 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 any more initiatives on this subject. I suggest that this is 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 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 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 problem that that drug, the use of which often leads to in fact, harmful to the smoker.

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 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 mingle politics into that 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 what is proposed as we inject here on 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.

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The gentleman from California that is going to be about as mean- ters. That is a major problem.

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 profound concerns of the supporters of this resolution that we do nothing to glamorize the recreational use of marijuana. I note that the gentleman from California has just made 2 points that deserve further consideration. One is he suggests that we read the resolu-
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, that is all. 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 the FDA 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 medically, 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 Compassion, for the other side, either.

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.

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 not what this is 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, innocent bystanders 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 use 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 door way 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 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 on principle. As the other side is, the other side is more lax in their attitudes and in their use.

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 spanning 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, former colleagues, the gentlemen 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 in the drug 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 gentlemen from Utah and I, know, former colleagues, the gentlemen 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 making decisions from whatever the national orthodoxy is, the gentlemen 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.

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 they don’t have it any more 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 primarily, 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 the use of 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 to me was a classic 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 example 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 does not allow 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 10, 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, psychological health, 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 also dangerous and addictive, with research clearly demonstrating that marijuana use damages major brain functions and damages the heart, lungs, reproductive, and immune systems;

Whereas marijuana can be prescribed as a medication in the United States, it must meet extensive scientific and medical standards established by the Food and Drug Administration, and it requires a doctor's prescription being required before a doctor is allowed to prescribe it. Marijuana cannot be prescribed anywhere in the United States.

Whereas marijuana use by 8th, 10th, and 12th graders declined steadily from 1980 to 1992, but, from 1992 to 1996, such use dramatically increased 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, 9 out of 12 and 17 percent 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 measure of support toward marijuana use among teenagers than prior to the initiatives; and

Whereas no 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 is to such initiatives: Now, therefore, be it

Resolved, That—

(1) the United States House of Representatives urges the United States to oppose efforts to circumvent the normal process by legalizing marijuana and other Schedule I drugs for medicinal use, and urges the defeat of State initiatives which would seek to legalize marijuana for medicinal use; and

(2) the United States should submit a report to the Committee on the Judiciary of the House of Representatives 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, marijuana is dangerous to your health. The American Medical Association believes that, that is dangerous. I believe 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 that, and therefore I believe 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 smoking 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.

That is what prescription means. Every drug in the history of this country that is approved for medicinal use by the FDA has been 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 door way 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.

Wittner, proponent 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. From 1992 to 1996, marijuana use increased by 253 percent among 8th graders, 151 percent among 9th 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 explicitly state that the federal government is not 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 the guidance of licensed physicians. 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.

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 yeas and nays were ordered. The yeas and nays were ordered.

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

The yeas and nays were ordered.

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 work we are doing 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.

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 everyone. 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.

Mr. MCCOLLUM. 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.

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:

JUVENILE CRIME CONTROL AND DELINQUENCY PREVENTION ACT OF 1998