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 Food, Drug and Cosmetics Act. 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 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.

Mr. McCOLLUM. Mr. Speaker, I move to 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 the Congress that marijuana is a dangerous and addictive drug and should not be legalized for medical 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 of 1970 if they have a high potential for abuse, lack any currently accepted medical use in treatment, and are unsafe, even under medical supervision; and

Whereas the consequences of illegal use of Schedule I drugs are well documented, particularly 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 and dispense marihuana, 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 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 actions, 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 the 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 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. Pursuant to the rule, the gentleman from
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.

Mr. 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 what is in so many resolutions. But when one looks at the legitimate medical use of marijuana and 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 minds of the public. The idea is that today we 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 of Representatives of the United States for medicinal purposes.

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 developed 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 get it from the Food and Drug Administration 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. 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 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 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. The current 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 elements as well.

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 the 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.

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 141 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 marijuana users are under 18.

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.

That 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.

Secondly, there is the 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 is associated with 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.

What is the purpose 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 to grow, 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 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 drugs for medical 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 under FDA jurisdiction 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.

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 codeine.

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 marijuana is different. I have to send a single signal that it is not.

I do not believe that anyone who has watched a cancer patient suffer from 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.

It is their 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 proposition from Arizona supported a measure allowing physicians to prescribe the drug. The California measure was approved by a 56 percent majority, the Arizona referendum by 65 percent. I am continuously surprised every time 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 by 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 of 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.

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 State 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 ability 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 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 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 have 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, "The problems of our communities 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. 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 two cancers in my lifetime, I have to put aside business, that marijuana is needed to be treated of cancer victims. Marijuana is dangerous and addictive drug and should not be legalized for medical use or for any other use.

Let me not let my colleagues as a 20-year member of this Congress, I fought for States' rights more than any other Member on this floor.
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. 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 as much focus as much as they are focused on tobacco on what happens when we put marijuana in those cigarettes.

Mr. Speaker, the first 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 laws. 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 are 3 things in 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 restrictive. intrinsically to reduce the pain and suffering that no other kind of medication attempts to relieve, not based on my opinion, not based on drug companies, but based on their doctor and their scientific community as to whether this is an appropriate way to reduce the pain and 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 and prescription drugs 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. I think that 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 drug companies, but based on their doctor and their scientific community as to whether this is an appropriate way to reduce the pain and suffering that that person has.

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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 fair. This is also a point that some people have made about the use of marijuana in medicine. When we talk about the use of marijuana in medicine, we need to make more gains on alcohol. But we have seen a reversal in the use of marijuana in medicine, partly because the leaders of our country have not spoken out as strongly.

The last thing we need in this House is 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 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 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 gentlewoman 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 the States to do everything they agree with, not just States under siege, and that State is going to be spooked.

The gentlewoman 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 of it. 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 not 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, “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, or if we want to relax some of its 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 that from happening, 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 policies.

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 that amount of money is all spent, 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 non-differentiation in the treatment 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. I would like to make an example of money was 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, ignoring 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, are safe under medical supervision;

Whereas the consequences of addiction to Schedule I drugs are well documented, particularly with regard to physical health, 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 marijuana damages brain functions and damages the heart, lungs, reproductive, and immune systems;

Whereas THC, the active ingredient in marijuana, or `medical' marijuana, which is linked to their perceptions of the risks which are related to drugs and in that regard, the glomeration 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 marked increase in marijuana use among teenagers 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 recognize the need for legalization of marijuana for medicinal use, and urge 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, smoke marijuana is dangerous to your health. The American Medical Association believes that, this national problem is dangerous to your health. The American Medical Association believes that, that numerous safe and effective medicines are available, which means that the use of crude marijuana for medicinal purposes is unnecessary and inappropriate;

Whereas the States of Arizona and California, through initiative 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 as a `medical' use;

Whereas after the initiative in Arizona, the legislature of the State of Arizona, with the support of the Attorney General 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-legislation organizations have admitted their strategy is to promote drug legalization, prominent pro-legislation organizations have admitted their strategy is to promote drug legalization, particularly with regard to physical health, 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 marijuana damages brain functions and damages the heart, lungs, reproductive, and immune systems;

Whereas THC, the active ingredient in marijuana, or `medical' marijuana, which is linked to their perceptions of the risks which are related to drugs and in that regard, the glomeration 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 marked increase in marijuana use among teenagers 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 recognize the need for legalization of marijuana for medicinal use, and urge 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 Reps
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 other 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 take 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 medicinal 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. Speaker, I rise to express my opposition to H.J. Res. 117. The voters of California have shown their support for allowing doctors to recommend marijuana for seriously ill patients by voting for the state's Prop. 215 on November 8, 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 vote.

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 will of the 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. Several groups, including the American Medical Association, 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.