

Utah, as the "Noal Cushing Bateman Post Office Building," was considered, ordered to a third reading, read the third time, and passed.

MAURINE B. NEUBERGER UNITED STATES POST OFFICE

The bill (H.R. 1327) to designate the United States Postal Service building located at 34480 Highway 101 South in Cloverdale, Oregon, as the "Maurine B. Neuberger United States Post Office," was considered, ordered to a third reading, read a third time, and passed.

JOHN J. BUCHANAN POST OFFICE BUILDING

The Senate proceeded to consider the bill (H.R. 1377) to designate the facility of the United States Postal Service at 13234 South Baltimore Avenue in Chicago, Illinois, as the "John J. Buchanan Post Office Building," which had been reported from the Committee on Governmental Affairs, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

SECTION 1. DESIGNATION.

The facility of the United States Postal Service, located at 9308 South Chicago Avenue, Chicago, Illinois, 60617, is designated as the "John J. Buchanan Post Office Building".

SEC. 2. REFERENCES.

Any reference in a law, regulation, map, document, paper, or other record of the United States to the facility referred to in section 1 shall be considered to be a reference to the "John J. Buchanan Post Office Building".

The committee amendment, in the nature of a substitute, was agreed to.

The bill (H.R. 1377), as amended, was considered read the third time and passed.

The title was amended so as to read: "To designate the facility of the United States Postal Service located at 9308 South Chicago Avenue, Chicago, Illinois, as the 'John J. Buchanan Post Office Building'."

FOR THE RELIEF OF SUCHADA KWONG

Ms. COLLINS. Mr. President, I now ask unanimous consent that the Judiciary Committee be discharged from further consideration of H.R. 322, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 322) for the relief of Suchada Kwong.

There being no objection, the Senate proceeded to consider the bill.

Ms. COLLINS. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements related to the bill be printed in the RECORD.

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

The bill (H.R. 322) was read the third time and passed.

AUTHORIZATION OF REPRESENTATION

Ms. COLLINS. Mr. President, I now ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 238 submitted earlier by Senators LOTT and DASCHLE.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 238) to authorize representation of Member of the Senate in the case of Brett Kimberlin v. Orrin Hatch, et al.

There being no objection, the Senate proceeded to consider the resolution.

Mr. LOTT. Mr. President, this resolution concerns a civil action commenced by a pro se plaintiff in the United States District Court for the District of Columbia against Senator HATCH and a former member of the staff of the Judiciary Committee. The plaintiff is a federal prisoner serving a sentence for offenses related to a series of bombings in 1979. The complaint seeks damages from Senator HATCH and staff for their alleged role in the United States Parole Commission's 1997 revocation of the plaintiff's parole for failure to satisfy an outstanding civil judgment against him in favor of one of the victims of his bombings.

The plaintiff's claims of unfairness and political bias in his parole revocation hearing have already been rejected by the federal district court in Maryland in habeas corpus proceedings initiated by the plaintiff.

This resolution authorizes the Senate Legal Counsel to represent Senator HATCH in this action. The Senate Legal Counsel will seek dismissal of the suit for failure to state a claim for relief and for other reasons.

Ms. COLLINS. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and finally that any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 238) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 238

Whereas, in the case of *Brett Kimberlin v. Orrin Hatch, et al.*, C.A. No. 99-1590, pending in the United States District Court for the District of Columbia, the plaintiff has named as a defendant Senator Orrin G. Hatch;

Whereas, pursuant to sections 703(a) and 704(a)(1) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(1), the Senate may direct its counsel to defend Members of the Senate in civil actions relating to their official responsibilities: Now therefore, be it Resolved, That the Senate Legal Counsel is directed to represent Senator Hatch in the case of *Brett Kimberlin v. Orrin Hatch, et al.*

DETERMINED AND FULL ENGAGEMENT AGAINST THE THREAT OF METHAMPHETAMINE OR DEFEAT METH ACT OF 1999

Ms. COLLINS. Mr. President, I now ask unanimous consent that the Senate proceed to the immediate consideration of calendar No. 260, S. 486.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 486) to provide for the punishment of methamphetamine laboratory operators, provide additional resources to combat methamphetamine production, trafficking, and abuse in the United States, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on the Judiciary, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Methamphetamine Anti-Proliferation Act of 1999".

SEC. 2. ENHANCED PUNISHMENT OF AMPHETAMINE LABORATORY OPERATORS.

(a) AMENDMENT TO FEDERAL SENTENCING GUIDELINES.—Pursuant to its authority under section 994(p) of title 28, United States Code, the United States Sentencing Commission shall amend the Federal sentencing guidelines in accordance with this section with respect to any offense relating to the manufacture, importation, exportation, or trafficking in amphetamine (including an attempt or conspiracy to do any of the foregoing) in violation of—

(1) the Controlled Substances Act (21 U.S.C. 801 et seq.);

(2) the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.); or

(3) the Maritime Drug Law Enforcement Act (46 U.S.C. App. 1901 et seq.).

(b) GENERAL REQUIREMENT.—In carrying out this section, the United States Sentencing Commission shall, with respect to each offense described in subsection (a) relating to amphetamine—

(1) review and amend its guidelines to provide for increased penalties such that those penalties are comparable to the base offense level for methamphetamine; and

(2) take any other action the Commission considers necessary to carry out this subsection.

(c) ADDITIONAL REQUIREMENTS.—In carrying out this section, the United States Sentencing Commission shall ensure that the sentencing guidelines for offenders convicted of offenses described in subsection (a) reflect the heinous nature of such offenses, the need for aggressive law enforcement action to fight such offenses, and the extreme dangers associated with unlawful activity involving amphetamines, including—

(1) the rapidly growing incidence of amphetamine abuse and the threat to public safety that such abuse poses;

(2) the high risk of amphetamine addiction;

(3) the increased risk of violence associated with amphetamine trafficking and abuse; and

(4) the recent increase in the illegal importation of amphetamine and precursor chemicals.

(d) EMERGENCY AUTHORITY TO SENTENCING COMMISSION.—The United States Sentencing Commission shall promulgate amendments pursuant to this section as soon as practicable after the date of the enactment of this Act in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (Public Law 100-182), as though the authority under that Act had not expired.

SEC. 3. ADVERTISEMENTS FOR DRUG PARAPHERNALIA AND SCHEDULE I CONTROLLED SUBSTANCES.

(a) DRUG PARAPHERNALIA.—Section 422 of the Controlled Substances Act (21 U.S.C. 863) is amended—

(1) in subsection (a)(1), by inserting “, directly or indirectly advertise for sale,” after “sell”; and

(2) by adding at the end the following:

“(g) In this section, the term ‘directly or indirectly advertise for sale’ includes the use of any communication facility (as that term is defined in section 403(b)) to initiate the posting, publicizing, transmitting, publishing, linking to, broadcasting, or other advertising of any matter (including a telephone number or electronic or mail address) knowing that such matter has the purpose of seeking or offering, or is designed to be used, to receive, buy, distribute, or otherwise facilitate a transaction in.”.

(b) SCHEDULE I CONTROLLED SUBSTANCES.—Section 403(c) of such Act (21 U.S.C. 843(c)) is amended—

(1) in the first sentence, by inserting before the period the following: “, or to directly or indirectly advertise for sale (as that term is defined in section 422(g)) any Schedule I controlled substance”; and

(2) in the second sentence, by striking “term ‘advertisement’” and inserting “term ‘written advertisement’”.

SEC. 4. MANDATORY RESTITUTION FOR VIOLATIONS OF CONTROLLED SUBSTANCES ACT AND CONTROLLED SUBSTANCES IMPORT AND EXPORT ACT RELATING TO AMPHETAMINE AND METHAMPHETAMINE.

(a) MANDATORY RESTITUTION.—Section 413(q) of the Controlled Substances Act (21 U.S.C. 853(q)) is amended—

(1) in the matter preceding paragraph (1), by striking “may” and inserting “shall”; and

(2) by inserting “amphetamine or” before “methamphetamine” each place it appears; and (3) in paragraph (2)—

(A) by inserting “, the State or local government concerned, or both the United States and the State or local government concerned” after “United States” the first place it appears; and

(B) by inserting “or the State or local government concerned, as the case may be,” after “United States” the second place it appears.

(b) DEPOSIT OF AMOUNTS IN DEPARTMENT OF JUSTICE ASSETS FORFEITURE FUND.—Section 524(c)(4) of title 28, United States Code, is amended—

(1) by striking “and” at the end of subparagraph (B);

(2) by striking the period at the end of subparagraph (C) and inserting “; and”; and

(3) by adding at the end the following:

“(D) all amounts collected—

“(i) by the United States pursuant to a reimbursement order under paragraph (2) of section 413(q) of the Controlled Substances Act (21 U.S.C. 853(q)); and

“(ii) pursuant to a restitution order under paragraph (1) or (3) of section 413(q) of the Controlled Substances Act for injuries to the United States.”.

SEC. 5. CRIMINAL PROHIBITION ON DISTRIBUTION OF CERTAIN INFORMATION RELATING TO THE MANUFACTURE OF CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Part I of title 18, United States Code, is amended by inserting after chapter 21 the following new chapter:

“CHAPTER 22—CONTROLLED SUBSTANCES

“Sec.

“421. Distribution of information relating to manufacture of controlled substances.

“§ 421. Distribution of information relating to manufacture of controlled substances

“(a) PROHIBITION ON DISTRIBUTION OF INFORMATION RELATING TO MANUFACTURE OF CONTROLLED SUBSTANCES.—

“(1) CONTROLLED SUBSTANCE DEFINED.—In this subsection, the term ‘controlled substance’ has the meaning given that term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

“(2) PROHIBITION.—It shall be unlawful for any person—

“(A) to teach or demonstrate the manufacture of a controlled substance, or to distribute by any means information pertaining to, in whole or in part, the manufacture or use of a controlled substance, with the intent that the teaching, demonstration, or information be used for, or in furtherance of, an activity that constitutes a Federal crime; or

“(B) to teach or demonstrate to any person the manufacture of a controlled substance, or to distribute to any person, by any means, information pertaining to, in whole or in part, the manufacture or use of a controlled substance, knowing that such person intends to use the teaching, demonstration, or information for, or in furtherance of, an activity that constitutes a Federal crime.

“(b) PENALTY.—Any person who violates subsection (a) shall be fined under this title, imprisoned not more than 10 years, or both.”.

(b) CLERICAL AMENDMENT.—The table of chapters at the beginning of part I of title 18, United States Code, is amended by inserting after the item relating to chapter 21 the following new item:

“22. Controlled Substances 421”.

SEC. 6. NOTICE; CLARIFICATION.

(a) NOTICE OF ISSUANCE.—Section 3103a of title 18, United States Code, is amended by adding at the end the following new sentence:

“With respect to any issuance under this section or any other provision of law (including section 3117 and any rule), any notice required, or that may be required, to be given may be delayed pursuant to the standards, terms, and conditions set forth in section 2705, unless otherwise expressly provided by statute.”.

(b) CLARIFICATION.—(1) Section 2(e) of Public Law 95–78 (91 Stat. 320) is amended by adding at the end the following:

“Subdivision (d) of such rule, as in effect on this date, is amended by inserting ‘tangible’ before ‘property’ each place it occurs.”.

(2) The amendment made by paragraph (1) shall take effect on the date of the enactment of this Act.

SEC. 7. TRAINING FOR DRUG ENFORCEMENT ADMINISTRATION AND STATE AND LOCAL LAW ENFORCEMENT PERSONNEL RELATING TO CLANDESTINE LABORATORIES.

(a) IN GENERAL.—

(1) REQUIREMENT.—The Administrator of the Drug Enforcement Administration shall carry out the programs described in subsection (b) with respect to the law enforcement personnel of States and localities determined by the Administrator to have significant levels of methamphetamine-related or amphetamine-related crime or projected by the Administrator to have the potential for such levels of crime in the future.

(2) DURATION.—The duration of any program under that subsection may not exceed 3 years.

(b) COVERED PROGRAMS.—The programs described in this subsection are as follows:

(1) ADVANCED MOBILE CLANDESTINE LABORATORY TRAINING TEAMS.—A program of advanced mobile clandestine laboratory training teams, which shall provide information and training to State and local law enforcement personnel in techniques utilized in conducting undercover investigations and conspiracy cases, and other information designed to assist in the investigation of the illegal manufacturing and trafficking of amphetamine and methamphetamine.

(2) BASIC CLANDESTINE LABORATORY CERTIFICATION TRAINING.—A program of basic clandestine laboratory certification training, which shall provide information and training—

(A) to Drug Enforcement Administration personnel and State and local law enforcement per-

sonnel for purposes of enabling such personnel to meet any certification requirements under law with respect to the handling of wastes created by illegal amphetamine and methamphetamine laboratories; and

(B) to State and local law enforcement personnel for purposes of enabling such personnel to provide the information and training covered by subparagraph (A) to other State and local law enforcement personnel.

(3) CLANDESTINE LABORATORY RECERTIFICATION AND AWARENESS TRAINING.—A program of clandestine laboratory recertification and awareness training, which shall provide information and training to State and local law enforcement personnel for purposes of enabling such personnel to provide recertification and awareness training relating to clandestine laboratories to additional State and local law enforcement personnel.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for each of fiscal years 2000, 2001, and 2002 amounts as follows:

(1) \$1,500,000 to carry out the program described in subsection (b)(1).

(2) \$3,000,000 to carry out the program described in subsection (b)(2).

(3) \$1,000,000 to carry out the program described in subsection (b)(3).

SEC. 8. COMBATTING METHAMPHETAMINE AND AMPHETAMINE IN HIGH INTENSITY DRUG TRAFFICKING AREAS.

(a) IN GENERAL.—

(1) IN GENERAL.—The Director of National Drug Control Policy shall use amounts available under this section to combat the trafficking of methamphetamine and amphetamine in areas designated by the Director as high intensity drug trafficking areas.

(2) ACTIVITIES.—In meeting the requirement in paragraph (1), the Director shall provide funds for—

(A) employing additional Federal law enforcement personnel, or facilitating the employment of additional State and local law enforcement personnel, including agents, investigators, prosecutors, laboratory technicians, chemists, investigative assistants, and drug-prevention specialists; and

(B) such other activities as the Director considers appropriate.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section—

(1) \$15,000,000 for fiscal year 2000; and

(2) such sums as may be necessary for each of fiscal years 2001 through 2004.

(c) APPORTIONMENT OF FUNDS.—

(1) FACTORS IN APPORTIONMENT.—The Director shall apportion amounts appropriated for a fiscal year pursuant to the authorization of appropriations in subsection (b) for activities under subsection (a) among and within areas designated by the Director as high intensity drug trafficking areas based on the following factors:

(A) The number of methamphetamine manufacturing facilities and amphetamine manufacturing facilities discovered by Federal, State, or local law enforcement officials in the previous fiscal year.

(B) The number of methamphetamine prosecutions and amphetamine prosecutions in Federal, State, or local courts in the previous fiscal year.

(C) The number of methamphetamine arrests and amphetamine arrests by Federal, State, or local law enforcement officials in the previous fiscal year.

(D) The amounts of methamphetamine, amphetamine, or listed chemicals (as that term is defined in section 102(33) of the Controlled Substances Act (21 U.S.C. 802(33)) seized by Federal, State, or local law enforcement officials in the previous fiscal year.

(E) Intelligence and predictive data from the Drug Enforcement Administration and the Department of Health and Human Services showing patterns and trends in abuse, trafficking,

and transportation in methamphetamine, amphetamine, and listed chemicals (as that term is so defined).

(2) **CERTIFICATION.**—Before the Director apportions any funds under this subsection to a high intensity drug trafficking area, the Director shall certify that the law enforcement entities responsible for clandestine methamphetamine and amphetamine laboratory seizures in that area are providing laboratory seizure data to the national clandestine laboratory database at the El Paso Intelligence Center.

(d) **LIMITATION ON ADMINISTRATIVE COSTS.**—Not more than 5 percent of the amount appropriated in a fiscal year pursuant to the authorization of appropriations for that fiscal year in subsection (b) may be available in that fiscal year for administrative costs associated with activities under subsection (a).

SEC. 9. COMBATING AMPHETAMINE AND METHAMPHETAMINE MANUFACTURING AND TRAFFICKING.

(a) **ACTIVITIES.**—In order to combat the illegal manufacturing and trafficking in amphetamine and methamphetamine, the Administrator of the Drug Enforcement Administration may—

(1) assist State and local law enforcement in small and mid-sized communities in all phases of investigations related to such manufacturing and trafficking, including assistance with foreign-language interpretation;

(2) staff additional regional enforcement and mobile enforcement teams related to such manufacturing and trafficking;

(3) establish additional resident offices and posts of duty to assist State and local law enforcement in rural areas in combating such manufacturing and trafficking;

(4) provide the Special Operations Division of the Administration with additional agents and staff to collect, evaluate, interpret, and disseminate critical intelligence targeting the command and control operations of major amphetamine and methamphetamine manufacturing and trafficking organizations; and

(5) carry out such other activities as the Administrator considers appropriate.

(b) **ADDITIONAL POSITIONS AND PERSONNEL.**—In carrying out activities under subsection (a), the Administrator may establish in the Administration not more than 50 full-time positions, including not more than 31 special-agent positions, and may appoint personnel to such positions.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated for the Drug Enforcement Administration for each fiscal year after fiscal year 1999, \$6,500,000 for purposes of carrying out the activities authorized by subsection (a) and employing personnel in positions established under subsection (b).

SEC. 10. ENVIRONMENTAL HAZARDS ASSOCIATED WITH ILLEGAL MANUFACTURE OF AMPHETAMINE AND METHAMPHETAMINE.

(a) **USE OF AMOUNTS OR DEPARTMENT OF JUSTICE ASSETS FORFEITURE FUND.**—Section 524(c)(1)(E) of title 28, United States Code, is amended—

(1) by inserting “(i) for” before “disbursements”;

(2) by inserting “and” after the semicolon; and

(3) by adding at the end the following:

“(i) costs incurred by or on behalf of the Department of Justice in connection with the removal, for purposes of Federal forfeiture and disposition, of any hazardous substance or pollutant or contaminant associated with the illegal manufacture of amphetamine or methamphetamine; and

“(II) costs incurred by or on behalf of a State or local government in connection with such removal in any case in which such State or local government has assisted in a Federal prosecution relating to amphetamine or methamphetamine, to the extent such costs exceed equitable

sharing payments made to such State or local government in such case;”.

(b) **GRANTS UNDER DRUG CONTROL AND SYSTEM IMPROVEMENT GRANT PROGRAM.**—Section 501(b)(3) of the Omnibus Crime Control and Safe Streets Act of 1968 is amended by inserting before the semicolon the following: “and to remove any hazardous substance or pollutant or contaminant associated with the illegal manufacture of amphetamine or methamphetamine”.

(c) **AMOUNTS SUPPLEMENT AND NOT SUPPLANT.**—

(1) **ASSETS FORFEITURE FUND.**—Any amounts made available from the Department of Justice Assets Forfeiture Fund in a fiscal year by reason of the amendment made by subsection (a) shall supplement, and not supplant, any other amounts made available to the Department of Justice in such fiscal year from other sources for payment of costs described in section 524(c)(1)(E)(ii) of title 28, United States Code, as so amended.

(2) **GRANT PROGRAM.**—Any amounts made available in a fiscal year under the grant program under section 501(b)(3) of the Omnibus Crime Control and Safe Streets Act of 1968 for the removal of hazardous substances or pollutants or contaminants associated with the illegal manufacture of amphetamine or methamphetamine by reason of the amendment made by subsection (b) shall supplement, and not supplant, any other amounts made available in such fiscal year from other sources for such removal.

SEC. 11. ANTIDRUG MESSAGES ON FEDERAL GOVERNMENT INTERNET WEBSITES.

Not later than 90 days after the date of the enactment of this Act, the head of each department, agency, and establishment of the Federal Government shall, in consultation with the Director of the Office of National Drug Control Policy, place antidrug messages on appropriate Internet websites controlled by such department, agency, or establishment which messages shall, where appropriate, contain an electronic hyperlink to the Internet website, if any, of the Office.

SEC. 12. MAIL ORDER REQUIREMENTS.

Section 310(b)(3) of the Controlled Substances Act (21 U.S.C. 830(b)(3)) is amended—

(1) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively;

(2) by inserting before subparagraph (B), as so redesignated, the following new subparagraph (A):

“(A) As used in this paragraph:

“(i) The term ‘drug product’ means an active ingredient in dosage form that has been approved or otherwise may be lawfully marketed under the Food, Drug, and Cosmetic Act for distribution in the United States.

“(ii) The term ‘valid prescription’ means a prescription which is issued for a legitimate medical purpose by an individual practitioner licensed by law to administer and prescribe the drugs concerned and acting in the usual course of the practitioner’s professional practice.”;

(3) in subparagraph (B), as so redesignated, by inserting “or who engages in an export transaction” after “nonregulated person”; and

(4) adding at the end the following:

“(D) Except as provided in subparagraph (E), the following distributions to a nonregulated person, and the following export transactions, shall not be subject to the reporting requirement in subparagraph (B):

“(i) Distributions of sample packages of drug products when such packages contain not more than 2 solid dosage units or the equivalent of 2 dosage units in liquid form, not to exceed 10 milliliters of liquid per package, and not more than one package is distributed to an individual or residential address in any 30-day period.

“(ii) Distributions of drug products by retail distributors that may not include face-to-face transactions to the extent that such distributions are consistent with the activities authorized for a retail distributor as specified in section 102(46).

“(iii) Distributions of drug products to a resident of a long term care facility (as that term is defined in regulations prescribed by the Attorney General) or distributions of drug products to a long term care facility for dispensing to or for use by a resident of that facility.

“(iv) Distributions of drug products pursuant to a valid prescription.

“(v) Exports which have been reported to the Attorney General pursuant to section 1004 or 1018 or which are subject to a waiver granted under section 1018(e)(2).

“(vi) Any quantity, method, or type of distribution or any quantity, method, or type of distribution of a specific listed chemical (including specific formulations or drug products) or of a group of listed chemicals (including specific formulations or drug products) which the Attorney General has excluded by regulation from such reporting requirement on the basis that such reporting is not necessary for the enforcement of this title or title III.

“(E) The Attorney General may revoke any or all of the exemptions listed in subparagraph (D) for an individual regulated person if he finds that drug products distributed by the regulated person are being used in violation of this title or title III. The regulated person shall be notified of the revocation, which will be effective upon receipt by the person of such notice, as provided in section 1018(c)(1), and shall have the right to an expedited hearing as provided in section 1018(c)(2).”.

SEC. 13. THEFT AND TRANSPORTATION OF ANHYDROUS AMMONIA FOR PURPOSES OF ILLICIT PRODUCTION OF CONTROLLED SUBSTANCES.

(a) **IN GENERAL.**—Part D of the Controlled Substances Act (21 U.S.C. 841 et seq.) is amended by adding at the end the following:

“ANHYDROUS AMMONIA

“SEC. 423 (a) It is unlawful for any person—

“(1) to steal anhydrous ammonia, or

“(2) to transport stolen anhydrous ammonia across State lines, knowing, intending, or having reasonable cause to believe that such anhydrous ammonia will be used to manufacture a controlled substance in violation of this part.

“(b) Any person who violates subsection (a) shall be imprisoned or fined, or both, in accordance with section 403(d) as if such violation were a violation of a provision of section 403.”.

(b) **CLERICAL AMENDMENT.**—The table of contents for that Act is amended by inserting after the item relating to section 421 the following new items:

“Sec. 422. Drug paraphernalia.

“Sec. 423. Anhydrous ammonia.”.

(c) **ASSISTANCE FOR CERTAIN RESEARCH.**—

(1) **AGREEMENT.**—The Administrator of the Drug Enforcement Administration shall seek to enter into an agreement with Iowa State University in order to permit the University to continue and expand its current research into the development of inert agents that, when added to anhydrous ammonia, eliminate the usefulness of anhydrous ammonia as an ingredient in the production of methamphetamine.

(2) **REIMBURSABLE PROVISION OF FUNDS.**—The agreement under paragraph (1) may provide for the provision to Iowa State University, on a reimbursable basis, of \$500,000 for purposes the activities specified in that paragraph.

(3) **AUTHORIZATION OF APPROPRIATIONS.**—There is hereby authorized to be appropriated for the Drug Enforcement Administration for fiscal year 2000, \$500,000 for purposes of carrying out the agreement under this subsection.

SEC. 14. REPORT ON METHAMPHETAMINE CONSUMPTION IN RURAL AREAS, SUBURBAN AREAS, SMALL CITIES, MIDSIZE CITIES, AND LARGE CITIES.

(a) **IN GENERAL.**—The Secretary of Health and Human Services shall submit to the designated committees of Congress on an annual basis a report on the problems caused by methamphetamine consumption in rural areas, suburban

areas, small cities, midsize cities, and large cities.

(b) **CONCERNS ADDRESSED.**—Each report submitted under this section shall include an analysis of—

(1) the manner in which methamphetamine consumption in rural areas differs from methamphetamine consumption in areas with larger populations, and the means by which to accurately measure those differences;

(2) the incidence of methamphetamine abuse in rural areas and the treatment resources available to deal with methamphetamine addiction in those areas;

(3) any relationship between methamphetamine consumption in rural areas and a lack of substance abuse treatment in those areas; and

(4) any relationship between geographic differences in the availability of substance abuse treatment and the geographic distribution of the methamphetamine abuse problem in the United States.

(c) **DEFINITIONS.**—In this section:

(1) The term “designated committees of Congress” means the following:

(A) The Committees on the Judiciary and Appropriations of the Senate.

(B) The Committees on the Judiciary and Appropriations of the House of Representatives.

(2) The term “large city” means any city that is not a small city or a midsize city.

(3) The term “midsize city” means a city with a population under 250,000 and over 20,000.

(4) The term “rural area” means a county or parish with a population under 50,000.

(5) The term “small city” means a city with a population under 20,000.

SEC. 15. EXPANSION OF METHAMPHETAMINE ABUSE PREVENTION EFFORTS.

(a) **EXPANSION OF EFFORTS.**—Section 515 of the Public Health Service Act (42 U.S.C. 290bb-21) is amended by adding at the end the following:

“(e)(1) The Administrator may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities to enable such entities—

“(A) to carry out school-based programs concerning the dangers of abuse of and addiction to methamphetamine and other illicit drugs, using methods that are effective and science-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

“(B) to carry out community-based abuse and addiction prevention programs relating to methamphetamine and other illicit drugs that are effective and science-based.

“(2) Amounts made available under a grant, contract or cooperative agreement under paragraph (1) shall be used for planning, establishing, or administering prevention programs relating to methamphetamine and other illicit drugs in accordance with paragraph (3).

“(3)(A) Amounts provided under this subsection may be used—

“(i) to carry out school-based programs that are focused on those districts with high or increasing rates of methamphetamine abuse and addiction and targeted at populations which are most at risk to start abuse of methamphetamine and other illicit drugs;

“(ii) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for abuse of and addiction to methamphetamine and other illicit drugs;

“(iii) to assist local government entities to conduct appropriate prevention activities relating to methamphetamine and other illicit drugs;

“(iv) to train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of abuse of and addiction to methamphetamine and other illicit drugs, and the options for treatment and prevention;

“(v) for planning, administration, and educational activities related to the prevention of

abuse of and addiction to methamphetamine and other illicit drugs;

“(vi) for the monitoring and evaluation of prevention activities relating to methamphetamine and other illicit drugs, and reporting and disseminating resulting information to the public; and

“(vii) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

“(B) The Administrator shall give priority in making grants under this subsection to rural and urban areas that are experiencing a high rate or rapid increases in methamphetamine abuse and addiction.

“(4)(A) Not less than \$500,000 of the amount available in each fiscal year to carry out this subsection shall be made available to the Administrator, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for abuse of and addiction to methamphetamine and other illicit drugs and the development of appropriate strategies for disseminating information about and implementing these programs.

“(B) The Administrator shall submit to the committees of Congress referred to in subparagraph (C) an annual report with the results of the analyses and evaluation under subparagraph (A).

“(C) The committees of Congress referred to in this subparagraph are the following:

“(i) The Committees on Health, Education, Labor, and Pensions, the Judiciary, and Appropriations of the Senate.

“(ii) The Committees on Commerce, the Judiciary, and Appropriations of the House of Representatives.”.

(b) **AUTHORIZATION OF APPROPRIATIONS FOR EXPANSION OF ABUSE PREVENTION EFFORTS AND PRACTITIONER REGISTRATION REQUIREMENTS.**—There is authorized to be appropriated to carry out section 515(e) of the Public Health Service Act (as added by subsection (a)) and section 303(g)(2) of the Controlled Substances Act (as added by section 18(a) of this Act), \$15,000,000 for fiscal year 2000, and such sums as may be necessary for each succeeding fiscal year.

SEC. 16. EXPANSION OF METHAMPHETAMINE RESEARCH.

Section 464N of the Public Health Service Act (42 U.S.C. 285o-2) is amended by adding at the end the following:

“(c) **METHAMPHETAMINE RESEARCH.**—

“(1) **GRANTS OR COOPERATIVE AGREEMENTS.**—The Director of the Institute may make grants or enter into cooperative agreements to expand the current and on-going interdisciplinary research and clinical trials with treatment centers of the National Drug Abuse Treatment Clinical Trials Network relating to methamphetamine abuse and addiction and other biomedical, behavioral, and social issues related to methamphetamine abuse and addiction.

“(2) **USE OF FUNDS.**—Amounts made available under a grant or cooperative agreement under paragraph (1) for methamphetamine abuse and addiction may be used for research and clinical trials relating to—

“(A) the effects of methamphetamine abuse on the human body, including the brain;

“(B) the addictive nature of methamphetamine and how such effects differ with respect to different individuals;

“(C) the connection between methamphetamine abuse and mental health;

“(D) the identification and evaluation of the most effective methods of prevention of methamphetamine abuse and addiction;

“(E) the identification and development of the most effective methods of treatment of methamphetamine addiction, including pharmacological treatments;

“(F) risk factors for methamphetamine abuse;

“(G) effects of methamphetamine abuse and addiction on pregnant women and their fetuses;

“(H) cultural, social, behavioral, neurological and psychological reasons that individuals

abuse methamphetamine, or refrain from abusing methamphetamine.

“(3) **RESEARCH RESULTS.**—The Director shall promptly disseminate research results under this subsection to Federal, State and local entities involved in combating methamphetamine abuse and addiction.

“(4) **AUTHORIZATION OF APPROPRIATIONS.**—

“(A) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out paragraph (1), such sums as may be necessary for each fiscal year.

“(B) **SUPPLEMENT NOT SUPPLANT.**—Amounts appropriated pursuant to the authorization of appropriations in subparagraph (A) for a fiscal year shall supplement and not supplant any other amounts appropriated in such fiscal year for research on methamphetamine abuse and addiction.”.

SEC. 17. STUDY OF METHAMPHETAMINE TREATMENT.

(a) **STUDY.**—

(1) **REQUIREMENT.**—The Secretary of Health and Human Services shall, in consultation with the Institute of Medicine of the National Academy of Sciences, conduct a study on the development of medications for the treatment of addiction to amphetamine and methamphetamine.

(2) **REPORT.**—Not later than nine months after the date of the enactment of this Act, the Secretary shall submit to the Committees on the Judiciary of the Senate and House of Representatives a report on the results of the study conducted under paragraph (1).

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There are hereby authorized to be appropriated for the Department of Health and Human Services for fiscal year 2000 such sums as may be necessary to meet the requirements of subsection (a).

SEC. 18. REGISTRATION REQUIREMENTS FOR PRACTITIONERS WHO DISPENSE CERTAIN NARCOTIC DRUGS FOR MAINTENANCE TREATMENT OR DETOXIFICATION TREATMENT.

(a) **IN GENERAL.**—Section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) is amended—

(1) in paragraph (2), by striking “(A) security” and inserting “(i) security”, and by striking “(B) the maintenance” and inserting “(ii) the maintenance”;

(2) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively;

(3) by inserting “(1)” after “(g)”;

(4) by striking “Practitioners who dispense” and inserting “Except as provided in paragraph (2), practitioners who dispense”;

(5) by adding at the end the following:

“(2)(A) Subject to subparagraphs (D) and (G), the requirements of paragraph (1) are waived in the case of the prescribing or dispensing, by a practitioner, of narcotic drugs in schedule IV or V or combinations of such drugs if the practitioner meets the conditions specified in subparagraph (B) and the narcotic drugs or combinations of such drugs meet the conditions specified in subparagraph (C).

“(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before prescribing or dispensing narcotic drugs in schedule IV or V, or combinations of such drugs, to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

“(i) The practitioner is a physician licensed under State law, and the practitioner has demonstrable training or experience and the ability to treat and manage opiate-dependent patients.

"(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the demonstrated capacity to refer the patients for appropriate counseling and other appropriate ancillary services.

"(iii) In any case in which the practitioner is not in a group practice, the total number of such patients of the practitioner at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 20, except that the Secretary may by regulation change such total number.

"(iv) In any case in which the practitioner is in a group practice, the total number of such patients of the group practice at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 20, except that the Secretary may by regulation change such total number, and the Secretary for such purposes may by regulation establish different categories on the basis of the number of practitioners in a group practice and establish for the various categories different numerical limitations on the number of such patients that the group practice may have.

"(C) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to narcotic drugs in schedule IV or V or combinations of such drugs are as follows:

"(i) The drugs or combinations of drugs have, under the Federal Food, Drug and Cosmetic Act or section 351 of the Public Health Service Act, been approved for use in maintenance or detoxification treatment.

"(ii) The drugs or combinations of drugs have not been the subject of an adverse determination. For purposes of this clause, an adverse determination is a determination published in the Federal Register and made by the Secretary, after consultation with the Attorney General, that the use of the drugs or combinations of drugs for maintenance or detoxification treatment requires additional standards respecting the qualifications of practitioners to provide such treatment, or requires standards respecting the quantities of the drugs that may be provided for unsupervised use.

"(D)(i) A waiver under subparagraph (A) with respect to a practitioner is not in effect unless (in addition to conditions under subparagraphs (B) and (C)) the following conditions are met:

"(I) The notification under subparagraph (B) is in writing and states the name of the practitioner.

"(II) The notification identifies the registration issued for the practitioner pursuant to subsection (f).

"(III) If the practitioner is a member of a group practice, the notification states the names of the other practitioners in the practice and identifies the registrations issued for the other practitioners pursuant to subsection (f).

"(IV) A period of 45 days has elapsed after the date on which the notification was submitted, and during such period the practitioner does not receive from the Secretary a written notice that one or more of the conditions specified in subparagraph (B), subparagraph (C), or this subparagraph, have not been met.

"(ii) The Secretary shall provide to the Attorney General such information contained in notifications under subparagraph (B) as the Attorney General may request.

"(E) If in violation of subparagraph (A) a practitioner dispenses narcotic drugs in schedule IV or V or combinations of such drugs for maintenance treatment or detoxification treatment, the Attorney General may, for purposes of section 304(a)(4), consider the practitioner to have committed an act that renders the registration of the practitioner pursuant to subsection (f) to be inconsistent with the public interest.

"(F) In this paragraph, the term 'group practice' has the meaning given such term in section 1877(h)(4) of the Social Security Act.

"(G)(i) This paragraph takes effect on the date of enactment of the Methamphetamine

Anti-Proliferation Act of 1999, and remains in effect thereafter except as provided in clause (iii) (relating to a decision by the Secretary or the Attorney General that this paragraph should not remain in effect).

"(ii) For the purposes relating to clause (iii), the Secretary and the Attorney General shall, during the 3-year period beginning on the date of enactment of the Methamphetamine Anti-Proliferation Act of 1999, make determinations in accordance with the following:

"(I)(aa) The Secretary shall—

"(aaa) make a determination of whether treatments provided under waivers under subparagraph (A) have been effective forms of maintenance treatment and detoxification treatment in clinical settings;

"(bbb) make a determination regarding whether such waivers have significantly increased (relative to the beginning of such period) the availability of maintenance treatment and detoxification treatment; and

"(ccc) make a determination regarding whether such waivers have adverse consequences for the public health.

"(bb) In making determinations under this subclause, the Secretary—

"(aa) may collect data from the practitioners for whom waivers under subparagraph (A) are in effect;

"(bb) shall issue appropriate guidelines or regulations (in accordance with procedures for substantive rules under section 553 of title 5, United States Code) specifying the scope of the data that will be required to be provided under this subclause and the means through which the data will be collected;

"(cc) shall, with respect to collecting such data, comply with applicable provisions of chapter 6 of title 5, United States Code (relating to a regulatory flexibility analysis), and of chapter 8 of such title (relating to congressional review of agency rulemaking); and

"(dd) shall make a determination regarding whether such waivers have adverse consequences for the public health.

"(II) The Attorney General shall—

"(aa) make a determination of the extent to which there have been violations of the numerical limitations established under subparagraph (B) for the number of individuals to whom a practitioner may provide treatment; and

"(bb) make a determination regarding whether waivers under subparagraph (A) have increased (relative to the beginning of such period) the extent to which narcotic drugs in schedule IV or V or combinations of such drugs are being dispensed or possessed in violation of this Act.

"(iii) If, before the expiration of the period specified in clause (ii), the Secretary or the Attorney General publishes in the Federal Register a decision, made on the basis of determinations under such clause, that this paragraph should not remain in effect, this paragraph ceases to be in effect 60 days after the date on which the decision is so published. The Secretary shall, in making any such decision, consult with the Attorney General, and shall, in publishing the decision in the Federal Register, include any comments received from the Attorney General for inclusion in the publication.

"(H) During the 3-year period beginning on the date of enactment of the Methamphetamine Anti-Proliferation Act 1999, a State may not preclude a practitioner from dispensing narcotic drugs in schedule IV or V, or combinations of such drugs, to patients for maintenance or detoxification treatment in accordance with this paragraph, or the other amendments made by section 22 of that Act, unless, before the expiration of that 3-year period, the State enacts a law prohibiting a practitioner from dispensing such drugs or combination of drugs."

(b) CONFORMING AMENDMENTS.—Section 304 of the Controlled Substances Act (21 U.S.C. 824) is amended—

(1) in subsection (a), in the matter following paragraph (5), by striking "section 303(g)" each place the term appears and inserting "section 303(g)(1)"; and

(2) in subsection (d), by striking "section 303(g)" and inserting "section 303(g)(1)".

SEC. 19. ENHANCED PUNISHMENT OF METHAMPHETAMINE LABORATORY OPERATORS.

(a) FEDERAL SENTENCING GUIDELINES.—

(1) IN GENERAL.—Pursuant to its authority under section 994(p) of title 28, United States Code, the United States Sentencing Commission shall amend the Federal sentencing guidelines in accordance with paragraph (2) with respect to any offense relating to the manufacture, attempt to manufacture, or conspiracy to manufacture amphetamine or methamphetamine in violation of—

(A) the Controlled Substances Act (21 U.S.C. 801 et seq.);

(B) the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.); or

(C) the Maritime Drug Law Enforcement Act (46 U.S.C. App. 1901 et seq.).

(2) REQUIREMENTS.—In carrying out this paragraph, the United States Sentencing Commission shall—

(A) if the offense created a substantial risk of harm to human life (other than a life described in subparagraph (B)) or the environment, increase the base offense level for the offense—

(i) by not less than 3 offense levels above the applicable level in effect on the date of enactment of this Act; or

(ii) if the resulting base offense level after an increase under clause (i) would be less than level 27, to not less than level 27; or

(B) if the offense created a substantial risk of harm to the life of a minor or incompetent, increase the base offense level for the offense—

(i) by not less than 6 offense levels above the applicable level in effect on the date of enactment of this Act; or

(ii) if the resulting base offense level after an increase under clause (i) would be less than level 30, to not less than level 30.

(3) EMERGENCY AUTHORITY TO SENTENCING COMMISSION.—The United States Sentencing Commission shall promulgate amendments pursuant to this subsection as soon as practicable after the date of enactment of this Act in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (Public Law 100-182), as though the authority under that Act had not expired.

(b) EFFECTIVE DATE.—The amendments made pursuant to this section shall apply with respect to any offense occurring on or after the date that is 60 days after the date of enactment of this Act.

SEC. 20. METHAMPHETAMINE PARAPHERNALIA.

Section 422(d) of the Controlled Substances Act (21 U.S.C. 863(d)) is amended in the matter preceding paragraph (1) by inserting "methamphetamine," after "PCP,".

AMENDMENT NO. 2794

Ms. COLLINS. Mr. President, there is a substitute amendment at the desk, and I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Maine [Ms. COLLINS], for Mr. HATCH, proposes an amendment numbered 2794.

(The text of the amendment is printed in today's RECORD under "Amendments Submitted.")

Ms. COLLINS. Mr. President, I ask unanimous consent that the amendment be agreed to.

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

The amendment (No. 2794) was agreed to.

Mr. HATCH. Mr. President, I rise today to commend my fellow Senators for unanimously supporting the passage of S. 486, the Methamphetamine Anti-Proliferation Act of 1999. This bill, introduced by Senator ASHCROFT and amended in committee to include provisions from bills that I and Senator GRASSLEY had introduced, passed by acclamation in the Judiciary Committee earlier this year and represents a significant bipartisan effort to combat the scourge of methamphetamine. With this bill we are arming our communities with responsible, innovative enforcement tools designed to curb the manufacturing and trafficking of this most destructive drug.

I want to take a moment to highlight some of the provisions in this bill that will assist Federal, State, and local law enforcement in their efforts against drug traffickers:

(1) The bill bolsters the DEA's ability to combat the manufacturing and trafficking of methamphetamine by authorizing the creation of satellite offices and the hiring of additional agents to assist State and local law enforcement officials. More than any other illicit drug, methamphetamine manufacturers and traffickers operate in small towns and rural areas. And, unfortunately, rural law enforcement agencies often are overwhelmed and in dire need of the DEA's expertise in conducting methamphetamine investigations.

(2) The bill will assist State and local officials in handling the dangerous toxic waste left behind by methamphetamine labs.

(3) Another section of the bill will help prevent the manufacture of methamphetamine by prohibiting the dissemination of drug "recipes" on the Internet.

(4) The bill amends the Federal anti-drug paraphernalia statute to clarify that the ban includes Internet advertising for the sale of controlled substances and drug paraphernalia.

(5) To counter the dangers that manufacturing drugs like methamphetamine inflict on human life and on the environment, the bill imposes stiffer penalties on manufacturers of all illegal drugs when their actions create a substantial risk of harm to human life or to the environment.

(6) The bill also works to keep all drugs away from children and to punish severely those who prey on our children, especially while at school away from their parents. The bill does this by increasing the penalties for distributing illegal drugs to minors and for distributing illegal drugs near schools and other locations frequented by juveniles.

(7) Finally, the bill increases penalties for manufacturing and trafficking the drug amphetamine, a lesser-known, but no-less dangerous drug

than methamphetamine. Other than for a slight difference in potency, amphetamine is manufactured, sold, and used in the same manner as methamphetamine. Moreover, amphetamine labs pose the same dangers as methamphetamine labs. Not surprisingly, every law enforcement officer with whom I have spoken agreed that the penalties for amphetamine should be the same as those for methamphetamine. For these reasons, the bill equalizes the punishment for manufacturing and trafficking the two drugs.

In addition to these law enforcement tools, the bill establishes and funds prevention measures and a creative new treatment program for helping those trapped in drug addiction. Specifically, it contains provisions from S. 324, the "Drug Addiction Treatment Act," which I and my good friend Senator LEVIN introduced earlier this session. These provisions undoubtedly will usher in a new generation of drug treatments. Senators LEVIN, BIDEN, and MOYNIHAN, as well as my colleague in the House, Chairman BLILEY, and experts at the Departments of Justice and Health and Human Services, deserve special thanks for their bipartisan efforts in developing this new treatment paradigm. While we know that vigorous law enforcement is the key to defeating those who manufacture and sell drugs, we must also embrace proven prevention and treatment programs that hold out the promise of turning Americans away from drug use.

Mr. President, as I stated on the floor just last week, the timeliness of this bill cannot be overstated. According to a report prepared by the Community Epidemiology Work Group, which is part of the National Institute on Drug Abuse, methamphetamine abuse levels "remain high . . . and there is strong evidence to suggest this drug will continue to be a problem in west coast areas and to spread to other areas of the United States." This threat is real and immediate, and the numbers are telling. According to the Drug Enforcement Administration the number of labs cleaned up by the Administration has almost doubled each year since 1995. Last year, more than 5,500 amphetamine and methamphetamine labs were seized by DEA and State and local law enforcement officials, and millions of dollars were spent on cleaning up the pollutants and toxins created and left behind by operators of these labs. In Utah alone, there were 266 lab seizures last year, a number which elevated Utah to the unenviable position of being ranked third in the nation for highest per capita clandestine lab seizures.

Mr. President, this bill furnishes the means for our ongoing battle against those who manufacture and sell illicit drugs. Perhaps even more important, this bill underscores our unwavering commitment to win this battle. Let there be no misunderstanding; we will not throw up our hands and surrender

our streets to those who sell misery and destruction. For the sake of our children and grandchildren, we will defeat this plague. I again thank my colleagues for joining with me in this effort.

Mr. LEAHY. The manufacture and distribution of methamphetamines and amphetamines is an increasingly serious problem, and this bill would provide significant additional resources for both law enforcement and treatment. It was unfortunate that the majority has played politics with this important issue and strained the strong bipartisan support for this bill by including its provisions in a larger, controversial amendment to S. 625, the Bankruptcy Reform Act of 1999, which amendment was approved by a vote of 50-49 on November 10, 1999. I strongly opposed that amendment, which significantly increased the use of mandatory minimum penalties for powder cocaine offenses and unwisely diminished local control of schools.

That amendment to the bankruptcy bill mandated a 10-year mandatory minimum sentence for crimes involving 500 grams or more of powder cocaine, instead of the current 5 kilogram threshold. It also instituted a 5-year mandatory minimum sentence for crimes involving 50 grams or more of powder cocaine, instead of the current 500-gram threshold. I oppose mandatory minimums both because they are extraordinarily costly for taxpayers and because they are counterproductive to our law enforcement efforts. The Justice Department estimated that the amendment's powder cocaine provision would cost more than \$10 billion over the next 30 years simply to build 11,000 more prison beds. Moreover, the use of mandatory minimums for smaller and smaller quantities of drugs gives federal prosecutors further incentive to prosecute lower-level drug offenders, further distorting the balance between state and federal law enforcement responsibilities. It simply makes no sense—except perhaps as a matter of politics—to federal our Nation's drug laws to such an extreme extent.

In addition, that amendment provided the wrongheaded approach to the necessary task of rectifying the disparity between sentences for powder and crack cocaine. Under current law, the quantity threshold to trigger mandatory minimum penalties for crack offenders is 100 times more severe than for powder cocaine offenders. Under this amendment the quantity threshold to trigger mandatory minimums for crack offenders would still be 10 times more severe, and the amendment would do nothing to mitigate the unnecessary federalization and extreme penalties that the criminal justice system imposes for lower-level crack offenses.

Finally, that amendment contained education provisions that would take funding and control away from local school authorities. First, it dictates that local school boards adopt certain

specific policies on illegal drug use by students, including mandatory reporting of students to law enforcement and mandatory expulsion for at least one year of students who possess illegal drugs on school property. Second, it authorizes the use of public funds to pay tuition for any private schools, including parochial schools, for students who were injured by violent criminal offenses on public school grounds. This provision raises serious constitutional and policy questions, and should not have been slipped into an end-of-session amendment to a bankruptcy bill.

Because of the extreme reservations that I and many of my colleagues from both sides of the aisle expressed about that amendment to the bankruptcy bill, I pressed for the original methamphetamine bill to be considered as a separate matter. I am pleased that we have an opportunity to consider and pass this legislation without the poison pills that the Republican leadership inserted.

I continue to have some reservations about this bill. For example, I disapprove of its order to the Sentencing Commission to increase penalties for certain amphetamine and methamphetamine crimes by a specific number of base offense levels. I oppose such specific directives for some of the same reasons that I oppose mandatory minimums—they subvert the considered sentencing process that Congress wanted when it established the Sentencing Commission.

But the good in this bill outweighs the bad. In addition to creating tougher penalties for those who manufacture and distribute amphetamines as illicit drugs, this bill allocates additional funding to assist local law enforcement, allows for the hiring of new DEA agents, and increases research, training and prevention efforts. This is a good and comprehensive approach to America's growing amphetamine problem.

We significantly improved this bill during committee considerations. As the comprehensive substitute for the original bill was being drafted, I had three primary reservations: First, earlier versions of the bill imposed numerous mandatory minimums. As I stated earlier, I continue to believe that mandatory minimums are generally an inappropriate tool in our critically important national fight against drugs. Simply imposing or increasing mandatory minimums subverts the more considered process Congress set up in the Sentencing Commission. The Federal Sentencing Guidelines already provide a comprehensive mechanism to equalize sentences among persons convicted of the same or similar crime, while allowing judges the discretion they need to give appropriate weight to individual circumstances.

The Sentencing Commission goes through an extraordinary process to set sentence levels. For example, pursuant to our 1996 antimethamphetamine law, the Sentencing Commission

increased meth penalties after careful analysis of recent sentencing data, a study of the offenses, and information from the DEA on trafficking levels, dosage unit size, price and drug quantity. Increasing mandatory minimums takes sentencing discretion away from judges. We closely examine judges' backgrounds before they are confirmed and should let them do their jobs.

Mandatory minimums also impose significant economic and social costs. According to the Congressional Budget Office, the annual cost of housing a federal inmate ranges from \$16,745 per year for minimum security inmates to \$23,286 per year for inmates in high security facilities. It is critical that we take steps that will effectively deter crime, but we should not ignore the costs of the one size fits all approach of mandatory minimums. We also cannot ignore the policy implications of the boom in our prison population. In 1970, the total population in the federal prison system was 20,686 prisoners, of whom 16.3 percent were drug offenders. By 1997, the federal prison population had grown to almost 91,000 sentenced prisoners, approximately 60 percent of whom were sentenced for drug offenses. The cost of supporting this expanded federal criminal justice system is staggering. We ignore at our peril the findings of RAND's comprehensive 1997 report on mandatory minimum drug sentences: "Mandatory minimums are not justifiable on the basis of cost-effectiveness at reducing cocaine consumption, cocaine expenditures, or drug-related crime."

This is why I have repeatedly expressed my concerns about creating new mandatory minimum penalties, including as recently as last October, when another antimethamphetamine bill was before the Judiciary Committee.

Second, earlier drafts of this bill would have contravened the Supreme Court's 1999 decision in *Richardson versus U.S. I*, along with some other members of the Committee, believed that it would be inappropriate to take such a step without first holding a hearing and giving thorough consideration to such a change in the law. The Chairman of the Committee, Senator HATCH, was sensitive to this concern and I thank him for agreeing to remove that provision from this legislation.

Third, an earlier version of the bill contained a provision that would have created a rebuttable presumption that may have violated the Constitution's Due Process Clause. Again, I believed that we needed to seriously consider and debate such a provision before voting on it. And again, the Chairman was sensitive to the concerns of some of us on the Committee and agreed to remove that provision.

By reaching an accord on each of those issues, I was able to join as a cosponsor of this bill. I support it strongly, and I look forward to seeing it become law.

Mr. KOHL. Mr. President, I rise today with my colleagues to express

my support for the Methamphetamine Anti-Proliferation Act of 1999, of which I am proud to be a cosponsor. This bipartisan measure is a crucial step in the battle against the spread of Methamphetamine, also known as "Meth." It sets forward a comprehensive approach including targeted enforcement through increased resources, training and penalties, expansion of prevention and intervention programs, environmental cleanup, and research.

The Meth problem is growing rapidly—not only across the country westward, but also in my home state: our Wisconsin State Crime Laboratory has tripled the number of Meth examinations since 1996, with prosecutions doubling from previous years; thefts of the precursor chemical Anhydrous Ammonia from farmers and retailers are becoming routine; and more Meth producers are emptying out shelves of "blister packs"—packages of Sudafed and other cold remedies which are legal products used as precursor chemicals and sold in our markets and retail stores. Just last week, law enforcement officers in Fox Valley, Wisconsin reported their first seizure of a Meth lab, evidencing Meth's quick spread across the state.

In fact, Wisconsin has become a source of one of the most toxic of Meth recipes—known to its Western producers as the "Nazi variety"—which causes the most aggressive behavior. This is largely due to the availability of Anhydrous Ammonia, which accelerates users to a fast and violent high. At the same time, the environmental dangers associated with this chemical pose a serious threat to our law enforcement officers and our communities.

I am particularly pleased that the bill includes several provisions from the Rural Methamphetamine Use Response Act of 1999, introduced by Senator GRASSLEY and me earlier this year. In particular, the underlying bill authorizes \$6.5 million for additional Drug Enforcement Administration (DEA) agents in rural areas and \$5.5 million for DEA training designed to combat "meth" production. In addition, it criminalizes the transport and sale of Anhydrous Ammonia. These provisions will be of great assistance to rural states like Wisconsin, adding to the ongoing efforts of state and local law enforcement and building on the \$1 million in funding I helped secure through the Appropriations process for a Meth "Task Force" in Western Wisconsin.

As Meth continues its devastation throughout the Midwest, it is time to confront this raging menace at multiple levels and with cooperative strength. This bipartisan legislation is an important step in that direction.

Mr. ASHCROFT. Mr. President, I rise today to commend the Senate for passing, S. 486, the Methamphetamine Anti-Proliferation Act of 1999. I'm proud to say this comprehensive antimethamphetamine bill was built upon the DEFEAT Meth legislation that I

introduced earlier this year. This reflects a tremendous amount of bipartisan work by the members of the judiciary committee.

And the reason for the level of bipartisan effort in crafting this bill was the recognition by all involved that it is needed desperately to combat one of the fastest growing threats to American society: the explosive problem of methamphetamine.

With its roots on the West coast, this epidemic has now exploded in middle America. Meth in the 1990s is what cocaine was in the 1980s and heroin was in the 1970s. It is currently the largest drug threat we face in my home state of Missouri. Unfortunately, it may be coming soon to a city or town near you.

If you wanted to design a drug to have the worst possible effect on your community, you'd make methamphetamine. It is highly addictive, highly destructive, cheap, and easy to manufacture.

To give you an idea of the scope of the problem, in 1992, law enforcement seized 2 clandestine Meth labs in my state of Missouri. By 1994, there were 14 seizures. In 1998, they seized 679 labs. Based on the figures collected so far this year, that number will jump again this year to over 800 labs.

And with this growth have come all of the problems. As meth abuse has increased, domestic abuse, child abuse, burglaries and meth related murders have also increased proportionately. From 1992 to 1998 meth-related emergency room incidents increased 63 percent.

What is more unacceptable is that meth is ensnaring our children. In 1998, the percentage of 12th graders who used meth was double the 1992 level. In recent conversations I have had with local law enforcement officers in Missouri, they estimated that as many as 10% of high school students know the recipe for meth. In fact, one need only log on to the Internet to find scores of web sites giving detailed instructions to set up your own meth lab. This is unacceptable.

Despite the appropriation of over \$35 million dollars in the past two appropriation cycles for the Drug Enforcement Administration to train local law enforcement in the interdiction and clean-up of methamphetamine labs, the meth problem continues to grow.

And that is why I am so pleased S. 486, the Methamphetamine Anti-Proliferation Act of 1999 passed the Senate. This bill provides the necessary weapons to fight the growing meth problem in this country, including the authorization of \$9.5 million for DEA programs to train State and local law enforcement in techniques used in meth investigations, \$5.5 million for the hiring of new agents to assist State and local law enforcement in small and mid-sized communities, \$15 million for school and community-based meth abuse and addiction prevention programs, \$10 million for treatment of

meth addicts, and \$15 million to the Office of National Drug Control Policy to combat trafficking of meth in designated HIDTA's (High Intensity Drug Trafficking Areas) which have had great success in Missouri and the Midwest.

This bill also amends the Sentencing Guidelines by increasing the mandatory minimum sentences for manufacturing meth and significantly increases mandatory minimum sentences if the offense created a risk of harm to the life of a minor or incompetent. Furthermore, the bill includes meth paraphernalia in the federal list of illegal paraphernalia.

But focusing on reducing supply through interdiction and punishment is not enough. The bill also authorizes substantial resources for education and prevention targeted specifically at the problem of meth. Local law enforcement in Missouri tells me that 10% of high school students know the recipe for meth. I want to ensure that 100% of them know that meth is a recipe for disaster.

Meth presents us with a formidable challenge. We have faced many other challenges in the past and we can face this one as well. In fact, the history of America is one of meeting challenges and surpassing people's highest expectations. Meth is no exception. All it takes is that we marshal our will and channel the great indomitable American spirit. Through legislative efforts like this bill we will meet this new meth challenge and defeat it.

Mr. BIDEN. Mr. President, three years ago I joined with my distinguished friend and colleague, Senator HATCH, to introduce the "Hatch-Biden Methamphetamine Control Act" to address the growing threat of methamphetamine use in our country before it was too late.

Our failure to foresee and prevent the crack cocaine epidemic is one of the most significant public policy mistakes in recent history. We were determined not to repeat that mistake with methamphetamine.

That 1996 Act provided crucial tools that we needed to stay ahead of the methamphetamine epidemic—increased penalties for possessing and trafficking in methamphetamine and the precursor chemicals and equipment used to manufacture the drug; tighter reporting requirements and restrictions on the legitimate sales of products containing precursor chemicals to prevent their diversion; increased reporting requirements for firms that sell those products by mail; and enhanced prison sentences for meth manufacturers who endanger the life of any individual or endanger the environment while making this drug. We also created a national working group of law enforcement and public health officials to monitor any growth in the methamphetamine epidemic.

I have no doubt that our 1996 legislation slowed this epidemic significantly. But we are up against a powerful and highly addictive drug.

The Methamphetamine Anti-Proliferation Act of 1999—which I have cosponsored—builds on the 1996 Act. First and foremost, it closes the "amphetamine loophole" in current law by making the penalties for manufacturing, distribution, importing and exporting amphetamine the same as those for meth. After all, the two drugs differ by only one chemical and are sold interchangeably on the street. If users can't tell the difference between the two substances, there is no reason why the penalties should be different.

The amendment also addresses the growing problem of meth labs by establishing penalties for manufacturing the drug with an enhanced penalty for those who would put a child's life at risk in the process. We provide the Drug Enforcement Administration with much needed funding to clean up clandestine labs after they are seized as well as to train state local law enforcement officers to handle the hazardous wastes produced in the meth labs and certify them to train their colleagues.

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We provide money for the Drug Enforcement Administration to clean up these toxic sites and certify state and local officials to handle the hazardous byproducts at the lab sites. We provide funds for additional law enforcement personnel—including agents, investigators, prosecutors, lab technicians, chemists, investigative assistants and drug prevention specialists in High Intensity Drug Trafficking Areas where meth is a problem.

We also provide funds for new agents to assist State and local law enforcement in small- and mid-sized communities in all phases of drug investigations and assist state and local law enforcement in rural areas.

Further, the legislation provides much needed money for prevention, treatment and research, including clinical trials. It asks the Institute of Medicine to issue a report on the status of pharmacotherapies for treatment of amphetamine and methamphetamine addiction.

I understand that the scientists at the National Institute on Drug Abuse are making headway in isolating amino acids and developing medications to deal with meth overdose and addiction.

We also have a provision that would allow certain doctors to dispense Schedule III, IV and V drugs from their offices to treat addiction. I am glad to see this provision included. Ten years ago, I asked the question: "If drug abuse is an epidemic, are we doing

enough to find a medical 'cure'?' Unfortunately that question is still with us. But today we also have another question: "Are we doing enough to get the 'cures' we have to those who need them?" We have an enormous "treatment gap" in this country. Less than half of the estimated 4.4 to 5.3 million people who need drug treatment are receiving it. Licensing qualified doctors to prescribe certain pharmacotherapies from their offices is a significant step toward bridging the treatment gap.

Also to that end, this bill authorizes \$10 million for treatment of methamphetamine addiction.

The bill also tightens the restrictions on direct and indirect advertising of illegal drug paraphernalia and Schedule I drugs. Under this legislation, it would be illegal for on-line magazines and other websites to post advertisements for such illegal material or provide "links" to websites that do. We crafted this language carefully so that we restrict the sale of drug paraphernalia without restricting the First Amendment.

All in all, I believe that this is a comprehensive bill that attacks the methamphetamine and amphetamine problem from every angle.

Today the Senate also passed the "Date Rape Drug Control Act of 1999," a very important piece of legislation which will place the most stringent controls on GHB, a drug which is being used with increasing frequency to commit rape. I commend Senator ABRAHAM for his efforts to get this bill passed and I thank him for acknowledging my efforts as well.

For nearly five years now, I have been working to raise awareness about date rape drugs including rohypnol and ketamine.

In 1996, I first introduced legislation to schedule these drugs under the Controlled Substances Act. This was not a step I took lightly because there is a regulatory procedure in place for scheduling controlled substances. But my view was that the regulatory process would take years to do what needed to be done in months, forfeiting valuable time in the fight to stop these drugs from being used to commit heinous crimes.

Federal scheduling is important for three simple reasons. First, federal scheduling triggers increased state drug law penalties. This is because state law penalties are linked to the level at which a drug appears on the federal controlled substance schedule. Since more than 95 percent of all drug cases are prosecuted at the state level, not by the federal government, federal scheduling is vitally important.

Second, federal scheduling triggers tough federal penalties.

And third, scheduling has proven to work. In 1984, I worked to reschedule Quaaludes from Schedule II to Schedule I. Congress passed the law and the Quaalude epidemic was greatly reduced. Again in 1990, I worked to reclassify steroids as a Schedule III sub-

stance. Congress passed the law and again a drug epidemic that had been on the rise was reversed.

Progress on scheduling date rape drugs has been slow. This past August—four years after I first called for stricter regulations—the Drug Enforcement Administration finally classified ketamine as a Schedule III drug.

Rohypnol has yet to be classified as a Schedule I drug, though we have passed legislation that stipulates that it is subject to federal penalties. Far from perfect, but it is a small step in the right direction.

In 1996, we passed legislation to crack down on those who commit violent crimes—including rape—by giving the victim a controlled substance without that person's knowledge.

As a result of that legislation, this cowardly act is punishable by up to 20 years in prison.

And today the Senate passed legislation that recognizes that GHB is a significant public safety hazard and will result in the drug being designated as a Schedule I substance. At the same time, the legislation recognizes that there is a public health interest here. GHB is currently being studied as a treatment for narcolepsy and this bill goes to great lengths to ensure that this research can continue without undue burdens.

Further, the "Date Rape Drug Control Act" requires the Attorney General to assist in the development of forensic tests to help law enforcement detect GHB and related substances and develop training materials on date rape drugs for police officers. The bill also calls for a national awareness campaign to warn people about the danger of these drugs.

Recently, these date rape drugs have been used in my State of Delaware. Several women at "The Big Kahuna," the largest nightclub in Wilmington have had drugs slipped into their drinks.

This is a serious problem and we must take bold steps, like passing the measure we passed today, to establish strict penalties for this cowardly crime.

I am pleased that the Senate has passed both of these important pieces of legislation today and I hope to see them enacted into law.

Mr. LEVIN. Mr. President, the Senate has now approved a long-time crusade of mine—that of speeding the development and delivery of anti-addiction medications that block the craving for illicit addictive substances. This is one way in which we can fight and win the war on drugs—by blocking the craving for illegal substances. The proposal, which has now passed the Senate as embodied in S. 324, the Drug Addiction Treatment Act, which I introduced in January of this year along with Senator HATCH, Senator MOYNIHAN and Senator BIDEN, will achieve this goal.

Mr. President, the Drug Addiction Treatment Act, reported out of the Ju-

diciary Committee as Sec. 18 of the Methamphetamine Anti-Proliferation Act of 1999, enables qualified physicians to prescribe schedule IV and V anti-addiction medications in their offices, under certain strict conditions. There are a number of reasons why this legislation is necessary. The Narcotic Addict Treatment Act of 1974, requires separate DEA registrations for physicians who want to use approved narcotics in drug abuse treatment and separate approvals of registrants by the U.S. Department of Health and Human Services (HHS) and by state agencies. The result has been a treatment system consisting primarily of large clinics, preventing physicians from treating patients in an office setting or in rural areas or small towns, thereby denying treatment to thousands in need of it. Additionally, experts say that many heroin addicts who want treatment are often deterred because of the stigma that is associated with such clinics.

The medications Buprenorphine and Buprenorphine/naloxone combination have proven to be effective blockers of craving for heroin. Dr. Alan Leshner, Director of the National Institute on Drug Abuse (NIDA) substantiates this finding in the "many NIDA funded studies [that] support the effectiveness, safety and efficacy of Buprenorphine and buprenorphine combined with naloxone for the treatment of opiate dependence."

The intent of the Drug Addiction Treatment Act, S. 324, is to make it possible for medications like Buprenorphine, because of the unlikelihood of diversion or abuse, to be used effectively to block the craving for heroin. To do this, the medication must be made available in physician offices and there must be safeguards that such availability is not abused. The protections in the legislation against such abuse are as follows: Physicians may not treat more than 20 patients in an office setting unless the Secretary adjusts this number; the Secretary, as appropriate, may add to these conditions and allow the Attorney General to terminate a physician's DEA registration if these conditions are violated; and the program may be discontinued within three years after the date of enactment, if the Secretary and Attorney General determine that this new type of decentralized treatment has not proven to be an effective form of treatment.

States may opt out of the provision. Also, nothing in the waiver policy is intended to change the rules pertaining to methadone clinics or other facilities or practitioners that conduct drug treatment services under the dual registration system imposed by current law. In crafting the waiver provisions of this legislation, we consulted with the U.S. Department of Health and Human Services, including the Federal Drug Administration, and the Drug Enforcement Administration.

The National Institute on Drug Abuse (NIDA), in collaboration with a

private pharmaceutical company developed Buprenorphine for the treatment of heroin addiction. Because of the reluctance of the pharmaceutical industry to become involved in developing anti-addiction medications, NIDA has played an active role in supporting research at every step of the drug development process. NIDA's Medications Development Division has been working to accelerate the identification, evaluation, development, and approval of new medications to treat drug addiction, which I call anti-addiction drugs. Through this process, NIDA has been able to bring a number of effective medications into drug treatment. In the case of Buprenorphine products, NIDA has supported research for many years which indicates that the medication is effective in blocking the craving for heroin.

Mr. President, the crisis of illegal drug use continues to cost society both in human toll and in the loss of billions of dollars each year. Consider the startling and compelling findings of the January 1995 Institute of Medicine Report, which estimates the cost to society for drug abuse and dependence treatment at \$66.9 billion in 1990 alone, and estimated the cost of drug-related crime at \$46 billion that same year. A 1995 report of the Office of National Drug Control Policy tells us that users of illegal drugs spent \$48.7 billion on the purchase of illicit substances to feed their addiction.

Recent findings of the Monitoring the Future Program, headed by Dr. Lloyd Johnson of the University of Michigan, indicates that heroin use among American teens doubled between 1991 and 1998, and represents a clear and present danger for a significant number of American young people. Dr. Johnson attributes this to a "sharp increase in use . . . resulting from adoption of non-injectable modes of administration—smoking and snorting, in particular." Dr. Johnson goes on to say that "the very high purity of heroin on the street has made these new developments possible and that unfortunately, a number of those users will become dependent on heroin and will switch over to injection, which is a more efficient way to derive the equivalent high."

The President of the Michigan Public Health Association, Dr. Stephanie Meyers Schim, has spoken out eloquently about the "great problems" of substance abuse. In her recent letter in support of S. 324, she says: Substance abuse affects health care costs, mortality, workers' compensation claims, reduced productivity, crime, suicide, domestic violence, child abuse, and increases costs associated with extra law enforcement, motor vehicle crashes, crime, and lost productivity. Dr. Schim goes on to say, "Buprenorphine will allow drug addicted individuals to maximize everyday life activities, and participate more fully in work day and family activities while seeking the needed treatment and counseling to become drug free".

Dr. James H. Wood, Professor of Pharmacology at the University of Michigan Medical School recently wrote: "One of the most important aspects of your bill is the use of Buprenorphine by well-trained physicians to treat narcotic addiction from their offices, which has the potential to attract and treat effectively sizable populations of currently untreated addicts . . . a major byproduct of this increased treatment, of course, will be reduction in the demand for illicit narcotics in the U.S."

Dr. Thomas Kosten, President of the American Academy of Addiction Psychiatry echoed these sentiments in recent testimony on The Drug Addiction Treatment Act before the House Commerce Committee on Health and Environment, and I quote: ". . . I would like to support the availability of Buprenorphine for office based practice. Addiction is a brain disease and office-based practice is primarily needed for effective treatment of Buprenorphine."

The American Society of Addiction Medicine (ASAM), and the College on Problems of Drug Dependence which is the nation's longest standing organization of scientists addressing drug dependence and drug abuse, have stated that the availability of Buprenorphine in physicians' offices adds a needed expansion of current treatment for heroin addiction. ASAM also cautioned that Buprenorphine will have limited utility if it is tied to the regulatory structure for current treatments of heroin addiction.

There are other compelling reasons why we must expedite the delivery of anti-addiction medications. Of the juveniles who land behind bars in state institutions, more than 60 percent of them reported using drugs once a week or more, and over 40 percent reported being under the influence of drugs while committing crimes, according to a report from the Bureau of Justice Statistics. Drug-related incarcerations are up and we are building more jails and prisons to accommodate them—more than 1000 have been built over the past 20 years. According to the July 14, 1999 Office of National Drug Control Policy Update, and I quote: "Drug-related arrests are up from 1.1 million arrests in 1988 to 1.6 million arrests in 1997—steady increases every year since 1991."

These sentiments were also expressed during a May 9, 1997 Drug Forum on Anti-addiction Research, which I convened along with Senator MOYNIHAN, Senator BOB KERREY and other members of the Senate. Forum participants, including distinguished experts such as Dr. Herbert Kleber and Dr. Donald Landry of Columbia University, Dr. Charles Schuster of Wayne State University and Dr. James Woods of the University of Michigan, made it crystal clear that time is of the essence—we must act expeditiously on new treatment discoveries that block the craving for illicit addictive substances.

Mr. President, I received a very supportive letter from HHS Secretary Donna Shalala: "I am especially encouraged by the results of published clinical studies of Buprenorphine. Buprenorphine is a partial mu opiate receptor agonist, in Schedule V of the Controlled Substances Act, with unique properties which differentiate it from full agonists such as methadone or LAAM. The pharmacology of the combination tablet consisting of Buprenorphine and naloxone results in . . . low value and low desirability for diversion on the street. Published clinical studies suggest that it has very limited euphorogenic affects, and has the ability to precipitate withdrawal in individuals who are highly dependent upon other opioids. Thus, Buprenorphine and Buprenorphine/naloxone products are expected to have low diversion potential. Buprenorphine and Buprenorphine naloxone products are expected to reach new groups of opiate addicts—for example, those who do not have access to methadone programs, those who are reluctant to enter methadone treatment programs, and those who are unsuited to them (this would include for example, those in their first year of opiates addiction or those addicted to lower doses of opiates). Buprenorphine and Buprenorphine/naloxone products should increase the amount of treatment capacity available and expand the range of treatment options that can be used by physicians. Secretary Shalala went on to say, "Buprenorphine and Buprenorphine/Naloxone would not replace methadone. Methadone and LAAM clinics would remain an important part of the treatment continuum."

Mr. President, a companion bill has been introduced and reported out of Committee in the House. It is my hope that full House will act as expeditiously as the Senate on this important legislation.

Mr. BIDEN. Mr. President, 3 years ago I joined with my distinguished friend and colleague, Senator HATCH, to introduce the Hatch-Biden Methamphetamine Control Act to address the growing threat of methamphetamine use in our country before it was too late. Our failure to foresee and prevent the crack cocaine epidemic is one of the most significant public policy mistakes in recent history. We were determined not to repeat that mistake with methamphetamine.

That 1996 act provided crucial tools that we needed to stay ahead of the methamphetamine epidemic—increased penalties for possessing and trafficking in methamphetamine and the precursor chemicals and equipment used to manufacture the drug; tighter reporting requirements and restrictions on the legitimate sales of products containing precursor chemicals to prevent their

diversion; increased reporting requirements for firms that sell those products by mail; and enhanced prison sentences for meth manufacturers who endanger the life of any individual or endanger the environment while making this drug. We also created a national working group of law enforcement and public health officials to monitor any growth in the methamphetamine epidemic.

I have no doubt that our 1996 legislation slowed this epidemic significantly. But we are up against a powerful and highly addictive drug. The Methamphetamine Anti-Proliferation Act of 1999—which I have cosponsored—builds on the 1996 act. First and foremost, it closes the “amphetamine loophole” in current law by making the penalties for manufacturing, distribution, importing and exporting amphetamine the same as those for meth. After all, the two drugs differ by only one chemical and are sold interchangeably on the street. If users can’t tell the difference between the two substances, there is no reason why the penalties should be different.

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Mr. MOYNIHAN. Mr. President, I rise to commend the Senate for unanimously passing the Drug Addiction Treatment Act of 1999 (S. 324), as Title II, Subsection B, of the DEFEAT Meth Act of 1999 (S. 486). The Senate’s action today marks a milestone in the treatment of opiate dependence. The Drug Addiction Treatment Act increases access to new medications, such as buprenorphine, to treat opiate addiction. I thank my colleagues Senator

LEVIN (whose long-term vision inspired this legislation), Senator HATCH, and Senator BIDEN for their leadership and dedication in developing this Act, and I look forward to seeing the Drug Addiction Treatment Act of 1999 become law.

Determining how to deal with the problem of addiction is not a new topic. Just over a decade ago when we passed the Anti-Drug Abuse Act of 1988, I was assigned by our then-Leader ROBERT BYRD, with Sam Nunn, to co-chair a working group to develop a proposal for drug control legislation. We worked together with a similar Republican task force. We agreed, at least for a while, to divide funding under our bill between demand reduction activities (60 percent) and supply reduction activities (40 percent). And we created the Director of National Drug Control Policy (section 1002); next, "There shall be in the Office of National Drug Control Policy a Deputy Director for Demand Reduction and a Deputy Director for Supply Reduction."

We put demand first. To think that you can ever end the problem by interdicting the supply of drugs, well, it's an illusion. There's no possibility.

I have been intimately involved with trying to eradicate the supply of drugs into this country. It fell upon me, as a member of the Nixon Cabinet, to negotiate shutting down the heroin traffic that went from central Turkey to Marseilles to New York—"the French Connection"—but we knew the minute that happened, another route would spring up. That was a given. The success was short-lived. What we needed was demand reduction, a focus on the user. And we still do.

Demand reduction requires science and it requires doctors. I see the science continues to develop, and The Drug Addiction Treatment Act of 1999 will allow doctors and patients to make use of it.

Congress and the public continue to fixate on supply interdiction and harsher sentences (without treatment) as the "solution" to our drug problems, and adamantly refuse to acknowledge what various experts now know and are telling us: that addiction is a chronic, relapsing disease; that is, the brain undergoes molecular, cellular, and physiological changes which may not be reversible.

What we are talking about is not simply a law enforcement problem, to cut the supply; it is a public health problem, and we need to treat it as such. We need to stop filling our jails under the misguided notion that such actions will stop the problem of drug addiction. The Drug Addiction Treatment Act of 1999 is a step in the right direction.

Ms. COLLINS. Mr. President, I ask unanimous consent that the committee substitute, as amended, be agreed to, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements related to the bill be printed in the RECORD.

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

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 486), as amended, was agreed to, as follows:

[The bill was not available for printing. It will appear in a future edition of the RECORD.]

ESTABLISHING THE ABRAHAM LINCOLN BICENTENNIAL COMMISSION

Ms. COLLINS. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration of H.R. 1451, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 1451) to establish the Abraham Lincoln Bicentennial Commission.

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 2795

(Purpose: To provide a complete substitute)

Ms. COLLINS. Mr. President, there is a substitute amendment at the desk submitted by Senators HATCH, LEAHY, FITZGERALD, and DURBIN, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Maine [Ms. COLLINS], for Mr. HATCH, for herself, Mr. LEAHY, Mr. FITZGERALD and Mr. DURBIN, proposes an amendment numbered 2795.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Abraham Lincoln Bicentennial Commission Act".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Abraham Lincoln, the 16th President, was one of the Nation's most prominent leaders, demonstrating true courage during the Civil War, one of the greatest crises in the Nation's history.

(2) Born of humble roots in Hardin County, Kentucky, on February 12, 1809, Abraham Lincoln rose to the Presidency through a legacy of honesty, integrity, intelligence, and commitment to the United States.

(3) With the belief that all men were created equal, Abraham Lincoln led the effort to free all slaves in the United States.

(4) Abraham Lincoln had a generous heart, with malice toward none and with charity for all.

(5) Abraham Lincoln gave the ultimate sacrifice for the country Lincoln loved, dying from an assassin's bullet on April 15, 1865.

(6) All Americans could benefit from studying the life of Abraham Lincoln, for Lincoln's life is a model for accomplishing the "American Dream" through honesty, integrity, loyalty, and a lifetime of education.

(7) The year 2009 will be the bicentennial anniversary of the birth of Abraham Lincoln, and a commission should be established to study and recommend to Congress activities that are fitting and proper to celebrate that

anniversary in a manner that appropriately honors Abraham Lincoln.

SEC. 3. ESTABLISHMENT.

There is established a commission to be known as the Abraham Lincoln Bicentennial Commission (referred to in this Act as the "Commission").

SEC. 4. DUTIES.

The Commission shall have the following duties:

(1) To study activities that may be carried out by the Federal Government to determine whether the activities are fitting and proper to honor Abraham Lincoln on the occasion of the bicentennial anniversary of Lincoln's birth, including—

(A) the minting of an Abraham Lincoln bicentennial penny;

(B) the issuance of an Abraham Lincoln bicentennial postage stamp;

(C) the convening of a joint meeting or joint session of Congress for ceremonies and activities relating to Abraham Lincoln;

(D) a redesignation of the Lincoln Memorial, or other activity with respect to the Memorial; and

(E) the acquisition and preservation of artifacts associated with Abraham Lincoln.

(2) To recommend to Congress the activities that the Commission considers most fitting and proper to honor Abraham Lincoln on such occasion, and the entity or entities in the Federal Government that the Commission considers most appropriate to carry out such activities.

SEC. 5. MEMBERSHIP.

(a) NUMBER AND APPOINTMENT.—The Commission shall be composed of 15 members appointed as follows:

(1) Two members, each of whom shall be a qualified citizen described in subsection (b), appointed by the President.

(2) One member, who shall be a qualified citizen described in subsection (b), appointed by the President on the recommendation of the Governor of Illinois.

(3) One member, who shall be a qualified citizen described in subsection (b), appointed by the President on the recommendation of the Governor of Indiana.

(4) One member, who shall be a qualified citizen described in subsection (b), appointed by the President on the recommendation of the Governor of Kentucky.

(5) Three members, at least one of whom shall be a Member of the House of Representatives, appointed by the Speaker of the House of Representatives.

(6) Three members, at least one of whom shall be a Senator, appointed by the majority leader of the Senate.

(7) Two members, at least one of whom shall be a Member of the House of Representatives, appointed by the minority leader of the House of Representatives.

(8) Two members, at least one of whom shall be a Senator, appointed by the minority leader of the Senate.

(b) QUALIFIED CITIZEN.—A qualified citizen described in this subsection is a private citizen of the United States with—

(1) a demonstrated dedication to educating others about the importance of historical figures and events; and

(2) substantial knowledge and appreciation of Abraham Lincoln.

(c) TIME OF APPOINTMENT.—Each initial appointment of a member of the Commission shall be made before the expiration of the 120-day period beginning on the date of enactment of this Act.

(d) CONTINUATION OF MEMBERSHIP.—If a member of the Commission was appointed to the Commission as a Member of Congress, and ceases to be a Member of Congress, that member may continue to serve on the Commission for not longer than the 30-day period