

It is clear that fewer kids are seeing drug use as dangerous. It is clear that drug use is increasingly glorified in our popular culture, in movies, music, and on TV. It is clear that legalization themes are gaining a wider circulation among our elite media and cultural leaders. With all of these things happening under our very noses, it is clear that we have a crisis on our hands.

Today, there are some 3 million hardcore addicts in this country. Reflect for a moment on how we got this population. Most of these individuals decided to use drugs the last time this country flirted with idea that drugs were OK. Their decision in the 1960's, 1970's, and early 1980's left us with a major abuse problem. We were making progress, however, in keeping new generations from making the same mistake. That is now changing. And it is changing rapidly. We face a problem of major dimensions. In that context, we need to have a clear idea of what we need to be doing. We need to know how we are going to make a difference.

Unfortunately, as I read the present strategy, I do not come away with a sense that we have a plan that comes to grips with the problem.

According to section 1005 of the Anti-Drug Abuse Act of 1988, the drug czar is required to submit to Congress each year a strategy that includes "long-range goals for reducing drug abuse in the United States," and short-term objectives which the Director determines may be realistically achieved in the 2-year period beginning on the date of the submission of the Strategy." It was the intent of Congress that this strategy include standards of measurement so that we could see what was being achieved. Last year, I wrote Mr. McCaffrey on this issue and made it clear that Congress expected to see clear, straightforward language on measurable standards. The House communicated a similar message.

What we find, however, is a series of goals and objectives that contain no measurable standards. What we find is the promise that at some future date we will see an effort to have such standards. What we find is a watering down of our drug control efforts by trying to present vague guidelines in a 10-year strategy that does not address our present crisis in teenage drug use.

We know from every survey on drug use done in this country that teen use of drugs is increasing dramatically. We know that increasingly kids see fewer dangers in using drugs. We know that kids at younger ages are starting to use drugs. We know that the legalization movement in this country is working overtime to get dangerous drugs accepted as part of normal life.

In my view, when we are failing in our goal to keep kids off drugs, we are failing in our job. The present strategy does not tell us how we are going to reverse this trend. Certainly, vague goals and objectives and the effort to bury the need for decisive action in a 10-year approach falls short of the mark.

This strategy is disappointing and it seeks to avoid accountability. We are in the midst of a crisis of teenage drug abuse and increasing legalization talk. Yet, the strategy avoids addressing this crisis in a clear and straightforward way. It tries to bury this crisis in tables and charts that talk about progress made in reducing drug use in the 1980's and early 1990's. This is a sandwich without the beef.

IT'S FOR KIDS

Mr. GRASSLEY. Mr. President, what responsible parent has not forgone something he or she wanted for the benefit of a child? We make sacrifices today for the tomorrows of our children. We defer doing things, we give up buying something, we go out of our way.

But it is not just in our own lives that we do things for our children's sake. We support public education. We pass safety laws. We take steps to ensure the well-being of kids. We do this out of responsibility as parents. We do this as members of a civilized community that knows the importance of investing in its future through future generations.

Those of us who are adults today benefited from the efforts and sacrifices our parents made on our behalf. And their parents before them.

It is in acknowledgment of these simple truths that I wanted to talk briefly about this Nation's drug problems. I want to talk about the serious challenge that we face to the health and well-being of our tomorrows in the lives of our children today.

While we were out on the recent recess, something happened that needs concern us. In essence that was the advancement of an effort to legalize drugs in this country. It was not a fair fight. The American public, overwhelmingly, in just about every opinion vehicle I can think of, has indicated its enduring opposition to drug legalization. The well-funded legalization lobby knows this. They know they cannot fight for legalization on the merits. They cannot tell the truth about what their real agenda is. So they resort to weasel words and fast talk. As the old saying goes, you can fool some of the people some of the time, and that's usually good enough.

What I'm talking about in this case is that those who promote legalization of drugs have resorted to appealing to the public's sense of care and concern for the sick and dying to promote drug legalization. The notion that is advanced by the legalization advocates and their money men is that smoking marijuana is a treatment for a number of physical disabilities and terminal illnesses. Relying on anecdotal evidence and the exploitation of the public's generous and caring impulses, they have slipped in legalization measures in two States and are targeting a number of others for similar treatment. They are also using this ap-

proach to go around Federal controls on illegal drugs and international treaties that commit the United States to maintaining adequate drug control policies.

Briefly, I want to review what is being claimed and the tactics that have been used. First, let's recall a little history. We are not inexperienced in this country in seeing the medicalization of dangerous substances. At one time in this country, individuals and businesses could market anything as a medicine and make any claim for its effectiveness. In this fashion, opiates and cocaine were freely marketed in nostrums sold over the counter and through the mail. The makers of these drugs claimed miracle cures for their products. They also had endless testimonials from satisfied customers on how well the products performed. Here was no evidence for the claims, however. There was an increasing number of addicts, hooked on self-administered, dangerous substances marketed as medicine. As a recent article in the *New Republic* noted, as a result of these freely available over-the-counter drugs, addiction in this country soared in the early years of this century. Public health officials estimated that 1 in 200 Americans, including children, were addicted.

In addition to marketing these dangerous drugs, unscrupulous businesses, and individuals also sold many concoctions made from unknown ingredients. And they made claims that these could cure anything that ailed humanity.

Again, they could call upon boxcars full of anecdotes to support their claims. We have coined a word for these so-called medicines. We call them snake oil. We also have a word for the people who pushed them—snake oil salesmen or quacks. Our grandparents, who had to deal with these practices, woke up to the fraud that was being perpetrated on the public. They realized that dangerous drugs were creating a major addiction problem. They realized that unknown ingredients were doing great harm, either directly by poisoning people, or by keeping people from seeking real treatments for real problems. They demanded better. They demanded that we control dangerous drugs sold to the public. They insisted on truth in advertising. And they required scientific support to establish the value of things offered to the public as medicine.

In addition, they also took steps to ban dangerous drugs and to determine what drugs had medical uses that also could be demonstrated to be safe and effective. Based on this experience, our predecessors in this body passed the Pure Food and Drug Act in 1906. They created the Food and Drug Administration in 1938 to ensure the availability of safe medicine. They also passed a variety of laws to deal with the use and distribution of dangerous drugs. We have continued these efforts.

Among more recent efforts, were the development of schedules for drugs

that laid out categories for dangerous drugs and their proper control in the Controlled Substances Act of 1970. These schedules include a classification of drugs for their potential for abuse and their medical value. This scheduling system gives us a handle on what science and experience continue to tell us about dangerous drugs. Marijuana, along with PCP and LSD, are included in the category of drugs with a high potential for abuse and no recognized medical use in its smoked form.

But we have not stopped here. In response to public pressure in our last major drug epidemic, we created the drug czar's office to help coordinate our national efforts. We mandated better coordination of Federal efforts through high-intensity drug trafficking areas. In addition, this body continues these efforts. We have spent a good deal of legislative time insisting that our international partners also take steps to stop the production and distribution of dangerous drugs. We are signatories to various international treaties, such as the 1988 U.N. convention, that commits us to maintaining a drug-free environment.

These facts do not mean that various individuals stop trying to smuggle illegal drugs and sell them to the public. It does not mean that unscrupulous business enterprises or individuals stop trying to sell snake oil to the public. We cannot afford to abandon lightly the idea that things offered to the public as medicine must meet exacting standards and scientific validation.

We must be cautious when confronted with sophisticated advertising campaigns that seek to circumvent Federal and State laws and establish procedures for determining safe and effective medicines.

Indeed, it should give us pause if any group seeks to push a so-called medicine through the electoral process. One has to stop and ask why. If the motive is to provide a medicine, why is it that this so-called medicine requires an effort to by-pass science, to ignore experience, and to rely on methods wholly unsuited to the concern at hand. What we see is that various individuals are resorting to testimonials, anecdotes, and junk science. They do this to legitimize the notion that marijuana should be made available for just about any condition one can name. This is not a path that leads us to responsible public policy, sound medical practice, or a caring and compassionate approach to the sick.

In the case of medical marijuana, we see an effort underway that seeks to by-pass good science and responsible medicine. There is no valid science that demonstrates the medical usefulness of smoking marijuana.

Indeed, as recently as February 1994, the U.S. District Court in Washington, DC, denied a petition by marijuana legalization groups to have marijuana rescheduled. Not only did the court deny the petition of the legalizers, it specifically noted that their appeals for re-

scheduling were based on anecdotes and testimonials. No valid scientific studies were offered to support their claims. As the opinion notes each of the various legalization experts admitted, under oath, that he was basing his opinion on anecdotal evidence, on stories he heard from patients, and on his impressions about the drug. The science supporting the claims was not there.

In fact, there is considerable and growing evidence to the contrary. Many of the carcinogens that accompany tobacco are present in similar or greater quantities in marijuana smoke. Moreover, a growing body of evidence indicates the serious, harmful, long-term effects for health and mental development from smoking marijuana. No major medical association or research institute supports the claim for the medical uses of smoking marijuana. The claims remain anecdotal. No major industrialized country endorses its medical use. Just recently, Holland, which condones limited public use of marijuana, has noted no medical utility for marijuana.

On the contrary, the principal source of support for marijuana as a medicine comes from groups that favor legalization of drugs. Again, one ought to ask what is really going on when it is not the medical community clamoring for action but rather lobbying groups that seek to legalize certain drugs.

Major funding for campaigns to support the idea of marijuana as medicine comes for individuals and groups that favor drug legalization or liberalization. The major support for the effectiveness of marijuana as a medicine comes from anecdotes. It is not based on science because the science doesn't support the claims. The legalization groups know this and have hit upon methods to try to legalize drugs, at this point marijuana, by other means.

They make no pretense among themselves about the agenda. They do, however, resort to misdirection in their public pronouncements. Thus, they exploit the public's trust and goodwill to accomplish an agenda that the public has repeatedly opposed. This is not about medicine for sick people but about playing on people's sympathies to legalize a dangerous drug.

They have sought to turn responsible public policy on its head. It is their argument that drugs are dangerous because they are illegal, not that they are illegal because they are dangerous. They would have us believe that our real problem is only the laws that make heroin or cocaine or marijuana or methamphetamine illegal for anyone to buy and use as they see fit.

They would have us forget our own experiences. They would have us disregard the wisdom of our grandparents and others who learned a bitter lesson all those years ago. As Bill Bennett said, drugs are illegal because they are dangerous. They are not dangerous because they are illegal. We forget that simple reality at our great cost. And it will be our kids who will pay the price.

As another old saying goes, fool me once shame on you. Fool me twice, shame on me.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. NICKLES. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

THE 125TH ANNIVERSARY OF SHEPHERD COLLEGE

Mr. BYRD. Mr. President, from a practical standpoint, education is fundamental to a society interested in securing a better future for generations to come. But, on a more personal level, I can think of few things in life that provide for the kinds of pleasure, growth, and sense of self-worth as does the acquiring of an education.

Today, I wish to pay tribute to a long-standing pillar of education in West Virginia—Shepherd College. Shepherd College, in Jefferson County, was founded 125 years ago yesterday.

This school, which is located in West Virginia's oldest town, is proof that we can preserve our heritage and traditions at the same time we are preparing ourselves for the challenges of tomorrow. With its roots firmly planted in history, Shepherd College continues to evolve and prepare for the challenges of the new millennium.

Shepherd College first opened in September 1871, as a private school in a single building that had previously served as the Jefferson County Courthouse, and today bears the name McMurrin Hall, in honor of Shepherd College's first principal, Joseph McMurrin. McMurrin and two assistant professors were hired that year to teach the 42 students who were instructed "in languages, arts and sciences."

On February 27, 1872, the West Virginia Legislature passed an act establishing Shepherd College as a four-year school, dedicated to the training of teachers, and accredited to bestow the Bachelor of Arts degree. A liberal arts program was approved in 1943, and in 1950, the Bachelor of Science degree was added.

Today, Shepherd College, part of the State College System of West Virginia, boasts 3,700 students who are enrolled in 80 different fields of study.

In recent years, more than a dozen new buildings have been added to the campus. I am proud to have played a role in that growth by adding funds to federal appropriations bills for the school's new Science and Technology Center. The new Center is intended to help prepare students in fields such as computer science, environmental science, biology, and chemistry—areas of education which are critical to the future ability of our nation to compete