

determining the eligibility of occupants and rental charges, including criteria and procedures with respect to periodic review of tenant incomes and periodic adjustment of rental charges.

"(2) Procedures adopted by the Secretary hereunder shall provide for recertifications of the incomes of the occupants, except the elderly and those eligible under subsection (c) (2) (B) hereof, at intervals of 2 years (or at shorter intervals in cases where the Secretary may deem it desirable) for the purpose of adjusting rental charges and annual payments on the basis of occupants' incomes, but in no event shall rental charges under this section for any dwelling exceed the full rental as fixed pursuant to subsection (b) hereof.

"(3) The Secretary may enter into agreements, or authorize housing owners to enter into agreements, with public or private agencies for services required in the selection of qualified tenants including those who may be approved on the basis of the probability of future increases in their incomes, as lessees under an option to purchase (which will give such approved qualified tenants an exclusive right to purchase at a price established or determined as provided in the option) dwellings, and in the establishment of rentals.

"(4) No payments under this section may be made with respect to any property for which the costs of operation (including wages and salaries) are determined by the Secretary to be greater than similar costs of operation of similar housing in the community where the property is situated.

"(f) The Secretary is authorized to make such rules and regulations, to enter into such agreements, and to adopt such procedures as he may deem necessary or desirable to carry out the provisions of this section.

"(g) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section, including but not limited to, such sums as may be necessary to make annual or other periodic payments as prescribed in this section, pay for services provided under (or pursuant to) agreements entered into under) subsection (e), and provide administrative expenses.

"(h) In carrying out the provisions of this section, the Secretary shall give due consideration to section 4 of the Housing and Urban Development Act of 1968, regarding improved architectural design in housing being provided for low and moderate income families."

(b) The amendment made by subsection (a) shall be applicable to contracts for assistance payments entered into after the date of enactment of this Act. The provisions of section 101 of the Housing and Urban Development Act of 1965, as it existed immediately prior to such date, shall be applicable to contracts for assistance payments entered into prior to such date.

By Mr. HATFIELD:

S. 2537. A bill to authorize treatment for certain narcotic addicts. Referred to the Committee on Labor and Public Welfare.

NARCOTICS ABUSE TREATMENT ACT OF 1971

Mr. HATFIELD. Mr. President, I send a bill to the desk which I have entitled the Narcotics Abuse Treatment Act of 1971. And I ask unanimous consent that it be printed in the RECORD at the conclusion of my remarks.

Mr. President, all of us are generally familiar with the growing problem of drug abuse within our country. There are varying estimates as to the number of drug addicts in the United States. They range from 150,000 to 400,000, but the usually quoted figure is 250,000, up to one-half of whom reside in New York

State. Indication of the growth of the problem in recent years is the fact that between 1962 and 1970 there was a 1,000-percent increase in felony prosecutions for the possession or sale of dangerous drugs in Kings County, N.Y.—from 168 in 1962 to 1,861 in 1970. In Philadelphia arrests for narcotic violations increased 678 percent in the 5 years between 1965 and 1970. Estimates for Detroit are a 169-percent increase in the last 2 years for drug related arrests. Officials in Boston have estimated that the addiction rate is increasing perhaps as much as 50 percent per year. And in Virginia it is estimated by the Bureau of Narcotics and Dangerous Drugs that there was an increase of 556 percent during the decade of the 1960's. Yet it has been estimated that each addict commits 120 crimes for each crime that he is arrested.

Besides the cost in human lives and personal tragedy, crime that is caused by drug addiction is also very costly. President Nixon in his June 17, 1971, special message to the Congress pointed to this cost, asserting that it takes between \$30 and \$100 per day per addict to sustain a habit. It has been estimated that each addict in the District of Columbia gets \$50,000 of illegal goods to sustain his habit each year. If Washington, D.C., and New York data are at all representative of the Nation in general, this means that the cost of sustaining drug addiction through illegal means in the United States is in the neighborhood of \$12.5 billion each year. And this does not include government and private expenditures to deal with the problem of addiction, nor does it include courts, police, probation, penal, and other costs.

The Congress has become increasingly aware of the growing magnitude of the addiction problem and has taken steps which in its judgment would help alleviate it. During the 91st Congress, for instance, no less than 20 major bills were introduced to deal with the various aspects of drug abuse. During this, the 92d Congress, further important legislation, focusing on rehabilitative efforts, has been introduced. There remain, however, two key problems: first, there are not at present any claimed rehabilitation techniques that have won a consensus of support; second, if there were such techniques, there would still remain the problem of changing the abuser's motivation so that he or she would want to be rehabilitated. These are not insurmountable obstacles, but it must be realized that it will take a long time before both of these problems can be successfully remedied. In the meantime we will continue to have the soaring drug-caused crime and drug addiction rate unless something is done.

The bill I am introducing today, Mr. President, I believe would overcome the issues I have raised. Specifically, the bill would establish a program within the Department of Health, Education, and Welfare whereby the Secretary can authorize a physician to administer drugs to an addict. The physician would be required to submit an itemized statement to the Secretary containing the costs of the services provided and would also

provide such verifying data as the Secretary requests in order for the addict to benefit from the program. The information regarding the addict would be confidential and not divulged to any person or government entity and not be admissible for any criminal action against the abuser. The cost of the program would be fully borne by the Federal Government. This proposal would not in any way alter present prohibitions against the illegal possession or sale of drugs.

It would, in my opinion, virtually eliminate drug-related crime from our society. And it would save the taxpayer billions of dollars as well. Studies in the cost of methadone maintenance programs, for instance, estimate that an addict can be maintained for \$3,800 annually, which is less than one-third the cost of keeping an addict in prison. Projecting these figures into a national program the cost would be roughly \$950 million per year. Looked at from another perspective, heroin tablets sold in bottles of 100 tablets each cost \$2.16 for each bottle in England, where they have a program roughly the same as I am proposing. Computing this cost into a comparable one in the United States would mean an expenditure of approximately \$10.8 million per year to maintain heroin addicts on a Government program. Yet this expenditure would incur savings of over \$2 billion in potential prison costs and \$12.5 billion in drug-related crime. Consequently, while the budgetary expenditure for the program I am advocating would be in the neighborhood of \$942.5 million, assuming a \$3,800 expenditure per addict, there would be a real savings of approximately \$13.6 billion, let alone the savings in despair and heartache on which no dollar value could be put. But perhaps most importantly, we would virtually eliminate the crime caused by illegal drug trafficking and take a significant step toward completely eradicating the trafficking itself.

The concept I am advocating is not a new one. Between 1919 and 1923 a similar program was instituted in our country but it was halted not because it failed, but because it ran against "the philosophy of a punitive approach," according to the New York Academy of Medicine. Great Britain has also had good success with a similar program. In spite of increases in the rate of addiction during the 1960's, a trend which has definitely reversed, there are, according to one source, just under 3,000 narcotic addicts in England. This is for a total population of 55 million people or a ratio of approximately one addict for every 19,000 people. In the United States the picture is quite different, because it is estimated that there is one addict for every 800 persons: almost 24 times the rate in England. Admittedly, the problem of estimating the number of drug addicts within our country is difficult due to the obvious obstacles encountered under prevailing conditions. Yet, if the data presented here is anywhere near the truth our system of dealing with addiction is in great need of change.

It is my firm belief that the proposal I am offering today would reduce the crime rate in some areas of our Nation by

as much as 85 percent. I say this not as some gesture of rhetoric but on the basis of statements of those who should know, the police. For instance, besides the facts I related earlier, the New York Times of May 12, 1971, quotes Chief Robert Rapp of the Transit Police Department as saying—

More than 85 percent of the people we apprehend are addicts, and they readily tell us the holdups are to feed their habits.

In Washington, D.C., police have blamed up to 80 percent of serious proper crime on drug users. And in Pennsylvania 70 percent of the men serving prison sentences have drug-connected records.

One of the saddest aspects of the drug problem in our country is its increasing frequency among the young. According to one report in the District of Columbia, addicts report that "most heroin users today are between 16 and 25 years of age" and that "drug use begins among youths between 15 and 17 years old." In Detroit police have reported that heroin arrests have increased 442 percent in the 17-to-27 age bracket. Governor Linwood Holton, of Virginia, reports that 90 percent of the drug users in his State are under the age of 30, the youngest addict being 12 years old. In New York in 1967, the average age of the heroin addict was 29; today, it is 21 and, further, 35 percent of the 12,000 addicts under rehabilitative care in New York are under 20. Today, 53 percent of those admitted to the Federal hospital at Lexington are under 19 in contrast to 1936 when 15 percent of those admitted were under 20.

Mr. President, by treating drug addiction as a medical and social problem as envisaged in the legislation I have introduced today, we will have struck a major if not fatal blow to illegal trafficking in drugs, the rapidly growing drug addiction rate in our country, and drug-related crime. By taking drugs off the black market by allowing physicians to administer drugs to addicts there would no longer be the financial incentive for the user to steal in order to support his or her habit.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2537

A bill to authorize treatment for certain narcotic addicts.

NARCOTICS ABUSE TREATMENT ACT OF 1971

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) the Secretary of Health, Education, and Welfare (hereinafter referred to as the "Secretary") is authorized and directed to take such action as he determines necessary to establish and carry out a program pursuant to which physicians approved by the Secretary shall be authorized to administer controlled substances to certain addicts. Any controlled substance administered to any addict pursuant to such program shall be considered as having been administered for a medical purpose.

(b) Any program established and carried out pursuant to this Act shall provide that any physician, approved by the Secretary, administering a controlled substance to any addict on the basis of an Addict Medical Card issued to such addict pursuant to this Act shall, upon submitting an itemized statement to the Secretary containing the costs of such service so provided (together

with such additional verifying data as the Secretary may require) be compensated by the Secretary in the amount set forth in such statement and approved by the Secretary.

Sec. 2. (a) The Secretary, upon receipt by him of an application filed by an addict in accordance with regulations promulgated by the Secretary, is authorized to issue to such addict an Addict Medical Card which shall entitle such addict to the benefits provided for under any program established pursuant to the first section of this Act.

(b) Any such card so issued shall be in such form and contain such information (for identification purposes only) as the Secretary shall by regulation prescribe.

Sec. 3. (a) Subject to the provisions of subsection (b) of the first section of this Act, all records, information, and other data acquired by any physician in connection with the treatment of any addict under any program carried out pursuant to this Act shall be confidential and, except with the specific approval of such addict, shall not be divulged, distributed, disseminated or otherwise made available to any person, or governmental entity, or be admissible as evidence in any criminal action against such addict.

(b) No records, information, or other data acquired by the Secretary, in the administration of any program authorized by this Act, in connection with the treatment of any addict shall be divulged, distributed, disseminated or otherwise made available to any person or governmental entity without the specific approval of such addict, or be admissible as evidence in any criminal action against such addict.

Sec. 4. The Secretary is authorized to issue such regulations as he may determine necessary to carry out the provisions of this Act.

Sec. 5. As used in this Act, the term—

(1) "physician" means any individual authorized by Federal or State law to practice medicine;

(2) "addict" shall have the same meaning as that provided in section 102(1) of the Controlled Substances Act;

(3) "controlled substance" shall have the same meaning as that provided under section 102(6) of the Controlled Substances Act;

(4) "administer" means the direct application of a controlled substance to the body of a patient whether such application be by injection, inhalation, ingestion, or other means;

(5) "person" means any individual, corporation, partnership, association, agency (public or private), or other entity; and

(6) "governmental entity" means any department, agency or instrumentality of the United States or any State, or any political subdivision thereof, or any officer or employee thereof.

Sec. 6. There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this Act.

By Mr. ALLEN (for himself, Mr. SPARKMAN, and Mr. BAYH):

S. 2538. A bill to amend the Appalachian Regional Development Act of 1965 to extend its coverage to Greene County, Ala. Referred to the Committee on Public Works.

Mr. ALLEN. Mr. President, I am sure all will agree that one of the legislative highlights of the 92d Congress to date was the recent passage of legislation to extend the Appalachian regional development program. To my way of thinking, the Appalachian Regional Development Act passed by the Congress 6 years ago is one of the most novel and innovative laws in the history of American Government. Since 1965, the programs

authorized under the act have been helping the people of a region which stretches across 13 States from the southern tier of New York to the northern corner of Mississippi to better develop the institutions and facilities that will enable them to participate more fully in the economic growth of our Nation.

The hallmark of the Appalachian program is that it embraces the concept of States' rights in that no project can be funded unless it springs from local initiative and local planning. In addition, the program largely devotes itself to the making of permanent improvements such as the building of hospitals, highways, vocational schools, water and sewerage treatment plants and other facilities which will serve not only this generation but future generations in Appalachia. I only wish that more of our Federal assistance programs embraced the unique and highly successful concepts of the Appalachian program, both from the standpoint of intergovernmental cooperation and in connection with the distribution of funds and how they are to be spent.

In keeping with the economic, social, and geographic framework of the Appalachian Act, I am today introducing for myself, the distinguished senior Senator from Alabama (Mr. SPARKMAN) and the distinguished junior Senator from Indiana (Mr. BAYH) a bill to bring Greene County, Ala., within the purview of the Appalachian Regional Development Act of 1965, as amended.

Like the overwhelming majority of counties already included in the Appalachian Act, Greene County is marked by severe unemployment and underemployment and by a lack of basic facilities and job services; in fact, I am advised that Greene County has been determined to be the fifth poorest county in the United States in terms of per capita income.

Also like the overwhelming majority of counties already included in the Appalachian Act, Greene County suffers from a severe outmigration problem. While the State of Alabama enjoyed a 5.4-percent growth in population in the 1960-70 decade, the population of Greene County during that time dropped from 13,600 to 10,650, or a decrease of 21.7 percent. Eutaw, the county seat and the largest town in the county, has a population of less than 2,800. It is, therefore, clearly evident that Greene County desperately needs the kind of developmental assistance afforded by the various Appalachian programs which will help to provide the facilities and services necessary to the establishment of a sound economic base.

From a look at a map, it is easily seen that Greene County could, perhaps should, have been included in the 1965 enabling law in that it is contiguous to the Alabama counties of Tuscaloosa and Pickens, which are already included in the Appalachian region as defined in section 403 of the act.

From the foregoing and as I have previously stated, Greene County does, in truth, fall within the economic, social, and geographical framework of the Appalachian Regional Development Act.