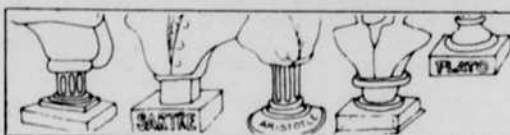




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Bill inspires controversy over commitment process

By B.J. Thomsen
Of the Emerald

SALEM — A bill now in the Oregon State Legislature which would make committing a mentally ill person to treatment while allowing them to remain unconfined possible is meeting organized opposition from the Eugene-based Clearinghouse on Human Rights and Psychiatry.

CHRP spokesman David Oaks testified against the bill at a House Judiciary Committee hearing and has said the bill would allow a "whole array of civil rights violations."

Attorney General Dave Frohnmayer has declared the original draft of the bill unconstitutional and Rep. Mike Kopetski, D-Pendleton, said the bill is now in the process of being redrafted.

The bill was initiated when Kopetski formed an interim committee to explore the problem of how to help the mentally ill who under current Oregon law are not being helped by the state, Kopetski said.

The committee did an 18-month comprehensive study of Oregon's psychiatric care program beginning in July of 1985, he said. After the study was completed, the committee drafted a bill to be presented to the Legislature addressing problems found.

The bill, in addition to expanding commitment criteria, deals with a whole range of issues surrounding psychiatric care, he said, noting that the expanded commitment criteria is the part of the bill that has drawn all the attention because it is perceived as a violation of the patients' civil rights.

He stressed that the bill doesn't change any of the procedural rights every citizen in the country has. "It is still a legal decision made by a judge," he said.

The legislation, if made law, would allow the system to begin treating people who need help before they reach a state of mind bad enough to allow them to be committed, according to Kopetski.

It also would provide a system designed to give judges better access to information, thereby allowing them to make more well-informed decisions about what degree of help a person needs, he said.

An editorial on outpatient commitment which appeared in the October 1986 issue of the American Journal of Psychiatry cited two problems with similar statutes in other states. One is the problem of monitoring patients to ensure they are taking medication; the other is the

"uncertainties about the constitutionality of such practices."

A main concern of CHRP is that patients will be required to take powerful drugs that are known in some cases to be harmful and even fatal.

"Many drugs can kill a person, but we're talking about forceable drugging, so it's a whole different ball game," Oaks said.



Kopetski said he sees no distinction between patients being required to take drugs while confined to a mental institution and patients being required to take drugs while being allowed to remain in the community. He also said that the bill would not change the current time limit of 180 days that a person in Oregon can be legally committed.

Oregon law requires that after a maximum of 180 days of confinement a patient's case must be reconsidered by a judge to determine if that patient requires further commitment and treatment.

Powerful drugs are not the only concern of the nationwide Oregon-based group. "It's a moral issue and an economic issue," according to Oaks.

He and other opponents of the bill contend that there are more cost effective ways to deal with the wayward mentally ill. Group homes, counseling and drop-in centers are examples of how CHRP feels that the \$7.1 million proposed for the bill could be more wisely spent.

"We're not getting much bang for the buck," Oaks said. "We hire \$100,000 psychiatrists to dispense drugs."

The help Oaks advocates would involve a more humanistic approach and have less emphasis on drugs, he said.

Oaks said that once, 10 years ago, he himself was forced to take medication against his will. The incident occurred during a period when he said he was having some problems while attending college, and he said he has been involved in the issue ever since.

Oaks favors taking that money and hiring people to run group homes where these people could go to get help.



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