

# EDITORIAL/OPINION

## Illiteracy, a National Problem

The United States once claimed that almost 99 percent of its citizens could read. According to a new study, at least 27 million Americans cannot read a label on a medicine bottle or address an envelope.

In addition, 46 million people are marginally literate—their reading and writing skills are so inadequate they cannot complete a job application or pass a written driver's license test without help.

For years many viewed the problem of illiteracy as mostly a Black and Hispanic problem. This is a false assumption, when in fact the number of Black and Hispanic illiterate persons is half that of the illiterate White population.

Illiteracy is a serious problem that crosses

all ethnic groups. It is a national problem. It is estimated that illiteracy costs the nation \$20 billion annually in military waste, welfare, prison maintenance, accidents, and welfare payments.

In addition, the government estimates that illiteracy is responsible for \$308 billion in unrealized life-time earnings and tax revenues of illiterates between the ages of 25 and 34.

In order to correct this problem, the federal government, working in conjunction with the private and public sector, should implement sound concrete programs to address this distressing problem.

Unless the problem of illiteracy is given top priority in our society, we will have a new permanent underclass in this country.



JAN BRYAN DISCUSSES HER RELATIONSHIP WITH A SUBSTANCE ABUSER TO FRED WILLIAMS OF DE PAUL CENTER, INC.

Photo by Richard J. Brown

## De Paul Center Offers Co-Dependents Workshop

by Jerry Garner

The problem of drug and alcohol abuse in society has reached crisis proportion. Drugs are used universally for pleasure and medicinal purposes around the world. The average American family has about thirty different drugs in its medicine cabinet and numerous alcohol beverages in its liquor cabinet. This doesn't include illicit drugs.

Since only a small percentage of substance abusers avail themselves of the opportunity for help, many do not receive the help they need. Realizing this, the Community Recovery and De Paul Center has developed an outreach program called Project of Community Recovery.

Project for Community Recovery was established in July 1984 to bring quality, multicultural alcoholism and drug addiction treatment services to Portland's North/Northeast Community. The program offers a workshop for co-dependents (spouses, relatives, or close friends of someone with a drug or alcohol addiction).

The main focus of this program is education and intervention. Presentations are given, free of charge, to co-dependents informing them of the symptoms and progression of substance abuse, as well as available community resources.

The program consists of a series of five lectures:

- Week I Introduces the co-dependents to patterns of African-American alcohol usage; the seven stages of family development under stress of chemical dependency; and needs and strategies for intervention.
- Week II Explores the disease mo-

del of chemical dependency and outlines the distinct stages of chemical abuse.

Week III Defines the facts and myths about co-dependency and a format for co-dependency assessment and discusses alternatives for recovery.

Week IV Focuses on how the disease of chemical dependency affects family members, and how they help perpetuate the disease. During the week, a model is introduced to restructure the dysfunctional family.

Week V Explores the phenomenon of physical dependency and withdrawal symptoms, as well as other biological aspects of alcohol and drug use.

Participants who complete the series receive a certificate of completion from Project for Community Recovery.

In spite of the valuable resources Project for Community Recovery offers to the African-American community, participation from the community has been lukewarm, said Frederick Williams. "Although drug and alcohol abuse is a serious problem in our community, African-Americans aren't utilizing the services that are available to them."

William, who is the Director of Community Development for the De Paul Center, is promoting the outreach program in the African-American community. The South Carolina native formerly served as Director of the Minority Students Program at the University of Portland

for eight years. Williams said he has contacted a host of churches and community organizations in an effort to make the African-American community aware of Project for Community recovery and other programs that deal with alcohol and substance abuse.

Williams said, "I've made contact with several churches in the African-American community. So far, only three—St. Andrews, Immaculate Heart, and Maranatha—have responded. The pastors at St. Andrews and Immaculate Heart have let me address their congregation to restructure the dysfunctional family. I am planning on meeting with the youth counselors at Maranatha to explain the program to them."

Williams said it is important that African-Americans take advantage of the services. "One of the most common attitudes of co-dependents is that the drug or alcohol condition, if left untreated or denied, will improve. It is a progressive disease, and there is no waiting for it to get better. It isn't going to happen. The problem will only get worse."

Furthermore, he said, unless more people start utilizing the program and the assessment and outpatient services at 735 N. Alberta, it is a possibility that both services could be cut back. This, says Williams, would be tragic.

If you are interested in learning a structured confrontation intervention method to get the addicted individual into treatment, attend the lecture series on Monday nights, 7:00 p.m. to 9:00 p.m., at the King Neighborhood Facility which is located at 4815 N.E. 7th, or contact Fredrick Williams at 282-2468.

## Healthwatch

by Steven Bailey, N.D.



The recent study on the effects of oral contraceptives as reported by the New England Journal of Medicine, Vol. 315, Aug. 14, 1986, provides further support for the contention that oral contraceptive use does not increase the risk of developing breast cancer. The relationship between the use of "birth control pills" and the development of breast cancer has been an area of debate since the early 60's. This study conducted by the Center for Disease Control in Atlanta compared nearly 5,000 women who used oral-contraceptives with 5,000 randomly selected women located in the same geographical area. The statistical analysis of the data showed no difference between the two groups.

This should come as good news to the millions of women who have used oral-contraceptives since the early 60's. The report does suggest that the long-term effects cannot be analyzed until there exists long-term use with each of the common formulations, so the final evaluation of safety is yet to be completed.

Both the original article and the subsequent Journal editorial clearly mention that other side effects of the use of oral-contraceptives were not addressed by this study. Probably the most important of these side effects are the influence long-term use has on the development of

cardiovascular disease. Some articles and research has suggested that long-term use causes up to 5 times the severity and mortality in women with cardiovascular disease. Other reports have lower levels of increased side effects, but most major studies have mentioned a probable increase in these diseases due to the use of oral contraceptives.

There are a number of things that can be considered in the use of birth-control medications. Firstly, it is an accepted fact that oral-contraceptives diminish the body's levels of Vitamins B-6 and E. While common formulations of oral-contraceptives do not include additional B-6 and E, it is easy to supplement these on your own. 200 I.U.'s of Vitamin E and 50 mg. of B-6 are easily tolerated by the majority of individuals. Other cardiovascular supports include low-fat diets, exercise, stress management and foods that are high in anti-inflammatory components (fish, onions, garlic, and other sources of E.P.A., a type of fatty acid found in salmon, linseed oil, etc).

As well as trying to buffer the effects of oral-contraceptives, there may be the option of using another method. The I.U.D. is gradually being phased out of common practice due to the numerous law suits and common physical trauma asso-

ciated with its use. Other less dangerous forms of birth control include the diaphragm and cervical caps\* which are barrier methods of control. The use of basal body temperatures, mucus evaluation and monthly cycles can dramatically increase the effectiveness of the "rhythm method". This and the use of condoms are other forms of non-chemical control. While each of these methods requires responsibility on the part of the users, they can, when properly used, provide a safe deterrent to pregnancy. No form of birth control is 100% effective nor 100% safe. The relative effectiveness and safety of each method can be obtained from most physicians, Planned Parenthood or any number of clinics offering birth control information.

The side-effect of an ineffective method is an unwanted pregnancy, and this must be looked at when choosing the method best suited for yourself. Again, if you are uneducated about these methods, consult a licensed provider of these services before making your decision. An educated decision is the best one that anyone can make.

\*Cervical caps are currently under FDA study status, and while used effectively for decades in Europe, can only be dispensed through participating clinics in the U.S.

### Message to the Community of the Utmost Concern

It is not the intention of Inside/Outside People to become a panacea, a relief, for those of us who are involved in crime. We do not wish to coddle men or help them to evade their personal and communal responsibilities to be productive. However, it is our intention to provide much needed attention to release which recidivism breeds.

It is the professional opinion of this writer that recidivism is a direct product of what our penal institutions propagate.

A man is oftentimes released from prison with only those monies earned in prison industries which fluctuates from \$1.00 to \$4.00 a day and 60 percent of these men are released on subsidy which provides

for a bus ticket, \$20.00 cash, food stamps for a month, and placement in a drug-infested hotel downtown where the chances for success are both tedious and non-existent, never having a chance to relax and address more self-saving desires other than the escape from drudgery and desire: An immediate cure, continued drug use and a sure return to crime. Final analysis: return to prison.

Inside/Outside People is an implicit example of a diverse group of people who agree.

We are seeking those who have the same concern as we do to ignite the love of one-to-one's brother, so that together we can bridge the gap that separates our people. From neigh-

borhood to neighborhood, from minister to minister and from church to church, let us as a people come together and heal those old wounds. Together we can solve all our problems and provide for our young people that rooted foundation, that unshakable faith, to overcome all obstacles. Inside/Outside People recognizes our community churches and their determination to reach out. We applaud those ministers who recognize that sin will not take care of itself, and that the church must enter back into the world to do God's will.

Please contact Inside/Outside People, 5003 N.E. 13th, Portland, OR, 282-6055.

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