

OPINION

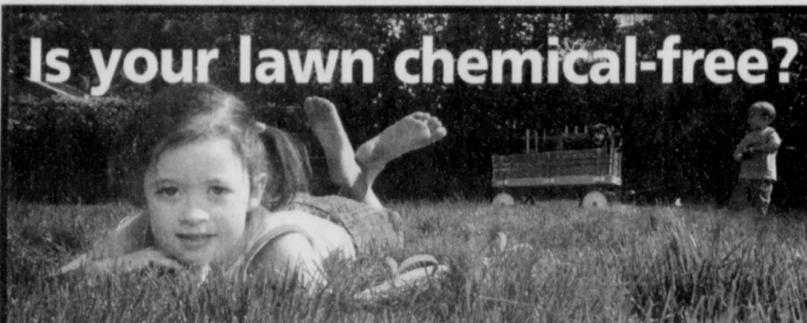
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Get the Discussion Going

Intervention can curtail underage drinking

BY ROBERT E. NIKKEL

When I was in college, I had this great professor whom I really admired. He had a saying that went "Values are caught, not taught."

With apologies to my former teacher, I think the mantra only partially applies to our children and the use of alcohol. Alcohol use among Oregon's youth is on the rise, according to a state survey of more than 18,000 students.

Teaching children and teens about the dangers of alcohol use does include some talking. It's not always an easy conversation to begin but the payoffs of early parental intervention are enormous.

As your children progress through the school years, dealing with peer pressure, academic stress and social challenges, you will have already established a sense of values to help them when faced with the tough decisions and temptations.

Even years down the road when your children are not under your roof 24 hours, the messages you instill in them early on will influence their choices later.

As a parent, I feel fortunate that my children had a good set of values before they left for college. I know that there are some individuals who will never touch alcohol. Others, however, may find themselves going down a path they know is not right for them. Again, it is early, consistent and frequent modeling and messaging that will get

them back on course.

You don't need a formal forum to get the discussion going. Find something that you and your child enjoy doing together - jogging, rollerblading, cycling. Talking with them during these relaxed times will not only help to keep the lines of communication open, but studies also show that children who have close bonds to their families are less likely to use alcohol.

Research shows that children who start drinking before age 15 are

Research shows that children who start drinking before age 15 are four times more likely to become alcoholics than those who start at 21.

four times more likely to become alcoholics than those who start at 21. Don't wait until your children are in junior high school to talk to them about the dangers of alcohol. Set the rules early.

Be an example: If you have a rule about drunk driving, and you should, make sure not to drive when you've been drinking or get in a car with someone who has. Children notice when their parents say one thing and do another.

Recognize good behavior: Emphasize the things your children do right instead of focusing on what's wrong. When parents are quicker to praise than to criticize, children learn to feel good about themselves, and they develop the self-confidence to trust their own judgment.

Be specific: Tell your children the rule and what behavior you expect. For example, you could say, "The law says that you have to be 21 to drink. Our family follows the law."

Develop consequences: If your children are old enough, they can help suggest appropriate and reasonable consequences. It may help to write up a list of rules and consequences for breaking each rule.

Be consistent: Be sure your children understand that the rules are maintained at all times, and that the rules hold true even at other people's houses. Tell your children that if they are at a party where alcohol or illegal drugs are being used, they can call you for a ride home.

That college professor who talked about values being "caught, not taught" was right about a lot of things. But the harmful lifetime consequences of alcohol are so great, we parents have to ensure our kids are "taught."

Robert E. Nikkel is the administrator of the Office of Mental Health and Addiction Services in the Oregon Department of Human Services.

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Aerobics Mallory Ave. Christian Church Mon, Wed, Fri, 6-7am, Pierce • 5:30-6:20pm, Granville • 6:30-7:30pm, Nickerson Humboldt Elementary Tue, Thu, 6-7pm, Keller	Pilates Matt Dishman Mon, 12:15-1:15pm, Jenkins
Low Impact Aerobics Daniel's Memorial Church Tue, 7:15-8:15pm, Granville	Stretching/Body Sculpting (Class courtesy of Matt Dishman) Matt Dishman Tue, Thu, 7-8am, Lois
Water Aerobics (Contact AAHC) Salvation Army Matt Dishman	Walking Group Peninsula Park Sat, 12:30pm, Woods
African Dance Matt Dishman Sat, 10-11am, Addo	Weight Mgmt./Conditioning U. of Portland Indoor Track Tue, Thu, 9-10am, Hasan
Body Conditioning Wild Oats Market Sat, 9:30-10:30am, Nickerson	Yoga Wild Oats Market Tue, Thu, 7:30-8:30pm, O'Rourke

Daniel's Memorial Church, 1234 NE Killingsworth (12th & Killingsworth)	Matt Dishman, 77 NE Knott
Humboldt Elementary, 4915 N Gantenbein	Peninsula Park, 700 N Portland
Mallory Avenue Christian Church (Gym), 126 NE Alberta	Salvation Army, 5325 N Williams
	U. of Portland Indoor Track, 500 N Willamette
	Wild Oats Market, 3535 NE 15th

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Prisons: Our Primary Mental Health Facility

BY BERNICE POWELL JACKSON



In the 19th century many mentally ill patients were locked up in their homes by families embarrassed by their conduct and ignorant about the illness. But with more medical knowledge about the nature of mental illness, this was seen as barbaric and mental hospitals were created to care for these patients.

As problems surfaced with these mental hospitals in the latter half of the 20th century, many were closed with the understanding that community treatment facilities would be put in place for their former patients. But these community-based

the rate of mental illness in our nation's prison population is three times higher than in the general population.

The fact that so many mentally ill persons are incarcerated can be traced directly to our underfunded, disorganized and fragmented community mental health services. When state and local governments shut down the large mental health facilities in the latter part of the 20th century, many people with mental illness, especially those who are poor, without health insurance, homeless and with substance abuse problems, were left without any

services, which prison hospitals or guards are not able to provide, thus ensuring that mentally ill prisoners will deteriorate while they are incarcerated. Although many state prison mental health services have improved over the past two decades, the alarming rise in the number of mentally ill prisoners at the same time as decreasing state budgets has meant that the much-needed services for these prisoners often have not been available.

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Now federal legislation is being proposed by Senator Mike DeWine, R-Ohio and Congressman Ted Strickland, D-Ohio which would provide federal grants to divert mentally ill offenders into treatment programs rather than jail or prison and to improve the quality of mental health services inside our prisons and jails. Called the Mentally Ill Offender Treatment and Crime Reduction Act, it begins to address some of the problems highlighted in the Human Rights Watch report.

services were never adequately funded so today instead of locking our mentally ill up in our homes, it seems we have opted to lock them in prisons and jails.

Indeed, according to a recent study by Human Rights Watch, one in six U.S. prisoners is mentally ill. In fact, there are three times more mentally ill persons in U.S. prisons than in mental health hospitals. And those numbers do not include mentally ill persons who are in jails or juvenile detention facilities. "Prisons have become the nation's primary mental health facilities," said Jamie Fellner, director of Human Rights Watch's U.S. program. They estimate that there are between 200,000 and 300,000 mentally ill prisoners in U.S. prisons. Moreover,

mental health services.

The Human Rights Watch report is based on two years of research and hundreds of interviews with prisoners, corrections officials, mental health experts and attorneys. It tells of prisoners who rant, rave, babble incoherently, talk with invisible companions, beat their heads against cell walls, cover themselves with feces, mutilate themselves and attempt suicide. In many instances these prisoners find it difficult, if not impossible, to follow prison rules and then are punished for their behavior.

Moreover, corrections officials are being required to provide mental health facilities which they just are not equipped to do. Many patients need medication on a regular

Our nation's prisons were never designed to be our primary mental health facility. Unless we do something about this, we are no better than our 19th century ancestors who locked up their mentally ill in their attics and basements and threw away the key. In fact, we are worse because we better understand the nature of mental illness. We are worse because we have chosen to incarcerate our mentally ill and thereby don't have to care for these mentally ill persons ourselves.

Bernice Powell Jackson is executive minister for Justice and Witness Ministries in the United Church of Christ.

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