

# Health

## Drunk driving No. 1 killer among today's teenagers

The number one killer of teenagers is on the loose: drunk driving. "But my teenager doesn't drink," you say. This is what most parents would like to think. But more teenagers are drinking than ever before and they're starting at younger ages.

Teens drink for many of the same reasons adults do. They drink to take their minds off problems at school and home, for entertainment and to relax in social situations. Others drink to rebel against parents or to feel "adult." Of course the peer pressure to drink is also greater than ever before.

What can a concerned parent do? Talking to your teenagers honestly and openly is a good beginning. Also take an honest look at your own drinking behavior and explore your own feelings. The example you set, good or bad, can make a great impression on your teenager.

Become familiar with the facts. You and your family members can learn more about drinking and driving by reading available literature. But also remember, reading literature is not a substitute for talking with your teens.

If you're like many parents, your first tendency may be to lecture, preach or use scare tactics to discourage your child from drinking and driving. A better approach is to share your feelings and concerns and then be willing to listen to theirs.

You might want to make an agreement with your

child that has worked for many other parents. If your teenager is away from home and has been drinking too much, allow him or her to call you for a ride home, at any time, NO QUESTIONS ASKED. Also, talk about how to help a friend who is drunk and insists on driving.

Don't forget to include in your discussion the obvious: you can always make the choice not to drink. Openly talk about your experiences and your child's experiences around drinking situations.

Your child should also be aware that persons who drink are still responsible for their own actions. Drunk drivers are not only risking their own lives, they can cause accidents that injure and kill others.

Finally, both you and your child should become familiar with Pennsylvania's new drunk driving laws. A teenager under age 18 can be arrested and lose his or her drivers license for a year or more if convicted of drunk driving. In addition, she or he can be placed in a juvenile facility for up to two years, acquiring a juvenile record that could hinder future employment and career opportunities.

The teenager arrested for drunk driving is also subject to the same \$5,000 fine plus court costs as adults. Parents who knowingly allow their children to drive while drunk can receive the same penalties as the teenager.

For good health, don't mix drinking and driving.



### Dr. Kopen speaks

Dr. Dan Kopen recently spoke to the Dallas Rotary Club on behalf of the American Cancer Society. His fascinating talk stressed the importance of heeding the warning signals and having regular tests performed. In the accompanying photograph, Dr. Kopen, center, is being introduced to the Club by Buzz Bobeck, left, vice president, Dallas Rotary Club and Mike Farinola, right, Program Chairman.

## Vernon to be honored

A reception to honor Anne Vernon, Executive Director of the Family Service Association of Wyoming Valley, who will retire at the end of June, is scheduled for Tuesday, June 3, from 4 to 7 p.m., at the Dorothy Dickson Darte Center of Wilkes College.

After many years of community service, Mrs. Vernon came to Family Service in 1965 as a social work assistant. She was chosen as its Executive Director in 1975, and headed the year-long festivities that marked the 90th Anniversary Celebration of the Family Service Association in 1985. Also in 1985, she was chosen as Athena Woman of the Year by the Wilkes-Barre Chamber of Commerce.

Anne Vernon resides in Trucksville with her husband, Thomas, who is retired. They are the parents of three children.

The farewell party is open to the public, and reservations can be made by calling Family Service, 823-5144. There is no charge.

## Another abuse form surfaces

The attention devoted to public education on child abuse and neglect in recent years has been phenomenal. It has been long overdue and contributed greatly to ameliorating a social problem of major proportions. But there is another form of abuse and neglect that has received little attention and yet represents an imminent danger to large numbers of our population.

An estimated one million elderly Americans, or one out of every 25, is a victim of some form of abuse or neglect, ranging from blatant physical abuse to more subtle, psychological mistreatment or neglect. It is believed that only one in six cases of elderly abuse is ever reported because the victims are often afraid of being sent to a nursing home, and in fact, one half of the complaining victims reportedly do end up there.

According to a recent report from the House Select Committee on Aging, nearly half the elderly people who are abused live in nursing homes. The other half are abused by their children or other relatives. The abuse often occurs in the patient's own homes.

A typical victim would be a widow older than 75, who suffers from one or more disability, and who lives with an adult child or other family member who abuses her. The typical abuser would be a son or a daughter who is an alcoholic or abuses drugs, and who suffers from some sort of stress, such as unemployment or a long-term medical problem.

While many gerontologists blame elderly abuse on the stress felt by caregivers, Isabel Levow, program director for aging services at the International Center for the Disabled in New York, feels stress is only one of the factors involved.

"I think it's a mixed bag. I don't see it as mainly stress-related. I think it has a lot to do with early relationships," says Levow, a social worker who deals with older persons suffering from some form of dementia. She says often the abusing caregiver was abused or mistreated in some way by the elderly person earlier in their lives.

Statistics bear out Levow's contention that elderly abuse isn't just a sudden reaction to the stress of caring for an aging relative. They show that three-quarters of all reported cases of elderly abuse occurred more than twice, and that some abuse has continued for as long as 30 years. The average period of abuse is said to be slightly longer than nine years.

Cases of extreme physical abuse have been well-documented, including burns, bruises, cuts, sprains, and broken bones, but Levow says there are other forms of abuse.

They can include verbal and psychological abuse and forms of neglect so subtle they would be difficult to prove in a court of law.

She says she knows of children who have refused operations or other medical treatments to ill parents for seemingly responsible reasons. She says she has seen parents denied medication or given it incorrectly. Some of the dementia patients Levow sees, are financially exploited by relatives who have been given conservatorship or power of attorney when the elderly person was judged no longer able to responsibly make decisions.

All but 12 states now have mandatory reporting laws for suspected cases of elderly abuse, but over the past few years, funding for protective service programs has been reduced. Social workers are becoming more involved in assessing and treating this problem through programs centered in hospitals, nurs-

ing homes and community agencies.

Various solutions to the problem of elderly abuse have been proposed, including legislative incentives for states to improve enforcement of elderly abuse laws, requirements that employees in Medicaid-Medicare-certified long-term care facilities be bonded to reduce chances of financial exploitation, and unannounced site visits to nursing homes by government inspectors to ensure quality care.

The National Association of Social Workers is sponsoring a public service campaign entitled "Aging Parents: Return the Gift of Caring." The association urges adult children, their parents, public policymakers, and health care professionals to use this opportunity to focus attention on such problems as elderly abuse and on solutions that allow our aging population to live lives of dignity and personal fulfillment.

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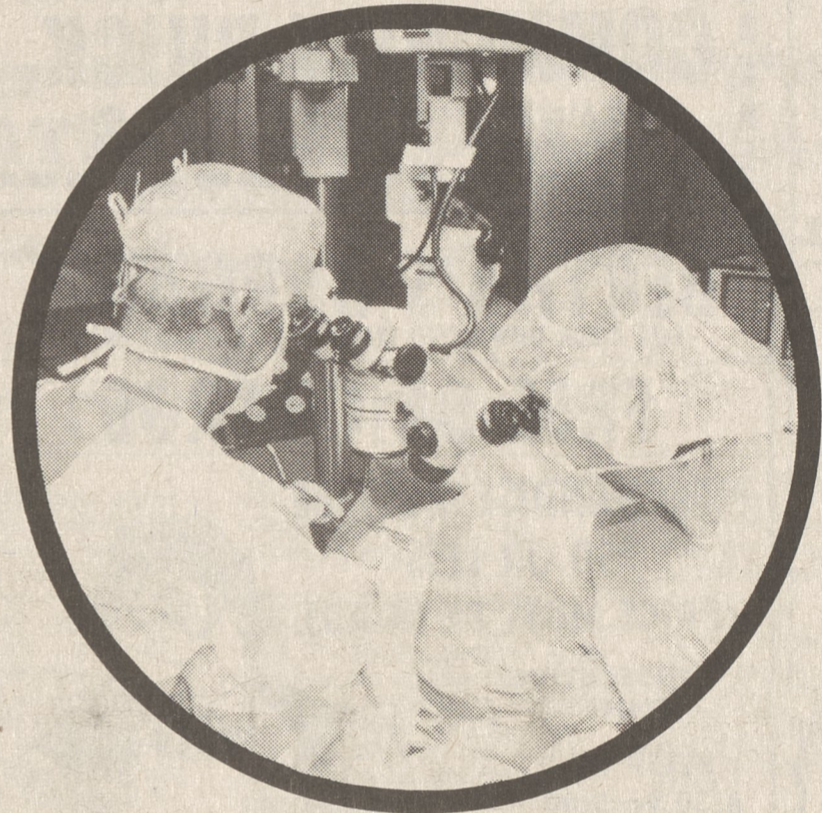
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<p>AFTER THE EXAM AND ADJUSTMENT I WAS FEELIN' GREAT!!!</p>	<p>EVEN TOOK THE LITTLE WOMAN DANCING THAT EVENING.</p>	<p>NEVER FELT BETTER, THANKS JERRY!!</p>	<p>NEVER SECOND GUESS WHEN IT WHEN IT COMES TO YOUR BACK... IF YOU HAVE ANY OF THESE SYMPTOMS CALL TODAY!</p> <ol style="list-style-type: none"> <li>1. HEADACHES</li> <li>2. DIZZINESS</li> <li>3. NECK STIFFNESS</li> <li>4. NUMBNESS IN ARMS &amp; LEGS</li> </ol>	<p>DR GERALD STEFANOSKI PLYMOUTH CHIROPRACTIC CENTER</p> <p>439 WEST MAIN STREET PLYMOUTH, PA 18651 PHONE 779-2225</p> <p>Medicare, Medicaide, and most insurances accepted.</p>