# Alcoholism/Chemical Dependency and the College Student

*Edited by*
**Timothy M. Rivinus**

# Alcoholism/Chemical Dependency and the College Student

This page intentionally left blank

# Alcoholism/Chemical Dependency and the College Student

Timothy M. Rivinus
Editor

Routledge
Taylor & Francis Group
New York London

*Alcoholism/Chemical Dependency and the College Student* has also been published as *Journal of College Student Psychotherapy*, Volume 2, Numbers 3/4 1988.



First published by

The Haworth Press, Inc., 12 West 32 Street, New York, NY 10001

This edition published 2012 by Routledge

Routledge
Taylor & Francis Group
711 Third Avenue
New York, NY 10017

Routledge
Taylor & Francis Group
27 Church Road
Hove East Sussex BN3 2FA

Cover design by Mary Madeira. Art by Marshall Andrews.

**LIBRARY OF CONGRESS**
**Library of Congress Cataloging-in-Publication Data**

Alcoholism/chemical dependency and the college student / Timothy M. Rivinus, editor,
p. cm.
Published also as v. 2, no. 3/4 of the Journal of college student psychotherapy.
Includes bibliographies and index.
ISBN 0-86656-734-8. ISBN 0-86656-812-3 (pbk.)
1. College students —United States —Alcohol use. 2. College students —United States — Drug use. 3. Alcoholism-Treatment— United States. 4. Drug Abuse —Treatment —United States. 5. Alcoholism Counseling —United States. 6. Drug abuse counseling —United States. I. Rivinus, Timothy M.
HV5135.A42 1988
362.2'9'088375 –dc19 88-9443
CIP

# Alcoholism/Chemical Dependency and the College Student

## CONTENTS

## ABOUT THE EDITOR

**Timothy M. Rivinus, MD,** is a trained and certified physician in the specialties of pediatrics, general psychiatry and neurology, and child psychiatry. During his nearly 10 years in the field of chemical dependency, he has served as director of a chemical dependency treatment program for veterans and their families and has treated college students with problems of chemical dependency.

Dr. Rivinus is currently Assistant Professor of Psychiatry and Human Behavior at Brown University, Coordinator of Chemical Dependency Treatment Services at Bradley Hospital in East Providence, Rhode Island, and consultant to a halfway house for young women with chemical abuse problems. He has published in the areas of chemical dependency and college students, eating disorders, post-traumatic stress disorder, and psychopharmacology.

This page intentionally left blank

# Preface

Alcohol and other substance abuse in college and university students is easily one of the most difficult and important problems for psychotherapists and counselors. Seldom do substance abusing students present themselves directly for help with their substance abuse. More often, the abuse itself and myriad associated problems are denied. As a result, many of the students who most need help for themselves and whose problems cause great distress to others are never seen except by disciplinary authorities.

This special thematic issue of the *Journal of College Student Psychotherapy* and the hardcover book edition represent ways that the counselor, psychotherapist, dean, professor and parent as well as student can grasp the nature of these problems and be of significant help. The chapter authors are forthright and clear in their descriptions, explanations and suggestions. They observe that these problems actually grow rather than diminish during what is supposed to be the prime period of growth into adulthood, the college years. That is, these problems tend to grow considerably unless we – all of us concerned with college life actively do something about them. Left alone, substance abuse problems proliferate during college and on into adult life when they then affect the next generation. At present, colleges and universities actually advance the "drugging of America."

Psychiatrist Timothy Rivinus and the other professionals and students who have written this book have all demonstrated that they can be of help and that they are not mere passive observers of the "drug scene" that so often leads to despair rather than effective action. Counselors and psychotherapists, already familiar with the helpful methods of empathy, support and interpretation, will be enabled to combine these skills with caring forms of confrontation which must be developed to help the substance abuser and all those

who collude with substance abuse. As Guest Editor for this *Journal* issue, Dr. Rivinus has assembled an outstanding group of contributors who take us a long way on the road to solving rather than denying and avoiding one of our society's great dilemmas.

*Leighton C. Whitaker, PhD*
*Editor*

# Foreword

Ernest L. Boyer

All human communities have their dark side, and college communities are no exception. As the papers in this issue of the *Journal of College Student Psychotherapy* remind us, the same environments that foster personal growth, learning, and commitment to others, may also intensify the dangers of drug and alcohol abuse. College environments encourage curiosity and collegiality. Yet, while a young person's eagerness to try new things is essential to growth and learning, it is also a source of vulnerability. And, while a young person's desire to form close ties can lead to lasting friendships, it can also lead to substance use and abuse.

Alcohol, especially, has long had a place in campus life. From faculty sherry hours to fraternity parties, alcohol is publicly accepted and publicly consumed. For young people on campus, the risks are large. We recently visited a university where we were told that drinking is probably the most popular "unofficial student activity." A dean estimated that between 6 and 10 percent of the undergraduates at this prestigious southern campus were alcoholics in need of serious help; another 30 to 40 percent were serious weekend abusers of alcohol. Nationwide, over 75 percent of college students drink. Marijuana and hallucinogens may be used less widely now than in the 1960s, but with their decline, cocaine's popularity rose.

While the pleasures students derive from drinking and drugs are public, the pain has been privately suffered in lost days, lost selves and, tragically, lost lives. Colleges long have been reluctant to take responsibility for these casualties of campus life. As one chaplain

---

Ernest L. Boyer is President of the Carnegie Foundation for the Advancement of Teaching.

told us, alcohol abuse among undergraduates often has been simply "hushed up." Today, however, there is a growing acceptance of the idea that something constructive can and should be done. On campuses around the country, urgent discussions are taking place on how to lessen the dangers and on what to do about students with alcohol and drug related problems.

College counselors are playing a vital role in these discussions. As the essays collected here will show, important questions are being raised about diagnosis; about methods of treatment; and about the design of prevention programs. Easy answers will not be found. But understanding that the whole community is implicated in the issue of alcohol and drug abuse is an essential fact that counselors are helping administrators, faculty, and students to see. Some of the most innovative programs involve many campus groups working together to educate the community about substance use and abuse, and to provide help to those in need.

Making the campus a safer and healthier environment should be a top priority for colleges today. Yet it is crucially important to keep the broader issue of community in sight. A feeling of anomie is not unusual among college students today, especially in the critical first year when attitudes towards college life are formed. Many areas of renewal and reform are relevant. For example, orientation programs could do much better at helping new students feel they are joining a community with a history, a structure, traditions and ideals. Academic advising could more effectively involve faculty with students. Coherent curricula could help students make connections between the different departments and fields of academic life. And, by fostering a sense of social responsibility, service programs could diminish students' suspicions that college life is not life in the "real world."

In our report, *College – The Undergraduate Experience in America* (Harper & Row, 1987), we wrote that "the challenge, in the building of community, is to extend the resources for learning on the campus and to see academic and nonacademic life as interlocked." As long as alcohol and drugs are used and abused in the

larger society, they will remain a problem for young people. Professional college student counselors are uniquely situated to help the larger college community understand the depth of the problem on campus, and to envision the breadth of appropriate response.

This page intentionally left blank

# Acknowledgements

As Guest Editor for this issue of the *Journal of College Student Psychotherapy* and the hardcover book edition, I wish to thank all of the chapter authors and those other colleagues as well who helped me to prepare this work and to gain understanding of substance abuse. Having had no formal education in the substance abuse field I learned from talking with many professionals and students. In particular, I wish to note, with gratitude, the staff of the ADTP, Northampton (Massachusetts) Veterans Administration Hospital, George Vaillant, MD and Steven Dashef, MD, Susan Raesner, MSW, and Robert May, PhD. My attempt to convince Dr. May of the importance of this project resulted in his helping give early direction to it.

I thank Marguerite Chadwick, MSW, and Marge Corvese for editorial suggestions and help with the transcript, and Leighton Whitaker, PhD for overall sponsorship and assistance as Editor of the *Journal*. May our interest and work in the substance abuse field go on to help solve one of the most important problems of our day.

*Timothy M. Rivinus, MD*
*Guest Editor*

This page intentionally left blank

# Introduction

Timothy M. Rivinus

I'm a sonofagun for beer,
I like my whiskey clear,
And if I had a son, sir,
I'll Tell you what he'd do,
He'd yell, "To Hell
With Harvard!"
Like his Daddy used to do.

– A College Drinking Song

Though times have changed – drugs are stronger and their availability easier – I would consider myself to be prototypical of a college student and university graduate student. In the '50s and '60s I had my brush with alcohol and drug abuse in college and in medical school. I suspect that many others, perhaps readers of this book, like me have and will.

I was a callow youth. I'd never used drugs in high school. Yet when I reached college, a wide variety of alcoholic possibilities were made available to me. They were used freely and widely by my peers. Some of those peers have gone on to develop full-blown substance use disorder, alcoholism, in later life. I feel it is in many ways just a matter of chance and luck that I did not follow a similar course.

In college I was bewildered, depressed, and overwhelmed by the number of choices available to me. I chose friends who appeared to be successful: successful both in making it through the system and in having fun at the same time. Having fun, in those days, as well as these days, was to attend functions in which a large amount and wide variety of alcoholic beverages were available. Many of my

friends became intoxicated on these beverages. Mostly, I chose not to drink to intoxicate (I didn't like how it felt) but found myself being affected by alcohol, nevertheless. I found myself forced to choose between the academic life and the social life. My motivation deteriorated. My grades deteriorated. I left college to join the army.

When I returned to college, I no longer associated with peers who drank. I worked and did not drink, even in "moderation." I experienced greater success academically in these years than I ever had while trying to "socialize" in the accepted ways, which is today the ways of that peer group which I accepted as "the norm."

Later in medical school I had my personal denouement with biochemistry. A biochemistry mid-term exam was coming up. Shortly before it, I was offered my first "toke" of a marijuana cigarette. The medical school classmate who offered me this toke was, to my mind, the most interesting man in the class. He read Jean Paul Sartre. He was a connoisseur of the Beatles. As I first experienced marijuana (and loved it) he played a Beatles' song whose refrain went ". . . I'd love to turn you on . . ."

I had discovered my "drug of choice," marijuana. It beckoned me into the world of self-preoccupation and pleasure, a world of personal biochemistry in direct opposition to the biochemistry of medical school and the memory required to remember its equations. The pleasure principle, as Freud (1911) has described, was victorious over the reality principle. The next day, or maybe it was the day after that (I can't remember), I failed my mid-term biochemistry examination.

It was either me, my medical school career, and the mastery of biochemistry or it was "pot," the mastery of biochemistry over me. To remember biochemistry required a clear memory incompatible with the one in which I would float out into the boundaryless, shimmering and dream-like state of perceived ecstasy that I felt at the moment of first using marijuana.

I was only to discover later, on further attempts to try marijuana at less demanding stages of my life, that marijuana could not only make me feel intense pleasure but could make me experience intense fear and depression. How lucky and grateful I am to whatever intuition I had within myself which commanded me to *stop*, to survive at medical school, and to relinquish pleasure for reality.

My parents, forbearers, teachers and mentors taught me nothing of the dangers of substance use. Substance use was "a given" in the family and culture in which I grew up. It was also a given in college and medical school, a social and accepted course of pleasure. No strings attached. In college I learned that drinking was "a thing to do." In medical school I learned from my peers that drugs could produce ecstasy and nothing else. In hospitals where I trained, alcoholics and users of substances were treated with contempt and therapeutic nihilism. That situation, gratefully, has changed in the last 20 years.

## *SCOPE OF THE PROBLEM*

Evidence suggests that today's college student differs little from the student that I was thirty years ago. Only the number of drugs and their capability for producing dependence (not problem use, however) is greater.

One study notes that 55% of undergraduates have driven after drinking and 41% have driven knowing that they have had too much to drink. Twenty percent of that same sample have come to class after drinking and 25% have missed classes because of hangovers. Twenty-two percent of seniors feel that at one time of their relatively short lives they may have had a drinking problem. Sixty-four percent of fraternity and sorority house undergraduates drink in a moderately heavy to heavy manner. Less than 9% of freshmen feel that they may have had a drug or alcohol problem while yet 18% of seniors feel that they may have had a substance use problem, demonstrating that drug and alcohol use (and the perception that it is abusive) probably increases during college years (Bloch and Ungerleider, 1986).

The best predictor of a level of substance use is peer pressure. Students use substances "to cheer up, to forget worries, to socialize, to relieve tension" and "to combat boredom" (see also Chapter 3). This finding parallels that found by researchers who have studied the expectations about substances of students who go on to develop Substance Use Disorder (SUD) (Brown, 1985).

A recent survey of the reasons why drinking and other drug use come to the attention of college authorities lists the following as

major reasons: driving while under the influence of drugs or alcohol; destruction of property; fighting; disturbance of the peace; overdoses; suicide attempts; reports of forced sex by male students upon females, and academic problems (Woodruff, 1987). One study found that over 45% of students reported being sexually active after drinking or drug use when they might not otherwise have so desired. Over 20% engaged in unprotected intercourse while under the influence of drugs (Bloch and Ungerleider, 1986).

There's a higher incidence of alcohol use on college and university campuses than in the U.S. population at large. Eighty-five percent of college students drink beverage alcohol compared with 70% of the general population. Surveys of college student populations find that heavy drinkers range between 21 and 27% of the college student population surveyed (Bloch and Ungerleider, 1986; Engs, 1977; Engs and Hanson, 1985 a & b; Gonzalez, 1981). It may be a sign of the "invulnerability" of youth that more casualties are not associated with this high rate of alcohol use. However, it still is overlooked that the highest source of mortality in the late adolescent and young adult population is alcohol and drug related motor vehicle fatalities.

The colleges and universities all over the United States are playing a larger role in guarding the lives of students. Colleges and universities substantially increased their programming for students regarding drugs and alcohol. This effort comes from a motivation both to protect students and to avoid liability. The increasing recognition of the cause of alcohol and drugs in accidental deaths, suicides and their roles in rapes and other acts of violence and vandalism in colleges and universities spurred this direct connection. James Read, Dean of Rutgers University has stated, "tragedies began taking place, and we couldn't claim anymore that students are adults and are not our responsibility. We have a moral imperative to reassert authority" (Fiske, 1987).

## *THE RESPONSE TO THE PROBLEM*

In response to this there has been a gratifying increase in services offered by colleges and universities in the United States, related to substance use. The significant increases in these services between

the years of 1979 and 1985, as recorded by Anderson and Gadaleto (1985), are outlined in Table I.

Evidence of this growth of services at colleges and universities shines through the collection of chapters of this book, especially in Chapters 3, 4, and 6 through 10.

As the chapters unfold the field is covered: the drugs themselves,

TABLE I*

Comparison of Alcohol and Drug Service Policies at Colleges and Universities 1979 to 1985*

| | 1979 | 1985 |
|---|---|---|
| Education and Prevention Projects | 69% | 88% |
| Groups for Problem Drinkers | 33% | 50% |
| Groups for Childdren of Alcoholics | 21% | 53% |
| Substance Use Specialist at the Institution | 14 | 48 |
| Substance Use Task Forces and Committees | 37 | 64 |
| Substance Awareness Programs | 13 | 63 |
| Publications on SUD | 52 | 76 |
| Non-alcoholic Beverage Requests at Functions | 54 | 86 |
| Food Offered with Alcohol at Funtions | 24 | 71 |
| Alcohol not Advertised as Primary Focus of Functions | 51 | 87 |

* Adapted from Anderson and Gadaleto, 1985.

the ethical and clinical challenges, primary prevention, secondary and tertiary care, and university policy issues.

Radcliffe and Rush are authors of the most comprehensible book on the pharmacology of abused chemicals available, *The Pharmer's Almanac* (Radcliffe et al., 1985). In their chapter, Chapter 1, they make clear the importance of the biological and toxicological basis of chemical abuse. These authors clarify this disease as one which has a progression and whose key concepts of compulsion, loss of control and continued use despite adverse consequences has its roots in the biology of pleasure production and pain reduction within the human organism. Illustrating with the drugs of abuse popular in the college population, they trace the biologic process from ingestion of the drug to the production of psychiatric and behavioral symptoms. They remind us of the powerful effects the marketplace has on the potency of drugs available and the danger of drug and adulterant effects on the human organism. Contrary to popular notions, adolescence is not a cause of the malaise that had led to a rising suicide rate in that group, particularly in males. Increasing abuse of substances in adolescents most certainly is the prime cause of this tragic trend. Biological bases of this trend are made clear here.

Dr. Robert DuPont's chapter (Chapter 2) entitled, "The Counselor's Dilemma" lays out a challenge to counselors. He is a psychiatrist and physician who is at the forefront of both the substance abuse field and the movement of positive health and lifestyle promotion. The challenge, as he describes it, is not for the counselor alone. The dilemma, and the challenge, are for the counselors, college and university deans, administrators, and all concerned for the university.

Dr. DuPont describes the process of individual and group "denial" and "enabling." These phenomena are rooted both in biology and in the structure of our society and are major blocks in our ability to confront the problems of substance abuse (Tarter et al., 1984). He shows how denial and enabling can permeate a counseling service and college community. If his chapter is read, there should be no excuse for lack of cognitive understanding of this process. And yet, its social and emotional roots are deep.

DuPont discusses the legal liabilities and responsibilities of substance use disorder, and notes also the often necessary use of urine testing. Specifically, he advocates psychotherapy for the substance abuser; but only after he/she is drug free. He touches on and makes important points about confidentiality of family involvement in the treatment of the substance abusing student.

The chapter by John Brooklyn and Harry Duran (Chapter 3) is a response to the invitation of a dialogue with students about substance abuse on campuses. It provides a critique, from the students' point of view, of substance abuse education both during undergraduate years and during the graduate experience of medical school. They describe how deeply ingrained drinking and other drugging patterns are at a university. They also describe the painful facts of the university's role as a potential "enabler" in this process. They voice the wish on the part of many students for guidelines and limits to help them when it comes to violation of the rights of others related to substance use. They also provide a critique of "quickie" solutions to the drug and alcohol experience on campus. Brooklyn and Duran call for the institution of adequate role models within the university; they ask that the self-help movements (AA, NA and Alanon) be even more closely embraced on campus as a part of a learning experience. Their major contribution is in describing *the problem* of using substances to deal with developmental issues and in their providing a summary of "educative" suggestions which would make alternatives both more attractive and growth promoting for students.

Gerardo Gonzalez' chapter (Chapter 4) speaks for itself when he says "alcohol and drug education is . . . something . . . colleges cannot afford to be without." Dr. Gonzalez, the founder of the BACCHUS (Boost Alcohol Consciousness Concerning the Health of the University Students), is a national figure who has a specific appointment at a university for the teaching of alcohol and drug education. He has long and broad experience. Dr. Gonzalez has taken his experience one step further by writing an academic review of prevention programs. The field is now old enough to deserve such a review. He rightly points out that not only does alcohol and

drug education include prevention efforts but "discontinuation" efforts. He gives attention to future directions in alcohol and drug education services. He suggests long-term programs built into the university structure with extensive peer involvement and research.

The present author (Chapter 5) covers the topic of diagnosis when the question of substance use disorder is involved. Numerous diagnoses can disguise substance use disorder or coexist with substance use disorder. Whether a masquerade or a simultaneous "dual diagnosis," little treatment progress can be expected if substance use disorder, per se, is not identified and treated. The plight of the child of the alcoholic or substance abusing parent (COA) is also identified as a diagnosis "not to be missed."

Careful scrutiny of the diagnostic criteria for substance use disorder would classify many college students as having this disorder. How many such students go on to develop dependence on substances during college or university life is an important research question. The fact that many students qualify as abusers suggests the magnitude of the problem itself. Frankel and Whitehead (1966) suggested over two decades ago that *the degree of exposure to substances of potential abuse is directly proportional to the number of individuals who will abuse and be injured by those substances; the more substances used and experimented with in colleges and universities, the higher the likelihood of abuse as a problem.*

Chapter 6, by Suchman and Broughton, presents a "state of the art" integration of a counseling service within the university community where substance abuse problems are concerned. The University of Florida offers a wide range of services for the substance user and abuser (see also Chapter 10). They understand the university as a community and attempt to set an atmosphere for students which would "raise the bottom" so that a student at every turn has an opportunity to question his or her use of substances in the mode of an educational experience. Others may wish to base an assessment or development of their services on this chapter. They give important suggestions on the assessment and clarification of students. In their framework, the student who uses substances but is not yet abusing them is just as important in terms of service as others with more serious problems. Triage and the matching of their

various offerings to students' case examples provide the capstone of the chapter.

Chapter 7, by Elena Gonzales, PhD, "Integrated Treatment Approach with the Chemically Dependent Young Adult," is in many ways a centerpiece chapter of this collection. It represents a working model for the psychotherapist working with college students with SUD. Dr. Gonzales shares valuable experience with addicted students in specific case material. She integrates the cases into a framework which draws from widely varied sources including the steps of recovery developed by the self-help movements (such as AA and NA), psychoanalytic, cognitive, environmental, behavioral, and relapse-prevention models. Furthermore, she integrates this material into the developmental matrix of late adolescence and the specific problems of the college and university student. Her model makes it clear that the therapist does not work alone, but works as a part of a larger team within the university.

Dr. Gonzales makes the point that insight is always possible in the psychotherapy of the substance dependent patient. In the early stages of recovery the insight must be into the SUD itself—not into the origins of neurotic or obsessive-compulsive behavior in early childhood. Psychodynamic insight only becomes possible at later stages of treatment once mastery of chemical abuse has been achieved and the patient is "sober and clean."

She gives an excellent example of the danger of a premature diagnosis which omits SUD by labeling a patient "borderline." Dr. Gonzales makes references to the special problems encountered by women who abuse substances, and demonstrates how a referral to a drug and alcohol rehabilitation program may be integrated into the course of therapy with a student.

Chapter 8 by William White and David Mee-Lee introduces us to the student with a serious substance use disorder. They offer us an introduction to the tools for his/her effective identification and introduce us to a time-proven method of intervention, namely treatment in a specialized substance abuse program. They describe the components of an inpatient program, demystifying such programs for those counselors, students and their families who may know little about such programs and their formulas for success. By intro-

ducing us to the RAATE (a severity and prognostic rating scale), they give us the means for assessing a student's needs for inpatient intervention which implies temporary separation from the college community. They correctly point out that the number of students seriously involved with substance abuse and requiring hospitalization is unknown. Yet, most of us have encountered such students in our work or heard them spoken of by college administrators and deans. They are the students who take a sudden turn in their life course, change friends, run into financial difficulties, have repeated accidents, legal or medical problems, or public intoxication. Separation and total intervention are needed to emphasize to the student and his/her family the problem of substance abuse as a serious disorder, diagnosis, or disease. After treatment, White and Mee-Lee offer guidelines by which the student may be either reintegrated into college life with an ongoing treatment program or be urged to interrupt college plans for a time to pursue continued intensive outpatient rehabilitation.

Any impediment to necessary referral to a rehabilitation unit or to a substance abuse specialist may signal the problem of *denial*. A therapist's denial is the countertransference malady that impedes substance abuse diagnosis. It springs from a lack of knowledge and a breakdown, at some level, in boundaries between a therapist and patient. Referral for more intensive treatment implies the relative helplessness of the therapist. Yet substance use disorder represents a similar loss of control for the patient, one which is readily denied by the patient, family and peers. To make a referral to an inpatient service implies use of a power and authority which is unfamiliar to many therapists. Yet such a recommendation, especially in the face of life-threatening problems, is the life-blood of good therapy.

All of the chapters highlight that accurate empathy and understanding of the substance abuse is the key to identifying the substance use disorder. The earlier this diagnosis is made, the stronger the therapeutic alliance. The longer it is deferred for both patient and therapist, the greater the possibility for loss of trust.

David Landers and Linda Hollingdale present us with pioneering group work in Chapter 9. The rapidly growing movement of Children of Alcoholics has probably done more to help people and raise the level of consciousness of this problem than many schools of

therapy combined. Landers and Hollingdale apply their knowledge to students who volunteer to join groups for Children of Alcoholics at a college. Basing their work on the distinguished work of Claudia Black and Sharon Wegscheider-Cruse and others, they offer their program to show how such groups can be run; they include innovative developments from the self-help movements such as specific group exercises and psychodrama.

College after all is a group experience in its major aspects. Major choices and affiliations are made during college, and yet, many students, such as children of alcoholics or other groups who have had similarly painful family experiences, bring basic anxiety and depression to college. If all colleges and universities offered these groups of college students course credit for their work on their emotional problems, a significant impact on mental health could be made. Landers and Hollingdale point out that their college *nurtures their idea* by public recognition of the problem. It is the objective of this collection of Chapters to urge other colleges and universities to do the same.

In "Alcohol and Other Drug Issues at Brown University: Two Administrative Perspectives on a Common Problem," (Chapter 10), Deans Bruce Donovan and Toby Simon cover the evolution of 10 years of policy change at a major university in regard to chemical use and abuse. Their presentation is a tribute to dialectical and evolutionary change. Vigorous prohibitions, which characterize certain approaches toward the problem of psychoactive substances, are not present here. Yet, Deans Donovan and Simon's presentation is punctuated with bold developments. The appointment of a dean of chemical dependency at a major university is one. The choice of a recovering person to fill the appointment is another. Our experience is that credibility in this field is buttressed by those "who have been there." Its symbolism within a university may be misinterpreted but cannot be misunderstood.

Deans Donovan and Simon offer many suggestions and programs for students, faculty and administrators. They seem, always, to arrive at a collaborative effort between administration and students. A dramatic step in their approach was to form a weekly senior administration meeting to review alcohol and drug related incidents within the university. This provided an internal monitoring system which