Reflections on Chemical Dependency in a College Setting and Its Intersection with Secondary School Programs

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ABSTRACT. For more than 25 years, I served Brown University as Associate Dean with Special Responsibilities in the Area of Chemical Dependency, a long title, but one in which, in those early days, each word had its own political value: the idea of this deanship was without precedent, and questions of turf were a big concern. The status of "associate," for example, made clear that others of higher rank exercised some authority. (Happily, over the years, my supervision was always supportive, trusting and even distant.) "Special" suggested that my responsibilities did *not* include medical matters addressed in the Brown Medical School and that still other departments had responsibilities in the alcohol and drug area. "In the area" made clear that my own purview had considerable range—academic affairs, athletics, faculty matters, personnel, student life—and was not merely clinical.

At the outset, few—locally or nationally—were paying attention to alcohol and other drug issues on campus. I was a full professor in Classics and an alumnus familiar to and with my institution. I was also five years sober. Brown had welcomed a new president that year, an experienced college administrator from Minnesota, Howard Swearer, who, eager

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to create a program to assist alcohol-troubled faculty, initiated the Associate Deanship/Chemical Dependency. This was a quarter-time position with a modest budget; the additional three-quarters involved responsibility for more strictly academic issues, for example, advising, monitoring academic honesty. From the start I broadened Swearer's mandate to include work with members of the staff and especially graduate and undergraduate students, who were to become my most numerous clients. I assumed the Associate Deanship in 1977, retiring in July 2003.

In this presentation I will limit my remarks to interactions with students, and place particular emphasis on the use of alcohol, although other drugs were surely prominent in my work. "Student" here includes both undergraduate and graduate students, individuals of very different ages and of all races and sexual orientations. Most undergraduates matriculated immediately after high school, although some had been away from college for as long as twenty years when they returned to complete degree requirements. I emphasize counseling and leave to one side, for example, bibliotherapy and generally leave unremarked commentary on interactions with other individuals and offices on campus—chaplains, health educators, members of the faculty, psychologists, security officers—with whom I developed networks for information and support.

KEYWORDS. Recovery, faculty, alcoholism, students, and support

THE DEANSHIP FOR PROBLEMS OF CHEMICAL DEPENDENCY AT BROWN UNIVERSITY

The Setting

The President and I determined to house the new position in the academic deanery, *not* the office of student affairs, even now a fairly unusual but highly significant setting for a program of this sort. We chose to identify my work with the central educational purposes of the University in order to give the issues and the position greater prestige and to earn greater influence. The location also seemed to help curb the stigma associated with drug addiction. Were the position to be located in Student Affairs, the public could assume we were most concerned with broken windows and broken noses and not a broader spectrum of individuals. In fact, not all of my clients were miscreants; many were of high accomplishment who nonetheless ran afoul of alcohol and other drugs. Too, interactions were easier with faculty members who more easily made referrals to an

academic officer than to those responsible for non-academic discipline. Additionally, my position allowed me easier access to students whose academic difficulties might indicate addiction, whether or not they had disciplinary problems.

Procedures

I was neither a clinician nor counselor, but rather someone who in his day-to-day life demonstrated incidentally that abstinence from drugs could be combined with a happy, productive personal and professional life and who acted as a special breed of academic advisor. Ferdinand Jones, who was at one time the Director of Brown's Psychological Services and an early ally as a provider of support services to addicted students, observed in another context that Brown was neither a treatment center nor a holding tank: to remain enrolled, students must be capable of at least 'passing' academic work. Student addicts were thus subjected to a high standard: they must maintain sobriety *and also* meet the usual academic expectations of the university. In this insistence Brown anticipated unwittingly what was to become the recovery schools movement.

Over the years, gradually and somewhat hit-or-miss, I developed my own style and procedures, basing my work firmly on the Twelve Steps, supplementing those principles with insights gleaned at seminars, institutes and summer schools. In those early days little was available in the literature, helpful as it could be otherwise, about problems in the academic setting. Along the way I was reassured to learn that I had devised serendipitously, and with Twelve Step help happily acknowledged, procedures proven appropriate by the research and experience of others. I approached addiction chiefly as a matter of health, essentially a medical challenge, although I recognized that others—including colleagues paid to enforce these other views—saw it primarily as a moral *or* legal *or* educational *or* reputational matter.

Because of my non-clinical background, I never made formal diagnoses but, when a formal assessment was deemed necessary, relied on diagnosticians in the community. This was *not* a handicap: most individuals who elected to utilize my services were demonstrably experiencing significant difficulties with drugs. Abstinence always seemed an appropriate suggestion, if only as a short-term remedy: abstaining from chemicals never hurts and, even if not a final prescription, can be a useful moment for introspection. And abstinence was a requirement, if consultations were to continue. I might add that on this matter of diagnoses, I often wonder, still, how

firm and final a diagnosis can or should be with the young, who have relatively short drug histories and for whom the evidence for diagnosis can be significantly limited.

In this matter of diagnoses, I was happy not to step beyond my own capabilities. It was also important to maintain clear professional boundaries, a critical necessity in a university, where credentials carry so much weight. This attention to boundaries was also significant as offices with different overlapping turfs to my own, for example, health education, developed in the course of my tenure.

All of my clients received, deservedly, my positive regard: I sought always to distinguish between any misbehavior and the agent thereof. It was my son who articulated for me the credo that all folks have a right to a life of joy and dignity—and for me this belief applied especially to the recovering, who perennially felt that joy and dignity were not characteristics to which they were entitled. Students also claim to have benefited from my positive, optimistic outlook and my abiding faith in their progress, which was not always easy to maintain.

Additionally, if they could accept the label of alcoholic or addict, labels that had to be substantiated through formal assessment if this option were to be exercised, students were apprised of their coverage under the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. They learned that the University had enacted the possibility of special accommodations, provisions rooted in the ADA, to ease their academic progress in recovery: ultimate degree requirements were not affected, but a student's pace towards that goal might be relaxed. They were also reminded that Brown did not routinely notify parents of drug-related incidents, even though an exception to the Family Educational Rights and Privacy Act (FERPA)—the Buckley Amendment—allowed such notice: my conversations with students would be confidential and subject to their express written release. However, I reserved the right to contact parents in extreme situations and did on occasion exercise that prerogative.

Students are all different, and I individualized my approach to each one in a way that respected the unique qualities and issues they brought to their addiction. Still, I observed certain rules that I made clear to the students with whom I worked, which were designed in part to assign them maximum respect and responsibility:

All conversations were to be confidential. My colleagues—let alone parents—would learn nothing about my interactions with addicted students without their written permission. No record of our conversations would be placed in University files. This was a particularly significant

matter because of my concomitant chairmanship of the Committee on Academic Standing, a committee of faculty members and administrators that monitored students' academic progress and applied sanctions of Warning, Serious Warning and Dismissal. It was no irrational apprehension on the part of students that I might divulge their histories, even inadvertently. I am proud to say that this never occurred: I managed throughout my tenure to keep my roles separate and distinct, even though with some students my involvements were lengthy and much of it informal.

Students were not to use drugs prior to an appointment in order that they not be radically drug-affected during our consultations. They were to be as clear as possible in our discussions, both mentally and emotionally.

Students were asked to speak only the truth. Rather than deceive, they were asked to decline to answer any of my questions. Were their choice silence, however, they were advised that I would probably lobby them for a response. Rarely, in fact, did students refuse to respond to a well-phrased inquiry.

I explained that I had no butterfly net to drop over students to rescue them from their own baser impulses. If students told me that they would never smoke, drink or *whatever* again, and I subsequently spotted them on campus hugging a bong and a bottle, I would not intervene. Further, I asked them not to bother to attempt to hide their behavior from me. However, the incident would clearly be the topic of discussion in a subsequent appointment.

As I have mentioned, students could always expect to be treated respectfully. This did not mean, however, that I accepted without affect any unacceptable behavior. Only rarely did I express anger for special—and memorable—effect. I believe that, in the vast majority of instances, students felt genuine warmth, concern and support for right behavior, that is, behavior targeted towards sobriety.

From the start, intuitively—as I suspect was the case with many other practitioners—I observed what I was to learn much later were the tenets of motivational interviewing (Miller and Rollnick, 1991).

Additionally, although I conducted no formal drug assessments, I routinely threaded through my initial conversation with any student the four CAGE questions, the acronym derived from the key term in each query (Ewing, 1984). I often used my own words and phrasing, but the acronym always proved to be a helpful aid. The questions proved helpfully and unobtrusively—if informally—diagnostic: Have you ever felt you should *cut* down on your drinking? Have people *annoyed* you by criticizing your drinking? Have you ever felt bad or *guilty* about your drinking? Have you

ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*eyeopener*)?

At the end of introductory first visits—if students did not grasp the apparent seriousness of their condition—I would propose a variation of the Mann Test, named for Marty Mann who, to the best of my knowledge, first articulated the proposal that a likely alcoholic try for as long as possible to drink only two drinks daily, strictly defined, and to observe and record the outcome (Mann, 1958, pp. 83–85). Addicts find this test extraordinarily difficult, if not impossible, to pass.

I particularly liked the CAGE and MANN devices: students, whether or not they returned to me, would at least have in their possession for their own use evidence on the nature of their drinking, a tactic that clearly recognized and emphasized a student's responsibility.

My advising usually focused on the student as a productive member of the university community, academically and socially, albeit a student with a unique set of challenges. Were medical assistance or extensive counseling necessary at any point, and they frequently were, I made appropriate campus or community referrals.

In addition to one-on-one counseling I also monitored the availability of meetings on or immediately adjacent to campus of Alcoholics and Narcotics Anonymous and, similarly, meetings of Al-Anon and Nar-Anon. In some instances I established such meetings; sometimes I encouraged and supported others in that task. Two of those that I established were special meetings held on Homecoming and Commencement/Reunion weekends at which students could meet alumni and see the tradition of which they were a part.

On campus I facilitated a weekly discussion session, The Early Sobriety Group, an alternative to 12-step meetings for the rare students who found AA not to their taste and a supplement for the rest. As things developed, few were the students who chose not to affiliate ultimately with AA. The Early Sobriety Group, however, provided a helpful transition while students learned more about 12-step programs, killed off their pre-conceived and erroneous impressions of AA and/or came to grips more significantly with their addiction. Such a group was especially helpful and comfortable when a student wanted to discuss matters peculiar to college or university life. Even the most self-absorbed student understood, at a community 12-step meeting, the distinction between lamenting homelessness and worrying over a grade on an examination. The latter might be labeled a problem of abundance, the former not. Finally, the Early Sobriety Group played an enormous role in forging strong bonds among recovering students

themselves: some of the Group's greatest benefits were found not in group sessions but in the mutual support offered member-to-member through the week.

For students, as well as recovering members of the faculty and staff, I sponsored a "no-host" Lunch Bunch six or seven times each academic year, an opportunity for kindred folks to meet and broaden their on-campus network and, not so incidentally, to ease the demands on me for casual support. Additionally, the lunches provided those in recovery with less anonymous associations than those afforded by AA: in the "check-in" that was a feature of each luncheon, individuals were asked to identify themselves by first and last name. Even though security and access were always carefully guarded, such a procedure helped with the gradual return of the participants to a 'normal' way of life. The Lunch Bunch also allowed participants, often unawares, to practice social skills in sobriety. Too, the multi-generational, multi-class mix of students and members of the faculty and staff, from full professors through lawn cutters or security officers proved salutary—a modest dose of "the real world" amidst the groves of academe. Such diversity allowed students to learn from older community members how and why parents acted as they did when ensnared in addiction, just as members of faculty and staff learned much about their own children from the students with whom they ate their lunch.Finally, Lunch Bunch members often cited the value of simply being able to spot recovering colleagues going about their business and sometimes to engage in conversation.

Language

For students who learn daily in their classrooms the value of careful research and appropriate citations of evidence, 12-step programs, which eschew these procedures, can be puzzling. Consternation multiplies when members are urged to accept information from strangers whose mere names they may never know. To grant, perhaps in a minor way, greater legitimacy and respectability to addiction as a topic of intellectual merit, as a subject which has its own history and literature, I chose my words carefully and sought to avoid the 12-step vernacular. This strategy seemed to cast greater seriousness over my work. The more formal diction also provided students with correct vocabulary and, because it avoided the colloquial and thereby seemed somewhat novel, tended to catch their attention. They soon learned that my attitudes—even my language—might be different from what they were used to in their dormitories or with their friends.

For example, I chose to speak of "tolerance" rather than "capacity," a term which in campus parlance can escalate to a primary virtue an individual's ability to 'hold' large amounts of alcohol. I similarly tried to eliminate "drunkenness." "Drunkenness," with its connotations of grossness and excess, tends to narrow the focus of perceived alcohol-related difficulties: those whose lives were impaired by less extreme and rowdy drinking behavior, however constant and troubling their use might be, might more easily escape notice and the opportunity for aid. I chose instead "intoxication," a term which has the added attraction of introducing quite naturally the idea of "toxicity." I also tried to stamp out "substance abuse" as being counter-productive. "Substance" has always struck me as overly general and perhaps unhelpfully euphemistic—and I know no individual who would choose to be guilty of "abuse" of *anything*. "Chemical dependency" is more direct and can more easily be worked into ordinary conversation.

I want to add another, odd note. Despite my aversion to colloquialisms in drug-related conversations, I found it important to use language with which I was comfortable and which felt and sounded genuine rolling out of my mouth. Curiously, I found myself always asking, ungrammatically, "Do you do much drugs?" Somehow this grammatically incorrect phrasing 'worked' and many seemingly impervious addicts would respond fully and openly to my direct question, however inelegantly phrased.

Again, as part of this *pot pourri* of self-conscious diction, I used liberally the various slogans of the 12-step world and catchy formulations perhaps inspired by them: "You may not get into trouble every time you drink, but have you been drinking every time you get into trouble?" "You don't have to be a problem drinker to have a problem with your drinking."

A final comment on language. The care which I exercised in my own diction was something I also encouraged in students themselves. I asked that they use, outside of 12-step meetings, non-12-step language, to get used to discussing their condition, whenever necessary, in an appropriate, commonly understood way.

Humor

Addiction, to be sure, is no laughing matter, but it *is*, as I was reminded early on by a physician friend, one of the few diseases that can be *treated* with laughter; and so my students and I laughed a lot. This was their life, after all, whatever its particulars, and needed full acceptance—and if humor helped, good enough! As a wise and witty colleague once opined,

memorably, "If you take life seriously, you needn't be serious about it twenty-four hours a day."

An Endnote

This detail deserves a rubric of its own. I always traveled with two handkerchiefs, one for my use and another, carefully stored in a pocket, available if a student broke into tears. Many accepted the offer of my handkerchief, assuring me that they would return it cleaned. I have often wondered how many realized that, in addition to my sincerity in being helpful, the return of the laundered handkerchief assured a follow-up visit.

THE INTERSECTION OF THE BROWN PROGRAM WITH PRE-COLLEGE EXPERIENCES

As Associate Dean, I was always conscious of the attitudes and behaviors which students (as well as their parents and guardians) brought with them to college.

The Coherence of a Student's Experience

Although their perspectives may differ depending on whether they work at the secondary or post-secondary level, practitioners will agree that time spent in secondary school and college forms an unbroken continuum, periods discrete but integrally related: for maximum effectiveness the first must anticipate the latter, and the latter must build on what precedes.

To argue the essential coherence of a student's experiences may seem unnecessary, yet many observers seemed to assume college to be a "fresh start," an event that bursts full-blown from a student's life as did Athena from the head of Zeus: drug problems which occur on campus, these observers might argue, are unrelated to influences from secondary school or home. Brown's University Chaplain, Janet Cooper-Nelson, has observed with insight and no small irony the 'Cinderella moment,' that instant when secondary students—at graduation, now 18 and legally "adult"—are transformed magically and immediately into agents prepared to assume full responsibility for their lives. Such a moment is, of course, illusory. The transition is more intricate and students more complex than such a construct requires: the transition from secondary school to college is virtually seamless and, to mix metaphors, pre-collegiate experiences cast a long shadow.

Correctly Perceiving the Pre-College Experience

Those in higher education must understand accurately the essential facts of what a student's prior history has *actually* been. Too many of us—and especially the addicted—have more good memories than we had good times.

I was always curious with what experiences and pre-conceived notions students entered college. I recall an orientation meeting where the entering class learned about the University's attitudes and policies toward alcohol and other drugs. Facilitators at one point asked the group if their secondary schools had policies governing alcohol and other drugs. Almost all students answered affirmatively. Students were then asked if they knew colleagues penalized for violating these rules. Most students knew of such instances.

Another more important question—at least in my estimation—was never asked, despite my annual entreaties. I was anxious to know whether incoming students knew instances where wrongdoers in high school, well known to their peers, had broken rules and yet "escaped" scot free. It was and is my belief that *these* situations do more than published policies (often unobserved in the breach) to establish strong, if implicit, cultural norms. My goal was—and would be—to reveal a secret we were all keeping. Common acknowledgment of this darker side of things, as opposed to wishful thinking, is important if all parties are to share a common understanding.

Honesty

It may seem odd to stress truth-telling. My emphasis on veracity stems directly from the American drug story, so rife with avoidance and denial. Somewhat paradoxically, those in recovery, usually deep in *self*-denial as they consider sobering up, often have the keenest sense of how society *actually* deals with drug issues, what the *real* policies and risks are. I think, in this connection, of a student apprehended for carrying a keg into a fraternity house in the clear light of day, although he must surely have been aware of the prohibition against kegs on campus. "Did you not know such behavior was illegal?" I asked with feigned incredulity. The response came: "I knew it was illegal, but I didn't know it was *illegal* illegal." This response suggested to me that this student was no fool and had learned over time that the institution had not infrequently winked at infractions of the keg ban. I was glad we had a common understanding.

Such shared awareness restores a measure of self-respect to clients, in that their perception of reality is recognized and validated. Informational equality between addict and advisor also initiates trust between the two parties, a vital pre-condition for success in counseling and progress in recovery.

Truth-telling also comes into play in the providing of data on individual drugs and the portrayal of current laws and enforcement. What are the pragmatic as opposed to the merely ethical advantages? One example may suffice. Aaron had been told in secondary school that grim sequelae would ensue, were he to smoke marijuana. He took this warning to heart and avoided use; as a trained peer advisor he also passed the information on to elementary school youngsters. When he arrived at college, he was stunned to find peers who smoked pot occasionally and without incident and who, indeed, prospered. As his college years went by, Aaron himself experimented with drugs and settled on Robitussin—a sort of 'socially acceptable' non-drug drug, not one commonly discussed as problematic—and it was dependency on this over-the-counter drug that led him to me. It was not easy to establish trust with one who had been misinformed, whose trust had once been casually abused.

Law and Regulation

The law and college/university regulations present a far more complex challenge.

Over the length of my tenure, no issue engaged me so steadily on intellectual, moral and pragmatic grounds as did questions of law and obedience to them, both a student's obedience and my own. I knew well first-hand, from experience in the 1960s, distinctions between good laws and bad, of disobedience (including civil disobedience) and its penalties. I found it difficult, therefore, to confront stiff jail sentences for possession of marijuana, especially when sanctions manifestly varied on racial and class grounds and when penalties shifted from state to state, including at least two in which marijuana had been decriminalized by the electorate. How did one represent such complex issues to students? How did one respond when a campus arrest made a jail term likely? More difficult than articulating a credible theoretical position was taking action when a student violated either a federal or state law, university regulation or probationary stipulation.

Another complexity arose when campus disciplinary agents stipulated that a student on probation for a first drug-related offense be separated

automatically from the university for a second infraction. For many of us working with addiction, this was tough stuff, as we had come to—almost—anticipate relapse and to understand its unexceptional role along the path to long-term recovery. These situations provoked various questions. Were all instances of relapse to be treated alike—or were some appropriate for stiff sanction, while others might be the moment when true recovery would begin? In such instances, rather than separation from the institution, might a quasi-therapeutic response be more appropriate, for example, mandated treatment, coupled with a disciplinary penalty? Other examples will suggest themselves, instances where an advisor might pause and see the complexity in a moment of illegality and seek to leverage it most effectively to the student's ultimate advantage.

A wise and seasoned president of a not-so-competitive college provided a slightly different and broader acknowledgment of these same issues. At a national conference, where presenters urged stern measures for fairly minor drug offenses, this chief executive confessed with astonishing and refreshing candor: "All well and good for the rest of you to cast out these students. I cannot afford that route. My campus is peopled with your cast-offs."

A firm yet sympathetic approach to a student's drug use frequently raised these thorny questions and also led to open if difficult and challenging conversations with the young. It was always my view that a student should be well aware of my perspective, my decisions and the risks I was prepared to take in his or her service. I am happy to say that my judgments generally yielded positive results.

Abridgement of the Truth and the Matter of Anonymity

Despite my general and overwhelming belief that truth is crucial, in rare and clearly defined instances I reminded clients that the truth need not be complete. I think of when a student seeks admission to an academic institution and, again, the matter of résumés. In both instances—especially given the protections of the Americans with Disabilities Act—I counseled recovering students carefully, clarifying that less than full disclosure was in no sense an indication of personal shame but a matter of strategy in a society where views of addiction are often inaccurate, prejudicial and apt to do unfair and unmerited harm. In many instances a student and I salvaged for a résumé inclusion of activities which (by their standard names) might prove harmful: we avoided drug-related terms and carefully described an activity in vague if nonetheless essentially honest language,

e.g., not "peer *drug* counseling" but simply "peer counseling." In a word, I advised students to disclose their addictive histories cautiously, with an eye on legal protections and only after carefully assessing the need and considering their motives.

A footnote: Twelve-step programs operate anonymously, and it is crucial to preserve the essential anonymity of AA and similar programs, both because of their spiritual underpinnings and also because of the protections which anonymity affords both the organization of AA and its members, especially as they ease into early sobriety. An unintended consequence of anonymity, however, may be students' feelings of shame and occasionally an irrational fear at disclosing their condition. It is important to confront these feelings directly and to help addicts accept their condition without remorse or shame.

And perhaps it is necessary to note the valid distinction, often muddied, between an AA member's need to protect through anonymity an affiliation with AA, even as the same individual may feel wholly at ease in disclosing personal alcoholism. A certain measure of forthrightness is vital if we are ever to win the battle that seems eternal against the stigma generated by alcoholism and other drug addiction, even as membership in a 12-step program goes unmentioned.

A final comment. Some have thought that anonymity might be less necessary on campus, given the usual guarantees of academic freedom. This was not my experience. Particularly on small campuses personal privacy is greatly valued. And on any campus, although a faculty member's job security may be assured, all of the false information and misimpressions that fuel stigma remain securely in place.

The Integrity of the Student

Early in my sobriety a counselor-friend remarked that those in recovery must retain or perhaps *regain* a sense of their own integrity. It must be clear to the reader that I always sought to assure students that they "mattered" and had my full regard.

Most students, as they move from the secondary to the collegiate level, become adult before the law. They must now be considered partners in their own affairs. I suspect there may be something of a disjunction here with procedures at the secondary level, given a student's different legal status and developmental stage.

Vital, too, is respect for students, whatever their level and immediate situation. This is true, of course, for all students, yet positive regard

seems somehow to slip away easily—sometimes precipitously—when students run seriously afoul of drug regulations. Young people in college, even when found guilty of significant offenses, are still our students and must be treated with respect. Even moments of crisis are educable moments.

A final point: I always emphasized that, whatever help I might provide, the responsibility for success or failure would be the student's—perhaps the ultimate acknowledgment of the student's integrity.

Parents

Almost every time a drug problem erupts, a parent is hurt, generally angry, almost always confused and often, though perhaps not truly *surprised*, embarrassingly ignorant of the nature of their child's behavior, problem and challenges. A wise parent in another context opined, where expectation did not match an outcome: "What a discrepancy between the dreams of a twenty year old and my twenty year old dreams." One must sympathize and try hard to enlist as allies these disappointed and vulnerable individuals, even when they are abrasive, misguided, ashamed—and sometimes strong, powerful and manipulative.

The involvement of a parent was not always a positive experience. Occasionally a parent—and two parents (or more) do not always constitute a united front—argued strenuously for a student's enrollment when it was otherwise universally agreed that a leave of absence would be the best option. In another instance a parent succeeded in pushing for transfer admission of a child with a severely troubled drug history before the young woman was "ready." In yet another instance a therapist seemed to have been encouraged to understate the seriousness of a student's addiction and to prettify the prognosis of the student, who had been on medical leave and who now sought readmission.

On the other hand some parents accepted the University's recommendations and yet lovingly supported their children, fully cognizant of the circumstances—when the situation was mild, when the student ran afoul of university regulations and needed in-patient treatment, when a child turned to thievery to support a habit, even when a child was imprisoned for use-related dealing. In these instances parents embraced, however sadly, the necessity for punishment, the need for time out in the progress of their son's or daughter's life—and nonetheless at the same time maintained a supportive stance.

I sometimes think that my work with parents was merely the sharing of common sense:

- Do not confuse a child's behavior with the child herself/himself: children are larger than their drug activity.
- Take a long view and realize that the current crisis is a small part of a whole life.
- Why do you want your child drug-tested? What will you *do* with that information?
- Try to save your anger for another day.
- Pick your battles. Is this really the time to criticize your child's taste in music or style of dress?
- Choose language that your child can hear.
- Try to remain optimistic, hopeful.

The sooner we all help parents to face these issues, the more helpful and supportive they may be when a problem arises. To prepare them for the possibility of serious drug-involved difficulties is an important task throughout the educational process.

Before I move along and leave the subject of parents, let me note that I also provided support for individuals whose parents were themselves drug addicts, including, of course, alcoholics. This is a separate tale that I mention here simply for the sake of completeness.

Difficult Situations

I must note that things did not always go smoothly with all those I worked with. Some simply chose not to alter apparently dangerous use of alcohol and other drugs. Some students with dual diagnoses had to overcome special challenges in reaching a drug-free lifestyle, and sometimes the attempts were many. Others would arrest addiction to one drug yet fall prey to another. Sometimes shame for drug-related behavior led to frequent relapse. And sometimes parents fueled a student's unrealistic ambitions, setting unattainably high expectations. In many of these instances dismissals and academic or medical leaves—and sometimes more than one—were in order. Fortunately, most students with whom I worked eventually attained their goals. Each instance proved the value of never giving up on an individual, especially young people whose lives stretch out before them full of promise.

The Need for Support for Those Working with Students in Recovery

Isolation and Support of Practitioners

To deepen understanding of shared drug-related problems for practitioners at the secondary and collegiate levels, I sponsored for a decade, through the great generosity of an anonymous donor, an annual day-long conference of practitioners, parents and students. The day featured a keynote talk, panels and workshops, as well as luncheon and free time for informal discussion. Attendance was strong for all ten years. My clearest, most sobering finding was not that individuals valued new information—though they did—but rather that practitioners in particular valued the simple opportunity to speak frankly about their daily challenges with knowledgeable peers. (A procedural note: although we tape-recorded and transcribed the proceedings for publication, in an effort to encourage open dialogue we never identified speakers by name or institution.) The New England Collegiate Alcohol Network (NECAN) for many years sponsored a similar regional opportunity.

It seems to me vital that all of us involved in drug-related work, whether at the secondary or post-secondary level, maintain contact: our work is integrally related. Additionally, our work is lonely and stressful, and recognition and thanks are not common. However, when a crisis develops, we are expected to devise an acceptable solution—and fast. Our mutual association allows the possibility of easing the stress that such a situation produces. I am glad that such a possibility is provided these days by The Association of Recovery Schools.

Postscript

I am pleased to report that, at the time of this publication, the position in chemical dependency which I held at Brown has been maintained. For one who in large measure designed the position, it is gratifying that transition to my successor was highly effective and that the work continues under an endowment which was created at my retirement and which bears my name. It is also reassuring to note that, despite what a few generous souls said about my own person's being necessary for success, such is not the case.

Unsurprisingly, the need continues for the services that I once provided, which are now provided by an individual for whom I have high regard. She is carving her own path in her own way, relying on her own ingenuity,

yet striving to meet the same goals that I identified over the years—and clearly a few of her own.

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