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ABSTRACT

The authors gathered information from Big Ten and Big Eight Universities regarding drug programs for college students, with a particular interest in provisions being made for aiding students who experience adverse hallucinatory activity. The results of a letter survey reveal widely divergent attempts to meet the drug crisis on university campuses. A summary of existing programs is included. Some universities provide extensive help in educational programs, medical referral and crisis aid while others prefer having drug problems handled off-campus. The paper concludes with: (1) a summary of literature available on crash pads; (2) a description of model Drug Control Center; and (3) an elaboration of factors considered essential to the successful operation of a crash-pad type facility. (Author/TL)

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A SURVEY OF "DRUG CRASH PADS" OPERATED IN  
BIG TEN AND BIG EIGHT UNIVERSITIES

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During the spring semester (71) at the University of Nebraska, members of Dr. Vernon G. Williams's seminar on College Student Behavior studied several facets of college student life, among them the use and abuse of drugs on the college campus. The writers of this article were members of this class and also staff members, as Psychological Counselors, of the University Counseling Center. Concurrently, the Counseling Center had been concerned about specific problems related to drug counseling, including offering remedial help to drug users within the counseling relationship and also with providing crisis aid to drug users who were experiencing "bad trips" -- aversive hallucinatory experiences -- while on drugs or during withdrawal from drug use.

This concern began to materialize into community action when representatives from the Community Mental Health (University Health Services), the Psychological Consultation Center, the Counseling Center and a community services coordinator began a series of meetings to discuss needs related to drug abuse problems. Some consensus developed as a result of those meetings for preparing a location where drug-intoxicated students could come for assistance. Such locations, or "crash pads", appear to be fairly common in urban areas but few are sponsored by public agencies or institutions.

Several controversial factors weighed upon the probability of the success of such a program:

-- Should the University community respond to these particular demonstrated student needs through the provision of staff services and facilities?

-- What could be the legal entanglements related to providing a service to those who were ostensibly in violation of existing law?

-- Would drug users, usually not responsive to persons in the "establishment", be likely to avail themselves of services offered through a public institution?

-- Who should staff such a program? The extent to which students might be willing to participate as co-helpers with professional staff members in offering mutual aid was not known. The initial acceptance of this type of service would probably depend on active approval by college students.

-- What administrative barriers would need to be surmounted in order to gain either administration approval or laissez-faire?

Since this type of program on the University campus in Lincoln was innovative, the writers determined to seek information from sister institutions (Big Ten and Big Eight) as to the types of programs they offered for drug users. In addition to this, a summary of the literature on this type of program was prepared together with an extensive bibliography of the general topic of drug abuse.

In February of 1971, letters were mailed to all of the Big Ten and Big Eight Counseling Centers requesting information on five topics:

1. On-campus facilities (crash pads) for drug users;
2. The location of such facilities;
3. Staffing for the program;
4. Training of staff; and
5. Further information on any similar programs.

Responses were received from twelve of the seventeen schools. These responses have been categorized and summarized in Figure One.

**DEMO USERS:**  
**REQUESTED TO:**

- Off-Campus Crash Pad
- Physician
- Off-Campus Counselor

**SERVED BY:**

- On-Campus Crash Pad
- Student Health Center
- On-Campus Counselor
- Crisis Telephone Service

**EDUCATIONAL PROGRAMS:**

- Library
- Drug Information
- Drug Abuse
- On-Campus Staff Training

**RESPONDED ONLY TO HOT HAVING A "CRASH PAD"**

**"CRASH PAD" ON CAMPUS IN PLANNING STAGES**

**"CRASH PAD" OFF CAMPUS IN PLANNING STAGES**

**NO RESPONSE**

State	Served by	Educational Programs	Responded Only to Hot Having a "Crash Pad"	"Crash Pad" on Campus in Planning Stages	"Crash Pad" off Campus in Planning Stages	No Response
Indiana	X	X				
Ohio St.	X					
Illinois	X					X
Michigan	X	X				
St. Univ.	X	X				
Western	X	X				X
Ohio St.			X			
Oklahoma	X	X				
St. Univ.	X	X				
Louisiana		X				
Florida		X				
Illinois		X				X
Missouri	X	X				
Alabama	X	X				
Georgia	X	X				
Florida	X	X				
Arizona		X				
California		X				
Colorado		X				
Utah	X	X				
Idaho	X	X				
Montana	X	X				
Wyoming	X	X				
Nebraska	X	X				
Missouri	X	X				
Illinois	X	X				X
Indiana	X	X				X

FIGURE ONE

## FIGURE ONE

It should be noted that the essential information sought by the letter of inquiry dealt with the aspect of a crash pad and any program related to it. Some of the information presented in Figure One was volunteered by the respondents in addition to the information asked for, and therefore, the comparative picture is incomplete. Only one institution, the University of Oklahoma, reported an on-campus crash-pad-type program. Figure One, includes as categories all information received concerning any aspect of a drug program, including off-campus facilities and drug education.

### SUMMARY OF EXISTING PROGRAMS

#### Indiana University

Indiana University has a comprehensive drug education program on campus. The program offers a series of panel discussions and workshops concerning different aspects of drug use and abuse. The participants are tested before and after the program and also asked to evaluate all sessions. These participants assist the University in structuring courses to be offered to the general student body in the area of drug education. The committee plans to also coordinate with other agencies to compile a central listing of all drug education, treatment and control agencies in the area. Inventories are prepared to test the student body on knowledge of all aspects of drugs.

An off-campus crash pad at Bloomington, Indiana, The Middle Way House, serves as a crisis counseling service, providing medical assistance or "comfort talking" until a "bad trip" is over. The house also makes referrals

to professionals if further assistance is needed. The people staffing the house are volunteers who also fill speaking engagements in the community, trying to further educate people in the field and the general public in understanding the drug problem. Some analysis of black market drugs is attempted. The House is open 24 hours a day and responds to other crises such as run-aways and personality disorders. The house staff is presently engaged in helping to write a comprehensive mental health program for a four-county area relating to drug use and other similar problems.

#### Michigan State University

Michigan State University maintains a Drug Education Center as part of the Drug Education Project, an adjunct of the Student Activities Division. No details of the project or Center were received. The off-campus crash pad did have staff available to go to dorms or houses if the student was unable to come to the house for help. The off-campus facility is a building, manned by young people and open 24 hours a day. Doctors and lawyers are on call and the staff has been trained in making referrals.

#### Oklahoma State University

Oklahoma State University is in the process of establishing a Personal Contact Service which will include a crash pad. This organization will be incorporated and governed by a board. The service will provide assistance and consultation service on a walk-in or telephone basis. An extensive education program will be implemented including literature, programs, speakers, etc. The off-campus crisis center now used is a block from the campus and staffed by students with the help of referring agencies. Professional staff are used only on a consultative basis.

### Purdue University

Purdue University has only a crisis telephone service at the present time, although the University plans to open on campus a house, walk-in services, and a phone line by June.

### University of Colorado

The University of Colorado has a 24 hour emergency service which was not elaborated on in the information received, but does give assistance to students who are "tripping out." The University is working with the Student Drug Commission on an off-campus location that will be student "operated" for students and street-people who are on "bad trips." The University believes that this facility will offer a safer, more convenient and more accessible location.

### University of Minnesota -- Minneapolis

The University of Minnesota has established an information and resource center on drugs on campus. The center offers books, materials on drug use, and "human" sources of information. The Pharm House, which is the off-campus crash pad to which students are referred was contacted and offers training manual for sale. No other information was received.

### University of Minnesota -- Morris

The University of Minnesota trains residence hall staff to deal "somewhat more appropriately" with drug situations and has offered to help students develop a "drug counseling" service, but this has not materialized. They (the students) did develop a service called the "Third Ear" which deals largely with academic planning, but does deal with other areas although not specifically drugs.

### University of Missouri

The University of Missouri-Columbia makes reference to an agency in the community called Everyday People. The Counseling and Testing Service does have interns who work with Everyday People. Extensive use is also made of the Student Health Center.

### University of Oklahoma

The University of Oklahoma was the only University reporting an on-campus crash pad. This center extends its program beyond drug problems to include suicides, pregnancies, marital problems, and other more minor emotional problems. The center helps to "talk down" students on a "bad trip," or assist the individual in getting to the student health center if a counter-acting drug must be administered. Individuals who use the center are referred to professionals for further help, usually the University Counseling Center staff. Students volunteer their services to man the center, and rudimentary training is provided. The University also offered an extensive drug education program. An information panel was established to present seminars on drugs. Films and literature have also been assembled with information concerning drugs, particularly for student use.

### A CRASH PAD ATTEMPT AT THE UNIVERSITY OF NEBRASKA

Following the meetings of representatives of University agencies mentioned earlier, an attempt was made to establish a crash pad at the University Counseling Center, 3rd floor, Seaton Hall in March of 1971. Various locations were considered for such a facility, but the deep concern of the Counseling Center staff members and interested students for

providing assistance to drug users made the choice of the Counseling Center facility a natural one.\* A portable cot was placed in a reception room in the Counseling Center; and most of the Counseling Center staff, with a few other professional people, volunteered to be "on call" for specific nights during the month. Students, who had volunteered to help, picked up a key to the building when they came on duty, and all were given letters of authorization as participants in the program. The student's duty was to remain at the Center where he could be contacted by telephone either through the University switchboard or through Help Line. When contacted by a drug user requesting assistance, the student was to notify by telephone the professional person who had "on call" duty for that night. If the drug user needed transportation, the staff member would be able to pick the student up and bring him to the Center. The purpose of the program was to provide a team of workers (professional-student) to stay with and care for the drug user until the effects of the drug wore off. If the student appeared to require a tranquilizer to counteract the effects of a drug, the Student Health Service was across the street from the Counseling Center with physicians on call or on duty. Campus Security had agreed to provide transportation if necessary.

It was hoped, of course, that in addition to providing this type of crisis intervention assistance, an extensive follow-up service could be established which would help to free students from drug dependence and use.

\* The comments made regarding this program are not official and reflect solely the perceptions of the writers.

*DIFFICULTIES*

*1. STUDENT HEALTH*

*2. INVOICE*

*3. Profile*

*9*

*9*

*closed (ever) + financial network*

The crash pad at the University Counseling Center operated for about a month. It was fully staffed by students and professionals during this entire time although no student ever utilized its services. An administrative ruling caused it to be terminated. The concept of a University agency, such as the Counseling Center, offering such a service is to be given further study. Some students, familiar with the drug culture and scene, observed that the crash pad was closed down at the time of the year when drug use would increase, and the utility of the crash pad never was adequately tested.

#### SUMMARY OF LITERATURE AVAILABLE ON CRASH PADS

A review of the literature, both educational and popular, for material concerning "crash pads", revealed very little information. Several articles were not available locally. An article in Time magazine, March 16, 1970, on "How Addicts are Treated" gave little information other than the names of three houses located in New York, Arizona, and Rhode Island. An article, "The Junior Junkie," in Time, February 16, 1970, stated that the Odyssey House in New York City was a good Rehabilitation Center for the juvenile addict.

"Love Needs Care," an article in Newsweek, July 17, 1967, discussed a clinic for hippies using drugs which is located in San Francisco just off Haight Street. It is operated without charge to those who need care. The clinic is staffed by physicians, nurses, and pharmacists who provide treatment including examination by a physician, injection of a prescribed "downer," and comfort in a "meditation" room. Others using the free services of the clinic are girls with problem pregnancies, people with venereal disease, and those who have hepatitis, often contacted by the improper use and experimentation with drugs.

Information on a model program is presented in the article, "Use of a 'Freak Out' Control Center," in the Journal of College Student Personnel, November, 1970. The model Control Center has the following features:

1. The center should function according to the fact that it is illegal to possess drugs.
2. All matters are confidential.
3. Further education in drugs should be given to those who use the service.
4. The staff of counselors or psychologists who man the center should also work with a physician.
5. The center must be willing to hospitalize the individual who needs something to counteract the drug, and then be willing to take the individual to a non-threatening environment to finish "coming down."
6. All the staff should be non-users of drugs, except student volunteers.
7. A supportive therapy should be used in the dorms:
  - a. The person should be asked how much of the drug he took, and if he knows, what drug he took.
  - b. He should be told that he is on a drug, and that it will only be a short time until the trip is over.
  - c. It should be emphasized that the trip will not last much longer.
  - d. The person applying the therapy should remain calm and talk in a calm manner. The therapist should talk as he would to anyone else and not become excited or angry.
  - e. The individual should be made as comfortable as possible.
  - f. The individual should not be stopped or blocked from doing anything unless it would physically hurt him.
  - g. Once rapport is established, the therapist should talk about the trip - what the individual is experiencing and why. The therapist should try to help him control the hallucination.
  - h. The therapist should remember that he is the base of reality.
  - i. If there is no communication, a physician should be contacted for chemotherapy.
  - j. The therapist should be able to observe a professional engaged in the above-mentioned process several times before he becomes the therapist. He then should also be supervised on his first cases.

## CONCLUSIONS

Based on the information received from the letters of inquiry and the experiences the authors have had in the field of drug counseling, the following factors could be considered essential to the successful operation of a crash-pad-type facility:

1. The operation of the facility would have to be a unified effort involving the use of Counseling Centers, Student Health, Psychological Clinics, and other related organizations as referral sources.
2. The community itself should provide the facility at an off-campus location, and the community should make professional people available as resource persons (doctors, attorneys, etc.). On-campus crash pads have not been successful because students apparently perceived a crash pad located on campus as threatening.
3. The crash pad should be a multi-crisis-type facility. Those which have been established either began with this type of model or developed into it. As important as helping drug users may be, staffing a crash pad full time for the relatively few drug users who will avail themselves of this service may be an uneconomical use of human resources; hence, the broader model.
4. Every user of the crash pad would be referred for professional help.
5. In addition to the use of professional people as referrals, the crash pad should be staffed by student volunteers who are familiar with subcultures, such as drug users, and by paraprofessional trainees from the Counseling Centers, Student Health, and the Psychological Clinics.

The authors would like to express their appreciation to the correspondents who responded to our request for material. Judging from the expressions of interest received and from the steps already taken by several institutions, the trend seems to be to establish off-campus crash pads following the guidelines proposed in the preceding paragraphs.