Journal of Substance Abuse Treatment 51 (2015) 38–46

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

Characteristics of Students Participating in Collegiate Recovery Programs: A National Survey ☆

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ARTICLE INFO

Article history:
Received 22 April 2014
Received in revised form 7 November 2014
Accepted 10 November 2014

Keywords:
Recovery
College students
Recovery support services
Substance use disorder
Addiction

ABSTRACT

Relapse rates are high among individuals with substance use disorders (SUD), and for young people pursuing a college education, the high rates of substance use on campus can jeopardize recovery. Collegiate Recovery Programs (CRPs) are an innovative campus-based model of recovery support that is gaining popularity but remains under-investigated. This study reports on the first nationwide survey of CRP-enrolled students ($N = 486$ from 29 different CRPs). Using an online survey, we collected information on background, SUD and recovery history, and current functioning. Most students (43% females, mean age = 26) had used multiple substances, had high levels of SUD severity, high rates of treatment and 12-step participation. Fully 40% smoke. Many reported criminal justice involvement and periods of homelessness. Notably, many reported being in recovery from, and currently engaging in multiple behavioral addictions—e.g., eating disorders, and sex and love addiction. Findings highlight the high rates of co-occurring addictions in this under-examined population and underline the need for treatment, recovery support programs and college health services to provide integrated support for mental health and behavioral addictions to SUD-affected young people.

1. Introduction

1.1. In recovery and in college: double jeopardy

Rates of substance use disorders (SUD) triple from 7% in adolescence to 20% in early adulthood (Substance Abuse and Mental Health Services Administration, 2011), making this developmental stage critical to young people's future. In spite of effective interventions (Becker & Curry, 2008; Chung et al., 2003; Dennis et al., 2004; Tanner-Smith, Wilson, & Lipsey, 2013; Winters, Stinchfield, Lee, & Latimer, 2008), relapse rates are typically high (Substance Abuse and Mental Health Services Administration, 2008). Post-treatment continuing support is effective at sustaining recovery (Dennis & Scott, 2007; Godley et al., 2010; McKay et al., 2009; Substance Abuse and Mental Health Services Administration Office of Communications, 2009).

The need for recovery support is especially high for SUD-affected college students: Attending college and transitioning into adulthood can both be demanding, offering new freedoms but also less structure and supervision. For youths in SUD recovery, these challenging transitions are compounded by the need to remain sober in an 'abstinence-hostile environment' (Cleveland, Harris, & Wiebe, 2010): The high rates of substance use on campuses (Hingson, Zha, & Weitzman, 2009; Wechsler & Nelson, 2008) make college attendance a severe threat to sobriety that must often be faced without one's established support network (Bell et al., 2009; Woodford, 2001). Combined, these factors can lead to isolation when 'fitting in' is critical, and/or to yielding to peer pressure to use alcohol or drugs, both enhancing relapse risks (Harris, Baker, Kimball, & Shumway, 2008; Woodford, 2001).

Experts' calls for campus-based services for recovering students (Dickard, Downs, & Cavanaugh, 2011; Doyle, 1999) have thus far been largely unheeded (Bell et al., 2009; Botzet, Winters, & Fahnhorst, 2007; Cleveland, Harris, Baker, Herbert, & Dean, 2007). The U.S. Department of Education noted that 'the education system's role as part of the nation's recovery and relapse prevention support system is still emerging' (p. 10 (Dickard et al., 2011). Preventing students relapse is especially critical as SUDs are associated with college attrition (Hunt, Eisenberg, & Kilbourne, 2010). Thus, youths' developmental stage, and the unique challenges of college, both underline the need for a recovery support infrastructure on campus (Botzet et al., 2007; Misch, 2009). This includes the need for a recovery supportive social environment that fosters social connectedness, given the influence of peers on youths' substance use (Cimini et al., 2009; Substance Abuse & Mental Health Services Administration Office of Communications, 2009; White,

☆ The project was supported by award number R21DA033448 from the National Institute on Drug Abuse. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse or the National Institutes of Health.

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http://dx.doi.org/10.1016/j.jsat.2014.11.004
0740-5472/

2008). Federal agencies recently called for the expansion of community based recovery support models to extend the continuum of care, *including in schools and colleges* (Office of National Drug Control Policy, 2010; U.S. Dept. of Education, 2010).

1.2. Collegiate Recovery Programs

Collegiate Recovery Programs (CRPs) started at a few universities in the 1980s to meet recovering students' support needs, as part of a broader effort to address substance use on campus. CRPs generally offered onsite sober housing, self-help meetings (e.g. 12-step), and counseling provided by a small staff (Botzet et al., 2007; Cleveland et al., 2010; Smock, Baker, Harris, & D'sauza, 2011; White & Finch, 2006). CRPs' strive to create a campus-based 'recovery friendly' space and a supportive social community to enhance educational opportunities while supporting students' recovery and emotional growth (Harris et al., 2008). The model fits into the continuing care paradigm of a 'recovery management' system (Godley, Godley, Dennis, Funk, & Passetti, 2002). Site-level records from a handful of CRPs suggest encouraging outcomes (Cleveland et al., 2007), as do data from the site survey arm of this study (Laudet, Harris, Winters, Moberg, & Kimball, 2013): across the 29 CRPs nationwide, annual relapse rates range from 0 to 25% (mean = 8%), and academic achievement (GPA and graduation) surpasses the host institution's overall outcomes.

Several factors lead to increased interest in CRPs about a decade ago. This includes academic institutions and federal agencies' growing recognition of youth substance use and in particular, campus-based use, as a major public health concern, and federal agencies' shift to a recovery-oriented 'chronic care' approach to SUD services (Clark, 2008). These factors fueled a rapid growth of CRPs, from 4 in 2000 to 29 in 2012 (Laudet et al., 2013) with 5 to 7 starting annually (Kimball, 2014). While CPRs vary in orientation, budget, and in the breadth of services (Laudet, Harris, Kimball, Winters, & Moberg, 2014; Laudet et al., 2013), most are peer-driven, are 12-step based, and provide onsite support groups, sober events, and seminars on SUD and recovery. The need for CRPs is bolstered by many sites reporting that demand surpasses capacity (Laudet et al., 2013).

1.3. Need for research on collegiate students in recovery and study objectives

In spite of CRPs' rapid growth, they remain largely unexamined. Noting the lack of recovery resources in academic settings, *the U.S. Department of Education has called for research about CRPs and theirs students to inform the higher education system's response to college students in recovery* (Dickard et al., 2011). Information about CRP students can also inform key stakeholder groups beyond the education system, starting with CRPs themselves. Unlike treatment programs that collect patient history upon admission to guide services, CRPs do not. Many operate with limited staff and budget (Laudet et al., 2013) and lack the resources to collect student information. While five CRPs have operated for 10 years or longer and some serve up to eighty students, two thirds emerged in the past 5 years, and over half serve fewer than ten students. Students at a given CRP are unlikely to represent the breadth of experiences and issues that a large data collection effort can document. That information can guide the development of support groups and related services, and prepare CRPs to address behavioral patterns they may face as the membership grows. Details about the broader CRP membership can also inform referral sources (e.g., high school counselors, therapists, treatment, university health staff) to determine the suitability of a CRP referral to a given student's needs.

Documenting the characteristics of CRP students will also yield knowledge about young people in recovery, an unexplored population. Clinicians and researchers understandably focus on individuals who are actively using substances or in early remission. Little is known about overall recovery paths (i.e., the totality of recovery supports used to achieve and sustain recovery), about how young people in stable recovery function, or the issues they face. Moreover, because clinical practice and research tend to be specialized, researchers and clinicians may not explore co-morbid behavioral addiction patterns although they are likely relevant to SUD recovery-and vice versa. Thus, documenting the characteristics and experiences of college students in SUD recovery can also contribute to the knowledge base about persons in recovery to inform research and improve clinical practice.

Data for our study were collected in the context of a broader project designed to answer the U.S. Department of Education's call for research on CRPs. The first phase of the project was a nationwide survey of CRPs' structures and services, described elsewhere (Laudet, Harris, Kimball, Winters, & Moberg, 2014; Laudet et al., 2013). This study sought to characterize CRP students nationwide in terms of their background and current functioning.

2. Methods

2.1. Procedures and participants recruitment

New CRPs start organically; there is no centralized office or updated list of programs, though this may change with the formation of the emerging Association of Recovery in Higher Education. We had worked collaboratively with current and emerging CRPs since the planning of the study. We identified 29 CRPs nationwide when the program survey launched in the fall of 2012, and recontacted these sites to enroll their assistance in recruiting students to take the survey. The 29 CRPs represented 19 U.S. states: 44% in the South, 22% in the Midwest, 19% in the Northeast, and 15% on the West coast. Most CRPs (85%) are hosted in public (vs. private) academic institutions; 76% operate in universities, 16% in a 4-year college, and 8% in a 2-year college.

Information sheets about the study procedures and a Weblink to the confidential student survey were emailed to each CRP director; programs were instructed to email participating students, to make announcements about the survey, post the link on their internal Website, and to post the study information sheet on bulletin boards at their site. The study was reviewed and approved by the ethics board (IRB) of the first author's institution, and we obtained a Certificate of Confidentiality from our funding agency. At the end of the survey, students had the option of providing their academic email address to receive a $40 egift certificate at Amazon. A total of 486 unduplicated surveys were completed. Based on an estimated pool of 600 participants enrolled in CRPs over the data collection period, this represents an 81% participation rate.

2.2. Data collection and Instrument

Data collection ran from February 2013 through the spring, summer and fall semesters. The confidential survey, administered online using Survey Monkey®, started with the informed consent that described the study purpose and procedures and other required consent elements. The instrument consisted of measures and inventories summarized below, all of which we have used in previous federally funded studies of persons in SUD remission (Kaskutas et al., 2014; Laudet, 2007; Laudet, Stanick, & Sands, 2007; Laudet et al., 2004; Magura et al., 2003), with the exception of the behavioral addiction inventory that was developed as described below. In addition to sociodemographics, background, and physical health, we collected data on the following domains:

2.2.1. Mental health

Participants answered the following questions: (a) ever treated for an emotional/mental health problem (yes/no); IF YES; (b) age at first treatment; (c) ever hospitalized for an emotional/mental health problem (yes/no); (d) ever diagnosed with a mental health disorder; IF YES: diagnoses (up to three were coded); (e) received treatment for an ('ongoing') mental health problem in the past year (yes/no)