

Truly Promoting Diversity on College Campuses Means Supporting Persons in Recovery from Substance Use Disorders

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Given high rates of alcohol use and the heavy drinking culture on most college campuses, students living in long-term recovery from substance use disorder are often an invisible population on college campuses nationwide. They are also an institutionally under-served population. Estimates drawn from treatment-seeking college students suggest as many as 1.5% - 2% of college students (30,000-40,000) may be living in recovery from substance use disorders.¹ Without a collegiate recovery program (CRP), these students often find themselves socially isolated because they live outside the social boundaries of on-campus drinking and social culture. To truly promote diversity on college campuses, colleges and universities must have initiatives that recognize and support students in recovery.

Students in Recovery Face Significant Barriers

Beginning in the 1990s, the age of the substance use treatment-seeking population began to drop. Younger and younger clients were seeking and receiving care for substance use disorders. Younger clientele in treatment centers produced a wave of young people living alcohol and drug-free lifestyles. Many of them were college-aged and college-bound.

Many students with substance use disorders experience academic disruption, and many leave schools to receive treatment. Before CRPs were common, young people entering college or returning to college post-treatment faced a difficult choice: they could enroll in school, but they would face social isolation if they maintained an alcohol- and drug-free lifestyle. Young people in recovery from substance use disorders often give up on higher education altogether because they feel the campus environment presents a direct threat to their recovery identity and their safety.

What are Collegiate Recovery Programs?

Collegiate Recovery Programs (CRPs) are abstinence-supportive communities and spaces, housed within institutions of higher learning that support students living in long-term recovery as they navigate the often abstinence-hostile environments of today's college campuses. The goal of CRPs is to "change the trajectory of student's lives by supporting their alcohol and drug free lifestyle,"² their recovery values, and by fostering a community of students that socially support one another as they move through their education and their recovery.

The first CRP started at Brown University nearly 40 years ago. The CRP at Brown was followed by other universities, such as Rutgers, Texas Tech, and Augsburg in Minnesota. Today, according to the

Association for Recovery in Higher Education (ARHE), there are over 180 registered programs at universities across the country.

CRPs began as grassroots and organic affiliations of students living in recovery. There is no single model for a CRP. All CRPs are unique to their institutions. Some programs, such as the Center for Young Adult Addiction and Recovery (CYAAR) at Kennesaw State University, have nearly 100 formal student members. The CYAAR has its own space, on-campus support meetings, and seven full-time professional staff members that provide a range of functional and instrumental supports for the student in recovery or students seeking a recovery lifestyle. They offer in-house academic advising so students can plan around their recovery commitments. Additionally, the CYAAR offers scholarships and on-campus recovery housing. Other programs, such as the brand-new Orange Recovery Community at Syracuse University consist of only a handful of participants, with a part-time or volunteer CRP staff.

The rationale for collegiate recovery programs rests upon a critical issue within higher education—substance use and the social norms of students. The dominant narrative of the “average college experience” involves heavy drinking, parties, fraternities and sororities, tailgating, and various other alcohol and other drug-fueled adventures. To be clear, partaking in heavy substance use is considered *normative* in college.³ It is often viewed as a *rite of passage*.⁴ Moreover, while not every student imbibes copious amounts of alcohol while in school, it is certainly available and encouraged as part of the college *experience*, often through Greek life, college sports, social engagements, and local businesses that thrive on alcohol sales to local college students. Popular media and social media also play a role in shaping the normative messaging of the American college experience and substance use.⁵

Collegiate Recovery Students Exceed the Standards

College students who struggle with substance use experience decreased motivation, poorer academic performance, and lower year-to-year retention rates.⁶ Moreover, students in recovery that lack institutional support may be deprived of developmental benchmarks involved in social dimensions of the college years due to social isolation.⁷ The research, the consensus, and data demonstrate that CRP students have higher retention, progression, and graduation rates than both the institutional averages and the national averages.^{8,9} CRP students generally obtain higher grade point averages than institutional and national averages, and relapse rates are exceedingly low. Available evidence suggests that over 90% of CRP students remain sober during college and beyond.^{8,10} As one research review put it, CRPs are a “win-win”⁹ for both universities and students.

Recommendations for Policy and/or Practice

Administrators should take the time to evaluate the rationale and benefits for supporting a CRP on their campus. If no CRP exists, administrators should reach out to students in recovery, the Association for Recovery in Higher Education, and CRP researchers to develop a strategy for the creation of a CRP.²

Implementation of a CRP should be thoughtful and intentional. CRPs are organic community-support and require input from students in recovery in order to accurately gauge resource needs and allocation. As no single replication model will work for every institution, it may be wise to conduct focus groups and elicit the help of existing CRPs and program directors.

One of the most useful steps institutions can take is to hire full or part-time CRP specialists who have experience in creating and expanding collegiate recovery programs. Another important step toward meeting the needs of students on campus is to provide space for local recovery support groups such as Alcoholics Anonymous, Narcotics Anonymous, Refuge Recovery, and/or SMART Recovery™. Current students who are members of such groups can start a local recovery meeting on campus that best fits the needs of their community, so long as the university can provide year-round space for such a group. Finally, institutions can provide space and resources for activities such as sober tailgating, off-campus recreational events, and community outreach opportunities that can begin to create on-campus recovery social networks.

CRPs should be considered as an innovative, progressive, cost-effective, and intuitive response to meeting the needs of a diverse student body. CRP students have important contributions to make to academic institutions and their surrounding communities. Institutions should highlight, elevate, and be proud of their efforts to support and attract students living in recovery.

References:

1. Arterberry, B. J., Boyd, C. J., West, B. T., Schepis, T. S., & McCabe, S. E. (2019). DSM-5 substance use disorders among college-age young adults in the United States: Prevalence, remission and treatment. *Journal of American College Health*, 1-8.
2. More information on collegiate recovery programs can be found at the ARHE Website: www.collegiatearecovery.org Or by reading the latest issue of *Recovery Campus Magazine*: <http://recoverycampus.com/>
3. Crawford, L. A., & Novak, K. B. (2010). Beliefs about alcohol and the college experience as moderators of the effects of perceived drinking norms on student alcohol use. *Journal of Alcohol and Drug Education*, 54, 69-86.
4. Osberg, T. M., Insana, M., Eggert, M., & Billingsley, K. (2011). Incremental validity of college alcohol beliefs in the prediction of freshman drinking and its consequences: A prospective study. *Addictive behaviors*, 36(4), 333-340.
5. Groth, G. G., Longo, L. M., & Martin, J. L. (2017). Social media and college student risk behaviors: A mini-review. *Addictive behaviors*, 65, 87-91.
6. Arria, A. M., Barrall, A. L., Allen, H. K., Bugbee, B. A., & Vincent, K. B. (2018). The academic opportunity costs of substance use and untreated mental health concerns among college students. In *Promoting Behavioral Health and Reducing Risk among College Students* (pp. 3-22). Routledge.
7. Harris, K. S., Baker, A. K., Kimball, T. G., & Shumway, S. T. (2008). Achieving systems-based sustained recovery: A comprehensive model for collegiate recovery communities. *Journal of Groups in Addiction & Recovery*, 2(2-4), 220-237.
8. Laudet, A., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2014). Collegiate Recovery Communities Programs: What do we know and what do we need to know?. *Journal of Social Work Practice in the Addictions*, 14(1), 84-100.
9. Bugbee, B. A., Caldeira, K. M., Soong, A. M., Vincent, K. B., & Arria, A. M. (2016). Collegiate recovery programs: A win-win proposition for students and colleges. *College Park, MD: Center on Young Adult Health and Development*.
10. Brown, A. M., Ashford, R. D., Figley, N., Courson, K., Curtis, B., & Kimball, T. (2019). Alumni characteristics of collegiate recovery programs: A national survey. *Alcoholism Treatment Quarterly*, 37(2), 149-162.

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