

Spring 2020

Experiences of College Students in Addiction Recovery: A Critical Case Study

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EXPERIENCES OF COLLEGE STUDENTS IN ADDICTION RECOVERY:
A CRITICAL CASE STUDY

by

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For the Degree of Doctorate in

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2020

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DEDICATION

For Frances H. Goldberg

ACKNOWLEDGEMENTS

Research reported in this dissertation was supported by the Association of College and University Housing Officers – International (ACUHO-I) through a funded research grant. The content in this dissertation is solely the responsibility of the researcher and does not reflect the official views of ACUHO-I.

I extend my sincere gratitude to my dissertation committee members Dr. Allison Anders, Dr. Christian Anderson, Dr. Susan Bon, and Dr. Spencer Platt for their ongoing assistance. I appreciate the contributions made by study participants and their Collegiate Recovery Program directors. Special thanks to Stanley Fish, Elaine Hoffman, J. Hoffman, and Stephanie Reaves for their encouragement.

ABSTRACT

The purpose of this study is to investigate the lived experiences of college students in addiction recovery. Critical ethnographic case study was used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population are described to share their stories and work towards better policy solutions to the U.S. college drug epidemic.

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
ADA	Americans with Disabilities Act
AOD	Alcohol and Other Drugs
CCR	College and Career Readiness
CDC.....	Center for Disease Control and Prevention
CRC	Collegiate Recovery Community
CRP	Collegiate Recovery Program
DSM-V	<i>Diagnostics and Statistical Manual of Mental Disorders</i> , Edition 5
MU	Middletown University (research site I pseudonym)
NA	Narcotics Anonymous
NIH.....	National Institutes of Health
NMPD.....	Nonmedical Prescription Drug(s)
SAMHSA.....	Substance Abuse and Mental Health Services Administration
WU	Walter University (research site II pseudonym)

CHAPTER 1

INTRODUCTION

Research Problem and Population

It is a well-known phenomenon that college students all over the U.S. are exposed to alcohol and other drugs (AOD) in a variety of social and educational settings. During this transition to adulthood some view substance use as synonymous with university culture (Schulenberg, 2002). Whether students have used AOD in the past or are trying it for the first time, there are many risks associated with the partying culture in higher education. College students are one of the highest risk populations for substance use disorders (SUD) where they become addicted to substances that affect their daily lives (CASA, 2007).

Due to factors such as peer pressure, binge drinking, and exposure to other drugs, college students are in danger of developing an addiction (DePue, 2015) to alcohol and other drugs (AOD). *Recovery* can be defined as a process by which an individual decreases the use of a substance, eventually quits using the substance altogether, and sees noteworthy improvements in terms of healthy functioning and quality of life (SAMSHA, 2011). This research seeks to uncover the day-to-day experiences of students recovering from substance use disorders in hopes of improving policy and practice to better serve this student population. While there is an abundance of quantitative research, policy, and practice on alcohol prevention on college campuses, less attention is paid to college students in recovery (DePue, 2015). “Although substance use on campuses and its

consequences often grab many headlines, the experiences of students in recovery are often ... overlooked (Beeson et al., 2017, p. 227).

The purpose of this study is to investigate the challenges faced by college students in recovery from substance use disorders (SUDs). Critical ethnographic case study was used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population are described to share their experiences and work towards better policy solutions to the U.S. college drug epidemic. Data collection occurred at two public, four-year, predominantly white institutions (PWIs) on the east coast, Walter University (WU), a large university and Middletown University (MU), a small liberal arts college. The sample size was eight participants, a common size for ethnographic case studies needed to elicit thick description and data saturation (Glesne, 2016). There were four participants from the MU Collegiate Recovery Program (CRP) and four participants from the WU CRP.

The positionality of the researcher is described in Chapter 3 Methodology. Working toward transparency through representing one's positionality in qualitative research helps build trustworthiness with the reader and allows the researcher the practice of working against oneself (Noblit, 1999). Positionality is the researcher's perspective in relation to the research (Bloomberg & Volpe, 2016). Some issues of positionality are "the researcher's relationship with participants, the nature of that involvement, how much of the study's purpose will be revealed to participants, and how ethical dilemmas will be managed" (Bloomberg & Volpe, 2016, p. 155).

Substance use in college is a serious issue as it has been correlated with higher instances of death, hospitalization, sexual assault, and withdrawing from school (DePue,

2015). College students are in even greater danger as the likelihood of substance use increases during their transition out of adolescence and peaks during their college-aged years (Cleveland, Baker, & Dean, 2010). Regardless of the substance used, college addiction is usually addressed through preemptive services, educational programs (Finch, 2007b), AOD policies (Harris et al., 2010), and alcohol-free student activities or residence halls (Skidmore & Murphy, 2010).

Additionally, some college campuses provide students services such as 12-step meetings like Alcoholics or Narcotics Anonymous, but that is only after students have been identified as having a SUD (DePue, 2015). Students must be recognized as currently using substances by signs like falling grades, hospitalization, and class absences, to qualify for substance treatment programs (DePue, 2015). These policy solutions solely address the prevention or crisis stage of substance use, but in no way, support sustained recovery (DePue, 2015). While 12-step programs are a great policy solution to students with a SUD, the highest needs for a student in recovery, are ongoing support groups, sober living, on-campus treatment facilities, on-campus substance use disorder (SUD) counselors (Harris, Baker, & Cleveland, 2010), sober peer supports systems, and fun sober events (DePue, 2015). Neither research site, MU or WU have 12-step meetings or sober dorms on campus.

Research has shown that most students only have access to 12-step program meetings and substance use disorder (SUD) counselors (if they have been identified), and do not have access to the remaining treatment they need (DePue, 2015). Policy measures for sustained recovery are sparse in the higher education landscape. Since some institutions only offer support to students who currently use drugs, that support does not

extend to recovery, causing the relapse rate to remain high while the graduation rate remains low (DePue, 2015). Therefore, there is a strong need for sober support during recovery to prevent relapse and further damage to a student's academic record. On average, 50,000 college students in the U.S. need recovery support to face barriers to their recovery and educational attainment ("College Campuses Becoming Active Site," 2010). The most successful policy solution for students in recovery from addiction has been proven to be the implementation of Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRCs) (DePue, 2015).

Due to the high rate of binge drinking, exposure to other drugs, and peer pressure, college campuses are now in a state of a substance use epidemic (Wiebe, Cleveland, & Harris, 2010) where the highest use of illicit drugs occurs between the ages of 18-20 (SAMHSA, 2008) when individuals are generally in college if enrolled in school. This research seeks to address the gap in research on college students in recovery. It focuses on students who attend four-year institutions and have on-campus living experience. Support for the focus on this population comes from the fact that "full-time college students (ages 18 to 22 years) make up the largest group of individuals meeting the criteria for SUDs, yet they are the least likely to seek out traditional treatment services programs" (DePue, 2015, p. 68).

As full-time college students in four-year universities tend to live on-campus, they are barraged by a series of relapse triggers such as the college party environment with drinking games, tailgating, residences hall parties, and social contexts like watching other students drive under the influence of substances (DePue, 2015). College students are constantly changing and interrogating their own identities and so much of college life is

centered around substances. Even if students in recovery somehow manage to maintain their sobriety after high school, which is incredibly difficult, they still see full-time attendance at college as a direct threat to their sobriety (Finch, 2007b). This has created a cyclical phenomenon of students in recovery from addiction afraid to go to college due to the threats to sobriety they will face and students in recovery attending college who end up relapsing due to triggers in the college environment (Finch, 2007b).

While Collegiate Recovery Communities (CRCs) and Collegiate Recovery Programs (CRPs) have had the most proven success in ensuring students abstain from drugs and achieve their educational goals, there are not enough of these programs in existence due to lack of funding and the stigma of addiction recovery (Finch, 2007b). While the focus of this research is on the barriers students face in recovery on a college campus without a CRC that includes sober housing, review of the research conducted on CRCs and sober housing is vital to understanding policy solutions to this problem.

While there is a wealth of research on the prevention and education on alcohol and other drug (AOD) addiction, there is a gap in the literature on college students who have received recovery treatment (Finch, 2007b). The absence of sobriety-based groups combined with an alcohol-based peer group may seem understandably dangerous and impossible to overcome (Wiebe, Cleveland, & Harris, 2010), suggesting an immense need for Collegiate Recovery Programs (CRPs). This research seeks to uncover the damaging phenomenon of the current college drug crisis to improve policy and practice for students in recovery. In U.S. university housing, there are simply not enough resources for students in recovery. There are not sober living options for on-campus students at every higher education institution.

Further, most research conducted about the intersection of addiction, recovery, and education has been conducted by researchers in the medical community. It is the purpose of this research to fill the gap of the challenges faced by students in recovery, attending four-year institutions, conducted by someone in the field of higher education. While there are some studies and guides for helping students in addiction recovery, most, if not all of that literature is aimed towards professionals in the public health community, not educational researchers or professors.

An in-depth search of online databases and scholarly journals reveals that most research on drug addiction is conducted broadly on people, with no specific studies on college students. Even when there are studies on college students with SUDs, they are conducted by researchers from medical areas such as disease prevention and drug treatment, with little to no knowledge of educational environments. Looking at the U.S. drug crisis through the lens of higher education policy and practice, this research seeks to uncover these problems specific to on-campus college housing environments.

On-campus housing presents high-risk factors for substance use and misuse as students do not have to be concerned with driving home since they can walk safely back to their dorm from an on-campus party or off-campus bar. And while campus shuttles and shared ride services like Lyft and Uber provide students with a safe alternative to driving under the influence, there is anecdotal evidence to suggest these services may serve as a trigger to drug use by erasing the fear of driving under the influence.

Context of the Problem

Every semester, parents send their young adults off to college with the legal and moral assurance that their children will be safe. Yet the ongoing drug crisis has been

rarely discussed by educational researchers, policymakers, or educators. This research seeks to break the barriers between science and education to find ways to ensure college students have the resources they need to avoid relapse and graduate college in good academic standing. Hopefully, by helping students in recovery stay on track, they can graduate with competitive transcripts and obtain fulfilling careers with life-sustaining wages. While students in recovery have relatively low graduation rates, students who lived in one particular CRC had a 70% graduation rate, 8% relapse rate, and an average GPA of 3.18 (Harris et al., 2010). Only 50% of first-year students attending 4-year institutions graduate within six years (Arria et al., 2013). “In the educational research literature, an important area of investigation is the prediction of academic outcomes, but seldom are drug and alcohol use investigated as contributors to academic performance” (Arria et al, 2013, p.1). Drug use has been linked with poor attendance, poor academic performance (Arria et al., 2013), and a decrease in graduation among four-year college students (King et al., 2006).

Students recovering from SUDs often have other psychological issues such as depression, anxiety, social anxiety, post-traumatic stress disorder (PTSD), traumatic brain injuries (TBI), grief, chronic pain, or a history of physical and emotional abuse (DSM-V, 2013). This research seeks to uncover the daily lives of students in recovery in hopes of finding policy solutions to help more college students maintain sobriety and graduate in good academic standing. Students who misuse drugs specifically want to turn their emotions off, as these drugs allow people not to feel. It is therefore important for the research of this population to find out the underlying factors behind the addiction so that policy can take a preventative approach in addition to an approach after the fact.

Substance use disorder (SUD) is defined by the *Diagnostics and Statistical Manual of Mental Disorders* (DSM V, 2013) which refers to it as an addiction disorder, in which a person cannot function day-to-day without the use of the drug (APA, 2013). A substance use disorder is defined as a recurrent use of alcohol and/or other drugs which causes functionally significant impairment like health problems and failure to meet the duties of schooling, work, and personal relationships (APA, 2013). A confirmed diagnosis of substance use disorder (SUD) is based on evidence of impaired control, risky use, and pharmacological criteria (APA, 2013). While there is a wealth of research and interventions for alcohol, there are very few programs targeting people in recovery from addiction. Gaps in the literature include a missed focus on students in recovery and a focus solely on abstinence-based, sober living policy solutions to addiction.

Additionally, the current policy at many postsecondary institutions is that of, “remove, treat, return,” where students attend off-campus addiction recovery, then are thrown back into their old environment filled with endless opportunities for relapse (Lanier, 2011). A few colleges utilize living-learning communities where students with current and previous drug addictions can live in a substance-free dorm with onsite counselors, without taking time off from school (Lanier, 2011). There is also a lack of understanding of the day-to-day life of someone in recovery.

Students in recovery from addiction are used to taking drugs as unhealthy coping mechanisms. However, when students return to the classroom, extracurricular activities, and social settings sober, they must learn to create new coping mechanisms to deal with day-to-day stress and trauma. An exploration of the drug crisis on college campuses warrants an exploration to tell the stories of these students and work towards policy

solutions. A full explanation of this study's need and value will be further explicated in Chapter 2, the literature review.

Research Design Overview

The research will be qualitative as “all qualitative research emerges from a perceived problem, some unsatisfactory situation, condition, or phenomenon that we want to confront” (Bloomberg & Volp, 2016, p. 87). The vast number of college students who fail their classes, become withdrawn from university life, and in the worse cases die from drug overdose is a phenomenon this research seeks to confront. While higher education policy focuses on intervention, prevention, and treatment, it does so broadly to treat the average person in recovery (Lanier, 2011). What these policies do not take into consideration, is that these policies are borne largely of positivist studies from the health arena, that seek to generalize and predict. This research investigates this issue through a critical, interpretivist, postpositivist lens, that considers social actors, underlying systems, social rules, and the relationships between social status, agency, and personal choice (Guba & Lincoln, 2008).

There are so many college students going through incredible emotional pain whether through the loss of a loved one, transitioning to college, dealing with romantic breakups, losing friends, or experiencing normative levels of stress and anxiety common to college life. Staying sober can be difficult enough for students in recovery and without the reassurance of sober housing, it may be a task too daunting to complete. These students' stories cannot be quantified, nor is it the research's purpose to predict their behavior, so interview methods were used to uncover hidden narratives of student life. Specifically, one-on-one interviews were conducted to ensure the anonymity of student

responses which is not an option in group or focus group interviews. Additionally, photo-elicitation was used to allow participants to tell their own stories and add a layer of memory cues during interviews (Rose, 2016).

Qualitative traditions critical ethnography and phenomenology were utilized to thoroughly investigate and co-create narratives with research participants. Again, research of this population has been largely conducted by quantitative researchers, so there is a gap in the literature from critical ethnographers that seek to complicate and interrogate current drug treatment for college students. Even with a wealth of quantitative data on the issue, “Few longitudinal studies have examined the relationship between illicit drug use and academic outcomes among college students” (Arria, et al, 2013).

Further, critical ethnographers have created a wealth of literature on ways that school environments reify oppressive systems of injustice, such as the phenomena of stigmatizing students as *drug addicts* and *drug users*. As the epidemic of college students using and overdosing on drugs is a complicated phenomenon, phenomenology of the Frankfurt School will be used as a means of emancipatory research to transform research participants into more agentic individuals (Bronner, 2017). Critical ethnography and phenomenology conceptual frameworks are used during data collection and analysis, with full use of qualitative coding for emerging themes in a highly iterative process (Schwandt, 2015). The types of research to be employed and more detailed definitions of these terms will be discussed in more detail in Chapter 3.

Research Population and Sites

The reasoning for researching students who are in recovery and not currently using is to investigate the phenomenon of students in recovery as they tend to have the

least support (DePue, 2015). Students currently using drugs may already be in a rehabilitation program or facing legal punishments for their drug use. Students in recovery, however, may perceive themselves to be “better” and project that “better self” to university faculty and student affairs professionals. The combination of the silent use of drugs with the secrecy of being in recovery is deadly. University and college students may be forced by university staff or friends and family members to enter some sort of drug recovery program off-campus.

However, there are relatively little to no resources for students in transition from *using* to *recovering*. The lack of resources for students in recovery can lead to relapse and prevent them from achieving their academic goals (Finch, 2007b). In addition, it is the hope of the researcher, that students in recovery are more comfortable narrating their life stories of *previous* drug use as there are serious and damaging legal and emotional ramifications of admitting to current drug use.

And while marijuana use was previously easy to identify due to its odor, the popularity of dab pens (see Appendix B), which contain marijuana concentrate permit students to take drugs discreetly, without odor (Frohe, et al., 2017). Dab pens can be used in public spaces such as classrooms, meetings with a residential advisor, or walking around campus, without detection (Frohe, et al., 2017). While prescription drug use varies on college campuses (Arria et al., 2013), there has been an increase in marijuana vape pen usage (Frohe, et al., 2017). There is also a higher prevalence of marijuana use among members of Greek Life (McCabe, et al., 2004). Marijuana remains the most frequently used illicit drug on college campuses (SAMHSA, 2011). Further, dab pens

contain up to 99% THC (See Appendix B), compared to traditional plant-based marijuana smoked in joints which contain only 30% THC (Appendix B).

United States' society has normalized actions such as vaping (Frohe, et al., 2017). Therefore, students in recovery risk relapse as they increasingly exposed to seeing other students use odorless, discreet dab pens anywhere, anytime (Frohe, et al., 2017). It is unlikely that professors, student affairs professionals, or other university staff have training on the technological advances of marijuana consumption through odorless vape pens (Frohe, et al., 2017). Very few colleges and universities have policies on vape pen use on campus (Frohe, et al., 2017). Both research sites for this study occurred on college campuses that lack vape pen usage policies on campus. The only policy in place is at one research site, Middletown University (MU) where vape pens are not permitted to be used inside the Collegiate Recovery Program (CRP) space.

The motivation for using a four-year degree as the definition of college success is the benefits of conducting research on larger, four-year colleges and universities. As noted in Chapter 4, the findings chapter, all eight participants stated that graduating with a four-year degree was included in their definition of academic success. This type of institution is high-risk for AOD addiction due to its on-campus housing, Greek Life, and large student-athlete populations. These factors are important as student populations with the highest risk of drug addiction are: fraternity and sorority members (Capone, 2007), student-athletes (Yusko et al., 2008), on-campus residents, and students with mental health concerns (Jeffries et al., 2016). The use of a four-year university with on-campus housing, student-athletes, and Greek Life allows for the most at-risk populations to be included in the study.

For example, institutions like the selected research sites have a wealth of knowledge regarding policy and practice regarding the college drug crisis as they both have Collegiate Recovery Programs (CRPs) which help identify students in recovery. Also, the bigger the student population, the greater the probability is in finding and interviewing students recovering from addiction. Public, four-year universities on the east coast are the sites upon which this research was conducted as four-year universities have high-risk populations in addition to a lack of sober living options for its students. The institution names and locations will remain anonymous to protect the institutions and the research participants.

This research seeks to address the challenges faced by college students in recovery and the essential role CRPs and CRCs play in their academic progress and personal wellbeing. As many students in recovery do not feel comfortable living on campus (Iarussi, 2018), the study was limited to students with on campus living experience. Additionally, this research seeks to uncover the campus resources available for students in recovery from alcohol and other drugs (AOD) as CRPs have proven success with recovery (ARHE, 2020).

Further, the role of on-campus housing in reinforcing poor coping skills and addictive behavior is also important (Andes, 2014). Although the use of common illegal drugs such as marijuana is seen as having strict abstinence policies in on-campus housing, these policies are not as enforced as one might think, as seen in Chapter 4, findings. There are social structures and policies specific to standard on-campus housing that lead to higher drug use and misuse compared to sober living-learning communities (Andes, 2014).

Study Rationale and Research Questions

The nature of this social reality has multiple causes—mental health issues, genetic predisposition to addiction, poor coping skills, trauma, binge drinking, peer pressure (Fitch, 2010) and archaic substance misuse approaches and misunderstandings on college campuses (Lanier, 2011). While illicit prescription drug use has allegedly skyrocketed after a nationwide crackdown on illegal marijuana use (US Dept. of Health, 2016) prescription drug use varies on college campuses (Arria, et al., 2013). In states where marijuana is medically legal, the use of prescription painkillers has dropped drastically (US Dept. of Health, 2016). While prescription drugs are also extremely physically addictive (US Dept. of Health, 2016) marijuana remains the most popular drug on college campuses today (Arria, et al., 2013). While the literature on specific drug classes and cultures will be reviewed, it is important to note that in addiction recovery, addiction is addiction (SAMHSA, 2011). That is to say that while drug cultures may differ, alcohol *is* a drug, and polysubstance use is common on college campuses and in addiction recovery communities (SAMHSA, 2011).

Interview questions (See Appendix A) have been generated to answer the study's main research questions:

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Given these questions, the overall purpose of the study is to inform policy and practice in both higher education and health and wellness sectors. Currently, traditional substance misuse prevention and treatment policies on college campuses are not enough to lessen the number of college students who withdraw from school or overdose on drugs (Iarussi, 2018). While recent media coverage of substance misuse has focused on individuals transitioning from prescription painkillers to extremely dangerous illicit drugs like heroin at an increasing rate (US Dept. of Health, 2016), this pattern varies on college campuses. In the wake of the “Opiate Crisis” policies passed in the early 2000s, prescriptions for analgesics such as oxycodone have dramatically declined since 2012 (Chou, et al., 2019). The focus on legally prescribed opiates misses the hidden population of the college drug crisis, where many students get their substances through illicit channels (Chou, et al., 2019).

While prescription painkiller use continues to decline (Chou, et al., 2019), heroin is still used on college campuses (McCabe, 2007). Along with the chance of death after one use, heroin presents a myriad of problems with shared needle use, increased risk of homelessness, and inability to function in any realm of life, including education (McCabe, 2007). Recently, the drug fentanyl has become increasingly popular among young adults (Nolan et al., 2019). Fentanyl, which is 90% cheaper than heroin (Miller, 2020) is a “short-acting opioid with a potency 50 to 100 times stronger than morphine ...

associated with an increased risk of fatal overdose” (Nolan et al., 2019). Due to the rise in popularity of the drug fentanyl, there has also been a rise in the rate of cocaine-involved fatal overdoses, as cocaine is frequently mixed with fentanyl (Nolan et al., 2019).

Research on the drug crisis in higher education can inform policy and practice and lower the number of college students who overdose on drugs each year.

Research Limitations

There are also limitations to the study as qualitative research relies on self-reported data and the fallibility of human memory (Schwandt, 2015). Human memory is fractured and people are often incapable of retelling stories from their lives as they truly were. The approach of interpretive frameworks and concepts will help as participants work through creating narratives that inform policy and practice (Schwandt, 2015). This research seeks to improve policy by using these participants’ narratives for practical application to help them stay in recovery and school.

Further, a review of the current literature on these issues will help participants and the researcher, triangulate and member-check responses with current data. Previous approaches to address this problem, current successful policy solutions, and data from multiple studies will be synthesized and analyzed to better prepare and execute successful and useful data collection and analysis methods. As this research seeks to add to the existing body of knowledge on college students recovering from SUDs, a brief yet thorough review of the literature will be conducted in Chapter 2.

CHAPTER 2

LITERATURE REVIEW

Overview

This research seeks to primarily address the hardships faced by students in recovery with on-campus living experience that interact with college campus environments that may present triggers for relapse (Iarussi, 2018). *Recovery* can be defined as a process by which an individual decreases the use of a substance, eventually quits using the substance altogether, and sees noteworthy improvements in terms of healthy functioning and quality of life (SAMSHA, 2011). Secondarily this research will investigate literature on the success of sober Collegiate Recovery Communities (CRCs) as a possible policy solution to the drug epidemic. Many substance-free dorms are substance-free in name only and do not have appropriate supervision to ensure a truly drug-free living space (Iarussi, 2018).

Many four-year colleges and universities overwhelmingly rely on the “remove, treat, replace” process of sending students to off-campus addiction rehabilitation centers (Lanier, 2011). This process of sending students away from campus stigmatizes students as drug-*users*, removing them from their community which lowers their likelihood of recovery and graduation (Lanier, 2011). Despite the overwhelming success of on-campus CRCs and CRPs most higher education institutions ignore this approach. Research has shown that many students who live in sober CRCs with onsite professionals and recovery

meetings have a more than 90% recovery rate and a more than 90% graduation rate (Lanier, 2011). One of the reasons for a lack of understanding of CRCs stems from an overabundance of focus on research on alcohol and other drug (AOD) prevention.

While 12-step programs can expose college students in recovery to older individuals in early recovery, who may still be using substances, students are not permitted to be in Collegiate Recovery Programs (CRPs) if they are actively using substances (ARHE, 2017). The most successful policy solution for students in recovery from addiction has been proven to be CRPs and CRCs (DePue, 2015). In addition to ensuring that students are surrounded by other college students with the shared goal of recovery who are no longer using substances, CRP programming and curricula focus on the academic aspect of recovery in higher education (ARHE, 2017).

In CRPs, students can explore issues specific to higher education such as studying for final exams, completing coursework, and navigating substance-based peer groups on college campuses (ARHE, 2017). However, in 12-step meetings such as AA and NA, it is unlikely that issues outside of recovery, related to higher education, would be discussed in a 12-step meeting, according to participants. By contrast to 12-step communities, CRPs and CRCs provide students with a space to focus on their recovery as college students (ARHE, 2017). “The goal of a CRP or CRC is generally to offer the chance for students in recovery from addiction to experience the opportunities that higher education offers both in the college environment, and after by providing support, preventing a return to use, and promoting academic performance” (ARHE, 2020). “Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRCs) are terms that are often used interchangeably to describe an institutionally sanctioned and supported

program for students in recovery from addiction seeking a degree in higher education” (ARHE, 2020).

Another benefit of CRPs and CRCs are the low relapse rate for students, which is just 5% (ARHE, 2020). That low relapse rate means that 95% of students maintain their sobriety while attending institutions of higher education, due to the overwhelming success of CRPs and CRCs (ARHE, 2020). The 95% success rate of students in CRPs and CRCs is consistent with the participants in this study, as seven of eight students maintained their sobriety during the length of data collection, with only one student relapsing. Due to the anonymous nature of 12-step programs like AA and NA, there is no national average of success rates (Wagener, 2019) to compare to the 95% success rate of CRPs and CRCs (ARHE, 2020).

There have been limited studies on AA success rates, with those rates ranging from success rates (maintained sobriety) between 7% and 50% (Wagener, 2019). As of 2019, no AA studies have found success rates (maintained sobriety) higher than 50% (Wagener, 2019). Again, while AA remains anonymous and maintained sobriety is difficult to measure, no 12-step program has come near the 95% success rate of maintained sobriety that CRP and CRC members have (ARHE, 2020). In addition to the benefit of a lower relapse rate (ARHE, 2020), CRP and CRP student outcomes are constantly studied and measured, adding to a growing number of recovery studies (ARHE, 2020).

The purpose of this study is to investigate the challenges faced by college students in recovery from AOD addiction. While there is a wealth of research, policy, and practice on the prevention of substance use disorders (SUD) and predictors of SUDs, there is a

gap in the literature on research on students in recovery. This focus on prevention, not treatment, has led to an underrepresentation of research on students who have decided to stop using drugs. While students who are currently using have university care, it may be difficult for students to stop using drugs, because the minute they do, they lose university support. Recovery should be part of the educational agenda of every institution of higher education (Finch, 2007b). One study found that over 918,000 college students were diagnosed as dependent on alcohol nationwide and on a typical campus with 30,000 students, roughly 9,500 were diagnosed as having a SUD (Harris, 2006). Yet the number of resources available to those students is highly underrepresented (Harris, 2006).

There has been widespread attention in the literature dedicated to the prevention of alcohol and other drugs (AOD) use, with very little attention paid to students who have already finished addiction treatment (Finch, 2007b). It is the purpose and focus of this research to add to the ongoing number of posttreatment continuing care studies, which are significantly outnumbered by prevention studies (Finch, 2007b). Less than 1% of adolescents and young adults receive drug recovery treatment annually (SAMHSA, 2006). In a country where AOD prevention is saturated and funded, colleges and universities are hesitant to provide services to students in recovery, for fear of the stigma attached to recovery programs (Finch, 2007b).

Research on Collegiate Recovery Programs (CRPs) and policy solutions is so sparse it is largely limited to theses and dissertations (Finch, 2007b). More research is needed on collegiate recovery as students living on-campus face constant challenges to their recovery. The moment college students decide to stop using substances, their peer support systems often become their only means of support, as they are no longer

receiving support from their parents. While peer support is beneficial, other students may not even be aware of their friend's recovery status and may unknowingly present triggers such as an invitation to a party with alcohol or offer drugs directly. With high rates of drug overdose and students withdrawing from college, should the responsibility of maintaining students' substance abstinence really fall on their peers?

Research has shown that a student's peer group can be a detriment to their recovery and a relapse trigger (Goodman, 2011). When analyzing the college drug culture, it is important to look at social factors such as peer influence on the risky drug-taking behaviors of college students. Peer influence and social pressure are also integral parts of addiction recovery (Goodman, 2011). College-aged individuals are transitioning into emerging adulthood with increased autonomy, for better or worse. Still, there are few studies on the factors affecting students in recovery and their motivation to get recovery help (Goodman, 2011).

Students in recovery have trouble maintaining their sobriety when placed in an environment where party culture, like binge drinking and illicit drug use, is not only encouraged but even a symbol of belonging within the community (Goodman, 2011). However, if the peer pressure is positive, e.g. when students get pressure from their friends to stop using and get treatment, this resulted in a positive personal choice to get help and stay committed to a treatment program (Goodman, 2011).

To carry out this study of college students in recovery, it is necessary to synthesize and evaluate current literature on the issue. As this is an ethnographic study, a review of the literature is necessary to form a background to the research questions, the research design, data collection and analysis, and explication of the study's findings.

Phenomenological concepts and theories are also be used during the research process, including the use of *bracketing*, when a researcher states and suspends assumptions about the issue (Volpe & Bloomberg, 2016). As this dissertation is not fully phenomenological, bracketing will not be so prominent as to delay the literature review until after data collection (Volpe & Bloomberg, 2016). It is the understanding of many phenomenologists that conducting a literature review can harm the researcher's ability to create a research design (Volpe & Bloomberg, 2016). However, the main conceptual framework focus of this dissertation is critical ethnography, with a minor focus on phenomenology to capture the lived experiences of participants.

A review of the literature is also needed due to the research population of college students in recovery. Most research on this topic comes from medical journals, so a review of this literature is important to the researcher as well as those reading this dissertation. This present study can advance knowledge on the subject, as few educational researchers have addressed this issue. To reach full saturation of this issue, three main worlds within the issue of college students in recovery will be examined. First, the university setting and drug cultures will be examined with the social and psychological factors that contribute to drug use/relapse. Second, challenges faced by students in recovery will be analyzed to yield a better understanding of how on-campus college housing and lack of recovery support can make recovery difficult for students and relapse quite simple. Finally, the needs of students in recovery will be reviewed, to better inform the research design of this study and analyze possible policy solutions already in existence on U.S. college campuses.

The University Setting: Campus Drug Culture and Threats to Sobriety

At college and university campuses across the country, drug use continues to go undetected, suggesting an underlying problem that remains a threat to students' educational and occupational goals (Palmer et al., 2012). At some institutions, less than 10% of students who reported illicit drug use thought that university staff or legal officials understood the negative consequences of student drug use (Palmer et al., 2012). Despite the increased attention given to alcohol prevention among undergraduate students, little is known about AOD use on campus (Palmer et al., 2012). One report in 2008 found that 37% of college students took an illegal drug at least once, and 19% used an illegal drug other than marijuana in the past year (Johnson, O'Malley, Backman, & Schulenberg, 2006).

Among students who self-reported drug use, 44% admitted to driving under the influence of drugs, one-third stated an obsession with drug use, and one fourth had taken more drugs than planned (Palmer et al., 2012). Nationally, "Half of all full-time college students (3.8 million) binge drink, misuse prescription drugs and/or misuse illegal drugs. Almost one in four of the nation's college students (22.9 percent, some 1.8 million) meet the medical criteria for substance misuse or dependence, two and a half times the proportion (8.5 percent) of those who meet the criteria in the rest of the population" (Califano, 2007, p. 16). The widespread and largely surreptitious use of drugs remains a constant threat to students in recovery as they attempt to fit in while remaining sober in a substance-saturated culture. On college campuses, having access to AOD gives college students a sense of identity and belonging, something that is especially hard to give up when one stops using substances.

Of course, university police, student affairs professionals, and other university staff are trained to stay vigilant and help in the aftermath. However, preventive policies, ones that stop the high rate of drug proliferation are not ideal for treating students with SUDs. Campus police also find it increasingly difficult to target and help college students' drug use when they live off campus (Andes, 2014).

The ongoing drug epidemic on college campuses has created a system of blaming several parties. Many researchers who have collected data on this issue blame university administrators who have allegedly failed to address the widespread drug culture at higher education institutions. "College presidents, deans and trustees have facilitated or tolerated a college culture of alcohol and drug abuse that is linked to poor student academic performance, depression, anxiety, suicide, property damage, vandalism, fights and a host of medical problems. By failing to become part of the solution, these presidents, deans and trustees have become part of the problem" (Califano, 2007, p. 16).

Blaming administrators is common among collegiate drug research, based on the premise that presidents, deans, and trustees accept the status quo of rampant AOD use, putting generations of college students in grave danger (Califano, 2007, p. 16). Other researchers blame those in the high school community as high school drug use has a high correlation with college drug use (Finch, 2007a). Some take full responsibility from schools and blame students' parents, at times, hyperbolically (Califano, 2007). While a rough home life can be a trigger to drug use/relapse, there is evidence that many college students who have a substance use disorder come from what they consider healthy and happy home lives (Finch, 2007b).

It is not the purpose of this research to cast blame on any individual or group of individuals for the college drug epidemic, but rather synthesize studies on the issue to gain a better understanding of college drug culture. Although anyone who uses drugs is prone to polydrug use, there are pharmacological, cultural, social, and psychological differences with each substance, so various drug cultures will be examined. Each student in recovery is a unique individual that cannot be reduced to a class of drugs, nor is it the purpose of this research to stereotype individuals.

Substance Terminology

Any reference to the term drug includes alcohol since alcohol *is* a drug. As most research on college drug use is quantitative, there is a wealth of research on questionnaires given to students, and drug terms taken from the *DSM-IV* (APA, 2013). It can be helpful to discern which substances students are recovering from when collecting data, as policy and interventions can be tailored to meet their specific needs. While some researchers cite drug terminology from a 2012 study, *College Student Drug Use: Patterns, Concerns, Consequences, and Interest in Intervention* (Palmer, et al.) which used the *Addiction Severity Index* (McClellan et al., 1980) there were multiple errors in those studies and many drug names are no longer in use. A list of any relevant drug terminology is in the Glossary (See Appendix B).

Nonmedical Prescription Drug (NMPD) Use

With each drug class, comes different risks and hardships faced by students who use them. The top four most used drugs on college campuses today are marijuana, alcohol, tobacco, and prescription drugs (Andes, 2014). Illegal drug use on college campuses slowed down considerably until the 1990's when the NMPD crisis began

(Aikins, 2015). The NMPD crisis was one of the many adverse effects of the *War on Drugs*. Former President Bill Clinton pushed his “tough on crime” 1994 Omnibus Crime Bill, which led to an increase in the U.S. prison population by 673,000 under his tenure (Stein, 2015). Instead of reforming the Controlled Substances Act of 1970, it remains legislation to this day, more than 45 years later. Former President Bill Clinton, cannot be credited with starting the War on Drugs, but he got the US government to fund it, ramp it up, and create one of the biggest public policy nightmares in our nation’s history (Stein, 2015).

“The 1994 Omnibus Crime Bill Signed into law on September 13, 1994, by former president Bill Clinton, the bill was a comprehensive piece of legislation that provided \$30.07 billion in crime-fighting funding ... More than 25 percent (\$8 billion) of the funding was earmarked for the construction of new prisons” (Gould, 2014, p 287). Citizens in the U.S. all over the country were afraid of these tough-on-crime bills which handed out sentences based on the CSA. The CSA, still used as federal policy lists both heroin and marijuana as Schedule I, highly addictive drugs, so they turned to legal prescription drugs, many of which are only listed as Schedule IV, allegedly with low rates of addiction (CSA, 1970; CSA, 2012).

The effects of the 1994 crime bills led to NMPDU use to skyrocket for years (Aikins, 2015). On college campuses alone, NMPDU increased fivefold from 1999 to 2005 (Garnier, L.M. et al., 2010). “Although a distant fourth to alcohol, tobacco, and marijuana use, nonmedical prescription drug use (NMPDU) far exceeds all other illicit drug use on college and university campuses” (Andes, 2014, p 27). However, prescription painkiller use has dramatically declined since 2012 (Chou, et al., 2019)

Further, the focus on legally prescribed opiates misses the hidden population of the college drug crisis, where many students get their substances through illicit channels (Chou, et al., 2019). While legally prescribed opiates get mass media attention, marijuana remains the most used drug on college campuses today (Arria et al., 2013).

While the most misused NMPDs are stimulants, opiates, and sedatives, stimulants are uniquely used in predominantly academic settings (Aikins, 2015). Disparate from normative AOD patterns, ADHD medications like Adderall have higher usage rates at institutions with higher selective admission standards such as Ivy League schools (McCabe, 2005). Stimulants are also very easy for students to obtain, as they are shared more commonly than any other NMPD, used as a form of currency at many schools as “the study drug” (Low & Gendaszek, 2002).

Hard Drugs: Heroin, MDMA, and Other Illicit Drugs

Heroin

While illicit, hard drug use has gone down considerably since the 1990s, heroin use has risen in some areas because of the increased availability (McCabe, 2007) especially with the sale of drugs online (“Drugs on Social Media,” 2020). In 2015, the cost of heroin use disorder, an addiction to heroin, was projected to be \$51.2 billion in the U.S., which is about \$50,799 per person using heroin (Jiang, et., 2017). The amount of people using heroin has doubled from the years, 2000 to 2013 (Jiang, et., 2017) and heroin overdose death rates have more than tripled since 2002 (Rudd et al., 2016). Additionally, there are personal and social costs to heroin use as this population is at high risk for overdose, premature death, drug-related hospitalization, infectious diseases, and absenteeism from school and/or work (CDC, 2015), and rates of criminal activity and

incarceration (Teesson, et al., 2015); (Boutwell, et al., 2007). People who use heroin who inject the drug are also at risk for many infectious diseases, such as Hepatitis B (HBV), Hepatitis C (HCV), HIV, AIDS, and Tuberculosis (TB) (NIDA, 2014).

What is missing from Jiang et al., a literature review of over 70 sources on heroin use in the U.S., is a focus on the 21,000 individuals aged 12 to 17 with a heroin use disorder (Jian et al., 2017; SAMHSA, 2015). This gap in the literature suggests a need for focused research on high school age people who use heroin as high school drug use is a reliable predictor of college drug use (Goodman, et al., 2011). It is beyond the scope of this research to thoroughly research each drug associated with this population as nearly all people who use heroin (96%) have misused at least one other substance (Jones et al., 2015).

As heroin treatment and abstinence leads to reduced transmission of fatal diseases, there is a rising need for addiction recovery treatment to increase the quality of life for people who use heroin, and their peers with whom they may share needles (Ogbuagu, 2014). Heroin use also has a high correlation with homelessness and there is a public health crisis that prevents most people who use heroin from getting the help they need once out of school and in society (Bourgois & Schonberg, 2009) there is an increasing need for students to get treatment while they are still in college.

Ecstasy (MDMA)

While many students seek out heroin, motivated by the intense euphoria it brings, some students do heroin by accident, when they are buying what they believe to be pure methylenedioxymethamphetamine (MDMA) or ecstasy (Palamar, 2014). Pills or powder sold as *ecstasy* can contain many adulterants ranging from poison, heroin, cocaine, or

methamphetamines (Palamar, 2014). Ecstasy (MDMA) was initially created as an antidepressant but is now known as a street or club drug (Palamar, 2014). Although it is still prescribed as treatment for severe Depression and PTSD, many college students get MDMA through drug dealers. The pills students get on college campuses can contain little to no MDMA and may have other dangerous substances in the pill (Brunt et al., 2012).

While other countries like Australia provide free drug-testing programs at college parties and events (Day, et al., 2018), U.S. colleges and universities have no such policies. Due to U.S. zero tolerance policy, students who are going to take MDMA no matter what, are forced to test the drug themselves, conducting what is known as a “tongue test.” If someone puts an MDMA pill on the tongue and it goes numb, there is cocaine in the pill and if there are brown spots, the pill most likely contains heroin. However, the tongue test falls short of an actual chemical test and people who use ecstasy could unknowingly be exposed to heroin and cocaine, putting them at high risk for a polysubstance use and addiction (Palamar, 2014).

By contrast, college students in Australia, France, the Netherlands, the United Kingdom, and Spain have the benefit of drug testing or drug checking at music festivals (Day, et al., 2018). While U.S. zero tolerance policies continue to encourage drug use, European policies tend to stop them (Day, et al., 2018). Harm reduction policies in the Netherlands have been in place since the early 1990s, testing MDMA for young adults attending music festivals for the past thirty years (Day, et al., 2018). Studies in the UK found that there is no safe amount of MDMA someone can take outside of a medically prescribed setting (RSPH, 2017). However, drug testing of MDMA at music festivals in

the UK led to one out of every five MDMA users disposing of their drugs once they learned their pills were cut with other dangerous substances (RSPH, 2017). In the UK, MDMA use is most common in young adults and college-aged individuals as it is prevalent among people ages 16-24 (RSPH, 2017). In the UK alone, 95% of festival-goers support to use of drug testing kits to lower instances of preventable drug overdoses (RSPH, 2017).

While colleges and universities have been helping students test their pills in other countries for over two decades (Day, et al., 2018), institutions in the U.S. mostly refuse to employ these lifesaving practices. These practices in Australia, Spain, and other popular study abroad destinations for U.S. students help students avoid nonconsensual polydrug use and prevent overdoses (Day, et al., 2018). However, U.S. drug policy conflates drug use with addiction, so there are little to no preventative measures to keep students from being drugged without their consent or overdosing on an unknown drug such as fentanyl (Nolan et al., 2019).

Since high school drug use has a high correlation with college drug use, a study on high school senior ecstasy use sheds light on this club drug culture. *An Examination of Sociodemographic Correlates of Ecstasy Use Among High School Seniors in the United States* is a quantitative study conducted by Joseph J. Palamar and Dimitra Kamboukos (2014). Research was conducted to delineate sociodemographic correlates of use among high school seniors in the U.S. who use ecstasy (Palamar, 2014). Due to the drop in use of MDMA since the 2000s, few recent studies have examined drug use within this subculture, high school seniors using illicit drugs (Palamar, 2014). While MDMA use has dropped, rates of emergency room hospitalization due to MDMA use has not (Palamar,

2014). The drug known as MDMA remains popular among adolescents and emerging adults, affecting students in both high school and college (Palamar, 2014).

Relatively few studies have examined MDMA use in national samples with one of the highest risk populations, adolescents transitioning into adulthood, which traditionally occurs during the transition from high school to college (Palamar, 2014). While this dissertation is focused on college students in addiction recovery, studies on graduating high school students provide a much-needed focus on the incoming population of first-year college students. Experimentation of all kinds including substance use and sexual activity is common within the first year of college, as students are finally living without parental supervision. Hopefully, if more is known about high school drug use, preventative measures can be taken to lower the instances of drug use in college. While it is beyond the scope of this dissertation to address preventative measures in high schools, data from this study gives a glimpse into where college students in recovery come from, which gives insight into the challenges they face transitioning to college (Palamar, 2014).

The research design of this study used the method of examining data from a nationally representative sample of U.S. high school seniors with a modal age of 18 (Palamar, 2014). Data was collected and analyzed from the *Monitoring the Future Study* (MTF) (2007-2012) (Johnston et al., 2013a) with a population of 26,504 (Palamar, 2014). The conceptual framework used was quantitative, controlling for sociodemographic factors to see if they correlated with ecstasy use (Palamar, 2014). Several bodies of literature were reviewed to fill the gaps in research on students' MDMA use since the 2000s (Palamar, 2014).

This study used the MTF which is a yearly cross-sectional survey of U.S. high school seniors in roughly 130 public and private schools throughout the nation (Palamar, 2014). Close to 15,000 high school seniors are surveyed annually (Johnston et al., 2013a) where schools are designated through a multi-stage random sampling technique (Palamar, 2014). “All forms assess sociodemographic variables and use of various other drugs; however, ecstasy is only assessed in survey forms 3 and 4. The current paper examines aggregated (and weighted) data from 26,504 high school seniors from years 2007–2012 as this time frame captures most recent trends of use” (Palamar, 2014, p. 1775). Participants were asked about their demographics and history of drug use including lifetime and recent use (Palamar, 2014). Full datasets were used to maximize the use of the aggregate data and prevent response bias from altering survey results (Palamar, 2014).

Findings suggest that approximately 4.4% of high school seniors reported that they used MDMA within the last year (Palamar, 2014). Looking at demographics, females, religious students, and Black and Hispanic students with two parents at home had lower reported use of MDMA, however, most study participants were white (Palamar, 2014). The statistical probability of using MDMA consistently increased for students living in a city, students who had access to ten or more dollars a week, and students with a weekly income of 50 or more dollars from employment (Palamar, 2014).

However, what these studies overlook is the vast number of students who get their drugs for free. MDMA use is much higher in Greek Life communities, which is handed out for free, once members have paid their dues (McCabe, et al., 2004). Further Greek Life parties are open to the entire campus, known for dispensing free MDMA, putting

other students at risk (McCabe, et al., 2004). It is also important to note that while university culture may be aware that alcohol is free for female students, that trend extends to illicit drugs as well. By limiting studies to students who purchase drugs, it hides entire populations of female college students who are offered drugs like MDMA for free at Greek Life parties (McCabe, et al., 2004).

Findings did not suggest a statistically significant age correlate with drug use (Palamar, 2014), but research has found that lifetime prevalence of MDMA use increases with age (Johnston et al., 2013). This supports a need for targeted interventions and treatment programs for college students, as they are at increased risk for ecstasy use (Palamar, 2014). National data also suggests that white people have the highest overall prevalence of MDMA use, yet trends are constantly shifting (Palamar, 2014). While collegiate recovery and treatment programs should be offered to all students in need, regardless of race or gender, it is important to note the trends of ecstasy use among these groups to have a clearer understanding of the drug culture.

Additionally, this study reviews a body of literature including results from the National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2013). The NSDUH shares national data on U.S. drug use and found that 12.9% of 18-25-year-olds self-reported a lifetime use of MDMA and 4.1% stated they had taken MDMA in the past year (SAMHSA, 2013). Unlike Palamar's study, the NSDUH's findings suggest that females are at higher risk of using MDMA than males (Wu et al., 2010). Further, the average age of initiation or first-time trying MDMA is 20 years (SAMHSA, 2013), a common age of college students. Understanding the MDMA drug culture is important as

most ecstasy researchers limit their studies to dance clubs and raves, even though MDMA use is still prevalent on high school and college campuses (SAMHSA, 2013).

While Palamar's synthesize of important literature on ecstasy use helps contextualize the drug culture, some of this researcher's claims are unsubstantiated. The researcher attributes the popularity of MDMA to the rise of electronic dance music (EDM) and rap music (Palamar, 2014), however, there are no empirical data to suggest a causal relationship between listening to EDM and taking MDMA. This argument made by Palamar, that music causes drug use (2014) is based on the logical fallacy, *post hoc ergo propter hoc*, meaning consecutive effects imply causation.

Palamar argues that the increased use of the word, *molly*, a shortened version of molecular ecstasy, in popular music has caused increased ecstasy use (2014). The word *molly* has also become more common in rap and hip-hop songs, which Palamar links to a "shift in sociodemographic characteristic of users (2015), implying that rap is 'Black music'" which has led to the increase in Black individuals using MDMA. Although Palamar does not explicitly state that link, it is implied, as the next section states that people who use ecstasy were commonly thought to be members of the LGBTQ+ community due to the "dance" music they enjoy (2014).

These assumptions, that music causes drug use, and that Black music causes Black drug use is misguided and overtly racist. While it is beyond the scope of the qualitative methodologies used in this dissertation to examine cause and effect issues surrounding drug use, it is important to note that researchers who seek to stereotype individuals by drug use, may miss entire populations of at-risk individuals. Higher education administrators, professors, medical professionals, and student affairs

professionals need to understand the warning signs of drug use. Each semester, students relapsing into drug use fly under the radar even though they may exhibit overt symptoms of drug use such as track marks or bloodshot eyes. Higher education researchers and professionals need to understand that students struggling with drug recovery look and act normatively because they *are* normal human beings.

Cocaine

“Cocaine is an addictive drug that produces numerous psychiatric symptoms, syndromes, and disorders. The symptoms include agitation, paranoia, hallucinations, delusions, violence, as well as suicidal and homicidal thinking. They can be primary to the drug's effect or secondary to exacerbation of comorbid psychiatric disorders” (Morton, 1999). Additionally, students using cocaine are in physical danger, including, but not limited to, multiple organ failure, overdose, cardiac arrest, permanent brain damage, and death (Morton, 1999). And just because cocaine rates are lower than they were in generations past, they are still rising in some areas of the country (Caulkins et al., 2015).

Cocaine remains a popular drug on college campuses today, common among wealthy college students, because of its higher cost (Palamar, 2014). Although cocaine use has fallen drastically in concert with the rising use of marijuana, it is still popular at many institutions of higher education, considering a “study drug” on par with ADHD medication (Caulkins et al., 2015). “From 2006 to 2010, the amount of marijuana consumed in the United States probably increased by more than 30%, while the amount of cocaine in the United States fell by approximately 50%” (Caulkins et al., 2015, p. 728). Drug use rates are always approximated as data on drug use is difficult to calculate,

relying on conflicting reports, the honesty of self-reported illegal action, and the inability to control for purity and price when it comes to the drug market (Caulkins et al., 2015).

Even with cocaine's drop in use outside of the higher education landscape, an estimated that 13% of students at four-year institutions of higher education used cocaine at some point during their enrollment (Kasperski et al., 2011). The small portion of students using cocaine is in great danger as this substance can be cut with other substances, a process known as "being stomped on." Unlike higher education institutions in other countries, neither research site, Middletown University (MU) or Walter University (WU) have policies in place for students to test their cocaine for purity. This means that students using cocaine are unable to ensure whether additives such as opiates like fentanyl have been added. The onus has fallen on college students in recovery, who are the only ones at MU and WU offering testing kits to other students to ensure their cocaine does not contain additives like fentanyl that will kill them (Nolan et al., 2019).

Due to the rise in popularity of the drug fentanyl, there has also been a rise in the rate of cocaine-involved fatal overdoses (Nolan et al., 2019). In the wake of the "Opiate Crisis" policies passed in the early 2000s, prescriptions for analgesics such as oxycodone have dramatically declined since 2012 (Chou, et al., 2019). Even for cancer patients and patients with syndromes fifty-times as painful as cancer such as Complex Regional Pain Syndrome (CRPS), most doctors have stopped prescribing oxycodone (Lawhern, 2019). The abrupt cessation of oxycodone has led to a rise in suicides among chronic pain patients (Lawhern, 2019) and led to chronic pain patients getting painkillers through illicit drug channels such as drug dealers (Miller, 2020).

Chronic pain patients and people with drug addictions have increasingly turned to fentanyl which is 90% cheaper than heroin (Miller, 2020). “Fentanyl, a short-acting opioid with a potency 50 to 100 times stronger than morphine, is associated with an increased risk of fatal overdose” (Nolan et al., 2019). Due to new CDC guidelines dissuading doctors from prescribing milder oxycodone, patients in urgent care and emergency rooms are increasingly prescribed morphine and fentanyl (Lawhern, 2019). While the addiction rate for oxycodone is around 1% (Lawhern, 2019), a substance that is up to 100 times stronger than morphine is exponentially more addictive (Nolan et al., 2019). While fentanyl is legal and approved for patients as young as three years old, administered in lollipop form for children, it remains highly dangerous and addictive (Miller, 2020).

As the number of fentanyl prescriptions has increased, that has increased the availability of the drug on the illicit market (Miller, 2020). “U.S. overdose deaths attributed to synthetic opioids, such as fentanyl, have increased from under 3,000 in 2013 to nearly 20,000 in 2016, making up half of all opioid-related overdose deaths” (Miller, 2020). With the increased availability and low cost of fentanyl, illicit drug dealers are increasingly mixing cocaine with fentanyl (Nolan et al., 2019).

“Prior to 2015, fentanyl was involved in fewer than 5% of all overdose deaths annually. However, during 2015, the percentage of overdose deaths involving fentanyl increased to 16%, and by the end of 2016, fentanyl was involved in approximately half of all overdoses in New York City” (Nolan et al., 2019). While rates of drug overdoses due to cocaine remained stable from 2010 to 2014, the rate of overdoses involving cocaine doubled from 2015-2016 (Nolan et al., 2019). The increased popularity of fentanyl puts

people who use cocaine at an increased risk for overdose, meaning college students who use cocaine can die from just one-time use (Nolan et al., 2019).

Access to hard drugs such as cocaine alongside an absence of sober housing leaves these institutions' students in recovery in grave danger. Cocaine is so prevalent at these institutions, that vials of powder cocaine can be found in on-campus housing, off-campus housing, even in the parking lot for the school's health center. The presence of cocaine vials across campus has only been perceived by this researcher during five years of participant observation, so the research conducted in this dissertation will provide more substantial evidence.

In the meantime, when vials of what appeared to be powder cocaine were found all over an off-campus housing apartment, calls to one institution, WU, were met with laughter. Apparently, it is not against WU off-campus housing policy to use drugs in off-campus communities at this institution. When this institution Office of Off-Campus Housing laughed at the idea of consequences for off-campus drug use, legal representatives at this institution did not have answers either. As every graduate student gets free legal counsel, a lawyer was asked what could be done to report drug use off-campus. The lawyers emailed back stating off-campus housing apartments are "third-party" businesses and there are no policies or procedures in this institution to stop students from using drugs. It is deeply disconcerting that hard drug use at this institution is a laughing matter, and the mere idea of sober housing, which is written off as too expensive.

Due to the widespread ease of obtaining cocaine and other drugs at WU, more than a dozen students have petitioned this institution for a full-fledged Collegiate

Recovery Program (CRP) complete with a Collegiate Recovery Community (CRC), which means sober housing and on-site counselors. The students want this institution to join the other colleges and universities with CRPs (ARHE, 2017) with access to sober housing, sober events, in addition to the existing recovery support group. Though there are strong student needs and desires for larger CRCs with sober housing, both institutions' officials have allegedly stated that the only thing stopping them from providing these services is a lack of funding.

This institution's students' fight for a Collegiate Recovery Program (CRP) and Collegiate Recovery Residences (CRP) is not uncommon in the U.S. today. Nationwide, one in five college students has a substance use disorder (SUD) (Blanco, et al., 2008). Some researchers believe that more than 40 percent of students withdrawing from college involve substance misuse (DeRigne, 2016). Given that most college students who withdraw or are pushed out of college are in good academic standing (NRC, 2015), there are so many high-functioning, high-performing students that face college withdrawal due to the lack of drug recovery support at their institution (DeRigne, 2016). To better understand the population of college students in recovery living on campus in the absence of sober housing, the following sections review their specific needs as well as the success of CRPs and CRCs.

Needs of Students in Recovery from Substance Use Disorder (SUD)

While the needs of students in recovery will largely be discovered in the data collection and analysis phases of this research, a review of recent literature on the subject will be analyzed to provide a solid foundation for Chapter 3, methodology. Although both research sites MU and WU are known as party schools, university officials claim

that AOD use on campus has been banned. Students in recovery from a substance use addiction (SUD) have shared stories of how ineffective the alleged ban on substances is. In extensive interviews with students in recovery, many of these students struggle to find commonality with their peers in a college town where friendships are built over substance use and misuse.

Like many college towns, these campuses have a series of bars on campus, forcing students in recovery to walk past bars on their way to class. And since these institutions' student health centers and libraries do not have parking lots, many students park at bars just to use these campus services. With the increasing number of students who are required to live on campus, with booze-soaked tailgates, and the smell of marijuana emanating from the campus quad, there are several relapse triggers for students in recovery stated later in Chapter 4. Due to these risks, students in recovery need a sober residence hall, sober activities, a support group, and advisors and professors who know how to work with students with SUDs (Bell, 2009).

Data from the National Institute of Alcohol and Abuse and Alcoholism found that roughly 20 percent of college students have a SUD and roughly two out of every five students withdraw from college due to substance misuse (Bell, 2009). However, college students in recovery are relatively rare as college life presents often insurmountable obstacles to recovery. AOD use and misuse are seen as a rite of passage at colleges and universities all over the nation (Bell, 2009). Students need access to environments that are not hostile towards abstinence, but AOD culture is not just relegated to residence halls as class time is a popular time for students to discuss when and how much AOD they will consume.

A 2009 qualitative study (Bell, 2009) on students in recovery from a SUD living on a campus with a Collegiate Recovery Program (CRP) and Collegiate Recovery Community (CRC) were interviewed to assess their specific needs as students (Bell, 2009). Semi-structured interviews were conducted with 15 students enrolled at Texas Tech University at Lubbock (Bell, 2009). Two cohorts of students were interviewed, including first-year students entering college and the Center for the Study of Addiction and Recovery (CSAR) at Texas Tech University, during the fall of 2002 and fall of 2003 (Bell, 2009). The study population consisted of three women and 12 men, all of whom are white (Bell, 2009). As this is yet another study of students in recovery made entirely of white students, more research is need on this population that includes people of color.

The researchers of this 2009 study set out to collect data on the challenges of recovering students on a university campus and the most beneficial tenets of the CRP (Bell, 2009). Findings suggest that this population needs the elements of this CRP, “frequent on-campus 12-step meetings, a weekly seminar class that focuses on relapse prevention, academic support, skills training workshops, individual counseling, and referrals as needed, involvement in the student-run, association for recovering students, social activities, service activities, and parent weekends” (Bell, 2009, p. 651).

Researchers in this 2009 study also stated a need for more research on students in recovery to understand the challenges faced by this population (Bell, 2009), which is the research focus of this dissertation. More research is needed on students in recovery on campus without a CRP and students with a CRP to compare their experiences (Bell, 2009). While there is more data on students who live on campus with access to CRCs and

sober housing, there is even less data on students in recovery, attending higher education institutions like the research sites, that do not have sober housing.

This study is important to the body of knowledge on the issue of students in recovery from a SUD, as it is one of the few qualitative studies in which students are asked to speak for themselves (Bell, 2009). While quantitative data is important, qualitative data on this population is much-needed as the struggles they face on a day-to-day basis need to be expressed by the research population, to give them the agency they deserve, in telling their own stories. Currently, researchers do not have information about existing recovery programs and what aspects are most helpful to students in recovery (Finch, 2007b). This research is integral to the creation of a national collegiate recovery model, which could lead to more colleges providing sober living options for their students (Bell, 2009). Currently, there are roughly 14 or more colleges and universities with CRPs Affiliated with the Association of Recovery Schools (ARS), meaning students in need of sober housing face even more limited prospects for higher education if they wish to maintain their sobriety (Bell, 2009).

Students in the 2009 study, (Bell, 2009), spoke of the challenges they faced transitioning and adapting to the college environment, specifically in on-campus living spaces (Bell, 2009). Living and socializing in these spaces is difficult for students in recovery as AOD use is prevalent (Bell, 2009). College students in recovery are often referred to as a hidden population (Woodford, 2001) in terms of the lack of research and awareness of their college personnel (Bell, 2009). Nationally, roughly half (49%) of full-time college students engage in binge drinking, illicit drug use, or both (Bell, 2009).

More support for the claim that the remove-treat-replace model of off-campus drug addiction services is not working comes from a literature review from *The Journal of American College Health* (Misch, 2009). Working off of Bell's (2009) studies from the previous paragraph, Misch has also called attention to the trend of colleges and universities focusing on prevention of alcohol and other (AOD) drug use, but not the treatment of already addicted students (Misch, 2009). Though this literature review primarily focuses on alcohol misuse, it cites several studies conducted on both AOD (Misch, 2009). This researcher estimates roughly 1 million college students in the U.S. meet the medical criteria for alcoholism (Misch, 2009).

“Can there be any other setting less hospitable for recovery from alcohol abuse than the college or university campus?” Misch asks (2009, p. 279). Students in recovery living on-campus in the absence of a CRC are inundated by offers to drink heavily in residence halls, Greek Life, and in college towns where bars aggressively advertise drink specials for college students (Misch, 2009). Students in recovery find themselves in a hostile environment that is set to undermine their recovery at every turn (Misch, 2009).

Students in recovery feel a sense of alienation, apart from the campus community in which students boast about how much they have had to drink (Misch, 2009) or how many times they have blacked out from alcohol. This alienation is deepened by the constant struggle these students face as there is an endless battle between priorities—recovery versus academics (Misch, 2009). These students do not feel part of the college community, a huge factor in their college retention (Misch, 2009). Few of their classmates understand their challenges and mere congratulations by faculty members are not enough support to help students stay sober (Misch, 2009). Students need appropriate

infrastructure such as CRCs and CRPS, where they have the option of sober living (Misch, 2009).

Right now, many students in recovery are referred for off-campus treatment, preventing them from graduating on time, which increases their risk of not graduating at all (Misch, 2009). Colleges and universities without full CRPs and CRCs outsource recovery services, which fails to meet the needs of the population of recovering students (Misch, 2009). Thankfully, an increasing number of schools are joining the on-campus recovery movement (Misch, 2009). The Association of Recovery Schools (ARS) has an increasing number of university members and programs participating (Misch, 2009). Research has shown that schools with strong on-campus recovery programs, attract a significant number of recovering students, who would not otherwise be able to attend college (Misch, 2009).

Yet with the increasing number of schools offering on-campus recovery resources, most colleges and universities only financially support prevention and intervention (Misch, 2009). These schools that support just prevention have staff members that continuously state they do not have the funds for an on-campus recovery program (Misch, 2009). What these university staff members leave out of the equation, is the high cost of AOD misuse on-campus (Misch, 2009). Drug and alcohol overdoses and deaths aside, universities must also fund the effects of substance use such as property damage, legal fees, insurance expenses, judicial affairs personnel, all of which could be alleviated by funding a recovery support program on campus (Misch, 2009). While higher education staff keep stating recovery programs are too expensive, how are they to

quantify the cost of a human life when repeatedly making calls to parents to tell them their son or daughter has died of a preventable substance overdose?

Alcohol and other drug (AOD) misuse is a large factor in students' failure to complete their coursework and graduate, so campus recovery programs could facilitate retention (Misch, 2009). Further, without on-campus recovery support, brave college students in recovery are not acknowledged for their commitment to abstinence (Misch, 2009). This population of students deserves on-campus resources just as much as other student subpopulations (Misch, 2009). Students with mental and physical disorders can qualify for special housing and accommodations, why are these services not available for students in recovery? (Misch, 2009). Recovering students need their own space, resources, and programs so they can complete their education and find careers with a life-sustaining wage. They are untapped resources who can serve as role models for other students who can have a positive impact on the college party scene (Misch, 2009).

Needs of Students in Recovery Subpopulations: Greek Life and Student-Athletes

It is important to note that fraternity and sorority members and student-athletes have higher uses of alcohol and other drugs (AOD) (McCabe, 2007) as these subpopulations need targeted policies and support for students with a substance use disorder (SUD). Fraternity and sorority organizations on college campuses also known as Greek Life have consistently drawn attention from substance misuse researchers, as synthesized in a literature review about substance misuse in Greek Life (McCabe, et al., 2004). McCabe (2004), a leading researcher in college student substance use disorders compiled a review of recent literature, studies, and papers written about fraternities and sororities, which all pointed to higher rates of substance misuse. Fraternities and

sororities are social organizations that have existed in the U.S. since the 1820s, generally overseen by an alumni corporation or national organization (McCabe, et al., 2004). As they are social organizations, they have special initiation rites for new members, often involving binge drinking and illicit drug use (McCabe, et al., 2004). Some organizations can even maintain their own housing and codes of conduct (McCabe, et al., 2004).

Many research studies have found a higher prevalence of marijuana (Bell, 1997) and ecstasy (MDMA) (Strote, et al., 2002) use among members of Greek Life (McCabe, et al., 2004). This trend is especially dangerous as college students are already a population with high alcohol consumption, as college students drink significantly more than their peers (Bachman et al., 2001). While most research on substance use in Greek Life focuses on alcohol, binge drinking has a high correlation with other substance use, so research on heavy alcohol use among this population is still useful to the purpose of this dissertation (Wechsler et al., 2002). Wechsler et al., have a wealth of studies, one that suggests college binge drinking increased during the years 1993-2001, when there was a national directed focus on alcohol prevention, not treatment (2002). Though McCabe's (2004) literature review of students on Greek Life substance misuse covers literature from the early 1990s to the early 2000s, this is still a relevant time period for the study of college substance misuse as this was the boom of substance prevention methods, a time where college substance use increased (Wechsler et al., 2002). And given that Greek Life is all about maintaining traditions, binge drinking and initiation reported in these older studies are still used today.

College students who are the heaviest drinkers are overrepresented in Greek Life (Wechsler et al., 2002). While roughly 40% of college students engage in heavy drinking

(Johnston et al., 2004), national trends of heavy drinking among Greek Life members are higher at (65%) (Wechsler et al., 2002). At an even greater risk of substance use and misuse are Greek Life members who live in a fraternity or sorority, where roughly 80% engage in heavy episodic drinking (Wechsler et al., 2002). Additionally, Greek Life students have higher rates of driving under the influence, missing class because of hangovers, and higher rates of alcohol consumption, often coming to class still drunk or high (Cashin, et al., 1998). Students who are members of Greek Life tend to have a history of heavy drinking before college and gravitate towards Greek Life organizations known for excessive substance misuse (McCabe, 2004).

Also, being a member of Greek Life increases heavy drinking (Borsari & Carey, 1999), which leads to a mutually reinforcing system of social identity through substance misuse (Bachman, 1997). Since fraternities and sororities are considered a high-risk environment for all students (McCabe, 2004), they pose a specific risk to students in recovery. Substances aside, members of fraternities and sororities generally have lower GPAs and on-time graduation rates as their world focuses more on groupthink than individual thought (NRC, 2015). Students in recovery already face substantive challenges maintaining sobriety along with a strong GPA and college attendance rate (McCabe, 2004).

While a lot of attention has been paid to the selection and socialization effects among Greek Life members in terms of alcohol use, little attention has been given to substances other than alcohol (McCabe, 2004). Many studies have relied on single-institution, quantitative data, and those researchers have attempted to generalize about college students nationally (McCabe, 2004), despite the high variation of drug use

between universities (Bell et al., 1997). The overreliance of quantitative data focused on alcohol prevention suggests a need for more qualitative studies focusing on AOD use (McCabe, 2004), which supports the need for this dissertation. McCabe (2004) has conducted several studies in the past 20-30 years on students with a substance use disorder, yet mostly through quantitative data collection such as surveys.

While McCabe has contributed exponentially to the phenomena of this population, more qualitative studies must be conducted so these students can tell their own stories and take agency over their narratives. It is not the purpose of this research to stereotype members of Greek Life as alcoholics or people who misuse substances, but rather to recognize the high correlations in hopes of helping these students maintain their sobriety. The research sites for this dissertation are four-year public colleges on the east coast, campus cultures with their own standalone Greek Villages, where sorority and fraternity houses provide shuttles back and forth to campus, so there is a high number of college students who are exposed to binge drinking and illicit drug use every day.

A high correlation of Greek Life members are also student-athletes, comprising the highest at-risk group for substance use and misuse, student-athletes in Greek Life organizations (Huchting et al., 2011). While student-athletes do not have higher rates of substance use and misuse, they still have higher rates than non-athlete students (Huchting et al., 2011). One corollary that Greek Life and student-athletes have in common is the preponderance of hazing and groupthink (Huchting et al., 2011). Student-athletes are at specific risk of developing a substance use disorder (SUD) as they have a higher rate of past alcohol use, compared to Greek Life students, and students who are neither student-athletes or fraternity or sorority members (Huchting et al., 2011). In this study conducted

by Huchting et al., (2011), student-athletes reported a higher rate of conformity as a motive for drinking than other students, even more so than Greek Life members (2011).

Another interesting finding is that student-athletes had lower alcohol-related negative consequences than those in Greek Life (Huchting et al., 2011), a finding supported by participants in Chapter 4. The findings of this study also showed that while students in Greek Life drink more frequently, student-athletes have higher rates of binge-drinking (Huchting et al., 2011). Binge drinking rates correlate with illicit substance use and polydrug use is common, so many student-athletes do drugs other than alcohol (Huchting et al., 2011). One important distinction between these two groups is that student-athletes often have the choice of sober housing if it is available as participation in Division I, II, or III level gives student-athletes priority housing. By contrast, students in Greek Life can be forced to or choose to reside in fraternity or sorority houses, of which 80% of residences meet the medical criteria for alcoholism (Wechsler et al., 2002).

Additionally, depending on the Division ranking of the school, student-athletes may be subject to drug-testing. Yet drug-testing often overlooks the use of nonperformance-enhancing drugs such as opiate painkillers, heroin, and ketamine (McCabe, 2007). Student-athletes have higher exposure to opiates as they have team doctors, trainers, and coaches who give them regular access to these types of drugs (McCabe, 2007). Further, many student-athletes are never drug tested and merely sign a form saying they will not use heroin or marijuana, as the researcher observed during data collection.

Also later in explored in Chapter 4 findings, student-athletes are not properly given drug tests so the coaches can keep the players on their teams. Other findings

suggest student-athletes drink more as they are often traveling and feel the need to binge drink to get caught up on the college culture they are missing (Huchting et al., 2011). Student-athletes have inconsistent schedules that keep them from accessing campus support for healthy coping mechanisms as often as non-athletes (Huchting et al., 2011).

Also, student-athletes are known to use AOD after games, either to mourn a loss or celebrate a win (Huchting et al., 2011). And again, as athletes have the highest rates of reporting their drinking motive as fitting in, they are more prone to groupthink and conflating substance use with a sense of belonging (Huchting et al., 2011). More research is needed on treatment programs specific to student-athletes to promote healthy coping mechanisms and the benefits of individual thought (Huchting et al., 2011). Further, while student-athletes are encouraged not to drink before a game day, no such warning is given about other drug use. It is beyond the scope of this dissertation to identify all high-risk student subpopulations in terms of alcohol and other drug use.

Populations such as lesbian, gay, bisexual, and transgender students (LGBTQ+) and student-veterans (Grossbard, 2014) allegedly have higher instances of substance misuse (McCabe, 2010). More research is needed into LGBTQ+ students who use drugs as students in this population who are discriminated against are three times as likely to misuse AOD (McCabe, 2010). There are few, if any, studies on college students in recovery with LGBTQ+ participants. Student-veterans may face a higher risk of prescription drug addiction as they exposed to opiates by Veterans Affairs (VA) (Webb & Webb, 2014). It is important to know what students are in greater danger of drug use and overdose as treatments can be tailored to help these students abstain from drugs while in high-risk communities.

CHAPTER 3

METHODOLOGY

Introduction

This chapter is organized by the following sections: context of the research; description of the research design; research questions, participants, research site, data sources and collection, data analysis, positionality, onto-epistemological orientations, limitations; and ethical considerations (Bloomberg & Volpe, 2016). The purpose of this study is to investigate the challenges faced by college students in recovery from alcohol and other drug (AOD) addiction. Critical ethnographic case study is used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population are described to share their experiences and work towards better policy solutions to the U.S. college drug epidemic.

Data collection took place at two, public, four-year, predominantly white institutions (PWIs) on the east coast: Walter University (WU), a large university and Middletown University (MU), a small liberal arts college. The researcher interviewed eight participants from WU and MU and incorporated photo-elicitation (Rose, 2016) in the interview process. A semi-structured interview approach was used across three interviews with each participant. During the third round of interviews, the researcher asked participants to discuss their photographs, which were taken around campus and off-campus. The sample size of eight participants is a common size for ethnographic case

studies to elicit thick description and data saturation (Glesne, 2016). Details of interviewing and photo-elicitation are in sections that follow.

Context

Working toward transparency through representing one's positionality in qualitative research helps build trustworthiness with the reader and allows the researcher the practice of working against oneself (Noblit, 1999). Positionality is the researcher's perspective in relation to the research (Bloomberg & Volpe, 2016). Some issues of positionality are "the researcher's relationship with participants, the nature of that involvement, how much of the study's purpose will be revealed to participants, and how ethical dilemmas will be managed" (Bloomberg & Volpe, 2016, p. 155).

Reflecting on time the researcher spent living in Baltimore, Maryland explicates the researcher's positionality in relation to this research subject. In college the researcher tutored children through a non-profit organization in Baltimore, Maryland called HOPE. The researcher taught children as young as three or four years old how to defend themselves against peers and adults and how to respond if their parent or guardian overdosed. In the positionality section below, the researcher shares more about these experiences. Here, these experiences are introduced as one layer to a decade-long commitment to share through the researcher's investigation of the complexities and communities of individuals enduring addiction.

In this iteration of that journey, the researcher was investigating the ways college students in addiction recovery experienced on-campus living and campus-life at public, predominantly white institutions on the east coast. Specifically, studying the ways these students characterized college success and barriers to achieving success. The researcher

conducted a critical ethnographic case study (Glesne, 2016; Yin, 2014) to examine those experiences and co-create with students an authentic representation of the unique experiences they face on their way to educational attainment. The literature defines college success as attainment of a degree from a four-year institution with a bachelor's degree (Conley, 2012). The term degree attainment and student characterizations of success were used to represent etic and emic definitions of success (Noblit, 1999). From interviews, the researcher worked with students to include their concepts of college success which includes graduation from a four-year institution.

Students at the highest risk of AOD addiction and attend large universities are identified in the following groups: Greek Life (fraternity and sorority members) (Capone, 2007), student-athletes (Yusko et al., 2008), students with on-campus living experience, and students with mental health concerns (Jeffries et al., 2016). Each research site was chosen because each of these populations is represented on campus and neither site has sober housing options for students (McCabe, 2004). Below, the research sites are detailed.

Whether students have used drugs in the past or are trying them for the first time, there are many risks associated with the partying culture in higher education (Iarussi, 2018). As students in recovery face dire consequences such as overdose, death, sexual assault, and suicide (Iarussi, 2018), providing safe spaces for students in recovery on college campuses is an exigent issue that deserves the attention of educational research.

College students are one of the highest risk populations for substance use disorders (SUD). Substance use disorders can affect their daily lives (CASA, 2007). Due to factors such as peer pressure, binge drinking, and exposure to drugs in residence halls,

classrooms, on- and off-campus social events (Schulenberg, 2002), college students are in danger of developing an addiction (DePue, 2015) to alcohol and other drugs (AOD).

Drug is defined as a mind-altering substance that can alter a person's thought process, judgment, lead to health risks, addiction, and drugged driving, which includes alcohol (NIDA, 2015). This study focuses on alcohol and other drugs (AOD), which does not refer to the use of regularly prescribed medications under a doctor's care with addiction (Palmer et al., 2012). *Recovery* is defined as a process by which an individual decreases the use of a substance, eventually quitting the use of the substance altogether, and experiencing noteworthy improvements in terms of healthy functioning and quality of life (SAMSHA, 2011).

While there is a small canon of studies on college students in recovery from AOD addiction (Finch, 2007b), there are few studies that include participants' perspectives on their education. Most research conducted about the intersection of addiction, recovery, and education has been conducted by researchers in the medical community (Finch, 2007b). This research fills the gap of studies on college students in recovery from SUDs and the challenges they face living on campus in institutions of higher education. While there are some studies and guides for helping students in recovery from SUDs, most, if not all that literature is aimed toward addiction counselors (Finch, 2007b), not educational researchers or professors.

Educational researchers can learn research methods to have a better presence in mental health and addiction studies. The intersections of experiences of students with a SUD and academics are highly underrepresented in quantitative and qualitative research studies. While it is under the jurisdiction of health and wellness departments at institutes

of higher education, educational researchers, professors, and student affairs professionals are not involved in creating policies to help students with substance use disorders (Finch, 2007b). As some of the main problems faced by students with SUDs is failure to attend classes, graduate, and failure to meet the academic requirements of their course of study, more educational researchers are needed to investigate this phenomenon. Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRCs), and sober residence hall floors/halls have been proven to benefit populations addicted to AOD (DePue, 2015). Another benefit of CRPs and CRCs are the low relapse rate for students, which is just 5% (ARHE, 2020). That low relapse rate means that 95% of students maintain their sobriety while attending institutions of higher education, due to the overwhelming success of CRPs and CRCs (ARHE, 2020). In this study, participants have indicated that CRPs are extremely beneficial.

Simply, studies conducted on students with SUDs are from a medical perspective and have no intention of ensuring students stay in college and graduate with a decent GPA (2.5 or higher) that will prepare them for the global job market. It is not the intent of drug addiction counseling and rehabilitation to ensure college students go to class, study, develop positive peer support at school, and graduate (Finch, 2007b). It is only the intent of these medical interventions to prevent relapse. More educational researchers must get involved in this research so students do not have to choose between maintaining their sobriety and graduating (Finch, 2007b).

Every year, parents send their emerging adult children to college campuses with the reassurance that they will not be harmed, referred to as *in loco parentis* (Johnson, 2016). However, parents of students in addiction recovery, have no such assurances.

Students who live on-campus have higher rates of drug use and misuse compared to students living off-campus (Bell, 2009). Of full-time students living on campus, 23% meet the medical (*DSM-V*, 2013) criteria for AOD misuse (Bell, 2009). This rate of use and misuse is significantly higher than the general population (8.5%) (Bell, 2009).

In loco parentis means in place of the parent where college faculty, residential advisors, and student affairs professionals are tasked with “student learning, character development, and the regulation of students’ behavior” (Johnson, 2016). Because living on-campus has been correlated with higher drug and alcohol usage rates, it is clear that college staff has not been properly regulating student behavior as students are exposed to more drug use on-campus (Bell, 2009). Given this trend, it is unclear why so many colleges and universities continue to mandate that students spend their first year of college on-campus (Bell, 2009).

At an even greater risk of substance misuse are Greek Life members who live in a fraternity or sorority, where roughly 80% engage in heavy episodic drinking (Wechsler et al., 2002). Additionally, Greek Life students have higher rates of driving under the influence, missing class because of hangovers, and higher rates of alcohol consumption, often coming to class still drunk or high (Cashin, et al., 1998). Students who are members of Greek Life tend to have a history of heavy drinking before college and gravitate towards Greek Life organizations known for excessive substance misuse (McCabe, 2004). This trend is represented in the participation population, as five out of eight participants are former members of Greek Life.

Students in recovery face dire consequences as people who formerly used substances, such as overdose or death as a possible result of relapse, suicide, and sexual

assault as students under the influence of drugs whether intentionally or not as in the case of a spiked drink are not as able to defend themselves against sexual assault (Finch, 2007b). Students who are members of Greek Life organizations are a high-risk group for drug-related sexual assault. Nearly 100% of Title IX sexual assault violations reported on college campuses come from fraternities and sororities (Bon, 2017). College students who are the heaviest drinkers are overrepresented in Greek Life (Wechsler et al., 2002). While roughly 40% of college students engage in heavy drinking (Johnston et al., 2004), national trends of heavy drinking among Greek Life members are higher at (65%) (Wechsler et al., 2002).

In this study, the researcher studied the experiences of this population and identified what they described they need most to succeed, what they characterized as barriers to their success, and what they imagined might aid them in their success. Policy changes are needed so students living in recovery do not risk overdose and/or death while trying to attain a college degree. Eighty percent of jobs require some form of postsecondary education (Conley, 2012); as educational researchers in higher education, we need to commit to serving the needs of all postsecondary students.

A Critical Ethnographic Case Study

The study's design is informed by critical ethnographic research (Madison, 2011). Critical ethnography allows the researcher to speak out against inequality and hegemonic power through research (Carspecken & Apple, 1992). Using a critical approach is conducive to studying college students in recovery from a SUD as one can learn about and identify the needs of students in recovery. A critical approach is a value-laden orientation adopted in work when researchers address concerns of power and control,

challenge the status quo, and work to empower participants and foster agency (Carspecken & Apple, 1992). Instead of accepting the fact that countless students are forced to choose between recovery and higher education, a critical orientation means studying ways to challenge the status quo and arguing for a better world. “A critical ethnographer will study issues of power, empowerment, inequality, inequity, dominance, repression, hegemony, and victimization” (Creswell & Poth, 2018, p. 93).

Researchers choose a case study design when they ask how and why questions and want to investigate “a contemporary phenomenon’ (the case) in depth and within its real-world context, especially when the boundaries between the phenomenon and context may not be clearly evident” (Yin, 2014, p. 16). An interest in layered interpretations of experience from participants, for example, the use of photo-elicitation (PE), makes a case study design a productive choice as well. Yin (2014) noted, “A case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion” (p. 17).

Interviews are central to the researcher’s understanding of the research population so case study fits well as data triangulation is pursued. “The entire culture-sharing group in an ethnography may be considered a *case* but the intent in ethnography is to determine how the culture works rather than to either develop an in-depth understanding of a single case” (Creswell & Poth, 2018, p. 96). Case study research is the approach to this study as it involves the study of cases in actual contemporary contexts and settings (Yin, 2014).

It is the purpose of this study to describe the lived experiences of students in recovery, the meanings they ascribe to those experiences, and draw attention to resources

and lack thereof for this population. A critical ethnographic case study is used because ethnography reflects rich description of experience (Yin, 2014) and case study provides the opportunity to pursue triangulation across multiple data sources (Yin, 2014).

Additionally, because the researcher is interested in the ways institutional power may affect the everyday experiences of participants, a critical approach is taken in the coding and analysis of data (Creswell & Poth, 2018). *Ethnographic* in this critical ethnographic case study refers to the use of historic methods (observation, interviews, and photo-elicitation) used in ethnographies. An ethnography is a long-term, open-ended research design that is beyond the scope of dissertation research (Schwandt, 2015), but using ethnographic methods is a productive choice in this bounded study about the experiences of college students with SUDs.

As mentioned in Chapter 2, qualitative traditions and critical ethnography (Madison, 2011) are utilized to thoroughly investigate and co-create narratives with research participants. Even with a wealth of quantitative data on the issue, “Few longitudinal studies have examined the relationship between illicit drug use and academic outcomes among college students” (Arria, et al, 2013). Research about college students with SUDs has been largely conducted by quantitative researchers, so there is a gap in the literature from critical ethnographers who would seek to complicate and interrogate institutional responsiveness, or lack thereof, in policy and practice regarding college students with SUDs in higher education. The focus of this dissertation study is college students in addiction recovery who have on-campus living experience. Methods such as interviews and photo-elicitation (PE) are used.

Qualitative interviews are when an interviewer generates talk with an interview to elicit spoken data (Roulston, 2010). “Research interviews for the purpose of social research range across a spectrum from structured, tightly scripted interviews ... to open-ended, loosely guided interviews that have little or no pre-planned structure in terms of what questions and topics are discussed” (Roulston, 2010, p. 14).

Specifically, ethnographic interviews were used as this is a critical ethnographic case study. “The purpose of ethnographic interviewing is to explore the meanings that people ascribe to actions and events in their cultural world, expressed in their own language” (Roulston, 2010, p. 19). The interviews are used to elicit answers about participants’ aspects of their cultural world, the world of recovering from a SUD in a college environment, which includes space, time, events, people, activities, and objects (Spradley, 1979). As a researcher, data has been generated that includes participants’ terms from their cultural world and explanations of those terms and how those terms are used by members of the cultural community studied (Roulston, 2010). These types of interviews share similarities with friendly conversation, yet the researcher introduced ethnographic elements to assist participants (Spradley, 1979). This interviewing technique relied on ongoing analysis of data generated from field notes, observations, development of familiarity with participants, photo-elicitation, and multiple interviews over the course of a four-to-five months (Spradley, 1979).

The interview styles used in this study are semi-structured interviews with the eight participants. This interview style has the basic unit of action of the question and answer sequence (Roulston, 2010). Closed questions, those that have the possibility of generating one-word or yes or no questions, were used during the recruitment process to

evaluate which participants would best fit the study as a form for the participants to complete. For example, to qualify for this study participants must be enrolled as undergraduate students, enrolled in either MU or WU CRP, be at least 18 years of age, have experience living on campus, and have three months of sobriety (Finch, 2007b).

Living on-campus is not a requirement to be in the study as there are no known students in addiction recovery living on campus at these research sites. Because living on campus is a major threat to sobriety (Iarussi, 2018), all eight participants chose to live off campus to focus on their recovery. Three months of sobriety has been chosen as it is the traditional amount of time for students to be sober to qualify for any type of rehabilitation (Finch, 2007b). Further, students are detoxing or still using would not be able to represent the population of students in recovery, though relapse during the research process is possible and did not disqualify participants during the study (Finch, 2007b).

Once participants qualified for the study, they were asked open questions, which generate longer answers as they provide broad parameters for the participants to tell their own story, in their own words (Roulston, 2010). Open questions can generate detailed descriptions of the topic and provide rich, thick description, that both the researcher and participant can revisit with follow-up questions or in future interviews (Roulston, 2010). These types of questions can also be used to clarify topics and elicit answers to questions the researcher did not think to ask (Roulston, 2010). Further, the researcher used the participants' words to probe more, go into more depth with questions, to generate questions with rich description (Roulston, 2010). Semi-structured interviews were used to ensure the open-ended questions are specific enough so the participant had enough information to answer the questions to the best of their knowledge (Roulston, 2010).

A semi-structured interview is an interview protocol used as a 'guide' and questions may not always be asked in the same order; the interview initiates questions and poses follow up 'probes'; in response to the interviewee's descriptions and accounts. The interviewee selects their own terms to formulate answers to questions; responses are guided by the interviewer's questions. (Roulston, 2010, p. 14)

This process has an asymmetrical structure with a prepared interview guide including several open-ended questions (Roulston, 2010). The researcher used this process to seek further detail and description, providing the same starting point for each interview. The interviews have a common set of topics to be discussed and relied on the ability of the researcher to maintain highly developed listening skills (Roulston, 2010).

Participants were not asked about illegal activity and when illegal activity came up in the interview, they were asked to avoid capturing images of illegal activity. The participant had final say as to what content is used in the study. Regardless, all students and the institution research sites are camouflaged with pseudonyms to protect the privacy of the participants.

Photo-elicitation (PE) was used to work with photos taken by the participant in the research interview to elicit memories, thoughts, and statements (Rose, 2016). Photo-elicitation has four key strengths: photographers gather a great deal of information that gives insights into particular phenomena and cultures; photos elicit more emotional talk in interviews; participant-generated visual materials explore everyday moments in the participants' lives; and participant-generated photos empower participants by having them explain why they took a photo and what it means to them, giving participants more agency (Rose, 2016).

Photos taken by participants did not include people to protect the identity of individuals. Two interviews were conducted with photo-elicitation (PE), an initial

briefing interview, and a longer PE interview (Rose, 2016). The exempt invitation (Appendix A) to participate ensured the participant was aware of how the photos would be used, and participants had final say on photos described in the final dissertation. Participants were not asked to sign a consent form as this research received exempt-IRB approval. Six out of eight participants engaged in PE as two participants forgot to take pictures.

In the initial interview regarding photo-elicitation (PE), the researcher explained to the participant how, when, why, and where to take photos, such as a typical day, or things that are important to them such as relapse triggers around campus (Rose, 2016). Students used their smartphones due to the advantages: no cost, quick turnaround, ability to take pictures at any time and minimal disadvantages, an ability to modify the image. Participants were given an information sheet (see Appendix A) reminding them what type of pictures to take and how many to take, as smart-phones have the capability of holding thousands of pictures (Rose, 2016). Before participants took pictures for photo-elicitation, students were reminded to avoid taking pictures of people who might be identifiable, e.g. anyone in focus in the foreground or background of the photo.

The actual photos participants took for photo-elicitation (PE) are not included in this dissertation study to protect the anonymity of participants, research sites, and any illegal activity that may be present in campus living spaces. While some researchers may choose to include photos in the dissertation as part of the PE process, this dissertation was written with careful attention paid to protecting the anonymity of participants. Photos taken by participants in the PE phase were on-campus, near campus, in their living spaces, or included photos of the participants' faces. Therefore, the photos are omitted

from this study so that participants, research sites, and geographic locations can remain anonymous.

While participants were cautioned against taking photos of illegal substances, that proved challenging for participants like Drew and Laura, WU students who live in off-campus student housing. To protect the identity of participants and avoid the inclusion of illegal activity, photos were only seen during the third round of interviews and are not included in this dissertation. During the third round of interviews, participants showed the researcher photos they took on their phones, described what was happening in the photos, and the emotions they felt when taking the photos. Photos were only shown to the researcher during the interview and at no point were photos sent via text message or email to ensure that the researcher was not in possession of the participant photos at any time. This process was used to ensure the privacy of photos as some smartphone applications can access the photos on the researcher's phone.

Critical ethnography frameworks were utilized to understand the complicated phenomena of students who may feel forced to choose between staying sober or graduating. As qualitative research is not a reductive methodology of cause and effect, the institution's effects on the individual were not surveyed as in quantitative methods. Rather, students were interviewed about the reification of unhealthy coping mechanisms, the lack of support, and whether on-campus living promotes drug use and misuse.

Information was collected on any current forms of recovery support for students with a substance use disorder (SUD). Currently, this support consists of CRPs which have been very helpful to participants in the study. What these services do not offer is sober living options, access to 12-step meetings on campus, or any indication that

students can be shielded from drug and alcohol use at campus events. While CRPs have many benefits to students in recovery, students are forced to walk past a slew of bars and nightclubs just to get to class, so sober living options and resources must be considered to aid this population.

Research Questions

The context of the following study is two public PWIs on the east coast that do not have university-sponsored sober housing for students living on-campus.

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

College success will be defined as the attainment of a degree from a four-year institution with a bachelor's degree. The researcher worked with students to co-create the definition of college success to help create policies and interventions to best support their educational goals. As stated later in Chapter 4, Findings, all eight participants included graduation from a four-year institution in their definitions of college success. The motivation for using a four-year degree as the definition of college success is the benefits of conducting research on larger, four-year colleges and universities as students living

on-campus are a higher risk population than students living off-campus (McCabe, 2004). Four-year universities have high-risk populations such as student-athletes, honors students, members of Greek Life, populations that are not as represented at two-year community colleges (McCabe, 2004). Further, since off-campus housing apartments and houses are third-party businesses, they are not obligated to follow a drug-free lifestyle. According to two participants, at Walter University (WU), off-campus student housing is worse than on-campus dormitories because there are no residential assistants or supervision. Direct quotes citing these observations by participants are provided in Chapter 4, findings. When the researcher was at one off-campus student housing apartment, an attempt was made to report drug use in Walter University's off-campus housing apartments. However, the call was met by laughter by local police, Walter University's office of off-campus housing, and the office of student affairs.

Participants

The criterion for selecting research participants include: enrollment at Middletown University's Collegiate Recovery Program (CRP) or Walter University's CRP, undergraduate status, on-campus living experience, at least 18 years of age, and in addiction recovery from a substance use disorder (SUD). While the literature refers to alcohol as separate from drug use, alcohol is a drug and the term *substance use* refers to both alcohol and other drugs (AOD). The sample is limited to students who are at least 18 years of age and no minors were interviewed. Participants were identified by contacting CRP Directors from Walter University and Middletown University. In the study, each participant was paid \$45 total, which is \$15 an hour for their participation. To finance

this research, a funded research grant was obtained from the Association of Housing and University Officers - International (ACUHO-I).

The reasoning behind purposive or judgment sampling (Bloomberg & Volpe, 2016) is directly tied to the motive of the study, to uncover the challenges faced by students in recovery from drug addiction, attending classes at a high-risk campus, without sober living options or a full CRC. Students who do not meet the DSM-V criterion for substance use disorder (SUD) or students who did not live on-campus facing daily relapse triggers would not provide answers needed about the intended population. Participants must have experience living on-campus to thoroughly investigate the roles of student-athletes, Greek Life participants, on-campus housing, lack of sober living, and daily stressors of campus life in student drug use and addiction. Students who have lived on-campus have higher drug use and misuse rates for several reasons (Finch, 2007b). One motivating factor is that students are often drawn to on-campus living for the party atmosphere and they do not have to worry about driving under the influence (Finch, 2007b).

Both research sites, MU and WU have large Greek Life communities and as noted in the literature, Greek Life have higher usage rates of marijuana (Bell, 1997; (McCabe, et al., 2004) and ecstasy (MDMA) (Strote, et al., 2002; McCabe, et al., 2004). Both research sites MU and WU have larger cocaine usage rates compared to the general population. Shared in more detail in Chapter 4, participants at MU and WU were unaware of their school's policies to address the use of drugs on campus or in off-campus student housing.

While some Greek Life chapters at WU have on-campus residential advisors (RAs), many of these RAs only spend a few nights a week on-campus and do not receive drug prevention or addiction recovery training. As for student-athletes, they spend more time away from campus than most student populations, often staying in hotels for away games, without constant adult supervision. Student-athletes do not have drinking and drug use rates as high as Greek Life members living on-campus, but their binge drinking rates are among the highest of any student population (Huchting et al., 2011).

Another interesting finding in the literature as stated in Chapter 2 is that student-athletes had lower alcohol-related negative consequences than those in Greek Life (Huchting et al., 2011). The findings of this study also showed that while students in Greek Life drink more frequently, student-athletes have higher rates of binge-drinking mirroring findings of Huchting et al. (2011). One important distinction between these two groups is that student-athletes often have the choice of sober housing if it is available as part of participation in Division I, II, or III level gives student-athletes priority housing. By contrast, students in Greek Life may choose to reside in fraternity or sorority houses, of which 80% of residences meet the medical criteria for alcoholism (Wechsler et al., 2002).

Purpose sampling allows for the investigation of the phenomena of on-campus drug use in hopes of yielding new insight into this understudied population (Bloomberg & Volpe, 2016). Unlike theoretical sampling, which is used to generate theory, purposeful sampling can allow for the selection of information-rich cases, to attempt to answer the research questions. Random sampling was not used as the purpose of critical ethnography is not to predict or generalize, but rather to investigate and challenge the

systems of oppression (Bloomberg & Volpe, 2016) that lead to higher relapse rates among on-campus, full-time students.

Demographic information was collected from the eight participants including, but not limited to: age; gender; race; ethnicity; sexual orientation; major or intended major; educational and career goals; history of drug use and treatment; relevant family history; and participation in any high-risk student population (e.g. student-athlete, fraternity/sorority members, or students with mental illnesses). This demographic information was integral to better understand the phenomena of students in drug recovery living on college campuses in the absence of sober housing. Demographic information is shared later in Chapter 4, findings and included in Appendix C.

These data points serve to find a pattern in drug use and relapse and provide insight into policy solutions that can increase graduation rates and competitive GPAs for students in recovery. For example, age is an important factor in drug relapse as young students who do not have on-campus 12-step meetings with their peers are forced to go off campus and meet with people twice their age. Research has found that younger people in recovery stop attending meetings after a while because they are younger than everyone else and feel like an outsider (Finch, 2007b). By contrast, students in CRCs and CRPs have meetings with people their age and report a higher sense of community, accountability, and belonging (ARHE, 2017).

Research Sites & Sample

The research sites are Middletown University (MU) and Walter University (WU). Both schools are public, four-year institutions, with on-campus housing, and a coeducational population. The Walter University (WU) population is roughly 30,000 with

an estimated 25,000 undergraduates. Middletown University (MU) is a public liberal arts college which population is roughly 11,000 with an estimated 10,000 undergraduates. Participants were selected using purposive sampling (Glesne, 2016). Each institution has the following groups who are vulnerable to AOD and at the highest risk of drug addiction: members of Greek Life organizations (fraternity and sorority members) (Capone, 2007); student-athletes (Yusko et al., 2008), on-campus residents, and students with mental health concerns (Jeffries et al., 2016).

In Chapter 4, the researcher describes the major findings gathered from three 45-60-minute, personal interviews with eight participants. Major findings are described from the data collection methods, interviews and photo-elicitation (PE). In photo-elicitation methods, participants have taken pictures to represent challenges and triggers as they worked on their addiction recovery in a college campus setting (Rose, 2016). Due to the anonymous nature of the study, pseudonyms are used for all participants and research sites. Both research sites will have limited setting descriptions to eliminate any recognition of the actual educational settings where the research was conducted.

Research was conducted on two college campuses over the course of five-to-six months. For this dissertation study, four participants are from Middletown's CRP and four participants are from Walter University's (WU) CRP. The first research site, Middletown University (MU) has a larger CRP that has been in existence for over three years. Middletown University's CRP was created in 2015 and began enrolling MU students in the Fall of 2016. The goal of MU's CRP is to provide a coordinated, healthy community where students in addiction recovery can succeed academically and socially while actively practicing their recovery. The program also gives students the chance to

engage in a drug-free environment and focuses on comprehending the different forms of addictions and various pathways of recovery. MU's CRP is easily accessible to students, with a private key-code entry system, allowing CRP students to use the space during the week and on weekends, as needed.

MU's CRP has a large space on campus which includes four rooms: an office for the Director of the CRP; a welcoming lounge with coffee, snacks, and a refrigerator; a computer lab; an extra office for the Assistant Director of the CRP; and the main meeting area where CRP addiction recovery meetings are held. This CRP is within walking distance of MU's main library, has first-floor ADA-compliant access, and is a welcoming and safe space for students in recovery. There is no on-site parking but there is a nearby parking garage for MU students. The MU CRP is also within walking distance of local churches that offer 12-step meetings such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). MU's CRP has multiple recovery meetings a week which offer additional support to students in attendance of 12-step meetings. Programming at Middletown University's CRP also includes community service, study groups, sober fun nights, sober campus-wide events, and academic advising provided by the CRP's assistant director. Both MU and WU CRPs offer a wide range of programming, events, and support for students in recovery.

Interviews with MU participants were conducted in the ancillary office space, which is soundproof and provided a quiet and safe environment for one-on-one interviews. MU's CRP gets institutional support and is gaining notoriety on-campus. Students in this CRP enjoy the welcoming atmosphere and the study space, whether they are using the computer lab or there to enjoy sober social interaction. The sober study

spaces are also important to students in recovery as MU does not have a 24-hour library, which means students have no access to MU's library Friday night through Sunday night. The CRP Director is always available for students in the CRP and students who may need the help of the CRP whether physically in the space or by mobile phone. As MU's CRP is in its third year of existence, many of the study participants have benefited from being enrolled in the CRP for one or more years. This CRP also offers service-learning as CRP members give back to the community by volunteering and enjoy a wide array of sober events such as paintball, bowling, and dinners. As previously stated, this program is a CRP, but the director also classifies it as a CRC. The terms CRP and CRC are used interchangeably regardless of sober housing, so it is of note that sober housing is not part of the MU CRP's services. Although one of the MU CRP participants lives in off-campus sober housing, the remaining three students live off-campus in apartments that are not substance-free.

The second research site, Walter University (WU), has a CRP located within a multipurpose building with a lounge area with coffee and chairs, offices, and an open office space for the CRP director. This CRP was established in the Fall of 2018, just a year before this dissertation data collection began. In the Fall of 2018 and Spring of 2019, the WU CRP Director began recruiting students to enroll in the CRP, but attendance was sparse to none. Starting the Fall of 2019, the same semester this dissertation data collection began, the WU CRP Director was able to enroll eight-to-ten students in the program, which is a standard size for CRPs (ARHE, 2017). While this CRP is brand new and does not have as much financial support, the CRP Director works tirelessly to recruit, retain, and support students in the WU CRP.

The Walter University (WU) CRP is smaller but offers ample physical space for the director and CRP members. The CRP Director shares her space with the study space allocated for CRP student members. Walter University's CRP does not have soundproof meeting rooms or a computer lab. Unlike MU, Walter University provides students with a library that has 24-hour access Monday-Friday and limited weekend hours, which provides a sober study space for all WU students. Walter University's (WU) does not offer on-site parking, but CRP students can park in a nearby student lot. The WU space is not ADA-compliant as elevators are not for student use, requiring CRP members to ascend a flight of stairs to reach the CRP. While there are a few handicap parking spots near the CRP space, a senior staff member must be contacted if students with disabilities wish to use the staff elevator if they are unable to reach the CRP using stairs. The WU CRP is located a mile from the main campus and is not walking distance from student dormitories or the student library.

The Walter University (WU) CRP's main goal is to encourage a supportive campus and community environment to guarantee that all students in addiction recovery can accomplish their academic and personal goals while maintaining their sobriety. The WU CRP offers events such as sober fun nights, community service events, sober tailgating for football games, recovery meetings twice a week, guest speakers, and support meetings for WU staff and friends and family of CRP student members. The WU CRP Director is supported by student interns and provides a wealth of support for all CRP members. Students in the CRP get research-based addiction recovery support, meditation services, which all help students manage thoughts, feelings, and behaviors

following a model of Cognitive Behavioral Therapy (CBT). As previously mentioned, the Walter University program does not offer university-sponsored sober housing.

As the purpose of this study is to authentically represent the social and academic experiences of college students in addiction recovery, it is not the purpose of this study to provide a programmatic review of either CRP. The history, setting, and staff of each CRP are described in limited fashion to preserve the anonymity of each institution. However, some description and comparison of each CRP are needed to provide a fuller context with which to understand the experiences of the college students using these services. Again, this study is not a programmatic review of the CRPs, context is merely provided to understand the services and support available to students in addiction recovery at each school.

In Chapter 4, major findings will also be described from the data collection method, photo-elicitation (PE). Participant recruitment took place from September 2018 to October of 2019 and data collection began in October 2019, also known as the first round of interviews. The second round of interviews took place in December 2019 and the third and final round of interviews occurred in January 2020. Participants took photographs using their mobile phones between the second and third interview rounds. Member checking and participant review of interview findings took place in March and April 2020 to ensure each participant was authentically represented in the case study collection. All eight participants were sent all direct quotes from interview transcripts used in the dissertation for final approval. “Member check, also called member or respondent validation, this is a sociological term for soliciting feedback from respondents on a researcher’s findings. It is often claimed to be an important procedure for

corroborating or verifying findings or of assuring they are valid and meet the criterion of confirmability” (Schwandt, 2015, p. 195).

The interviews were recorded using the Rev transcription application, were transcribed by members of the Rev transcription company, and proofread and edited by the researcher. The researcher outsourced the transcription of the interviews to focus on the coding, data analysis, and writing of findings, analysis, and discussion chapters of the dissertation. The average 45-60-minute interview yielded 25 pages of transcript data multiplied by 24 interviews produced over 600 pages of interview transcript data. Transcription costs were covered by the ACUHO-I Foundation through a research grant which provided the researcher with ample time to read and reread the transcripts several times. The Rev transcription app also allowed the researcher to store the audio files in a password-protected encrypted fashion on the Rev servers. Pseudonyms are used for all participants for all interview transcripts.

Data Collection

Data collection took place at Middletown University (MU) and Walter University (WU), the pseudonyms for the research sites which are public, four-year, predominantly white intuitions (PWIs) on the east coast. Participants took photos around campus and in private. WU interviews were conducted in reserved, soundproof rooms in WU’s library, one-on-one and in the MU CRP office space in soundproof rooms, one-on-one. Interviews were recorded with the researcher’s recorder, a Tascam TR-05 and iPhone. Interview data was stored on a password-protected hard drive only accessible to the researcher.

Semi-structured interviews ranging from 45-60-minute were conducted with Walter University (WU) and Middletown University (MU) students in addiction recovery, with on-campus living experience, in the absence of university-provided sober housing. The ages of the participants range from 20 to 28-years-old. Group interviews and focus groups were not utilized as there is little to no guarantee of privacy and confidentiality. One-on-one interviews and pseudonyms were used to ensure the privacy and protection of participants' stories. Although participants were not asked about illegal activity, stories about previous and possibly illegal drug use were germane to the study.

All participants had the opportunity to assess the research and help the researcher delete or edit any content that did not represent them accurately. All eight participants were emailed sections of their transcripts that would be used in the written dissertation. Time presented limitations as not all research participants wished to engage in editing data to ensure accurate representation. Therefore, the researcher explained to all eight participants during the interview process, that if they chose not to respond to requests to edit transcript data, their quotes would be used as is. The researcher worked with participants to ensure data collection did not add undue stress or negatively affect any aspect of their lives.

Interviews, as with any research method, have risks and benefits. The researcher believes that the benefits of interviews, personal one-on-one interaction, bonding with participants, and confidentiality outweigh the risks. Interviews can elicit thick, rich description while allowing researchers to ask for clarification or elicit further responses, unlike a quantitative survey (Creswell, 2013). In-depth interviews also aid researchers in capturing a person's experience and interpretation of a particular phenomenon, such as

drug recovery on a college campus. Breach of confidentiality is always a risk with interview studies. To protect against breach of confidentiality, pseudonyms were used for all participants, research sites, and geographic locations specific to the study. The names of the CRP directors were not used as they were only referred to as their titles, directors. Setting descriptions of both CRPs were limited to ensure there were no identifying descriptions of either CRP. Interview data including interview audio, transcripts, and dissertation chapters were kept on password-protected hard drives. The use of Rev transcription services was also protected against breach of confidentiality as any audio kept on Rev's servers is password-protected, available only to the transcriptionists and the researcher. Any audio and transcripts provided to the Rev transcription servers used pseudonyms for participants, research sites, and geographic locations.

Eligibility and Recruitment

Participants who were taking medicine as prescribed were excluded as this behavior does not meet the DSM-V criteria for addiction. Participants who were still using drugs or are detoxifying were excluded barring relapse, which is probable among this population (Finch, 2007b). Recruitment did not take place at the MU or WU health centers, classrooms, dormitories, or at off-campus 12-step meetings. No recruitment methods were invasive or coercive. Purposive snowball sampling was used for eligible participants to attempt to recruit other eligible participants in their lives. Once recruited, participants were screened for eligibility (as stated above) to obtain eight participants.

According to the participants, compensation did not excessively influence subjects to participate. The main motive for subjects to participate is to tell their stories and have their lived experiences shared to improve policy solutions for their population.

However, as college students were asked to contribute their time for three interviews over five-to-six months, they were paid for their time. Participants spent time with the researcher participating in interviews, taking photographs of their daily lives for photo-elicitation, and had the opportunity to review the dissertation content to remove any data that did not accurately represent their experiences.

Participants were given the following statement in the research literature (See Appendix A).

You are free to withdraw from this study at any time without penalty. You are free to abstain from answering questions that you choose or respond to what is being asked of you without penalty. Note that there may be circumstances under which the researcher may determine that a participant should not continue participating in the study. Should you withdraw or otherwise discontinue participation, you will be compensated for the portion of the project completed in accordance with the Compensation section of this document. (Bailey, 2018, 21)

Data Analysis

Interview audio was transcribed by Rev transcription services from the 45-60-minute semi-structured interviews, along with any content produced by the participants such as photos. Coding strategies such as in vivo, causation, action, and emotion coding were used to find emergent themes (Saldaña, 2016). In vivo coding takes the words used by participants as told through their eyes (Saldaña, 2016). Emotion coding is when emotions participants use such as “happy” or “sad” are coded (Saldaña, 2016).

Causation coding is used to investigate multiple causes and effects related to a phenomenon and action coding looks for the repetition of verbs or actions (Saldaña, 2016). After two to three rounds of coding for each type, codes were analyzed to distinguish patterns (Saldaña, 2016). The computer software program NVIVO 12 Plus was used to aid in the coding process. NVIVO does not auto-code interview transcripts

but provides a streamlined way to keep track of codes, themes, and emerging patterns as the researcher codes the interview transcripts.

To code the terms into larger categories the following grouping codes are used, “Similarities/differences in describing the same phenomena; similarities/differences in the stated frequency of a concept or topic; similarities/differences in the cause-and-effect patterns of a problem or phenomena” (Pajo, 2018, p. 292). These grouped categories are further connected to broad groups as emerging themes (Saldaña, 2016). The researcher used the pictures for photo-elicitation, by having the participants show the pictures taken by participants during interviews to elicit memories or emotions. Analysis and findings are represented in Chapter 4.

Positionality

Some issues of positionality are “the researcher’s relationship with participants, the nature of that involvement, how much of the study’s purpose will be revealed to participants, and how ethical dilemmas will be managed” (Bloomberg & Volpe, 2016, p. 155). Deep, reflexive journaling was used to acknowledge and interrogate the positionality of the researcher, so the researcher’s positionality does not dominate the research.

The researcher’s interest in research on college students in addiction recovery stemmed from the researcher’s first-hand experience with people with substance use disorders (SUDs) while living in Baltimore, Maryland in the researcher’s early twenties. As a college student, the researcher was originally a biology major, taking courses like chemistry and pharmacology. While studying to become a pharmacist, the researcher was an afterschool tutor in Hampden, Maryland, which has a high population of low

socioeconomic status residents and a prevalence of drug use and misuse. During the same time, the researcher also worked for a non-profit organization in Baltimore called HOPE, where the researcher would teach children as young as three or four years old how to defend themselves against peers and adults or how to deal with a guardian overdosing on drugs. The researcher taught a jujitsu-based martial art to Pre-K through middle schools, so students could learn to defend themselves when bullied by other children or adults. The researcher also taught children how to identify and treat someone overdosing from drugs, without calling the police. As a tutor, the researcher taught these lessons so that the children's parents/guardians would not get arrested, which is what happened if the police were called, and the result would be the children being put in the system, known as child protective services (CPS) where they are placed in foster homes.

The researcher was originally drawn to the study of pharmacology and psychology because to investigate the effects drugs had on people and communities. But after a few years of tutoring children as young as five how to protect themselves from gangs, the police, and nearby drug traffickers, the researcher realized one must do more than stand behind a counter as a pharmacist. The researcher had been writing short stories and novels for years, but during freshman year of college, the researcher wrote an ethnographic creative nonfiction story. In an educational sociology class, the researcher was assigned to journal, engage in photovoice, and interview the children to write from their perspectives. As the researcher studied ethnography and social justice, the researcher decided to switch majors to English to share the untold stories of hidden populations. This research became the researcher's undergraduate thesis, an ethnographic novel on the California heroin epidemic in the 1990s.

In college, many of the children the researcher tutored were being raised by adults who used, sold drugs, or both. The high-poverty neighborhoods of Baltimore are renowned for hard drugs like crack and heroin, inspiring one of the researcher's professors to be a contributing writer for *The Wire* (Simon, 2002), a television adaptation of *The Corner*, an ethnography (Simon, 1998). Both *The Corner* and *The Wire* detail the struggles faced by communities in poverty and the damage done by drugs, drug policy, and the law enforcement assigned to police the community. At the researcher's college, there were free screenings of *The Wire*, as it came out during sophomore year, 2002. But the researcher, like other students who tutored in high-poverty neighborhoods in Baltimore, could never face screenings of *The Wire*—it was just too much.

During the day, the researcher would read ethnographies like *The Corner* and write poetry beneath a tall oak tree on a perfectly manicured lawn in suburbia. By the afternoon, the researcher was helping students in neighborhoods with boarded-up windows and streets littered with broken bottles. Every boarded-up window seemed to be a sign of an underlying hierarchy, a system of power and oppression (Giroux, 1982). The researcher became increasingly aware of her privilege, the freedom to move between the spaces of her private liberal arts college and the tutoring center two towns over. After a while, what the researcher read and saw began to blur together.

The reality of these children's situation became clear when one of the tutors with whom the researcher worked showed up to the center high on marijuana. The tutor had smoked marijuana before arriving at the tutoring center and had bloodshot eyes and a delay in speech. One of the little girls looked at him, not in horror, but rather in recognition. "You look like my mom when she cleans," the young girl said. The other

fifteen or so students nodded in agreement, never questioning the idea that the person helping them with homework should not be high on drugs. This moment shaped the researcher's positionality because it reinforced a refusal to villainize people who formerly used drugs, be they parents of the children tutored or other tutors at the school. The researcher refused to take events and speech at face value from mass media and politicians' portrayal of drug use. At the time, the researcher did not have the sociological background to describe the underlying systems of hegemony (Guba & Lincoln, 2008). Though the researcher could not articulate what forces stripped certain populations of agency, the researcher knew such systems existed (Guba & Lincoln, 2008).

The researcher knew there were cultural, economic, political factors that kept these children from achieving in school and kept their parents rotating in and out of prisons (Giroux, 1982). In the ongoing struggle for power, Hampden residents were constantly at the bottom of the cultural hierarchy (Guba & Lincoln, 2008). The students and families were mostly white, but it was not evident how these families benefitted from white privilege. Addiction, incarceration, and violence infiltrated their homes, their families mired in the intergenerational transmission of poverty.

Through the researcher's training in qualitative research at the doctoral level, the researcher was able to narrow the interest in the conditions that contribute to addiction down to the experiences of college students in recovery from a SUD, as the topic would reflect a commitment to understanding what might assist students in recovery and relate to the researcher's degree in Higher Education Administration. The researcher had the benefit of attending a private, liberal arts college in Maryland, which had sober dormitories, and began to see the positive effect these sober residence halls had on the

college population. But as the program lost funding for alumnae donors, the sober residence halls became unsupervised, and drug use returned to the “sober dorms.”

After over a decade as an English professor in several schools on the east coast, the researcher has seen the devastating effects of addiction on college students. The researcher watched talented, bright, and gifted students withdraw from school, fail classes, isolate themselves, all flying under the radar of other professors, administrators, and campus security. Though the researcher is not a member of the recovery community, the researcher has lost students to overdoses and drug-related suicides. The researcher also has someone close to her who is in recovery. As the director of the Walter University CRP stated, to work with the recovery community and research recovery, “you’re either in recovery or you love someone who is.” That statement rings true for the researcher’s connection to the recovery community.

Critical Theory Research Questions

The questions that critical theory empowers researchers to pursue are based on the nature of power and oppression. Critical theory is both a way and a product of theory (Schwandt, 2015). The questions critical theorists and critical ethnographers ask work to challenge mainstream narratives of the social world, concepts, and cultural categories (Schwandt, 2015). Critical ethnography seeks to challenge political and sociocultural concepts such as family, age, race, gender, work, self, agency, power, and conflict (Schwandt, 2015). Critical social science generally tries to combine praxis and theory to show people the contradictions in their belief systems and practices, so they may change both (Schwandt, 2015). In the field of education, critical ethnographers have created a wealth of literature on the ways in which school environments reify oppressive systems

of injustice, such as the phenomena of stigmatizing students as *drug addicts* and *drug users* (ARHE, 2020).

Some of the questions posed by researchers of this paradigm are as follows: “Whose culture and knowledge was I conveying?” (Riedler, 2016). “Whose culture shall be the official one and whose shall be subordinated? What cultures shall be regarded as worthy of display and which shall be hidden? Whose history shall be remembered and whose marginalized? What images of social life shall be projected and which shall be marginalized? What voices shall be heard on what basis? How can marginalized and oppressed people be empowered to change their social position?” (Jordan & Weedon, 1995, p. 4). “How can philosophy achieve a criticism of what is prevalent? How can the inquiry into concepts become a force for the criticism of everyday life?” (Deranty, 2014, p. 1213). “What does critical ethnography require from us as we work to represent stories that emerge in contexts where students and/or teachers have been marginalized?” (Howard, 2016, p. 318).

Key Scholars of Critical Theory

Critical theory refers to a range of connected traditions united by cultural critique such as “The Frankfurt School, variants of neo-Marxism, postmodernism, radical feminism, and cultural studies” (Prasad, 2015 p. 136). Specifically, the version of critical theory used here is the tradition of social inquiry inspired by the Frankfurt School and Jürgen Habermas centered on social justice and critical ethnography (Bronner, 2017). Critical ethnography is a methodology that ethnographers use to study social practices and cultural institutions to challenge mainstream narratives of Western, middle class, capitalist, industrial societies (Schwandt, 2015).

Critical theory is committed to the emancipatory nature of Marxism while moving away from its preoccupation with economics as the base and structure of society (Guba & Lincoln, 2008). This paradigm is a form of historical revisionism, one that does not reject history, but rather seeks to replace historical materialism's focus on the coercive and exploitative tenets of hegemonic capitalism (Bronner, 2017). While coercion involves force, stripping individuals of their agency, hegemony refers to the tacit compliance of individuals who propagate their own subjugation (Prasad, 2015).

Critical theory was not a term until 1937, after Habermas and other theorists from the Frankfurt School left Germany for New York (Prasad, 2015). Though this tradition does not claim a unified, systematic approach, critical theorists such as Max Horkheimer, Theodore Adorno, Erich Fromm, Herbert Marcuse, Henri Giroux, Ludwig Andreas von Feuerbach, and Paolo Freire (Deranty, 2014) agreed upon many tenets of cultural critique, as key scholars of the movement. Additionally, Sigmund Freud is influential in this tradition, as critical theorists Fromm and Marcuse brought psychoanalysis into the sphere of cultural critique (Prasad, 2015).

Some critical theorists look at Freud's defense mechanisms such as repression, denial, regression, and projection on a cultural level of ideology-critique (Prasad, 2015). Paolo Freire added to the critical tradition, critiquing modern educational institutions as hegemonic reproducers of social inequities in the 1980s with his work *Pedagogy of the Oppressed* (Prasad, 2015). Freire adds a participatory action methodology, concerned with the emancipation of oppressed groups, by dismantling the fictive dichotomy of researcher/subject, allowing subjects to participate in all stages of the research project (Prasad, 2015).

Additionally, as this tradition relies on the psychoanalytic works of Freud, social reality is also shaped by one's psychological state and (mis)interpretation of social reality. Critical theory can be classified into sub-traditions, such as critical hermeneutics, critical ethnography, critical realism, critical race theory, and critical feminism (Bronner, 2017). As critical hermeneutics is more concerned with critical discourse analysis of texts and archival material, critical theory based on the Frankfurt School, Habermas, Freud, and Freire is more appropriate to the researcher's study topic as it uses participant observation, combining social critique with phenomenology (Prasad, 2015). It is the purpose of this study to not just represent the experiences of the participants but to also work towards smarter educational policy solutions to this rising drug epidemic.

Benefits of Critical Theory for the Study of Students in Recovery

Critical theory has many benefits to the research population, college students with a history of addiction who struggle to or have maintained their sobriety. Critical theory critically reconsiders the conventional narrative of the social world (Schwandt, 2015). The population of recovering students has a mainstream narrative. Coverage of the "drug epidemic" in the mainstream media and on college campuses has been one of derision and dehumanization (Netherland & Hanson, 2016). Words like *addict* and *junkie* are used in the media's coverage and addiction is misunderstood as a choice (Netherland & Hanson, 2016). Traditional theory would not fit with this population, as traditional theory does not identify theory as a social practice (Schwandt, 2015). As addiction is a social practice, the paradigm used to research addiction should be aligned with the social nature of obtaining and sharing drugs. Students who misuse substances do not do so in a vacuum, rather they are in contact with other students, doctors, drug dealers, etc.

(Netherland & Hanson, 2016). The circuits of the society in which students in recovery live must be understood to challenge current educational and mental health policy.

Critical theory is appropriate for this study as critical theory works “from within categories of existing thought to radicalize those categories [and] reveal their internal contradictions and shortcomings” (Schwandt, 2015, p. 53). Critical theory can be used to expose the shortcomings of current drug and addiction policies on college campuses. There is empiric precedence for the use of critical theory in social drug research. Using critical theory allows one to view addiction as a multilayered phenomenon (Selbekk, Sagvaag, & Fauske, 2015). The utility of critical theory for this study is to challenge the current oppressive structures in schools, hospitals, and drug rehabilitation centers, and revise history for a more emancipatory and participatory understanding. Hopefully, this understanding will lead to a change in policy solutions such as more funding for Collegiate Recovery Programs (CRPs), Collegiate Recovery Communities (CRCs), and more sober housing on college campuses. These policy solutions will be shared in Chapter 5, conclusions and recommendations.

By critically analyzing the power structures that oppress people in recovery as former *drug users*, we can change policy to help these students quit drugs and finish school (Selbekk, Sagvaag, & Fauske, 2015). Living-learning communities where college students can in sober residence with onsite counselors, while engaged with the college world increases their chances of addiction recovery and the attainment of a college degree (U.S. Dept. of Health, 2016). There should be no stereotypical people in recovery, but rather individuals each with their own stories that challenge the mainstream narrative and call for emancipatory change. At no point will the research refer to people with

substance use disorders (SUDs) as the outdated and derogatory term, *drug user* though this term is used constantly throughout addiction and recovery literature. People in recovery should not be vilified as *drug addicts* or *users*, as they are human beings in need of assistance and empathy.

Ontological and Epistemological Perspective

The social reality upon which the researcher's epistemology is based has motivated the researcher to investigate the experiences of college students in recovery. The motivation to use a critical ethnographic approach is to interrogate issues of power that may affect college students with SUDs and to avoid the reduction of their everyday experiences to numbers. As the researcher's image of social reality, upon which the researcher's epistemology is based, is critical and deconstructionist, the researcher's goal was to (re)represent research populations and deconstruct and reconstruct fictive binaries (Pallas, 2001). The researcher worked to blur the lines between researcher and subject, to work *with* research participants, instead of demanding they work *for* the researcher (Pallas, 2001). Instead of treating participants as knowing subjects or objects, the researcher worked together (Pallas, 2001) to find ways to alter the policies of the status quo, which at both institutions of higher learning, do not reflect the needs of college students in recovery.

To truly interrogate and reflect upon the researcher's epistemology, Mason's (2014) ontological properties were used which reflect the social realities experienced by the researcher. Ten properties were selected based on their relevance to the researcher's reality: people, social actors, humans; identities, essence, beings; stories, narratives, biographies; texts, discourses; actions, reactions, behaviors; underlying mechanisms;

rules, morality, belief systems; rationality, emotion, thought; interactions, relations, social relations; feeling, memory, senses (Mason, 2014). The relationships between these ontological properties: people, social actors, and humans; underlying mechanisms; and rules, morality, belief systems are sometimes viewed through a mainstream narrative where these interrelated concepts are falsely represented as unrelated elements (Mason, 2014). Some philosophers (MacLeod, 1987) argue of the concept of free will which is often joined by the idea of the “American Dream.” The researcher thinks that the ideology of rugged individualism is overtly agentic, assuming that “the sky is the limit” for all.

For students in addiction recovery, the sky is not the limit. Students in recovery require specific policy and institutional responsiveness that is dependent on the awareness of university faculty and staff regarding the dangers of drug use and misuse. The researcher hoped to help college students in recovery tell their own stories while they developed healthy coping mechanisms in supportive environments like CRPs.

Ontological and Epistemological Assumptions

Critical theory critically reconsiders the mainstream narrative of the social world that is taken as a given knowing (Schwandt, 2015). Critical theory’s key ontology is “historical realism—virtual reality is shaped by social, political, cultural, economic, ethnic, and gender values; crystallized over time” (Guba & Lincoln, 2008, p. 98).

The study’s research questions sought to uncover the lived experiences or life-worlds of college students in recovery, which best fits with critical ideology-critique as that tradition focuses on understanding life-worlds (Habermas, 1987). Critical ontology also assumes that human nature operates in a power-based world, which leads to

interactions of privilege and oppression based on factors such as race, gender, sexuality, religion, or mental and physical abilities (Giroux, 1982). Reality is understood as a cultural construct, where communication can be used as a method of control and social positioning (Hatt, 2012). The tradition's ontology is best understood as a diverse collection of ideas geared towards incessant and constant cultural critique of ideological forces in society such as, "modernity, science, technology, mass culture, and sexuality" (Prasad, 2015, p. 143).

While ontology is concerned with the nature of existence, epistemology studies the theories of knowledge, ways of knowing, and the nature of the relationship between the knower and the known (Kant, 2014). As critical theory is a form of historical revisionism, it would be classified as antifoundationalist as it serves to challenge repressive social structures and acquire knowledge that no longer oppresses (Giroux, 1982). Critical theory's epistemological assumptions center on the study of social structures, freedom and oppression; power and control (Merriam, 1991). The knowledge that is co-produced by researchers and participants can emancipate oppressed populations by replacing existing oppressive structures (Merriam, 1991).

The motive of this inquiry is to locate and interrogate social power structures to illuminate truths related to power struggles (Giroux, 1982). This paradigm strives to stimulate oppressed populations, critically challenging every aspect of their lived experiences to restructure their collective existence based on this new understanding (Fay, 1987). The nature of knowledge is to provide structural and historical insights while knowledge is accumulated through historical revisionism (Guba & Lincoln, 2008). Quality criteria for the critical tradition are based on historical situations and the

destruction of ignorance, false consciousness, and misapprehensions (Guba & Lincoln, 2008).

For critical theorists, the relation between what we know and what we see is tied to a transformative interest in developing a society without injustice (Giroux, 1982). This paradigm works “from within categories of existing thought in order to radicalize those categories, reveal their internal contradictions and shortcomings, and demonstrate their unrecognized possibilities” (Schwandt, 2015, p. 53). These categories can inform policy changes that emancipate populations such as students in recovery, who interact with the abstinence-hostile environments of a college campus. An *abstinence-hostile environment* (Cleveland et al., 2007), is one that poses significant risks to people attempting to maintain sobriety (Beeson et al., 2017).

The emancipatory aims of this critical ethnographic case study were to emancipate participants from the belief that their voices do not deserve to be heard during the policy discussion around college students in recovery. This research aimed to reverse the repressive structures inherent to higher education society and culture (Durdella, 2019). The researcher sought to challenge current policy, practice, and discussion of college students in recovery that have resulted in countless students withdrawing from college just so they could stay sober (Finch, 2007b).

Limitations

The researcher had limitations as an outsider who is not a member of the recovery community, yet there are advantages and disadvantages to being an outsider (Brayboy & Deyhle, 2000). Sometimes insiders may find it difficult to simply observe as membership in a community comes with obligations (Brayboy & Deyhle, 2000). For example,

members of students in recovery are often tasked with keeping in contact with sponsors, attending 12-step meetings, or completing community service if there were criminal charges related to their drug activities. Outsiders may be able to observe and research a community more easily as insiders can miss taken-for-granted pieces of data (Brayboy & Deyhle, 2000). However, outsiders are also stereotyped as being superficial or privileged because they have not experienced what the participants have (Brayboy & Deyhle, 2000). Similarly, outsiders can fail to see nuance within a community as there is a distance from the accounts of participants (Brayboy & Deyhle, 2000). As someone with close friends in recovery, the researcher is also familiar with the world of addiction recovery and has attended 12-step meetings in support of one of the researcher's friends in addiction recovery. Therefore, the researcher became familiar with the language of addiction and recovery at a very early age.

Many researchers have argued there is a marginal position, not relegated to the binary of insider/outsider (Hammersley & Atkinson, 1996). This marginal position allows the ethnographer to be poised between familiarity and strangeness (Hammersley & Atkinson, 1996). The researcher identifies with a marginal or in-between position as the researcher has worked with student populations affected by substance use disorders (SUDs) for over two decades now. In college, the researcher saw someone close overdose on heroin and cocaine so although the researcher is not in addiction recovery, it is an issue close to the researcher's heart. Insiders, outsiders, and marginal people like the researcher all have unique issues with which to deal (Brayboy & Deyhle, 2000). What the researcher believes to be most important is not the label of insider or outsider, but the ability to be honest and reflexive about the researcher's positionality as a researcher.

As a qualitative researcher, the goal is not to predict a hypothesis, but the researcher has strong feelings that all colleges and universities should provide sober, supervised housing. The researcher must be honest about the effects of growing up in Southern California and seeing the devastation that heroin took on the people in that community during the rise of HIV and AIDS in the 1980s and 1990s. The researcher watched as family friends withered away and died in hospitals while the state of California provided nothing more than a free needle exchange and insurance companies refused to cover the cost of HIV and AIDS treatments and cocktails. The researcher's positionality and bias are reasons to use several sources to analyze data. The researcher wanted to get feedback from participants to ensure personal experience and/or agenda did not misrepresent participants' stories. It is the role of the researcher to have participants help guide the narrative to the most accurate vision of their lived experiences (Brayboy & Deyhle, 2000).

Although the researcher is not an undergraduate student or in addiction recovery, the researcher still felt a duty to conduct research with this population, as they are in dire need of help. Students in recovery are in constant danger of relapse, overdose, personal injury, and death (Iarussi, 2018). That is not to discredit the strength and resilience of college students in addiction recovery, but rather to highlight the fact that to them, as many participants put it, that recovery is a matter of life and death. The researcher hoped that conducting critical ethnographic research would help this population self-emancipate and increase their chances of graduating from college and finding a successful career. While these outcomes could not be measured, all eight participants stated their commitment to their education and future careers even after the study had ended. A few

participants even stated their plans to work in the recovery community after college graduation, in psychology and/or social work to help other college students in recovery. Participants also stated the benefits of sober housing on college campuses and the need for more CRPs and CRCs on college campuses nationwide.

Ethical Considerations

Participants were given the option to approve their pseudonyms and have final say over any interview transcripts to be included in the dissertation. The research design was co-constructed with the participants and the dissertation committee to ensure only ethical research practices were conducted. The researcher completed Collaborative Institutional Training Initiative (CITI) training and continued to update the certification to ensure the necessary training was obtained to work with human participants. The researcher has completed the CITI basic training course for Social & Behavioral Researchers.

Even with CITI training, qualitative research certification, and IRB approval ethical concerns can manifest in any phase of the research process. From data collection to the final discussion chapter of the dissertation, measures were taken to ensure the safety of research participants. For qualitative research, the researcher engaged in continually reflexivity, taking into consideration the researcher's positionality, epistemologies, and motives for the study. The researcher was also reflexive about cultural norms in relation to the researcher's role, status, gender, and race, to create an environment conducive to cultural awareness and respect for the participants (Bloomberg & Volpe, 2016). A sample invitation letter is included in Appendix A of the dissertation. A breach of confidentiality is always a risk, so all data was kept in password-protected locations.

Methods Summary

This chapter was organized by the following sections: context of the research; description of the research design; research questions, participants, research site, data sources and collection, data analysis, positionality, onto-epistemological orientations, limitations; and ethical considerations (Bloomberg & Volpe, 2016). The study's design is critical ethnographic case study research of college students in addiction recovery, enrolled in Collegiate Recovery Programs (CRPs), with on-campus living experience, as undergraduates at four-year institutions that lack sober housing. This study was designed to co-represent the social and educational experiences of college students in recovery. The design includes methods such as ethnographic personal interviews and photo-elicitation (PE).

CHAPTER 4

FINDINGS

Introduction

The purpose of this critical case study is to authentically represent the lived experiences of college students in addiction recovery. One-on-one interviews and photo-elicitation are the main data collection methods used to truthfully tell the stories of the study participants. Interview questions (See Appendix A) have been generated to answer the study's main research questions:

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Methods

As described in Chapter 3, Methods, critical ethnographic case study was used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population are described to share their experiences and

provide data to consider in the work towards better policy solutions to the U.S. college drug epidemic. The researcher believes that a better understanding of the phenomenon, college students in addiction recovery, will allow higher education administrators, educators, researchers, and student affairs professionals to operate from a more informed positionality on the needs of college students in recovery.

Research of this population has been largely conducted by quantitative researchers, so there is a gap in the literature from critical ethnographers who seek to complicate and interrogate current addiction recovery treatment for college students. Even with a wealth of quantitative data on the issue, “Few longitudinal studies have examined the relationship between illicit drug use and academic outcomes among college students” (Arria, et al, 2013). Qualitative data on this population is much needed as the struggles they face on a day-to-day basis need to be expressed by the research population, to amplify their agency, in telling their stories.

This study earned exempt approval by the Institutional Review Board (IRB). Participation in the study was voluntary and participants were paid \$45 each for a total of three 45-60-minute interviews. This study was funded by the Association of College and University Housing Officers – International (ACUHO-I) through a research grant. Pseudonyms are used for all participants, research sites, and geographic locations. Eligibility criteria for the study were at least 18 years of age; undergraduate student status; in addiction recovery; on-campus living experience; and enrollment in the Collegiate Recovery Program (CRP) at Middletown University (MU) or Walter University (WU).

Participants

Eight participants were included in the study, four from Middletown University's CRP and four from Walter University's CRP. Middletown University (MU) and Walter University (WU) are public, four-year, predominantly white institutions (PWIs), with on-campus housing, and coeducational populations. The Walter University (WU) population is roughly 30,000 with an estimated 25,000 undergraduates. Middletown University (MU) is a public liberal arts college which population is roughly 11,000 with an estimated 10,000 undergraduates. Participants were selected using purposive sampling (Glesne, 2016).

All four participants from WU's CRP attend WU and three out of four participants from MU's CRP attend MU. Calvin, a member of MU's CRP, attends a nearby public college. The participants (pseudonyms) are AJ, Brandon, Calvin, Drew, Kelsey, Laura, Tyler, and Xerxes. Seven participants self-identified as white and one participant self-identified as Southeast Asian-American. All eight participants self-identified as cisgender and heterosexual.

Five participants are male and three participants are female. Seven of eight participants are part of at least two high-risk populations for alcohol and other drug (AOD) use, students with on-campus living experience and students with mental illness (NIH, 2015). See Appendix B for definitions of mental illnesses. Five participants were part of Greek Life, and one participant is a former student-athlete, both of which are high-risk populations (Capone, 2007; Yusko et al., 2008). None of the participants lived in fraternity or sorority houses which is the highest risk group of any population (Finch, 2007b). Participant ages range from 20 years old to 28 years old and class standings

range from freshman to senior. Four of eight participants are 25 years of age or older due to participants taking time off from higher education and/or transferring institutions. As explained later in finding 8, all participants took time off from higher education to enroll in inpatient addiction treatment, intensive outpatient treatment (IOP), or hospitalizations.

Only three students have access to sober living environments. One student from MU, Tyler, lives in a non-university-sponsored sober living house for people in addiction recovery. One student from WU, AJ, lives with his parents who do not have AOD in the home and another WU student, Brandon, lives in a house alone that he can ensure is sober. Most participants, five out of eight, live off-campus where other students still engage in underage drinking and illicit drug use. Most participants living off-campus have varied access to substances. The MU students who live off-campus without sober housing, Kelsey and Xerxes, do not have roommates but their neighbors have AOD use. The WU students who live off-campus without sober housing, Drew and Laura, have roommates who continue AOD use. All eight participants have been offered AOD while on campus at MU and WU, as they are working on their recovery.

Demographic information on high-risk groups and housing is included on the next page (See Figure 1). At-risk subpopulations refer to students that have higher substance use and addiction rates which are fraternity and sorority members (Capone, 2007), student-athletes (Yusko et al., 2008), on-campus residents, and students with mental health concerns (NIH, 2015). As all eight participants are part of one high-risk group, students with on-campus living experience, Figure 1 provides information on which students are members of additional high-risk groups. One participant, Xerxes, is only a

member of one high-risk group, students with on-campus living experience, and thus her identification with an additional group is N/A to mean non-applicable. See Figure 1.

Name	Age	G	Year	School CRP	High-Risk Populations	Sober Housing
Calvin	26	M	Freshman	MU	Former Greek Life	No
					Mental health: Anxiety ADHD Bipolar Suicidal ideation	
Kelsey	21	F	Junior	MU	Former Student-athlete	No
					Mental health: Anxiety Depression PTSD Suicide attempts	
Tyler	23	M	Senior	MU	Former Greek Life	Yes
					Mental health: ADHD Anxiety	
Xerxes	25	F	Senior	MU	N/A	No
AJ	28	M	Senior	WU	Former Greek Life	Yes
					Mental health: Depression Drug-induced Schizophrenia	
Brandon	27	M	Junior	WU	Former Greek Life	Yes
					Mental health: Anxiety	
Drew	21	M	Senior	WU	Mental health: Anxiety Depression Suicidal ideation	No
Laura	20	F	Junior	WU	Former Greek Life	No
					Mental health: Anxiety (symptoms, no official diagnosis) Depression	

Figure 1: Demographic information (housing and high-risk groups)

Data Collection

As mentioned in Chapter 3, data collection methods were three, personal interviews with eight participants, ranging from 45-60-minutes and photo-elicitation (Rose, 2016). Interview questions and photo-elicitation instructions given to participants are listed in Appendix A. Personal interviews were used to ensure the anonymity of data that focus groups do not afford (Roulston, 2010). Semi-structured interviews were used to provide broad parameters for the participants to tell their own stories, in their own words (Roulston, 2010).

Photo-elicitation has four key strengths: photographers gather a great deal of information that gives insights into particular phenomena and cultures; photos elicit more emotional talk in interviews; participant-generated visual materials explore everyday moments in the participants' lives; and participant-generated photos empower participants by having them explain what it means to them (Rose, 2016). Six out of eight participants engaged in photo-elicitation as two participants forgot to take pictures.

The actual photos participants took for photo-elicitation (PE) are not included in this dissertation study to protect the anonymity of participants, research sites, and any illegal activity that may be present in campus living spaces. While some researchers may choose to include photos in the dissertation as part of the PE process, this dissertation was written with careful attention paid to protecting the anonymity of participants. Photos taken by participants in the PE phase were on-campus, near campus, in their living spaces, or included photos of the participants' faces. Therefore, the photos are omitted from this study so that participants, research sites, and geographic locations can remain anonymous.

While participants were cautioned against taking photos of illegal substances, that proved challenging for participants like Drew and Laura, WU students who live in off-campus student housing. To protect the identity of participants and avoid the inclusion of illegal activity, photos were only seen during the third round of interviews and are not included in this dissertation. During the third round of interviews, participants showed the researcher photos they took on their phones, described what was happening in the photos, and the emotions they felt when taking the photos. Photos were only shown to the researcher during the interview and at no point were photos sent via text message or email to ensure that the researcher was not in possession of the participant photos at any time. This process was used to ensure the privacy of photos as some smartphone applications can access the photos on the researcher's phone.

Data Analysis

As stated in Chapter 3, methods, data analysis methods were driven by critical ethnographic case study (Glesne, 2016; Yin, 2014) to examine the lived experiences of college students in addiction recovery. Researchers choose a case study design when they ask how and why questions and want to investigate “a contemporary phenomenon” (the case) in depth and within its real-world context, especially when the boundaries between the phenomenon and context may not be clearly evident” (Yin, 2014, p. 16). An interest in layered interpretations of experience from participants, for example, the use of photo-elicitation (PE), makes a case study design a productive choice as well.

The interview audio data was transcribed by outside transcription services. The researcher listened to all interview audio data multiple times and edited interview transcripts to ensure all interviews were transcribed verbatim. The researcher listened to

interview audio data and read interview transcripts after each round of interviews full for immersion in the data. A point of saturation was reached when the interview content met the criterion for satisfying the research questions of the study (Lincoln & Guba, 2008). Data saturation was reached using a triangulation of data across the literature, interviews, and photo-elicitation.

Following the framework of critical ethnographic case study (Glesne, 2016; Yin, 2014), four types of coding were used: action, causation, emotion, and in vivo (Saldaña, 2016). Definitions of these coding types were provided in Chapter 3, methods. The researcher also engaged in reflective journaling and wrote analytic memos to describe emerging patterns from the rounds of coding (Saldaña, 2016). Throughout the coding process, emergent patterns, themes, and subthemes were identified which were triangulated across the literature, interviews, and photos. During data analysis, the researcher employed recursive procedures to modify themes and subthemes.

For credibility and trustworthiness, the researcher used strategies such as multiple meetings with the research participants (Creswell, 2013), member checking (Schwandt, 2015), and an audit trail through analytic memos, and meetings with a qualitative methodologist to ensure coding processes were accurately followed. Multiple meetings with research participants included three personal interviews; attendance of Collegiate Recovery Program (CRP) meetings at MU and WU; attendance of CRP social events such as MU and WU dinners with participants and CRP directors. The researcher met with MU and WU CRP directors multiple times to ensure the safety and wellbeing of participants during the data collection process.

Member checking was used to ensure each participant was authentically represented in the case study collection. “Member check, also called member or respondent validation ... is a sociological term for soliciting feedback from respondents on a researcher’s findings (Schwandt, 2015, p. 195).

Findings

Three main themes were discovered that that represented the experiences of college students in recovery: barriers faced by students in recovery; benefits of Collegiate Recovery Programs (CRPs); and policy solutions recommended by students in recovery. Within these three main themes, several subthemes emerged which are represented in Figure 2 and Appendix C. Additionally, 13 major findings were analyzed in this study, which are stated below. In the subsequent sections, major findings and themes are analyzed, accompanied by participant quotes from the interview data. Participants are referred to by their pseudonyms.

The major findings analyzed in this study:

1. Most participants stated that on-campus party culture did not *cause* their substance use disorder (SUD) but that living on-campus greatly increased their access to a variety of substances not available before college. Most participants were motivated to move off-campus to maintain their recovery.
2. All eight participants are members of at least one high-risk group, students with on-campus living experience (NIH, 2015). Six participants are members of three high-risk groups. Five participants are former Greek Life members (Capone, 2007) and one is a former student-athlete (Yusko et al., 2008).

3. Most participants had negative experiences in their recovery communities. AJ relapsed when a fellow NA member pulled out a bag of drugs. Calvin was bullied by a fellow AA member. Brandon has withdrawn from the 12-step community.
4. None of the participants (0%) feel comfortable living on-campus dorms as they maintain their sobriety. Three participants live in off-campus sober spaces. Laura and Drew live with roommates who use AOD because it made them “feel normal”
5. All eight participants at MU and WU expressed the benefits of the CRPs. The most voiced benefits of CRPs were sober activities; a sober community; academic support; and a separation between their college and recovery identities.
6. All participants expressed appreciation for CRP Directors at MU and WU as there is always someone on-call if they are struggling with their recovery.
7. All eight participants stated they benefitted from being in a CRP. They had several great ideas for building their own CRCs with sober living options.
8. Seven of eight participants have one or more mental illness with three participants expressing suicidal ideations at some point. All eight participants had taken time off from higher education to enroll in inpatient addiction treatment, intensive outpatient treatment (IOP), or hospitalizations.
9. All eight participants were unaware of university policies to deter students from AOD use. Most participants had RAs that engaged in illicit substance use. Xerxes stated that the lack of a 24-hour library at MU encouraged a party culture.
10. Most students did not get into legal trouble for substance use for roughly two or more years in their history of addiction. Kelsey described how MU coaches faked drug tests. An outlier, Laura, is still affected by her legal troubles.

11. All eight participants stated their academic goals for college were to graduate and AJ, Brandon, Calvin, Kelsey, and Laura stated GPA was part of their goals.

12. All eight participants stated that they were overwhelmed but did not seriously consider withdrawing from college.

13. All eight participants stated they faced unique barriers to their education.

Some barriers include a lack of academic support, access to substances/lack of sober spaces, insufficient mental healthcare, and maintaining a work/life balance.

What follows is a more detailed discussion of the findings, which uses support from participant interviews in the form of direct quotes from interview transcriptions. It is the purpose of this research for the reader to better understand the experiences of the participants. Illustrative quotes are used from interview transcripts to highlight and support the findings, which are consistent with the literature described in Chapter 2, the Literature Review. As this study is an ethnographic case study, findings are divided by theme based on the triangulation of data. Limited demographic information is provided to give context to each participant's experience such as gender, race, age, year in school, sexual orientation, and high-risk populations. It is not the intent of the researcher to stereotype members of high-risk populations.

For example, when it is described that most participants were formerly members of Greek Life, that is to show the triangulation with the literature review which included Greek Life members as high-risk for substance use. It is not the intent of the researcher to stereotype Greek Life members as alcoholics or people who have high rates of substance use. The purpose of qualitative research is not to generalize or to predict. Rather triangulation of data among the literature, participant interview data, and photo-elicitation

requires mention of these high-risk groups. Again, the purpose of qualitative research is not to generalize or predict but rather to authentically represent the stories of participants as co-created through the interview and photo-elicitation process. The following cases are narrated in thematic order, including direct quotations from interviews with participants from MU and WU.

As this research is a case study, an explanation of which case study approach is integral to the interpretation of the following findings. Interviews are central to understanding the research population so case study fits well as data triangulation is pursued. “The entire culture-sharing group in an ethnography may be considered a *case* but the intent in ethnography is to determine how the culture works rather than to either develop an in-depth understanding of a single case” (Creswell & Poth, 2018, p. 96). Case study research is the approach to this study as it involves the study of cases in actual contemporary contexts and settings (Yin, 2014).

The type of case study used in this study is explanatory, as the researcher seeks to explain how a condition or phenomenon exists and will pursue claims of correlational relationships through etic data collection (Yin, 2014). The main findings of the study are supported by direct quotes from participant interviews. Case studies are generalizable only to theoretical propositions, not populations. The following case study does not represent a sample but rather, represents data that can be applied to the literature and theory. The three main themes that emerged from patterns in the data were barriers faced by students in recovery; benefits of Collegiate Recovery Programs (CRPs); and policy solutions recommended by students in recovery. See Figure 2.

Theme A. Barriers Faced by Students in Recovery	
Subtheme	Examples
Subtheme 1. Campus and 12-step programs as catalysts for access to substances	At MU and WU, there are no vaping or smoking policies; no residential advisors in off-campus student housing; no reporting system for alcohol and other drug (AOD) use; lack of accountability from residential advisors/Public Safety; 12-step programs expose students to illicit drugs
Subtheme 2. Greek Life and student-athletes lack accountability in substance misuse	Greek Life has rampant hard drug use and underage drinking; Greek Life members sign paperwork under the influence; Greek Life members pay dues for access to AOD; student-athletes are not drug-tested properly
Subtheme 3. Lack of sober spaces	MU library does not have 24-hour access; WU CRP does not have 24-hour access; schools lack sober study groups
Subtheme 4. Mental health concerns	Mental illness; suicidal thoughts; risk of relapse; dealing with overdoses and suicides in the recovery community
Subtheme 5. Most resources are off campus	Students must leave campus for mental health professionals; 12-step meetings, sober housing, sober events, sober study groups; all students in recovery live off campus and many students do not have driver's licenses
Subtheme 6. Technology	Dab pens/vapes (See Appendix B) used widely on both campuses; sale of illicit drugs on social media
Subtheme 7. Triggers on campus	On campus, students use alcohol and other drugs (AOD); students sell illicit drugs; students discuss AOD; posters for marijuana legalization; orientation leaders tell students how to sneak AOD into campus events; bars on campus; residential advisors consume and offer AOD to residents; Greek Life members advertise parties with AOD
Theme B. Benefits of Collegiate Recovery Programs (CRPs)	
Subtheme	Examples
Subtheme 1. Academic	Academic support; sober study spaces; free printing
Subtheme 2. Personnel	Addiction counselors; people on-call 24/7; academic advisors with recovery training
Subtheme 3. Safety	No dangers like in 12-step community (people who use/sell drugs; sexual predators)
Subtheme 4. Social	Sober activities; sober community; sober events; separation between college and recovery identities; feeling "normal"
Subtheme 5. Therapeutic	Recovery meetings, speakers, and training; 5% relapse rate
Theme C. Policy Solutions	
Subtheme	Examples
Sub-theme 1. Academic programs	24-hour libraries; sober study groups; night/online classes; priority registration; academic advisors in recovery or trained as allies; academic advisors trained in different definitions of academic success

Sub-theme 2. Social programs	Sober retreats; sober dances and concerts; sober roommate matching; sober hiking and camping trips; more funding for sober activities like sober dinners; 12-step meetings inclusive of secular and non-Christian belief systems
Sub-theme 3. Therapeutic programs	Light therapies; meditation/yoga rooms; fitness centers; martial arts; therapy dogs and cats; plant room/community garden; psychologists and psychiatrists in student health centers trained in suicide prevention and dual diagnosis; reconsider triggering advertisements (NSPH numbers)
Sub-theme 4. Personnel resources	Academic advisors in recovery or trained as allies; on-site addiction counselors in dorms; RAs in recovery or trained as addiction counselors; RAs with Narcan training; orientation leaders who do not promote AOD use in tours
Sub-theme 5. Physical resources	On campus sober housing that has: monitoring and enforcement of sober living; RAs in recovery; sober roommate pairing; system to report AOD use; library with recovery literature; study space with coffee; larger spaces for CRPs; off-campus student housing that has: RAs; sober roommate pairing; system to report AOD use; policies against underage drinking and illicit drug use; security
Sub-theme 6. Policies	More accountability from Public Safety, Greek Life, and athletic departments (supervision; Narcan); professionals to help students navigate criminal justice system.

Figure 2: Main themes and subthemes

Finding 1 and 2: The majority of participants stated that on-campus party culture did not *cause* their substance use disorder (SUD) but they stated that living on-campus greatly increased their access to a wide variety of substances that were not available before college. Most participants stated their motivation for moving off-campus was related to maintaining their recovery. Many participants stated that underage drinking and illicit drug use was normalized on their college campus. Findings 1 and 2 directly answer research question 4: What role does on-campus living play on the nationwide college drug epidemic?

Theme A: Barriers Faced by Students in Recovery

Subtheme: Campus and 12-step Programs as Catalysts for Access to Substances

Participants expressed the connection between on-campus culture and higher substance use in the following ways:

Researcher: You lived on-campus for four years at your other school. Tell me about the first year. Do you think there were things on campus that contributed to partying? Were you surrounded by people partying?

Xerxes: I was definitely surrounded by a lot of people partying. I don't think that I am an alcoholic because I was exposed to the partying culture, I don't think that but I do think it was a catalyst for access. I would go to parties like freshman, sophomore year I think partially because I felt like I should want to because American college experience is this whole thing that we... I don't know, condemn and yet have this toxic love affair with.

Researcher: Do you think there are things on campus that kind of influence or maybe exacerbate issues you had?

Laura: Yeah, I know if I was trying to stay sober and I was living on campus, it just wouldn't happen. It's not even peer pressure, it's like you come to college and you know that you're just going to have so much fun and get drunk all the time. Like yeah, you just have so many options to go and either go drink with some of the guys in your room. Or just even go smoke [marijuana] with a bunch of people, like there's always people that want to get fucked up with you. (laughter) If you're looking for anything [drugs], you'll find it that day. And drugs are free for girls on campus which is so gross.

Researcher: Were those behaviors established in high school or is that new for you in college? Just the atmosphere?

Drew: I drank a little bit in high school, but really not until... I came to college, (laughter) I just did the typical freshman thing of going out every night, drinking every night. I just didn't feel like myself really. I always just felt depressed and I don't know, just weird. Because it's college. It's what people fucking do [drugs]. They go hard every single day and weekends, especially. Weekends are really tough. It's a weird feeling Friday night, not having... I've just been so conditioned my first three years [to get drunk/high].

Subtheme: Greek Life and student-athletes lack accountability in substance misuse

Researcher: What is your everyday experience as a college student in recovery?

Calvin: It varies a lot from when I was using ... Back when I started college in 2011, I was drinking every day, and smoking weed every day, and not going to class. I was in a fraternity at a four-year state school, and I basically lived like the party life my first semester, freshman year. Just the whole fraternity/sorority scene, there was just a lot going on. I felt like I was going a thousand miles per hour. I kind of hung out with all them [fraternity brothers] and smoked weed all the time. I was in the middle of nowhere. There isn't much to do besides drink and smoke.

Researcher: Do you think part of the being on the [sailing] team was a party culture?

Kelsey: I think definitely [party culture goes] with the sailing team it is because it's a well-known thing that sailors are drunks. And so, we just celebrate everything with being drunk. Like, "Oh, you passed your drug test, let's go get high." Things like that. (laughter). I would do coke with someone, and then they would leave, get drug tested. An hour later, they would come back and it would be negative (laughter).

Researcher: When did you first become aware of your addiction?

Tyler: When I was 19 [in college] ... During high school, I was only able to drink or party on the weekends. My first two years of college, I drank more and started smoking more weed. There was a dealer who was dealing to most of campus and he got kicked off. Me, I knew my friends knew some people in [neighboring town]. So, we initially weren't doing it for profit. We were just picking up with other people in our frat. We would pick up a couple of ounces and then just split it evenly.

Researcher: Were you ever part of Greek Life?

AJ: I was in a fraternity for a little bit. I was a Pi Kappa Phi. That was when I was really young, so I had no... I was binge drinking a lot. I had a fake ID like the typical college student, like 18-year-old. Part of my story is when, like my sophomore year, I experienced a drug-induced psychosis because I was doing a lot of psychedelics throughout my college year and then I had... I was doing Adderall and I smoked weed. That day, I was drinking, I did all those three things and I experienced drug-induced psychosis, so I had to withdraw.

Researcher: When did you first become aware of your addiction?

Brandon: I've dabbled with some other stuff in high school, too. Kind of like right when I got to college, it started picking up a lot. I got involved in a lot more heavier stuff. It was just weird how normalized some... the heavy stuff [hard drugs] and it was just really weird how... because I remember at first when I would see people getting high and the stuff we were using, I'd be like, "This is

insane. We should not be doing this." But every time, you just kind of become numb to it. You're like, "Oh maybe I'll try it out." Then it's like, everyone's doing it and you're like, "This is normal." I mean it was like, everyone I knew and it was like all of my fraternity brothers.

Findings 1 and 2 which illustrate the normalization of substance use on college campuses and within high-risk populations for substance misuse is consistent with the literature. It is important to reiterate that participants stated that on-campus party culture did not *cause* their substance use disorder (SUD) but they stated that living on-campus greatly increased their access to a wide variety of substances that were not available prior to college. Five of eight participants who are former Greek Life members: AJ, Brandon, Calvin, Kelsey, and Tyler stated that substance use was normalized in the Greek Life communities.

Substance use and misuse are so high in Greek Life that some addiction researchers use the term *Greek Life* as a proxy for substance use and misuse (Arria et al., 2013). As mentioned in the literature review, fraternity and sorority members have higher usage rates of alcohol and other drugs (AOD) (McCabe, 2007). Fraternity and sorority members have consistently drawn attention from substance misuse researchers, as synthesized in a literature review about substance misuse in Greek Life (McCabe, et al., 2004). Greek Life organizations have special initiation rites for new members, often involving underage binge drinking and other illicit drug use (McCabe, et al., 2004). Some organizations can even maintain their own housing and codes of conduct (McCabe, et al., 2004).

College students who are the heaviest drinkers are overrepresented in Greek Life (Wechsler et al., 2002). While roughly 40% of college students engage in heavy drinking (Johnston et al., 2004), national trends of heavy drinking among Greek Life members are

higher at (65%) (Wechsler et al., 2002). At an even greater risk of substance misuse are Greek Life members who live in a fraternity or sorority, where roughly 80% engage in heavy episodic drinking (Wechsler et al., 2002). Additionally, Greek Life students have higher rates of driving under the influence, missing class because of hangovers, and higher rates of alcohol consumption, often coming to class still drunk or high (Cashin, et al., 1998). Students who are members of Greek Life tend to have a history of heavy drinking prior to college and gravitate towards Greek Life organizations known for excessive substance misuse (McCabe, 2004).

The three participants who were not members of Greek Life, Drew, Kelsey, and Laura were still members of other high-risk groups, as all participants have on-campus living experience, a high-risk group for substance misuse (Jeffries et al., 2016). Additionally, Drew and Laura were representative of another high-risk group, students with mental illness (Jeffries et al., 2016). Kelsey was a member of three high-risk groups, as a student with mental health concerns, a former student-athlete, and a student with on-campus living experience.

The three participants with on-campus living experience who were not members of Greek Life expressed the normalization of party culture and drug misuse on college campuses as consistent with the literature. Full-time college students are more likely to live on campus especially when required to do so and 23% of those students meet the medical (*DSM-V*, 2013) criteria for AOD misuse (Bell, 2009). This rate of misuse is significantly higher than the general population (8.5%) (Bell, 2009). While all eight participants were living off campus during data collection, in part, to maintain their

sobriety, their experiences above reflect their time spent as full-time students living on-campus.

Finding 3: Most participants, six of the eight participants had negative experiences at some point in their recovery communities. It is important to note that many participants now rely on 12-step groups as they are later in their recovery and can best navigate those spaces. One participant, AJ, had several years of sobriety when a fellow NA member pulled out a bag of crystal methamphetamine which led to relapse in his sobriety. Another participant, Calvin, was bullied by a fellow AA member who called him disparaging names when he expressed his mental health concerns, including suicidal ideation.

Many participants stated that they faced challenges within their recovery communities due to the complicated nature of the recovery program communities. Recovery communities such as 12-step programs include a variety of individuals, ranging in age, and stages of recovery. Due to the diverse nature of individuals in the recovery community, college students in recovery come into contact with individuals in 12-step programs that may be much older, early in recovery and/or still using substances, or currently incarcerated and only attending 12-step meetings as part of their sentencing from the state (Finch, 2007b). This finding, that college students in recovery face barriers in the 12-step community is supported by the literature as stated in Chapter 2. Research has found that younger people in recovery stop attending 12-step meetings after a while because they are younger than everyone else and feel like an outsider (Finch, 2007b). By contrast, students in CRCs and CRPs have meetings with people their age and report a higher sense of community, accountability, and belonging (ARHE, 2020).

Another participant, Brandon, expressed that he has withdrawn from the 12-step community altogether due to his lack of belief in Christianity. Although Christianity is not a major part of the 12-step curriculum, because of the location and culture of the community in which the participants live, local AA meetings are centered around conservative Christianity and the community is not open to individuals who are atheists or members of other religions. Since AA and NA fellowships do not have their own spaces, these meetings take place almost exclusively in churches. Finding 3 addresses research question 3, what barriers do college students in recovery face? Participants who faced barriers to their recovery through negative experiences in their recovery communities expressed their experiences in the following ways.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Campus and 12-step Programs as Catalysts for Access to Substances

AJ, a senior at WU, had several years of sobriety when a fellow NA member pulled out a bag of crystal methamphetamine which led to a relapse in his sobriety. AJ expressed his involvement with NA as a threat to his sobriety in the following way.

Researcher: You said you had four and a half years clean and then you relapsed, when was that relapse? Can you tell me more about that?

AJ: The relapse was last year when I got admitted to WU, right after ... I started to hang out with people that were in recovery who didn't have the same goals as me and they pulled out a bag of drugs [crystal methamphetamine] right in front of me and it was a wrap after that ... they weren't students. They were people in the fellowship, in Narcotics Anonymous (NA).

Researcher: How did you feel that hanging with people from NA kind of led to the relapse?

AJ: There's a huge demographic of different types of people [at NA]. I'm a people person, so I'll hang out with anybody. So, people will get comfortable with me pretty easily and then that means that people who are not about recovery are comfortable with me too, so I get sucked in in their motives, you know?

Researcher: Are you comfortable telling me about what happened after that relapse?

AJ: Yeah, I'm comfortable ... I tried that [crystal methamphetamine] and then specifically my drug use was harder drugs. I was three weeks on crack-cocaine and then I was doing heroin too, and then got out of control. I stopped myself and I came back to my room and I experienced depression after that, so I had to do a hardship withdrawal at WU for that semester because I was coming off of drugs. I was feeling severely depressed that I threw away four and a half years of recovery and I couldn't focus on school at that time, so I withdrew the semester.

Calvin, a freshman at nearby college, enrolled in the MU CRP, was bullied by a fellow AA member who called him disparaging names when he expressed his mental health concerns, including suicidal ideation. Calvin, who has ADHD, anxiety disorder, and bipolar disorder, experiences suicidal ideation and has had trouble finding the right medications for his mental illnesses. Calvin has been hospitalized for suicidal ideation at least three times during data collection. After one of these hospitalizations, Calvin was bullied by his AA sponsor after sharing his struggle with suicidal ideation.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Mental Health Concerns

Calvin expressed this experience of being bullied by his AA sponsor in the following way.

Researcher: So you have a sponsor now through AA?

Calvin: I currently do not have a sponsor. I just recently ... I had two sponsors, and then I was hospitalized, and he didn't understand my mental illness situation. So, uh... (pause) It's a shame, but it is what it is. Some people just don't get it.

Researcher: Are you comfortable telling me a little more about that?

Calvin: For sure. I've had four sponsors ... One sponsor was a heroin addict, and I was not that ... I had never done anything besides marijuana or alcohol. But we really connected, and he was always there for me. I still keep in touch with him, even though he went back out, and smokes weed, and drinks. It's a shame, but at the same time, it's like he's going to make his own decisions, and that's kind of

when I ... I didn't fall off the deep end, but I got disappointed. I didn't really think that AA could work for me ... He called me one day and said, "Hey, man, I've been smoking weed, and I can't be your sponsor anymore." I just said, "All right man, that's your decision. I hope you don't go back to your drug of choice, and we'll keep in touch."

Researcher: And then you found another sponsor?

Calvin: Soon after that, I reached out to a guy [in AA]. He said, "Hey, man, do you need a sponsor?" And I said, "Yeah, I do." We were going to work the program again, and this time, start off with Step 1, how is my life unmanageable without alcohol and pot? ... I was kind of manic with my bipolar illness because I had just moved into an apartment. I just started ADHD meds with Adderall. I was just all over the place. You know, it's... (pause) It's a good thing that it ended the way it did. This is coming to last weekend. I was in the hospital, and I had a manic episode. Prior to, I was ... I said I was going to commit suicide. He [sponsor] said jokingly on the phone that I was being a drama queen, and kind of like a wussy, or ...

Researcher: How did that make you feel? That sounds like even though it's a joke, that would be hurtful ...

Calvin: Exactly, yeah. It was a joke, and I laughed it off at first. But he just doesn't understand mental illness, and every single person I've talked to has been like, "That sponsor is a dick."

Researcher: Tell me a little about how that made you feel. Were you hurt, angry?

Calvin: I was angry. It sunk in about a day later, and I got furious. Then I just blocked his number. I've talked to a lot of people about it, and they were extremely helpful. I haven't talked to him since. That's been like a week now.

Researcher: I'm sorry you went through that. Are you doing okay now, in terms of suicidal feelings?

Calvin: Yeah, I feel ... I'm about 90% better ... And to know that everyone else in AA supports what's going on, and says like, "Hey, man, don't worry about that guy anymore." There's tons of other people out there that are in my support system, so ... I met a guy last night, and really liked what he said at a speaker meeting. I asked him to be my sponsor, and he said, "Yeah, just give me a call," and I'm waiting to hear back from him, so ...

Researcher: So it sounds like there's some hope, right, that it'll work out, and you could probably find someone better, right?

Calvin: Yes. I'm never losing hope. It's all going to work out. I don't know, I don't really pray that much, but I don't know. God has a plan, and everything happens for a reason.

Brandon, a senior at WU, has withdrawn from the 12-step community altogether due to his lack of belief in Christianity. Although Christianity is not a major part of the 12-step curriculum, because of the location and culture of the community in which the participants live, local AA meetings are centered around conservative Christianity and the community is not open to individuals who are atheists or members of other religions. Brandon stated he is extremely grateful for the school's CRP, because those meetings are open to all people including nonreligious people, like himself.

Theme A. Barriers Faced by Students in Recovery

Brandon expressed his withdrawal from the 12-step community due to its focus on religion in the following way.

Researcher: Do you go to AA meetings?

Brandon: I used to ... Like for me, here, I went to both [AA and NA] early on. It was a bunch of really old people. I'm not religious at all. A group of really old, really religious people at AA and really cool, really young people in NA. Now I've been to Atlanta and it's all young people in AA. If I would have been in Atlanta, it's probably what I would have done.

Researcher: Talk to me a little bit about the religious part ... I know in AA they say your higher power can be the group. Do you feel like it was still very centered on religion?

Brandon: (laughter) Yeah. To me, AA is much more, to me personally, it's more focused on religion ... They say The Lord's Prayer to end meetings and stuff like that. That turned [me] off, that wasn't my reason for not going. It was one of them ... There are a lot...

Due to the religious nature of AA meetings in his community, Brandon switched to NA meetings, which have a smaller focus on religion. However, NA meetings in Brandon's community have additional problems such as a higher population of

incarcerated individuals who are mandated to attend NA-meetings. According to Brandon and a few other participants, individuals who are forced into 12-step programs, early in recovery, and have no plans to stop using substances, can be triggering for college students like Brandon. Brandon expressed the difficulty navigating the spaces of 12-step programs in the following ways.

Brandon: I'd say over three-quarters of the people in NA are not religious and they don't want to feel like they have to be Christian to stay clean ... We don't judge someone for being religious, but it's just like, we don't want anyone to shut down because they heard you talk about what you believe in that they don't believe in.

Researcher: It sounds like you've had mixed experiences in 12-step meetings. Do you really want to go back or do you feel like you should go back?

Brandon: It's more so I feel like I should ... I'll run into someone who's like, "I haven't seen you around in a while." And they're pressuring me. It's like, "You stopped going to meetings, you're going to get high."

Brandon: My [NA] home group started going downhill. I'd get to the meeting and I'd see the big, white van out front and that was it. I was like, I know it was going to be me and 15 people that are fresh out of a recovery house ... sometimes it just feels like I've got to go into the meeting and try to save everyone ... They've all got 10 days and I've got seven years. I can't just let them talk amongst themselves. That's going to be bad.

The need for Collegiate Recovery Programs (CRPs) on college campuses used either in conjunction with or in place of 12-step programs is supported by the literature (Finch, 2007b). While numerous people in recovery get support from 12-step programs and meetings, many individuals in recovery do not benefit from 12-step programs (Wagener, 2019). While 12-step programs are a great policy solution to some students struggling with addiction, the highest needs for a student in recovery, are ongoing support groups, sober living, on-campus treatment facilities, on-campus substance use disorder

(SUD) counselors (Harris, Baker, & Cleveland, 2010), sober peer supports systems, and fun sober events (DePue, 2015).

While 12-step programs can expose college students in recovery to older individuals in early recovery, who may still be using substances, students are not permitted to be in Collegiate Recovery Programs (CRPs) if they are actively using substances (ARHE, 2017). The most successful policy solution for students in recovery from addiction has been proven to be CRPs and CRCs (DePue, 2015). In addition to ensuring that students are surrounded by other college students with the shared goal of recovery who are no longer using substances, CRP programming and curricula focus on the academic aspect of recovery in higher education (ARHE, 2017).

In CRPs, students can explore issues specific to higher education such as studying for final exams, completing coursework, and navigating substance-based peer groups on college campuses (ARHE, 2017). However, in 12-step meetings such as AA and NA, it is unlikely that issues outside of recovery, related to higher education, would be discussed in a 12-step meeting, according to participants. By contrast to 12-step communities, CRPs and CRCs provide students with a space to focus on their recovery as college students (ARHE, 2017). “The goal of a CRP or CRC is generally to offer the chance for students in recovery from addiction to experience the opportunities that higher education offers both in the college environment, and after by providing support, preventing a return to use, and promoting academic performance” (ARHE, 2020). As mentioned previously, “Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRCs) are terms that are often used interchangeably to describe an

institutionally sanctioned and supported program for students in recovery from addiction seeking a degree in higher education” (ARHE, 2020).

Another benefit of CRPs and CRCs are the low relapse rate for students, which is just 5% (ARHE, 2020). That low relapse rate means that 95% of students maintain their sobriety while attending institutions of higher education, due to the overwhelming success of CRPs and CRCs (ARHE, 2020). The 95% success rate of students in CRPs and CRCs is consistent with the participants in this study, as seven of eight students maintained their sobriety during the length of data collection, with only one student relapsing. Due to the anonymous nature of 12-step programs like AA and NA, there is no national average of success rates (Wagener, 2019) to compare to the 95% success rate of CRPs and CRCs (ARHE, 2020).

There have been limited studies on AA success rates, with those rates ranging from success rates (maintained sobriety) between 7% and 50% (Wagener, 2019). As of 2019, no AA studies have found success rates (maintained sobriety) higher than 50% (Wagener, 2019). Again, while AA remains anonymous and maintained sobriety is difficult to measure, no 12-step program has come near the 95% success rate of maintained sobriety that CRP and CRC members have (ARHE, 2020). In addition to the benefit of a lower relapse rate (ARHE, 2020), CRP and CRP student outcomes are constantly studied and measured, adding to a growing number of recovery studies (ARHE, 2020).

Finding 4: None (0%) of the eight participants felt comfortable returning to living in on campus dormitories while maintaining their sobriety. Participants stated their fear of returning to on campus dorm life was that neither school has sober housing options, as

their college dorms are substance-free in name only. Most participants, five out of eight, live off-campus where other students still engage in underage drinking and illicit drug use. Two participants have roommates who engage in underage drinking and illicit drug use and are offered these substances multiple times a day, every day. Laura and Drew, WU students, live in unsupervised off-campus housing chose to do so because it made them “feel normal.” Brandon, a senior at WU also found himself in a non-sober space during winter break and expressed a similar desire to feel “normal” This finding answers research question 3, What barriers do college students in recovery face? and research question 4, What role does on-campus living play on the nationwide college drug epidemic?

Subtheme: Lack of Sober Spaces

These two participants, both students at WU, expressed their decision to live in off-campus housing with open substance use in the following ways:

Laura: I feel like I know it would be easier if they [roommates] didn't drink. If I lived with people that were more into their studies and all of that, but I just want to be able to hang out with my friends and not have to be like that big of a burden I guess. Not have to be the person that says "can you put the wine bottle away, it's just like staring at me?" Yeah. But it is weird because I feel like they can't have as much fun with me there. I just want it to be as normal as possible. Just take away that one little thing or not little thing, but take away that one factor that I don't drink anymore. Because I think that that's how I will stay sober.

Drew: Where I'm living now is worse than dorms [off-campus student housing]. If I was on campus, it would be easier to stay sober, than where I'm at now. It would be easier on dorms because they have rules, even though they're not tight rules, they're rules. It's tougher on me because they smoke [marijuana] and drink, but, I don't know, they're just my best friends. A week ago I came home, I had a super stressful day. I was the only one there and I don't know, I was just looking at the bong. I was just like, “ah, shit. I need to call someone.”

MU students, Xerxes and Kelsey, live in unsupervised off-campus housing but live alone so they are not living directly with people who use alcohol and other drugs

(AOD). These two participants chose to live close to campus even though their neighbors use AOD so they can be closer to recovery resources like the CRP, AA meetings, and the library (a sober space). Xerxes, a senior at MU, expressed her decision to live close to campus but not in the dorms in the following ways:

Xerxes: I don't live in campus housing. It's honestly not that I feel triggered by being around alcohol because I really don't but it's just... Why would I want to be around it? It's just stressful and such a waste of time, I have other things to focus on. It's just a hassle. They wouldn't be a group of people that I could connect with. I do live literally, physically on campus though if that makes sense. I'm close to my friends that are sober that go to school here, I'm close to the CRP. I like being near the CRP for social reasons and just for the space, being that I use a lot of space. I also live right across the street from the library and that's been really, really awesome for me.

Kelsey, a junior at MU, expressed her experience living close to campus but not in the dorms in the following ways:

Kelsey: Technically I live off campus because they don't own my building. I'm right next to three dorms, so. And my building is right next to Public Safety and I can see the Public Safety cars from my apartment. I just like it because I don't have to walk far, and I don't have to drive in [to the CRP]. I think I personally just get annoyed because I'm like, "Dude, just walk outside and smoke your weed. Don't leave your beer cans in the elevator. Just pick it up. You live in an apartment, it's not a frat house." I'm mostly just annoyed with the drunk people I see stumbling.

Only two of the participants who have roommates have access to sober housing, AJ who lives with his parents and Tyler who lives in non-university sponsored sober housing for people in recovery.

While Brandon, a senior at WU, lives in his own house so he can ensure it is a sober space, he at times, finds himself in non-sober spaces like many college students in recovery. In the third and final interview, during which participants engaged in photo-elicitation (PE) (Rose, 2016), Brandon shared pictures of his trip to a neighboring state that was holding a bluegrass concert festival. Brandon attended the music festival with

his aunt and father and showed the researcher pictures of the bluegrass concert.

Participants were asked to take pictures to capture low points for them, triggers to their sobriety, or points where they were feeling down emotionally. The photo-elicitation (PE) instructions and questions are in Appendix A.

Brandon stated, like Drew and Kelsey above, that he just wanted to feel “normal” around people who were consuming alcohol and other drugs (AOD). During the third and final interview, Brandon explained how he wanted to feel “normal” in non-sober spaces and that times when he was feeling happy were more triggering to his sobriety than times when he was feeling low. Brandon described this experience of wanting to feel “normal” and happiness being a trigger to his sobriety in the following ways.

Researcher: So about each photo I'll be asking the same questions. What can you tell me about it? What does it represent to you? What emotions does it elicit and does it help answer any questions we've talked about?

Brandon: I feel like with most people they're like, “I want to get high” because they had an awful day and that's never been the case for me ... I went to a bluegrass concert with my dad and aunt and Steve Martin came out and played banjo with this band. It was awesome. But I did find myself just ... I looked around and there was all this craft beer and it was just stuff like that. I got clean or I got sober at 20. I wasn't a big craft beer guy at 20. You know what I mean? It was just stuff like that. It's like “you missed the boat.” It's gone.

Brandon: I kind of get this feeling of ... missing out on this kind of stuff. I had a great time but part of me definitely was like ... and it sounds awful. I said, “I wish I could be normal” but it's not the way it is. I get it and I can accept it but I mean it's just life now ... So I guess there's a little bit of I would say regret ...

Researcher: What else does that make you feel?

Brandon: We had such a good time ... But at the same time, I just had this feeling of ... jealousy would be a pretty good word. (laughter). I'm looking at all these other people that drive their own car home legally after drinking two beers and then had a good night ... I just wish I had an off button. Like I said, if that was something I can do. If I could, I would [drink].

Subtheme: Most Resources are Off Campus

AJ and Tyler expressed their decision to live in sober housing off-campus in the following ways:

AJ: I live with my parents. Yeah, living off-campus like the apartments, I was kind of skeptical because I don't know who they are. I'm under a year sober and I don't want to be in the situation where I can be tempted to use drugs and alcohol again. I've been... (pause). When I went to college in 2011, my active addiction kicked off there. I tried going back sober and I had like two weeks and I ended up relapsing.

Tyler: In the sober house, we're up to seven [residents] now. There's also a live-in house manager who's got long-term sobriety. There isn't a set age range in the sober house, so we have people that are from 21 to 44. The house manager's actually 66. I'm not tempted to smoke [marijuana] but my first two years of college both my RAs smoked [marijuana] and I ended up smoking daily.

Subtheme: Lack of Sober Spaces

Even though AJ, a senior at WU, lives off-campus with his parents in a sober living space, he experienced a relapse after being exposed to illicit substances at a family event and then again during a WU study session off-campus. Just before the second interview, AJ and the researcher shared an elevator in the library when he shared that he had relapsed. As AJ and the researcher rode in the elevator together, AJ turned to the researcher and said, "I just want you to know, I can still meet today. But I relapsed, so I don't know if I can still be in your study. I'm really sorry. I hope I didn't mess up your study." The researcher reassured AJ he could still be in the study and talked to him more once they got to the private study room where the interview took place.

Before the interview started, the researcher asked AJ if he was okay and ensured he was not a threat to himself or others. The researcher ensured that AJ was okay emotionally and physically and that participating in an interview that day would not add any undue stress. The researcher then explained the IRB protocol and study guidelines to

AJ. The researcher explained that it was approved by the IRB committee that relapse was common during the recovery process and would not exclude participants from the study, as long as he was no longer using alcohol or other drugs (AOD). The story of AJ's relapse is explained in detail later in finding 13, the barriers faced by students in recovery.

It is worthy of note that sober living is not the only policy solution to help students in recovery as students also need access to sober study spaces. For example, it would have been helpful to AJ if he could have been reassured that when he attended an off-campus study group with other WU students, that illicit substances would not be present. However, it is also important that AJ took full responsibility for his relapse and in no way, blamed the university for his relapse. While CRPs, CRCs, and sober housing all have documented benefits to college students in recovery (DePue, 2015), no policy solution makes any member of the recovery community immune to relapse. For AJ and many other members of the recovery community, recovery is a lifelong struggle, which is why people in recovery follow the motto, "one day at a time" (SAMSHA, 2011).

Finding 5: All eight participants at the CRPs at Middletown University (MU) and Walter University (WU) expressed a sense of belonging in the CRP. All eight participants expressed a great benefit of the CRP at both MU and WU. The most commonly expressed benefits of the CRP were sober activities; a sober community; academic support that 12-step meetings do not provide; and a sense of separation between their college identities and recovery identities. Finding 5 answers research question 5, What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Theme B: Benefits of Collegiate Recovery Programs (CRPs)

Subtheme: Academic

Researcher: What advice would you give another student in recovery?

Tyler: I think honestly one of the most helpful things for me is that I am in a completely different location than when I did where I did a lot of my drug use ... But it's taking care and protecting yourself ... Getting involved with others in some places like the CRP ... Finding a group of people you can identify with and share your things that you're going through, your struggles, your triumphs, I think that's really important ... It is impossible to get work done at the sober house ... it is not ideal for a college student ... so the CRP is the only place I can get work done.

Tyler: That's actually my least favorite thing about it [the sober house]. I'm in a house with between like six and ten people. Your bedrooms are just for sleeping. You're not supposed to do work in there. So there's not like a set study room. There's two hangout rooms, both with TVs, one with an Xbox. One has Netflix, Disney Plus, all that.

In Tyler's experience, getting his homework done is a constant challenge for him since he is not permitted to do work in his bedroom at the sober house. As he mentioned, he is only permitted to sleep in his room and the only other spaces in the sober house are designated for watching television and playing video games. Tyler stated that he can only get his schoolwork done at the CRP where there are two study rooms and a computer lab. The CRP does not have the distractions of TV and videogames like at his sober house. Tyler stated that he sometimes works in the MU library, but he prefers to do his schoolwork in the CRP because it is a sober space where he has access to the CRP director and other students in recovery. Also, the CRP is accessible to CRP student members 24-hours a day via a key code entry system, unlike the MU library which does not have 24-hour access.

Tyler's experience is consistent with the literature, which suggests a need for CRPs and on-campus sober housing. Tyler does not have a car, so he must rely on the bus

system, which does not always run on time. Relying on the bus means Tyler has missed several of his classes which affected his attendance and GPA. If MU had sober housing, Tyler would be able to do schoolwork in his room and would have better class attendance. While students in recovery have relatively low graduation rates (less than 50%), students who lived in one CRC with sober housing, had a 70% graduation rate, 8% relapse rate, and an average GPA of 3.18 (Harris et al., 2010). A 70% graduation rate is significantly higher than the average graduation rate which is 50% for first-year students attending 4-year institutions who graduate within six years (Arria et al, 2013).

Later in the third interview, Tyler stated though there are several benefits to living in a sober house such as safety and a sober space, there are downsides like a lack of study space and lack of a community. Prior to the third interview which included photo-elicitation (PE), Tyler had not mentioned that the sober house lacks a sense of community. During the PE interview, Tyler went into more depth reminiscing about his days back at his previous college when he felt more of a community aspect while he was partying. At Tyler's sober house, he is one of few college students and does not feel he has much in common with the other residents. He describes the lack of a community at his sober house in the following ways.

Researcher: I'll just ask you to describe the photo and then show it to me and ask what it represents to you. Just kind of what emotions it brings up.

Tyler: So this is just a picture of the dorms. That represents college life to me more than anything ... I have a lot of positive memories from inside college dorms ... (laughter). We smoked every single day in our sophomore dorm multiple times a day. That's the thing that goes on in dorms ... Marijuana always was my preferred drug, but missing out on that community type feeling of people that we're all going to school ...

Tyler: I love the guys in my sober house, but there's people that have been to jail, there's people that didn't graduate high school. We're going different places in life.

And there's nothing wrong with that. But we have different goals and aspirations beyond being sober ... I don't know.

Subtheme: Social

Laura, a junior at WU, expressed that she is extremely grateful for the CRP because of the level of support and community it provides. She also stated that though she loves the CRP, she thinks expanding the program and adding sober dorms would help students like her. Laura lives in off-campus student housing with roommates who drink underage and do illicit drugs. But unlike on-campus student housing, off-campus student housing does not have RAs or supervision.

In the third interview, she expressed the benefits of the CRP in the following way.

Researcher: Do you face any pain in recovery? Does it affect your daily life? That can be physical, emotional.

Laura: Yeah. I think the biggest pain in recovery is I feel I'm being a pain towards everyone else. I don't know. I realized this the other day, I'm almost nine months sober now.

Researcher: Congrats. How do you feel about that?

Laura: I figured that out at a [CRP] meeting the other day. I was just like, "oh, my gosh." I got really heavy. I'm also not a poster child for the recovery program or anything. I don't go to meetings regularly. Anyways, being a pain, I think for me I'm always emotionally burdened by the fact that I'm not good enough for anyone. I don't really fit in anywhere because I'm not going out with all my friends. I'm a little different when I hang out with them and they know that. They're fine with it, but it's still difficult for them to understand why I'm not drinking.

Laura: Then when I'm with people in recovery, it's like I'm still the odd one out because I'm not a part of that [12-step] program. I don't make it known to them because then they would try to get me to go to all these meetings and stuff. I think my emotional pain has definitely been just that there's these little things that make me really bummed out. Sometimes I can just think way too hard about them and then go down a deep spiral ... I absolutely love the CRP. That's my main point of programs I guess. I put on my schedule I'm going to a meeting with them every week. I've only been to two so far because that's how many we've had. That's my sober lifeline right now I guess, all my friends in there.

Researcher: That's good. I'm glad the CRP has been helpful.

AJ and Drew, both seniors at WU, expressed the benefits they get from the school's CRP in the following ways.

AJ: I still worry about my recovery. I don't want to relapse. That's causing a lot of anxiety and depression, too.

Researcher: What's helped you deal with those?

AJ: Just being around people and going to meetings. Being involved with the CRP. We have a retreat coming up soon. It's like a camping retreat in the woods. I'm really looking forward to that ... the CRP has a lot of events that keep me interested in the community. We're doing kickball this season. I chair some of the meetings that we have ... Yeah, the CRP, that's the main center of support. If that wasn't there, I probably wouldn't meet college students in recovery. Now, our group has kind of grown.

Researcher: Great. Are there other resources you wish the CRP had?

AJ: Not really. I feel like I'm satisfied with everything.

Researcher: What's helped you with your recovery?

Drew: The CRP has allowed me to meet people. If I wasn't a senior, there's one kid that I probably would try and room with. A couple of them actually, that I've become close with.

Three of the four participants from the MU CRP, Kelsey, Tyler, and Xerxes are undergraduate students at MU and heard about the CRP through MU. Middletown University advertises the CRP through campus emails, printed flyers, and parents are told about the CRP when they call and ask about sober housing. Calvin, who attends MU's CRP, attends a nearby public college and heard about the MU CRP through his local 12-step program. All four participants from the MU CRP, Calvin, Kelsey, Tyler, and Xerxes, expressed the benefits they get from the school's CRP in the following ways.

Researcher: What resources help you maintain your sobriety?

Calvin: Resources have been like reaching out to other people who just have the same problem. This has been a huge resource, the CRP because before I was involved with it, I didn't have a lot of friends and I didn't know how to meet people in this town ... My old sponsor said, "Hey man, I'm a part of this program at the college. Why don't you come with me to one of these meetings and I'll introduce you to some people." And that really helped. Some of my best friends down here are ... I met through this program. We go get ice cream on Friday nights instead of going to the bar, which is kind of funny.

Xerxes, a senior at MU, expressed the benefits she gets from the school's CRP in the following ways.

Researcher: What advice would you give to another student in recovery? Would you recommend living off campus?

Xerxes: Definitely off campus. (laughter) ... Just being new in a school where you need to make ... Where you need to form relationships and stuff like that. But yeah, no, definitely off campus. I can't imagine doing college sober in the dorms. So it would just be terrible. I don't know how you would make friends ... But now with the CRP, I can make friends and we can plan social stuff that doesn't revolve around drinking and other drugs ... I have my community here [at the CRP].

The sense of community as a major benefit from the CRP is consistent with the benefits cited in the literature. While peer pressure can be detrimental in terms of a substance-based peer group, peer pressure can also be beneficial in terms of a sense of a sober-based peer community. The participants above who stated the benefits of the community aspects of the CRP are consistent with the literature that cites the positive community aspect of CRPs. Peer influence and social pressure are also integral parts of addiction recovery (Goodman, 2011). College-aged individuals are transitioning into emerging adulthood with increased autonomy, for better or worse. Still, there are few studies on the factors affecting students in recovery and their motivation to get recovery help (Goodman, 2011). Students in recovery have trouble maintaining their sobriety when placed in an environment where party culture, like binge drinking and illicit drug use, is not only encouraged but even a symbol of belonging within the community

(Goodman, 2011). However, if the peer pressure is positive, e.g. when students get pressure from their friends to stop using and get treatment, this resulted in a positive personal choice to get help and stay committed to a treatment program (Goodman, 2011).

Xerxes also has a positive experience in her 12-step group in her community where she attends Alcoholics Anonymous (AA) meetings. Xerxes has a home group, which is a 12-step group that meets at the same time and day each week. She has expressed a variety of benefits from going to AA meetings in addition to being in the CRP such as a sense of community, healing, and dealing with stress. During the third interview, when we incorporated photo-elicitation (PE), Xerxes spoke of the challenges she faced during winter break when she had not been to a meeting, 12-step or CRP in a while. Xerxes showed the researcher a picture inside an old church where her AA home group meets just moments before the meeting. Xerxes described her emotional state after not going to a recovery meeting in the following ways.

Researcher: We're just going to look at a few pictures and you're just going to describe what's in the picture and what emotions it brings up.

Xerxes: I took this one last night and it was actually at ... an AA meeting right before it started ... My friend was setting up so I went early with her to set up and we were just sitting in the room before anybody else was there ... I was having a bad day and I did not want to go to that meeting at all, but I ended up going because my friend was like, "Oh, do you want to get dinner here?" And I was like, "I don't really want to go to that meeting."

Xerxes: But I ended up going and I felt way better after the meeting. It totally just turned my day around, but I kind of took ... I felt really weird taking a picture in a meeting, it was supposed to represent me struggling in my recovery. I was like, "I don't know if this..." I felt weird about that, but it was before the meeting started ...

Researcher: So you said you were having a bad day. What was going on?

Xerxes: I had FaceTimed™ with my boyfriend the night before ... and overall it was a really great conversation, but there were one or two moments where he said

something that hurt my feelings and I said something that hurt his feelings, and it was one of those things where we immediately talked through ...

Xerxes: We talked through it and I was fine ... I just woke up the next morning feeling just, I don't know, maybe a little emotionally raw from that ... and I hadn't been to a meeting in a while, and I just was feeling really off ... I woke up just feeling really emotionally raw from that whole situation and then I went on one of my little future trips like ... "Oh, today has to be a super productive day because I have so much to do and tomorrow's Monday." Then I just ended up napping the entire day because I was really exhausted and then felt really bad for being unproductive.

Subtheme: Therapeutic

Brandon, a senior at WU, is not as active in 12-step meetings such as AA and NA, but he stated that his number one support system for recovery and academics is the WU Collegiate Recovery Program (CRP). Brandon stated that one of the main benefits of being in the CRP is having a social support system of other college students in recovery. And unlike AA meetings in his neighborhood which are very religious-oriented, the CRP is secular and welcoming to all people. Brandon expressed that he felt safer and more comfortable sharing his experiences with grief and loss at the CRP. This finding, that participants who face losing others to suicide and overdose, get much-needed support from their CRP, answers research question 5, What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Researcher: Has the CRP been a good space where you could talk about grief and loss?

Brandon: Yeah. I actually think I brought it [death and loss] up in the first meeting ... Someone brought up the topic of someone they knew coming into recovery and I talked about my friend that had [overdosed], because the whole topic was ... I kind of discussed this. It's just kind of different when you know someone that comes in. This has happened to me a few times, especially growing up here and sometimes I don't think it's a good thing. Like I didn't know anyone when I got here. I can only speak for my experiences, but it made me get out of my comfort zone so much.

Brandon: I know that people have reached out to me and it's I get real excited ... one of my best friends now has got four years [of sobriety] and I grew up with him too and he was the same deal. He reached out to me, he was struggling and we're like awesome friends now. He's got a good bit of time together and his life's going well. So that's part of the reason I don't beat myself up because it can go either way. It doesn't have anything to do with me. Thinking it has anything to do with me is really selfish (laughter).

Finding 6: All eight participants expressed appreciation for CRP Directors at MU and WU as there is always someone on-call if they are struggling with their recovery. Both MU and WU CRP directors are trained addiction counselors which is an often-cited need for the success of students in recovery (Iarussi, 2018). The MU CRP also has an assistant director who offers addiction counseling and academic advising.

Theme B. Benefits of Collegiate Recovery Programs (CRPs)

Subtheme: Personnel

The WU CRP director has two to three graduate assistants who provide addiction counseling and programming of events for students in the CRP.

Kelsey, a junior at MU, expressed the appreciation for the CRP directors in the following ways.

Researcher: Would you say you've had more growth and personal discovery through CRP and 12-step programs?

Kelsey: Yeah. I mean, you have 12 steps and each one kind of is more daunting, but it's all about learning about yourself, growing, trying to better yourself in terms of your entire life in every aspect ... Yeah, and the people in the CRP definitely hold you accountable, which is good because I need that. I don't do well with the lovey approach, where it's like, "Oh, you're doing great! Look at all this stuff you've accomplished." It's like, "No. (laughter) Call me on my shit because nothing will get done otherwise" ... I mean, you've met the director [of the CRP]. He's extremely approachable ... and the assistant director, have you met him?

Researcher: Yeah, we're in his office now. He's always smiling.

Kelsey: Yeah. All the time. Ball of happiness. He's also like even more approachable than the director, which is just super nice, and he's younger and kind

of newer in sobriety. He has three years, I think. So he's not new, but he doesn't have 22 like the director. So I kind of relate to him more because he's ... I think he's 29.

Drew, a senior at WU, expressed his appreciation for the WU CRP director and the space she has built at the CRP in the following ways.

Researcher: You said you've been happier these past few months. Are there people who have contributed to that?

Drew: Yeah! There's a few people in the program, and they're all older, which they've been good, and I really like hanging out with them, but the most important people have been people in the CRP ... Well yeah, maybe then, but we've been kind of growing, and there's been a few more kids coming. I met this one kid who's, he's a junior, and he's the same as me, very early sobriety, and very similar situation.

Drew: Then there's a few other kids that are like 25, 26, and they're all like fun. We've been doing more stuff, so we've started to go out to dinners every night. We're going to go to dinner tonight. Not every night, we do like once a week. And then we had... the director's got this, in her office, this kind of hangout lounge, where we can go get coffee and do homework, and it's usually really fun hanging out with them. They're good people, not just because they're sober. That's obviously super helpful, but they're really fun, and I enjoy hanging out with them ... that's the fellowship that you need.

Xerxes, a senior at MU, expressed his appreciation for the MU CRP director and the positive experiences she has had with addiction counselors in the past in the following ways.

Researcher: Would you say the CRP directors are accessible and helpful?

Xerxes: Yeah, definitely. I always feel like I can come talk to the director ... I know that he's going to be excited if I come by. I'm really excited that the assistant director just joined. I'm really excited.

Researcher: Have you heard about CRCs with on-site addiction counselors? I know that the terms CRP and CRC are used interchangeably. But have you heard of CRCs that have sober housing and on-site addiction counselors?

Xerxes: Yeah, I've heard of a couple ... I think sober dorms would be really cool, and maybe this seems like an obvious point provided that it's people who are in recovery ... I do think that [sober housing] would be beneficial to someone in

recovery coming to college. I absolutely do, but I also think that a huge benefit of the idea of a sober dorm is the community that you would have and the peer support ...

Researcher: Tell me about that a little.

Xerxes: I think like you said, having addiction counselors on site sounds really awesome. That was one thing that really jumped out at me.

Researcher: What effects do you think that would have for students with addiction counselors on site and on call?

Xerxes: When I lived in a halfway house and the program manager/house mom was an addiction counselor... It was just a really awesome experience to work with one that ... also used to be a pharmacist before she got sober. So on top of being an addiction counselor, it was honestly really nice. Just to be able to stop in and have somebody to ask like, "Hey, can I take this cold medicine?" ... Like I had to go to urgent care once for this random allergic reaction I had ... I went into anaphylactic shock it was really weird. (laughter).

Xerxes: I had to go to the urgent care and she [addiction counselor] went with me and it was nice to have somebody... It was the support in this moment of health crisis that could walk me through how to handle that ... I ended up having to get a shot of Benadryl, which is not something that I should be taking as a sober person because it is mind-altering, but in that moment they were like, "Your throat is going to close up." And like, "She has to take Benadryl." ... So in that event, it was nice after I left urgent care she was there to have this plan of attack for me, how to deal with having just taken Benadryl.

The benefits students have expressed for the CRP directors at MU and WU are consistent with the literature that cites the need for on-site addiction counselors to support students in recovery (Iarussi, 2018). While not all CRP and CRC directors are addiction counselors (ARHE, 2020), the directors at both research sites, MU and WU have CRP directors who are trained addiction counselors. As participants mentioned above, there are many benefits to having on-site addiction counselors available to them as they are on-call, 24 hours a day, 7 days a week. As Xerxes mentioned, there was a great benefit of having an addiction counselor go with her to urgent care. A college roommate or residential advisor would not have the training to understand someone in addiction

recovery is not supposed to take a mind-altering drug like Benadryl, but in the case of the anaphylactic shock Xerxes was experiencing, it was medically necessary. At the time, Xerxes needed to have an addiction counselor there to ensure she felt okay after taking a mind-altering substance.

Xerxes' experience having an addiction counselor with her speaks to the need for more addiction counselors on-site in residential situations in college dorms. Benadryl is just one of many standard medications that people in recovery are not supposed to take, which are often given in urgent care situations. For example, while prescription painkillers are not prescribed in the wake of the opiate crisis, that does not stop urgent care staff from giving patients highly addictive substances such as morphine or benzodiazepines. Since medical professionals are not required to ask a patient if they are in addiction recovery, they might unknowingly administer severely mind-altering drugs to someone in recovery, which could trigger a relapse. It is difficult to think of any 19-20-year-old college roommate or residential advisor that would have a working knowledge of pharmaceutical interventions to avoid in a crisis.

As cited in the literature, addiction counselors help students in recovery who are navigating college campuses, which are settings often described as hostile environments for maintaining sobriety (Iarussi, 2018). As being in recovery is a rare status among college students, these students rely on addiction counselors, which are outside the college environment or typical age (Wiebe, Cleveland, & Harris, 2010). Addiction counselors make higher education more accessible and manageable for students in recovery (Wiebe, Cleveland, & Harris, 2010). For students in recovery, pursuing an

academic degree imposes financial, social, and psychological stressors (Iarussi, 2018) that addiction counselors are specifically trained to treat.

“Counselors can contribute to creating a culture that is understanding and accepting of these individuals and advocate for recovery-promoting services in the greater communities” (Iarussi, 2018, p. 49). Since college students in recovery are constantly navigating different spaces within the community, on-campus and off-campus, having addiction counselors who are familiar with outside resources such as 12-step meetings and other recovery-based communities are essential to the health and wellbeing of these students (Iarussi, 2018).

One researcher who conducted a phenomenological study on college students in recovery (Iarussi, 2018) quite similar to this study, found that “a strong recommendation from participants included having counselors who understand substance use disorders and the experiences of addiction and recovery” (Iarussi, 2018, 58). Participants from that study (Iarussi, 2018) stated that counselors had a profoundly positive impact on their student development because they understood the needs of someone in recovery (Iarussi, 2018). From that study (Iarussi, 2018), participants also stated that they wished academic advisors, faculty members, and teaching assistants understood recovery to better meet their specific needs as students (Iarussi, 2018).

As information about recovery communities, recovery resources, and information on maintaining sobriety are not provided at college orientation, CRP directors and on-site addiction counselors are the only staff members relaying this information to students in recovery (Iarussi, 2018). While the work that CRP directors and addiction counselors do

at colleges and universities goes largely unnoticed outside the recovery community, the resources and support they offer students are a matter of life and death (Iarussi, 2018).

CRP directors do everything from creating and maintaining CRPs and CRCs to talking students off bridges at three in the morning, as was the case for the Middletown University (MU) CRP director. The MU director has several phones he always keeps on him, fielding calls from incoming parents, students in recovery, students who *should* be in recovery, and students under the influence of substances threatening to take their own lives. CRP directors at both MU and WU also help connect the students in their CRPs to researchers so they can be participants in studies, travel to national conferences hosted by the Association of Recovery in Higher Education (ARHE, 2020) to learn the latest in practices in collegiate recovery, and help concerned parents navigate the spaces of colleges and universities that do not provide sober housing for students.

The director of the Walter University (WU) also works tirelessly to recruit and retain students for the WU CRP, craft programmatic events, hire and train graduate assistants, raise funds for community events, and remains on call for students in crisis. Much like the MU CRP director, the WU CRP director works long hours, seven days a week, providing crucial assistance to students in recovery. The CRP director at WU invites a variety of speakers from the recovery community, hosts documentary film nights, sober fun nights, recovery meetings several times a week, and provides training for faculty, staff, and students for WU and the surrounding community. The WU CRP director has teamed up with the directors of CRPs and CRCs in neighboring states to provide social events such as sober retreats and sober tailgating for football games.

Counseling professionals like the MU and WU directors work long hours to advocate for erasing the stigma of addiction, provide recovery ally training, and spread the word about the existence of their CRPs. Professional counselors do important, behind the scenes work, fighting against the stigma of recovery, often against the current of a substance-saturated environment of a college campus (Iarussi, 2018). While the hard work done by these CRP directors is appreciated by students in recovery, it remains unknown whether other members of the college community recognize the great efforts and lengths these professionals must go to ensure the health and wellbeing of students in recovery (Iarussi, 2018). CRP directors at MU, WU, and colleges all around the U.S. work diligently to connect with students in substance-saturated environments without sober housing options that colleges and universities are unable or unwilling to provide.

As noted by the participants in this study, CRP directors are invaluable community actors who not only connect students with resources but also save student lives. CRP directors work at, “Educating the faculty, academic advisers, and general student body about issues of substance use and recovery and providing access to mutual help groups can also help build this culture. Providing community education about recovery and advocating for recovery-based services are actions counselors can take in the greater community (Iarussi, 2018, p. 61).

Finding 7: All eight participants stated they benefitted socially and academically from being in a CRP and had several great ideas for improving those CRPs and building their own Collegiate Recovery Communities (CRCs). It is worthy of note that all eight participants and both CRP directors consider their CRPs to be CRCs as well. The nuanced definitions of the difference between CRPs and CRCs have not been clearly

defined (ARHE, 2019). The use of the term CRC here is used to denote a larger CRP with access to sober housing and addiction counselors.

All eight participants expressed interest in a larger CRC at their school and stated that sober living options should be part of that CRC. All eight participants also expressed the need for addiction counselors on-campus, which neither MU nor WU health centers provide. This finding answers research question 3, What barriers do college students in recovery face? and research question 4, What role does on-campus living play on the nationwide college drug epidemic?

Theme C: Policy Solutions

The WU students who described their recommendations for creating their ideal CRCs explained these plans in the following ways.

Researcher: Have you heard about Collegiate Recovery Communities (CRCs)? The ones with bigger spaces, on-site addiction counselors, sober RAs, sober dorms. What do you imagine the effects of living in a CRC with a sober dorm might be?

Laura: The thought crossed my mind, what if I lived with sober roommates? I don't know. I wake up so early and I get things done. I have forgotten what a hangover feels like. Having other people that just live with you that are sober would be a completely different experience. They would be right there, maybe not waking up with me early, but waking up and feeling happy and not having to stay in bed all day. Then I really like the on-site addiction counselors. I'm not aware of any of those at our school.

Researcher: Do you think you'd have a better social and academic experience if you did live in a CRC with those things?

Laura: As of right now, that would 100% affect everything positively. I think that me being someone that doesn't go to [12-step] meetings, I would actually be more affected by it than someone who is a part of a recovery program. I think that just having those people and being able to, if it's 10:00 PM and you're craving something, maybe they might be craving that too, you can just go and talk to them. Living with someone that can understand your feelings and wouldn't judge you at all that would be the best situation I could think of right now.

Researcher: If you designed your own CRC, what resources would you have?

Brandon: Well, I'm definitely down for therapy dogs ... I'd say, a little more seclusion ... having meetings in a designated building would be great ... They're kind of spread out ... having a designated spot I think would make it easier for everyone. It'd be like everyone knows where to go ... I think it would make things a lot more organized. I think having a real space to call our own and not like basically a cubicle, like what they've got in the space, would make things a lot easier too ... Early registration, I don't know if it necessarily helps with sobriety, but it was just something that I thought would be nice.

Researcher: If you designed your own CRC, what resources would you have?

AJ: I would have these meetings with meditation, sort of what we're doing now but more expanded, maybe ... Like, a day trip to some kind of park or hiking trips. Also, certain events like a concert night, a DJ event or sober DJ event, like, there'll be alcohol-free drinks, and coffee or espresso, energy drinks and stuff like that instead of alcohol ... It would be the same thing that we're doing right now, but more events. Maybe, outdoor meditation. That would be cool, instead of being inside ... I would have a separate building, not just being shoved in the space we are ... a coffee shop, food court, and martial arts.

The MU students who described their recommendations for creating their ideal CRCs explained these plans in the following ways.

Researcher: If you designed your own CRC, what resources would you have?

Kelsey: I bring my dog in here quite often and he is an emotional support animal/service dog, he can sense panic attacks and just anxiety levels in everyone. So I think that has actually helped, especially newcomers a lot. So I would definitely have my dog there probably, but also therapy dogs that are there not every day, but two or three times a week type thing. And I think basically modeling it off Kennesaw State because that's a huge program that's wildly successful. They have such a variety of students and it's not just like... not to be stereotyping our CRP, but it's just wealthy white people.

Researcher: So more diversity? What else?

Kelsey: It's [Kennesaw State] a very diverse program from people of all walks of life, which I think is super valuable, because I love learning things from other people's experience, so I think that would benefit everyone ... But you can't really do that here, we don't have a lot of diversity, which is a shame ... and I'd have meditation ... There's been a lot of research in different lights and light hues ... And there's light therapy and I think a plant room would be pretty sick. If you're super stressed out about studying, just go study in the plant room.

Researcher: If you designed your own CRC, what resources would you have?

Tyler: I think therapy dogs would be great ... like four hours a day ... I think meditation like yoga-type studio would be really useful. I think like meditation and yoga can be really key to self-awareness. Not only like taking inventory on how your body physically feels but your emotional state ... I'd have a keg of cold brew coffee. I've been trying to get them to get one here. I've been unsuccessful ... I think not necessarily a library, but more than a few copies of all the recovery books that are around. They don't have to be just addiction recovery, they can be about self-awareness or mindfulness ... a fitness center ...

Researcher: Do you think sober dorms should be part of the CRC?

Tyler: I think so, yeah ... Sober houses come with their own host of challenges. In here [CRP], you can talk almost idealistically about what you want with your recovery. But when you're living it with people and that's a part of your program, it becomes a little more ... some cases it's life or death for some people ... and addiction counselors ... and people with Narcan training.

Researcher: For sober dorms, should that be just for people in recovery or open to all?

Tyler: That's a tough question. Yes, I think it should only be for people in recovery, because in my experience, I was in the dorms, what do they call it, substance-free. And a lot of people, especially their freshman year, had to check that box because their mom was over their shoulder while they're signing up for living. And so then they get put in this sub free housing. But guess what, they want to go be a wild freshman and go do it and there is absolutely no enforcement ... Substance free, while I think they should have their own space, it's entirely different from recovery from addiction.

Tyler: And the thing is if you're 18, you're not legally allowed to drink or do drugs anyway. So shouldn't every single freshman dorm be substance-free?

Researcher: Yeah, exactly, I think so.

The participants' benefits from their respective CRPs and CRCs are consistent with the literature as were their ideas for larger CRCs with more resources. CRPs have grown considerably over the last decade as there are over 145 CRPs in the U.S., but there still are not enough to meet the needs of students in recovery (Iarussi, 2018). Two main organizations have been developed to create and monitor guidelines for CRPs (Iarussi,

2018), the Association of Recovery Schools and the Association for Recovery in Higher Education (ARHE, 2020).

“CRPs should (1) embrace an abstinence-based model of recovery; (2) be housed within degree conferring institutions of higher education; (3) maintain nonprofit status; (4) have paid qualified, trained, ethical, and dedicated staff devoted to the support of students in recovery; (5) provide a variety of recovery supports that assist students in maintaining and protecting their recovery; (6) include a collegiate recovery community with students in recovery from alcoholism and/or drug addiction as the primary focus; and (7) have a dedicated physical space for students in recovery to gather and offer peer support” (Iarussi, 2018; ARHE, 2017).

The benefits of CRCs and CRPs, terms used interchangeably, often extend to college students in recovery years after graduation (Iarussi, 2018). CRPs that have conducted quantitative data collection with CRP alumni show that students who were enrolled in CRPs during college maintain sobriety after college (Iarussi, 2018). Further, the benefits of CRPs benefit the campus community as a whole as they increase recovery capital, such as providing recovery ally training to student affairs professionals, faculty, staff, and other students (Iarussi, 2018).

Sober housing has also been suggested as a need by students in recovery and is the most-asked question that CRP directors at MU and WU get from parents, e.g. “Does your university offer sober housing?” Sober housing has been cited by recovery researchers as a major source of recovery capital (Beeson, et al., 2017). Sober housing is often conflated with the term, *substance-free* housing, but the two terms are antonyms at this point in higher education. While college and universities can claim all their

dormitories are *substance-free*, that just means that they request their residents avoid substance use in the dorms, not that substance use will be banned, or that residential advisors are expected not to use alcohol and other drugs in the dorms, as is the policy at MU and WU.

By contrast, *sober housing* means that parents, students, and residential advisors are committed to ensuring that there are no substances present in the dorms and no one in the dorms uses substances when they leave the dorms (Beeson, et al., 2017). Put simply, substance-free means a desire for students to abstain from alcohol and other drugs and sober housing means the space actually *is* free of alcohol and other drugs. While MU and WU do not have sober housing, at best, they can offer sober roommate pairing, but that is not a binding contract.

Sober houses or recovery houses have had proven success in helping students in recovery maintain their sobriety (Watson, 2014). “There are only a handful of recovery houses on college campuses, but there are community recovery houses that, when explored, could serve as a model for recovery houses on a college campus” (Watson, 2014, p. 105). The second university to provide sober housing for students is Texas Technical University (Watson, 2014). One of the most successful and researched of sober houses are Oxford Houses, which “are set up to run with professional therapeutic staff, with all residents committing to be substance free, embrace the idea of peer support, have a governing council of recovering residents, and host 12-step meetings for its residents” (Watson, 2014, p. 105).

Research on sober houses and recovery houses shows strong benefits for students in recovery such as peer support, increased graduation rates, and lower relapse rates

(Watson, 2014). Why colleges and universities continue to be resistant to the idea of sober housing is a complicated issue. According to some MU and WU participants in the study, they feel that there is an issue of funding, that universities just do not want to invest their money into sober housing. Even when the researcher asked MU and WU participants to create their ideal CRCs with sober housing, they constantly asked, “Well how much funding is there?” That constant question was telling as the researcher kept reassuring the participants, “This is your ideal CRC. There is no budget. What would your ideal CRC be?”

However, participants would continually stop their ideas and say, “but there’s no money in the budget for that.” Given that preventable deaths of college students are occurring all over the U.S. (NIDA, 2014), college leaders must consider the cost-benefit analysis of the investment in sober housing. Substance use remains a leading cause of death among college students yet colleges and universities still refuse to invest money in sober housing (McCabe, 2005). And for every parent, friend, or family member that has ever lost someone to substance misuse, how much is a human life really worth? At schools like MU and WU where there is money in the budget to remodel athletic structures and student health centers, how can schools continue to deny funds that would save student lives? Another issue brought by participants appears to be the stigma that would be associated with sober housing. Participants and researchers alike have stated that colleges and universities fear that building sober housing would force them to admit their schools have substance misuse problems (McCabe, 2005).

Finding 8. Seven of eight participants have one or more mental illnesses with three participants Calvin, Drew, and Kelsey, expressing suicidal ideations at some point

in their lives. All eight participants have had to take time off from higher education to enroll in either inpatient addiction treatment, intensive outpatient treatment (IOP), or hospitalizations. Seven out of eight participants have anxiety disorders and roughly half of the participants have Depression. During data collection, suicide emerged as a prevalent theme. Although Brandon has not experienced symptoms of suicidal ideation, he has lost many loved ones to suicide due to his belonging in the recovery community. A detailed definition of suicidal ideation is included in Appendix B. This finding address research question 3, What barriers do college students in recovery face?

Each year in the U.S., nearly 24,000 college students attempt suicide and roughly 1,100 college students ages 18 to 24 commit suicide (Rodriguez & Huertas, 2013). Twelve percent of first-year college students in the U.S. had suicidal ideation during their first year of college (Wilcox, 2010). Suicide is the second leading cause of death among college students (Taub & Thompson, 2013). It is projected that 90 to 95 percent of those who die by suicide have depression or substance use disorders (SUDs) (Joiner, 2010).

Theme A. Barriers Faced by Students in Recovery

Subtheme: Mental Health Concerns

Participants who expressed suicidal ideation at some point in their lives expressed this experience in the following ways.

Calvin, a freshman at the MU CRP, has ADHD, anxiety disorder, and bipolar disorder has been hospitalized for suicidal ideation at least three times during data collection. During his third interview, Calvin expressed his struggle with suicide in the following way.

Researcher: Last time we spoke, you had some suicidal thoughts. Have you had any since we spoke?

Calvin: I did have one episode where I was back in the hospital and that kind of triggered the whole taking a break from school and saying like, "All right, I got too much on my plate." Then I did like kind of reel it down a little bit. I also changed therapists, which was a big move because I've been seeing the same one for three years. She has been super helpful to me. I'm starting dialectical behavioral therapy (DBT), so it's kind of like finding easier ways to deal with suicide or look at life in a positive way and that's what I'm doing right now with the new therapist. So far so good. I'm trying not to be too judgmental the first couple of sessions.

Researcher: So you were in the hospital for suicidal thoughts. Are you still having suicidal thoughts now?

Calvin: No ... I could have just taken some medication and gone to sleep or it was go to the hospital, and I chose to go to the hospital, which was the wrong route (laughter). I wasn't, not as sick as some of the people that were in there, so it was kind of the wrong decision at the time ... It was a bad time. I've realized I only need that in an emergency situation and I can't just be going there just to go there when I feel kind of like [suicidal] that so even though I was having really bad thoughts, I have to deal with it in other ways.

Researcher: Right. Are you still having those [suicidal] thoughts now?

Calvin: Nope.

Researcher: Okay, that's good. So it sounds like the new medication and the new therapist have been good?

Calvin: Yeah, things are working out.

Theme A. Barriers Faced by Students in Recovery

Subthemes: Triggers on Campus & Mental Health Concerns

Drew, a senior at WU, has anxiety, Depression, and a history of suicidal ideation. During the photo-elicitation process, participants were asked to take pictures of settings and objects that triggered them in terms of recovery or mental health or represented low points for them emotionally. Participants took pictures between second and third interviews and showed the researcher the pictures during the third interview. During this third interview, Drew showed the researcher a picture he took at the WU CRP that was

triggering to his suicidal ideations. He expressed this trigger to his suicidal ideations in the following way.

Researcher: What's in the photo? What emotions does it elicit for you? Does it help you answer any of our interview questions?

Drew: In the CRP office, I was just in there, and it was just a sticker that was for the Suicide Prevention Line, and I don't know, it just ... made me think about suicide. I was just like, "oh man, I just really had no reason to live a couple of months ago." In my mind at least. And I don't have those thoughts anymore, which is really awesome, but I don't know, that just kind of brought that back a little bit, and almost, for a brief second, like "what if?"

Researcher: I think we talked about before when we were raising awareness about mental illness, it can have that countereffect. Do you think they should have that [suicide prevention number] in there? Because we have it all over school and students who've experienced it [suicidal thoughts] will feel triggered, so ...

Drew: That's the tough part. I really don't have a good answer to that.

Researcher: So the sticker brought back those old memories?

Drew: Yeah, I don't know what the answer is as far as marketing for mental health. It's something I think about a lot, and I don't know. But something's got to be different, I feel like. Because it's just not successful ... I mean there are people getting help and stuff, but we're seeing a lot of people not get help and die.

Researcher: Right.

Drew: Yeah, the whole "You're not alone." When that one kid died here, and everyone was just posting on social media, everyone's Instagram™ stories were something about mental health and reaching out and stuff. I don't know, it definitely doesn't help me. I don't know if it does help other people, but I remember, that was actually when I was in a really bad place, right before I got sober. I don't know, it just pissed me off.

Researcher: Was that the young man that died at Greek Village, the last day of summer?

Drew: Yeah, it was right around there. Because yeah, it was right when school started.

Researcher: I remember. He was rushing ... Was that an overdose or suicide?

Drew: Suicide. He was in the fraternity. I knew him ...

Researcher: So then everyone goes to Instagram™ and they do the like "I'm here for you" post, right?

Drew: Yeah, everyone that was in Greek life, they were posting stuff like ... I can't remember what ... I remember, I called my therapist, because I was literally ... This was right at the end before I got sober ... It wasn't the reason that I was depressed, but ... It was pissing me off, because people don't know. They don't actually give a fuck, they just say you can reach out any time, but I just get a feeling like they ...

Researcher: Would you say it's trendy in a way? Like people are posting with hashtags just because everyone else is?

Drew: Yeah, yeah.

Researcher: But it doesn't actually help. And no one's really doing anything right?

Drew: Yeah.

Researcher: And you said it made you angry. Can you tell me a little more about that? Is it because people posting don't understand?

Drew: That they don't understand, they're actually just doing it to make themselves feel good, and so that other people know that they're nice and they're good people.

Researcher: Right. Then you said you're not feeling suicidal now, which is great. Do you have a plan with your therapist or your parents in case you do feel that way again? Steps you can take in a crisis?

Drew: I know I can call my therapist. But I don't actually have a great plan or steps. I don't really have a therapist right now. I only see her when I'm home, because I don't like talking to her on the phone that much.

Researcher: But you can call 24-7, and call your parents, so you have that safety net.

Drew: Mm-hmm [affirmative]

The National Suicide Prevention Hotline (NSPH) remains controversial when it comes to suicide prevention. There is still no data to suggest that the hotline has prevented a single suicide as there is no funding to research what happens to people after

they call the hotline (Kazden, 2018). The NSPH also remains controversial since the hotline's name misleads callers into thinking it is a hotline where they can talk to trained counselors about their problems (Kazden, 2018). In reality, when people call the hotline, they are placed on hold for five to fifteen minutes then asked three basic questions: "Do you have plans to harm yourself? What is your insurance? Where are you located?" Callers are then instructed where the nearest emergency room is based on the type of insurance they have. If the people calling do not have insurance they are advised to visit the emergency room but that they may not be able to afford the visit. The fact that the hotline does not provide counseling or talk therapy to people who call and sharing the number for this hotline is triggering for people with suicidal ideation, raises the question whether this hotline should be advertised at all (Kazden, 2018).

Though there is a lack of assistance the NSPH provides, there is now a Crisis Text Hotline that people who are feeling suicidal can text 24 hours a day, 7 days a week (*Crisis Text Hotline*, 2019). People who contact the Crisis Text Hotline are immediately matched with a trained crisis counselor and can text with someone about their suicidal feelings (*Crisis Text Hotline*, 2019). The crisis counselor is a trained volunteer who can offer words of encouragement. However, crisis counselors are not trained to offer medical advice. That means if someone texts the Crisis Text Hotline and writes, "Should I kill myself?" the crisis volunteer is not legally permitted to say, "No, you should not kill yourself," as that would constitute medical advice (*Crisis Text Hotline*, 2019). Unlike the National Suicide Prevention Hotline calls when a caller is only permitted to speak with a volunteer for five minutes, people can text with Crisis Text Hotline volunteers for up to 45 minutes. And unlike the NSPH, the Crisis Text Hotline follows up on all people who

contact them with a quantitative survey to collect longitudinal data as to whether the text hotline prevents suicide (*Crisis Text Hotline*, 2019).

It remains difficult to track suicide prevention services at colleges and universities as only 14 states in the U.S. require higher education institutions to provide suicide prevention services (“State Laws: Suicide Prevention,” 2016). While suicide is the second-leading cause of death among college students (Jed Foundation, 2016), less than 20% of college students used mental health resources at their college health center (Gallagher, 2014). Outside of those 14 states, some schools claim they have suicide prevention if they give students online suicide risk screening quizzes and/or provide the phone number for the NSPH (“State Laws: Suicide Prevention,” 2016).

While both research sites, Middletown University (MU) and Walter University (WU) use suicide prevention online screening quizzes, the treatment following that screening remains mixed. According to MU students, there are immediate, same-day therapy appointments available to students feeling suicidal, but no access to long-term care. The students at WU stated the inverse, that there is no access to same-day therapy appointments, but there is access to long-term care. However, if WU students need therapists trained in suicide prevention, that takes place off-campus.

In the second interview, Drew expressed his frustrations with the WU Health Center, since there are no psychologists or psychiatrists trained in suicide prevention. WU students who are feeling suicidal can have a same-day consultation with a secretary or office manager but must wait as many as four-ten days to have an actual therapy session. Even when suicidal students are finally seen by a psychologist or psychiatrist at the health center, there is no one there trained in suicide prevention. Therefore, students

struggling with suicide are referred to off-campus mental health care professionals, which could take another seven to ten days. While there were no psychologists trained in suicide prevention at the WU Health Center at the time of data collection, they could have hired someone with that training since data collection ended. Drew expressed his poor experience with the WU Health Center mental health services in the following way.

Researcher: Are there any student services that have helped you? Have you been to the student health center?

Drew: I went right when I was starting to get sober. I have a therapist back home that I've had for a while, and I hate talking on the phone. Sometimes it's good, but I need that face to face, and I wanted to talk to someone up here. So I went to the health center, and... I had done this my freshman year, too. I went to the health center, and both times, I was in a bad place [suicidal]. I needed to talk to someone, and they set up the meeting, and it was the consultation meeting, and both times, I was not expecting it. I was expecting a therapy session, and I was like "fuck!" I don't know, the consultation thing just pissed me off. (laughter)

Researcher: So you didn't get to see a doctor same day. It was just a consultation?

Drew: Before the therapy, they schedule it to find out what's going on, so they can basically give some notes to the therapist beforehand and choose someone that they think is going to be best for you.

Researcher: Right, okay. And then did you ever get a therapist?

Drew: I did later on, but I didn't, it didn't work for me, so I went back to my old therapist.

Researcher: What do you think is the problem with the health center? Because you're not the only one that I've heard that from, the lack of same day help for suicide prevention.

Drew: I don't know what the big problem is, but I can just speak from my experience, and the problem was that I was expecting a full therapy session, and it was just a consultation. I was in a place... When people schedule something, they're scheduling it, because most of the time they're in a pretty bad place [suicidal]. People are scared to schedule meetings, and they're not just going to do it when they're feeling good, or even somewhat bad. It's usually, they're desperate. And for that yeah, that consultation, I don't know, it was like, I scheduled a session, then I had the consultation two days later was the soonest time, and then two days later after that, I had the therapy session.

Kelsey, a junior at MU, has a history of anxiety, Depression, PTSD (see Appendix B), and a history of at least one suicide attempt. Kelsey still has symptoms of PTSD but stated she no longer has suicidal thoughts.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Mental Health Concerns

In her first interview, Kelsey described her experience being hospitalized for a suicide attempt and ideations in the following way.

Researcher: Have you ever received treatment? Inpatient or outpatient? Tell me about those experiences.

Kelsey: Not rehab. But I went to mental institutions, inpatient and outpatient.

Researcher: Tell me about your experiences there. Was it helpful?

Kelsey: Well, I was there for suicide stuff, so it kept me alive, which is good. And I did detox in there, but the problem is they didn't give me drug test, so they believed me when I said I didn't drink, and didn't smoke, and didn't do drugs ... they're like, "Okay, we believe you. You're 16, why would you lie to us?" And it's like, "I'm 16, why wouldn't I lie to you?" (laughter). So, I was detoxing in there, and it was my family's first time being in therapy and all that stuff. Because we didn't talk about mental health before that, so it's been super positive for me and them.

Kelsey and the researcher also talked about suicides and overdoses that had taken place at MU and WU over the years and how having sober housing might help with prevention. Kelsey expressed her experience hearing about the death of someone in the recovery community in the following way.

Researcher: Would you be interested in sober housing? Like living in the dorms on campus, but they would be substance-free?

Kelsey: I think the school wouldn't allow us to have our own rooms.

Researcher: So if you had a single, you'd be interested in sober dorms?

Kelsey: Yeah, because then I can live with friends. But I think the common complaint for people in here is we would have to share a room and ... like, a 28-year-old doesn't want to share a room with a 19-year-old type of thing.

Researcher: Do you think there's a need? Do other students want sober dorms?

Kelsey: I know the Director [of the CRP] gets a ton of calls from parents and prospective students asking if there is because they're sober in high school, and they're looking for a sober dorm.

Researcher: So there's definitely a need for sober dorms. What's the barrier? Do you think it kind of goes to stigma? They [schools] don't want to admit there's a problem? Specifically, the schools that don't even have CRPs?

Kelsey: Yeah, they're [schools without CRPs or sober dorms] like, "We don't have any drinking issue," "We don't have any underage drinking," and it's like, "dude, are you dumb?"

Researcher: Yeah, and I heard that the same year that that young man lost his life on the bridge, and we had another kid at WU who died recently at a frat-

Kelsey: And when we had one here, and the guy's girlfriend was trying to get sober and she was going to rehab, and she, quote, "Fell out of a window."

Researcher: That keeps happening at WU every year [suicides and overdoses]. Substance use isn't mentioned and I'm like, "Come on. There's a connection here." Like, there are students that want sober housing-

Kelsey: Oh, 100%. One of the people in here has roommates, he doesn't drink but he's not sober, just for his own personal reasons, and I'm sure he would like places like that ... where he's not surrounded by drunk idiots all the time. It's not a pleasant thing.

As Kelsey mentioned, there are benefits to students having on-campus sober housing available to students in recovery. However, many students would prefer their own rooms as students in recovery can vary by age. Four of eight participants are 25 years of age or older due to participants taking time off from higher education and/or transferring institutions. As explained earlier in finding 8, all participants took time off from higher education to enroll in inpatient addiction treatment, intensive outpatient treatment (IOP), or hospitalizations.

Although Brandon has not experienced symptoms of suicidal ideation, he has lost many loved ones to suicide and/or overdoses within his recovery community. It is important not to conflate the terms *overdose* and *suicide* but unless students know the people who die, it remains unknown if it is a suicide or overdose. In the third interview, Brandon, a senior at WU, described the constant death and loss he faces in the recovery community. He spoke specifically about losing a close friend of his from his fraternity and how he blamed himself for his friend's death and struggles to let go of that guilt. Brandon described his experience losing loved ones to suicides and overdoses in the following way.

Researcher: Do you experience any pain related to recovery? Emotional or physical?

Brandon: As far as stuff that's happened since I've been recovery, I mean since I've been clean, I've gone to 20 funerals for people I grew up with or knew and it's just tough.

Researcher: I'm sorry to hear that.

Brandon: I mean I don't carry it with me too much. I guess it sounds dark, but I've gotten kind of callous to it. I'll get a phone call and if I answer a call and anyone's like, "did you hear about so-and-so?" I'm like, well, (laughter) that's all you need to know.

Researcher: Is there anyone you've lost recently that's really hit you hard?

Brandon: There was one guy three years ago ... he was one of my pledge brothers and we lived together for two years ... I remember him reaching out to me when I had four years clean and he was like, "man, I'm really struggling and I'm trying to get my life together." I was like, "well, let's do it." But he came up to me after a meeting one night and said, "I'd really love for you to sponsor me but ... I don't want to do drugs anymore and I don't want to get high but I'm not going to quit drinking." I was like, "Man, if you're asking me to sponsor you, I don't think I can do it just because that's not ... I don't have any advice for you. That's not a path I took."

Brandon: He didn't really come around much after that and I felt a little bit of guilt about it. And then he went to treatment and they found him in a bathroom in

the treatment facility [dead]. I never felt responsible or anything. It was more so just sad. It's like maybe I should have pushed harder and said, "No, you don't need to be doing it." But I don't think if I said anything, it would have changed his mind either but there's always going to be those what-ifs and stuff like that.

Researcher: Did he take his own life or overdose?

Brandon: He overdosed. I think someone brought some drugs into the treatment facility for him.

Researcher: How did that make you feel?

Brandon: Not surprised ... it was more so just like, "damn, that really sucks." He had family that lived here and he was one of those guys ... everyone loved this guy. He was just a likable person and there's been a lot of those ... But there's also been a lot of people in the program like that. There are people that were there when I got to recovery that when I got there they had five years clean and we became really close and then they went out and then they died ...

Brandon: It was just like it was people that I had almost idolized to an extent. So that was always kind of tough too because it's almost different with that because it's like you knew they had it at one point. It wasn't like they couldn't get it together. It's like no, they did. Then they just fell off and they could never get back up.

Finding 9: All eight participants were unaware of effective university policies in place to deter students from drinking and using illicit drugs. Most participants had residential advisors that engaged in underage drinking, illicit drug use, the sale of illicit drugs, or all of the above. A few participants at WU stated that the school did a good job promoting sober events but that the culture of the school made students feel like outcasts if they attended these events instead of drinking and using other drugs.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Campus and 12-step Groups as Catalysts for Access to Substances

WU students who are unaware of any school policies to deter students from drinking and using other drugs described that sentiment in the following ways.

Researcher: Do you felt like there are any policies in place that would deter students from using/drinking that you are aware of?

Brandon: No, to be completely honest, not really. I mean there was the standard stuff. I mean, no, I don't think any school is encouraging people to... I think it's more so kind of like hands off. I guess it's more so, it's like a punishment system. I mean, I remember even when ... I never lived in the fraternity house. I lived off-campus even when I was in the fraternity. But I remember when I was, they'd, the house would get raided and everyone would get tickets for whatever they had in their room and stuff like that.

Researcher: They do alcohol prevention for the first-year students, right?

Brandon: Was that the online quiz?

Researcher: Yeah.

Brandon: That was a joke.

Researcher: So not effective at all?

Brandon: No. No. You had to take it to register [for classes], it was like, (laughter) "Should you drink?" And you're just like, "No. You should not, ever." (laughter). I don't think it's like hurting, but I definitely don't think it's helping either. It's just kind of, from what I remember, kind of a joke. Like, "let's do it so I can register for my classes."

Researcher: Do you felt like there are any policies in place that would deter students from using/drinking that you are aware of?

AJ: I think, people on campus... I guess policies aren't on-campus policies, like enforcement of people who have drugs on them, like cops, like security, that kind of clears out some area where people can use drugs on campus, like just blatantly. That's about the only thing I can think of.

One participant from MU, Xerxes, a senior, stated that the lack of a 24-hour library spread the message of a pro-partying culture and was not supportive of students like her who wanted to study on the weekends. This finding answered research question 1, What are the everyday experiences of college students in addiction recovery? And research question 5 What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Theme A. Barriers Faced by Students in Recovery

Subtheme: Lack of Sober Spaces

Xerxes described her frustrations about the library hours in the following way.

Researcher: Do you have a 24-hour library like WU does?

Xerxes: Oh! Don't even get me started! [getting frustrated]. No. And you know what? I think it's linked to party culture, I really do. What is BS is that it closes at 8PM on Fridays and Saturdays ... It's open all night on Sundays and it just really burns my bagels because they are like, "Nobody wants to do their homework on Friday and Saturday evenings" and I'm like, "Hello?" You think they do that shit at Ivy League Schools? No. They keep the library open all the time. And here it's just the most blatant like, "No, just everybody is going to get drunk."

Researcher: Is that what the library staff says?

Xerxes: No, but I feel like that's the image, it's the messaging that the institution is putting out.

Researcher: That students don't want to be in the library weekend nights?

Xerxes: They don't want to leave the library open because they have to pay people to work there and they are like, "No one's going to use it," and I'm like, "If you build it, they will come." If you pride yourself on being an academic institution, why? ... It is my biggest complaint about the university and it seems like a small thing but I feel like it's such intense messaging. It's open all night Sunday and I'm like, "You think I want to do homework on Sunday at midnight? What is wrong with you?"

The experiences of the participants quoted above are consistent with the literature in that students in recovery are unaware of university policies to deter students from substance use. As noted in Xerxes' excerpt above, some university policies, such as the lack of a 24-hour library serve to encourage a pro-party atmosphere. That is not stated to place blame on university policy, but rather to exemplify the limited efficacy of policy which is in constant competition with a stronger university culture. "Although substance use on campuses and its consequences often grab many headlines, the experiences of students in recovery are often ... overlooked ... Substance use among college students

exists within a complex social ecological system (Beeson et al., 2017, p. 227). That complex social system forces students in recovery to interact with a community that encourages substance use in the name of school spirit, which is not recovery-friendly (Beeson et al., 2017). While participants like the ones quoted above state that both MU and WU provide a myriad of fun sober events, the culture of the school makes students feel judged as “not cool” if they attend those sober events.

Researchers have labeled the college community an *abstinence-hostile environment* (Cleveland et al., 2007), one that poses significant risks to students attempting to maintain sobriety (Beeson et al., 2017). Despite the best intentions of university policies, sober fun events, and campus-wide initiatives, the abstinence-hostile environment of college provides difficult competition (Beeson et al., 2017). For example, WU has a football team where alcohol-infused tailgating culture is engrained within the college community. Though the WU CRP provides sober tailgating options for students, many participants in the study stated they felt uncomfortable attending a sober tailgating event for fear of other students finding out they did not use alcohol and other drugs (AOD). This is a complicated intersection as college students in recovery are also members of recovery communities which are, by definition, anonymous. Therefore, it is not simply a matter of fear of being judged by peers, but part of the nature of 12-step recovery is an assurance of anonymity, hence the names of programs, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

While MU does not have a football team and therefore does not have a tailgating culture, there are still bars and coffee shops on campus at MU that advertise drink specials to students. Participants from the MU CRP stated they never once had difficulty

obtaining alcohol before the age of 21 due to the pro-party culture of the college town atmosphere. Again, the pro-party atmosphere at both MU and WU is not for lack of trying on the part of student affairs professionals, residence life, and countless other staff members working in undergraduate student events. Participants at both MU and WU all stated appreciation for the hard work staff members do at both institutions to promote fun, sober events. But participants also note that the promotion of sober events is no match for the pro-party culture of a college town, what researchers call an abstinence-hostile environment (Cleveland et al., 2007).

“Students in recovery face additional challenges and barriers that complicate student development as well as the evolution of their recovery identity” (Beeson et al., 2017, p. 227). As students in recovery struggle to maintain their anonymity, they further their status as a hidden population, which can lead to feelings of isolation from the greater college community (Beeson et al., 2017). One major predictor of the success of college students in recovery to fight against an abstinence-hostile environment (Cleveland et al., 2007) is *recovery capital* (Laudet & White, 2008). Recovery capital is defined as the amount and quality of resources that help college students begin and maintain recovery (Keane, 2011).

“There are 4 categories of recovery capital: (1) social (e.g., resources and obligations derived from social group membership); (2) physical (e.g., tangible assets); (3) human (e.g., skills, grit, resilience); and (4) cultural (e.g., values, beliefs, customs, norms)” (Beeson et al., 2017, p. 228). The social and physical components of recovery capital are external resources, accessible to students in recovery through sober peer groups such as 12-step programs, CRPs, and CRCs (Beeson et al., 2017). The human and

cultural aspects of recovery capital represent internal resources that rely on the individual student such as personal resilience and a cultural belief system (Beeson et al., 2017).

Recovery capital is fragmented on a college campus as students in recovery move from abstinence-friendly spaces such as CRPs to abstinence hostile spaces such as the rest of the college campus (Beeson et al., 2017).

While participants in the study at MU and WU navigate these spaces, they have varying levels of recovery capital and, at times, must rely solely on internal recovery capital such as personal resilience and belief systems (Beeson et al., 2017). Those personal belief systems can be difficult to rely on when students feel they are getting messaging from the college community that they are “not normal” or “not cool” for maintaining their sobriety at college. This fragmentation of recovery capital speaks to the need for more CRPs and CRCs which are better equipped to relay messaging to students in recovery that it is normal to maintain sobriety (Beeson et al., 2017). College students both in recovery and not in recovery should get the message that if they want to attend a sober tailgating event or spend a Saturday night at the library, that is both normal and okay.

Finding 10: Most students did not get into legal trouble for their alcohol and other drug use (AOD) for roughly two or more years in their history of addiction, if at all.

Kelsey, a junior at MU and former student-athlete, described how MU coaches and university officials faked drug tests and allowed their athletes to engage in underage drinking and illicit drug use. Calvin, a freshman from the MU CRP, stated that he wished he had gotten into legal trouble earlier as those are the only students who tend to get help.

As an outlier, Laura, a junior at WU, was dealing with the consequences of getting two DUIs, such as the loss of her driver's license, house arrest, probation, and jail time.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Greek Life and Student-Athletes Lack Accountability in Substance

Misuse

MU junior and former student-athlete, Kelsey described how she avoided getting into legal trouble early the following way.

Researcher: Do you think part of the being on the sailing team was a party culture?

Kelsey: I think definitely with the sailing team ... we just celebrate everything of being drunk ... Like, "Oh, you passed your drug test, let's go get high." Things like that.

Researcher: Student-athletes were drug-tested?

Kelsey: They didn't do it how you're legally supposed to, so everyone on my team tested negative ... I would do coke with someone, and then they would leave, get drug tested. An hour later, they would come back and it would be negative. (laughter).

Researcher: So they didn't really drug-test athletes properly?

Kelsey: I've been drug tested a lot, so I know how it's normally supposed to go. You hold the stick in there for a long time, and when you set it out, leave it for a long time, and then look at it. They would just dip it in real quick, and put it down, and be like, "Oh, negative." And throw it out and dump the pee.

Researcher: Did they drug test you properly?

Kelsey: They did it randomly, so the coaches would pick people ... When I got sober, I told them, and they were like, "Okay." So I started being picked for every drug test because I would be negative, and they just like me to keep our standing.

Researcher: (pause). I'm sorry, that's so shocking to me.

Kelsey: I mean, it's fine.

Researcher: So the "drug tests" were faked, just to make the school look good?

Kelsey: Yeah it's like, "This keeps our good players or sailors on the team." It's how we kept our funding.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Campus and 12-step Groups as Catalysts for Access to Substances

Calvin, a freshman from the MU CRP and former Greek Life member, stated that he wished they had gotten into legal trouble earlier as those are the only students who tend to get help. He described that sentiment in the following way.

Researcher: Did you have any supportive roommates or RAs that were saying, "We can do this instead of drinking," or anything like that?

Calvin: No, not really.

Researcher: Do you remember residential advisors having a presence on your hallway?

Calvin: Yeah. They would just tell people not to smoke weed or drink in the dorms... My friend and I were smoking [marijuana] in his dorm and ... ended up setting off the smoke alarm in the hallway, and they had to evacuate everyone. And then the guy directly above our room where we were smoking had a decent amount of weed on him and ended up getting kicked out of school. He wasn't even smoking, didn't have anything to do with it. We lucked out and we were laughing at the time. But, at that point, I kind of wished that that was me [getting kicked out]. Because I would have gotten sober about four or five years earlier. I would have had a kick in my ass before that.

Theme A. Barriers Faced by Students in Recovery

Laura, a WU junior, was dealing with the consequences of getting two DUIs, such as the loss of her driver's license, house arrest, probation, and jail time. Laura's story addresses research question 1, What are the everyday experiences of college students in addiction recovery? During the third interview, in the photo-elicitation process (Rose, 2016), Laura was asked to share photos of setting and objects that were triggering to her recovery. Laura shared a picture of a street sign indicating a stoplight ahead and stated

that it elicited the memory of her second DUI arrest. Laura described her legal troubles and its effects on her life in the following way.

Researcher: Again, elicitation just eliciting memories. I'll just ask you to describe the photo and just tell me what it represents to you. Just what you were feeling that day and what it triggered about your recovery.

Laura: The first one, here, it's just a sign of a stoplight ... I was walking in the park near my apartment and I was feeling really happy, just got back from winter break ... The stoplight reminded me of cars and DUIs ... I didn't really think about the nights that I actually got arrested ... I wanted to say that I was blackout, so then I just had it in my head that I didn't remember the whole night. Then I started thinking about it more. I did realize why I got in the car and why I thought it was important to drive that night ...

Laura: I didn't want to think about it at all because it just made me sad, made me mad at myself. All of those feelings that you try to push down. Then I started really trying to remember everything that I went through. I was actually with my parents for a little bit of the time. I remember blaming them for letting me get in the car, but they didn't. They were asleep and I just got in the car. I just was walking and thinking about all of this stuff. I don't know. I remember it was difficult for me to take pictures, so I think that's why I just took this picture, the stupid sign of a stoplight.

Researcher: What's in the next picture and how did it make you feel?

Laura: Well, I actually have a picture of sitting in the probation office... I just felt really uncomfortable being there around all of the people. I remember even the officers, you could tell that they just hated their job. You could tell no one wanted to be there. It was just a very dull, sad place... I felt really fucking pissed off that I didn't go and see my probation officer, and then he had this bad image of me. It was also because I just didn't have any information. I did not know what to do. I just felt really conflicted, really confused ... I think it would be nice to have someone to just help you I guess.

Researcher: You talked about house arrest before, is that still something you have to do?

Laura: Yes. Over winter break, I spent the weekend in jail and I think around 30 days under house arrest. Then I do have to go back in August.

Researcher: When will you be done with that stuff, do you know?

Laura: Four years, because I still have to meet with a probation officer ... the house arrest, I have 15 more days. Once I come back for next semester, I think I'll be done.

Researcher: That's good. Would you say next semester you'll have that burden off?

Laura: Definitely. I'll feel so much better. There's still something going to be in the back of my head like, "I went through this once. I was over this once and I still didn't learn anything. I still went and drove and got arrested." That's going to be in the back of my head, still thinking, "I'm a piece of shit." Like, "I'm going to do something to fuck it up again."

Researcher: And you still can't drive correct?

Laura: Yeah, the reason why I was late [to the interview] was because all my friends were very hungover. I originally was going to get a ride from my one friend, but she drank way too much. She's like, "I can't get out of bed." I ended up texting my roommates, asking if anyone could give me a ride and it's the same thing. They're all in bed hungover.

Laura's legal troubles and its effects on her personal and academic life is not uncommon for students in recovery, though experiences vary by individual. Some of the challenges students in recovery face are dealing with the consequences of their actions from their former lives when they were using substances (Dunne & Katz, 2015).

Although Laura has maintained her sobriety, she still faced consequences such as probation, house arrest, and jail time. Laura was working diligently to maintain her sobriety, complete her coursework, work several part-time jobs, and schedule summer training to become a campus orientation leader. Juggling these tasks was not easy, but Laura remained determined to meet her obligations in conjunction with completing tasks due to her previous DUI arrests. Laura succeeded in meeting her school, work, and recovery obligations, all without a driver's license or a car, and still met the requirements put forth by the legal system. Though Laura briefly mentioned her legal troubles in the

first two interviews, it was not until the photo-elicitation process that she got into how she felt about driving drunk and what led to her multiple arrests.

During the photo-elicitation (PE) process (Rose, 2016), Laura took a walk outside of her off-campus student housing apartment complex to take pictures, when she discovered the traffic sign. As mentioned above, the traffic sign elicited negative emotions about the nights on which Laura was arrested for drunk driving. During the PE process (Rose, 2016), Laura stood there in the park by her apartment, in the quiet of nature and thought about all the pain, regret, and shame she had associated with driving drunk.

Surrounded by a community vegetable garden, the peaceful sounds of a babbling brook, and the quiet of her thoughts, Laura remembered emotions about those nights that she had been stuffing down for months. As Laura showed the researcher the picture of the traffic sign she related the negative emotions she had been repressing for so long. Before the PE interview, Laura had often stated she felt nothing or that she could not describe how she felt. But as she wandered around the park with nothing but quiet, painful memories of driving drunk washed over her and she remembered feelings of shame and regret.

When Laura moved on to showing the researcher the picture of her sitting alone in the probation office, she began to feel the weight of the consequences of her drunk driving. While she had carried the hurt and pain with her somewhere in the recesses of her mind, she began to remember more emotions during the PE interview. As Laura showed the researcher the pictures of her probation officer's waiting room, a bleak row of empty metal chairs, she began to feel the reality of the consequences she would face for

years to come. Laura stated in the excerpts above that she felt overwhelmed as she had no one guiding her through the difficult process of serving house arrest and meeting with her probation officer miles from her home state. But she was determined not to give up. Laura's reliance on her internal strength speaks to the idea of internal recovery capital, which is one's resilience and belief system (Beeson et al., 2017).

Laura's experience trying to navigate the criminal justice system while maintaining her sobriety, complete her academic coursework, and prepare for a future career showed her dedication as a college student in recovery. This dedication shows Laura's internal recovery capital, as she had to rely on her resilience, strength, and grit (Beeson et al., 2017). No one in the recovery community, the college community, not her roommates, nor her professors could help Laura navigate the complicated and intricate legal system. No one could help Laura as she met with probation officers, scheduled her summer house arrest, or spent night after night in a dark jail cell.

When educational researchers talk about the resilience and grit of college students, it is doubtful they have a picture of Laura, sitting in a cold, metal folding chair while a probation officer screams in her face. When professors see Laura check her phone during their classes, it is unlikely they know she is anxiously awaiting her sentencing, to see whether she will have to spend another night in jail. As addiction researchers have stated, college students in recovery are a hidden population, a community of people like Laura facing frightening consequences in complete isolation (Beeson et al., 2017).

Although Laura still had external forms of recovery capital such as the CRP (Beeson et al., 2017), no one offered guidance as to how she should navigate the legal

system in a state hundreds of miles from where she grew up. As data collection commenced, Laura was still actively scheduling her house arrest hours around her summer orientation leader training so she could return to WU as an orientation leader in the fall. “I am completely alone in this,” Laura stated, about her legal situation, “but that’s how it should be right? Isn’t that what jail is, a punishment?”

During the second round of interviews, participants were asked about their educational goals, academic success, barriers to educational success, and whether their voices are heard. Figure 3 shows demographic information focused on participants’ current or intended majors.

Name	Age	G	Year	School CRP	Major
Calvin	26	M	Freshman	MU	Current: Associate of arts
					Intended: Communications or Sports journalism
Kelsey	21	F	Junior	MU	Current: Undecided
					Intended: Psychology
Tyler	23	M	Senior	MU	Political science
Xerxes	25	F	Senior	MU	Current: Classics (classical civilizations)
					Previous: Music
AJ	28	M	Senior	WU	Current: Physics, computer science minor
					Intended: Engineering, computer engineering minor
Brandon	27	M	Junior	WU	Integrated information technology (IIT)
Drew	21	M	Senior	WU	Sports and entertainment management
Laura	20	F	Junior	WU	Social work

Figure 3: Demographic information (current/intended majors)

Finding 11: All eight participants stated their academic goals for college were to graduate and five participants, AJ, Brandon, Calvin, Kelsey, and Laura stated that their GPA was part of their academic goals. All eight participants stated their definition of academic success focuses on graduation. AJ, Brandon, and Laura wanted to get a GPA of 3.0 or higher whereas Calvin and Kelsey wanted to maintain a “C” average or higher. Academic retention and graduation are not concerns of the recovery community (12-step meetings) and substance use has been proven to affect student retention and graduation rates (Arria et al., 2013). Many students are forced to choose between staying sober or graduating as college campuses pose a threat to maintaining sobriety (Finch, 2007b). CRPs are integral to the success of college students in addiction recovery as one of the CRPs main goals is to provide targeted support for college students in recovery so they can maintain sobriety and their GPAs (ARHE, 2017). This finding addresses research

question 2, How do college students in recovery describe academic success and educational attainment?

Theme A. Barriers Faced by Students in Recovery

Participants were asked what their academic goals were and answered in the following ways:

Calvin: My goal is just to continue to get either a “C” or above in all my classes and not try to do too much and not get overwhelmed with that ... graduate.

Kelsey: Get good grades, I guess? (laughter) Pass my classes ... graduate.

Tyler: I'll say I'm pretty happy with just staying in school and taking that opportunity. (pause) I don't, certainly not something I deserve from my past efforts. I don't think any college should want to have me at their college. I went to college to go and party... [Now] I want to graduate with good standing in the college.

AJ: For the end of this year, my goal is to get accepted in the engineering school and get closer to a 3.0 GPA. And realize some of my career goals as I try to take different classes. That, I guess, is my next year's goal. Just to realize what specifically what I want to do with computer engineering ... College goals, educational goals, get involved with more academic clubs, really into my major, getting an internship, and then try to meet more people that's around my major so I could see what their goals are and compare it to mine.

Brandon: I really want to have at least have a 3.0 every semester. I'd love to be graduated by fall of 2020, that's still kind of up in the air, but we will see. Mostly because of scheduling. We'll see how that goes, I'm hoping for the best ... I want to graduate. I want to get my bachelor's. I've debated going back to grad school. I really don't think for my profession it's extremely necessary.

Drew: I'm (pause) just trying to get by ... just graduate in the spring. I have an internship through the sports management program coming up in the summer, and so I'll be officially graduated after that, but that's basically my main focus, just getting good grades so I can get to that internship. I really am looking forward to that.

Laura: Just trying to get over a 3.0 GPA ... I want to get my bachelor's in social work, and then I'm going to have to get my master's as well. I'm not super sure on what specific title or degree I want with that ... yeah, educational goal is just to graduate, I guess (laughter). Graduate in one piece (laughter).

Xerxes: I don't know, can *do my best* be an academic goal?

Researcher: Absolutely.

Xerxes: I feel like this year has been a process so far of learning ... Continuing to learn about the way that I function as far as time management. Figuring out what works for me, what doesn't work for me. And I think I'd like to continue doing that and maybe implement some of that ... graduate.

The need for CRCs and CRPs is supported by the participants' statements above, which are maintaining academic success while balancing the tasks of maintaining sobriety. As 12-step groups are not created for college students and do not provide spaces for members to discuss academic matters, CRPs are uniquely suited to meet the specific needs of college students in recovery (Iarussi, 2018). For all college students pursuing a degree comes with both academic and financial stress (Iarussi, 2018). Like any college student, students in recovery struggle to cope with academic stressors which can hinder successful recovery and degree completion (Wiebe, Cleveland, & Dean, 2010).

Unlike 12-step programs that are not created with college students in mind, “CRCs provide social support and resources specifically for academics in recovery ... CRCs aim to create an environment for students in recovery to experience a sense of belonging and connectedness to others without using drugs or alcohol” (Iarussi, 2018, p. 48). An oft-cited struggle of college students in recovery is the balance of maintaining sobriety while pursuing an academic degree (Iarussi, 2018). This balance requires a constant prioritizing of recovery along with the demands of academia (Iarussi, 2018). Overall, being in recovery is what allows students to be engaged in academic work as students must first get sober before returning to school (Iarussi, 2018). While other students might rely on substances such as ADHD medications like Adderall to get

through final exams, students in recovery must rely on their internal recovery capital, their resilience and strength to face academic stressors (Iarussi, 2018).

Students in CRPs in this study and other studies on college students in recovery have stated the benefits of CRPs on their academic achievement (Iarussi, 2018). For example, when students go to their academic advisors, they are not getting advice from people trained in recovery (Iarussi, 2018). Yet when students get academic advisement through mentors at their CRP, they can get academic advice from someone who understands the intersection of recovery and academics (Iarussi, 2018). The benefits students in recovery get from academic advisors who are in recovery speak to the need for more CRPs and CRCs as those groups provide recovery ally training for university staff such as academic advisors and faculty.

Finding 12: All eight participants stated that they were often overwhelmed but seven stated that they were not so overwhelmed that they seriously considered withdrawing from college completely. Brandon and Laura stated they felt overwhelmed trying to balance work and school. Brandon works full-time as an IT specialist and Laura works several part-time jobs on campus. While other participants work part-time and/or have internships they did not explicitly name work as a contributing to feeling overwhelmed. It is worth noting that this round of interviews took place during final exams in the final week of fall semester, a time of great stress. This finding addresses research question 3, What barriers do college students in recovery face?

Participants were asked if they felt overwhelmed or wanted to drop out of college. While it is now understood that framing the withdrawal from college as *dropping out* is problematic, that was the term used at the time of the interview. After reading the text,

Framing Dropouts (Fine, 1991), the researcher will refrain from using the problematic term, *dropout* in future interviews and studies. The researcher will use the language of *leaving school* or being *pushed out* of school versus *dropping out* of school, as the term *dropout* is too reductive of the complicated system of actions that leads students to withdraw from higher education (Fine, 1991).

Theme A. Barriers Faced by Students in Recovery

Participants were asked if they felt overwhelmed or wanted to drop out of college and answered in the following ways:

Calvin: Yeah, there was a time when I was in the hospital [for suicidal ideation] where I said, "Maybe school isn't for me and maybe I can go a different route." But I'd already committed and I said, "This is what I'm going to do and it'll be way better off in the end" ... I just had a lot of downtime in the hospital where I had a lot of time to think and it was almost like, it wasn't like jail, but it was just sitting and re-evaluating because I didn't have academic success this past semester. So I thought to myself, "well, when is it going to come? Will it ever?"

Kelsey: Yeah. All the time. I think my go-to phrase is, "I'm just quitting" (laughter). I think that's every college student though ... I'm a very good procrastinator and I don't learn the way that school teaches. I'm severely dyslexic and my brain just doesn't work in a normal way. I've described it to academic specialists and they're like, "Hmm, really?" I'm like, "Yeah! That's how I think." ... I will happily write papers, but if you tell me to, I'm going to be like, "No, fuck you."

Tyler: Sometimes, but it's never more than I can't handle or if I am truly feeling overwhelmed, it's probably because of past actions that I've done to put me in that situation. So if I could drop out and make \$100,000 and work in a fulfilling job, I would do it, but that's no guarantee ... I realize that for what I think I want to do that I need to have a college degree ... I think working in an NGO, working in policy or a think tank and analyze the policy or its effects.

Xerxes: I feel overwhelmed all the time (laughter). I don't ever feel like I want to drop out. Sometimes I do (pause) wonder if this was the best possible decision that I could have made. But we're in it now, so we're just going to finish the degree ... I always just kind of feel like I have 13 things to do and time to do nine things ... I don't know how it happened this semester. I'm in a good place during finals ... I do have two really good friends in my department at school who are also classics majors ... We take all of our classes together ... Maybe that's helped.

AJ: Yeah, sometimes if I don't get the grade I want or for example, I'll feel like this is too... I'll start feeling negative and say, "is this worth it? Should I just do something else?" Or even before a test, I'll have anxiety. I have test anxiety all the time. The way I overcome that is just try to take just deep breaths and just attack each problem like how I would do in my homework. This is the same thing, it's just a timed environment. That's the only difference.

Brandon: I don't ever feel like I want to drop out. But I most definitely feel overwhelmed sometimes ... I think if it was just one or the other between work and school it wouldn't be so bad. I was talking to someone the other day, I was like, "When I finish school, I'm going to feel like I am on vacation all the time just going to work." And I think it'd be the same vice versa. Like I'll sit in my classes and hear students talk about how stressed they are. And I know they're taking all the same classes I am, I'm like, "You have no idea" (laughter).

Drew: (Sigh). I feel overwhelmed almost every day ... Last night, I got back [from Thanksgiving break], and I was just so stressed ... I'm like, "damn. This sucks." (laughter). I was just home, and there's everything you could want in the cabinets, and you feel just that security. I don't know ... I had food obviously. I'm not going to fucking die. This is a very petty problem, but just getting back, it was just like, "Oh man, I'm on my own again." (laughter). And just that overwhelming feeling of being on my own.

Laura: Yeah. Overwhelmed, definitely. Just with the amount of schoolwork I have and trying to balance that with work and life. I think I do a pretty good job of it, though. I typically don't just have emotions, so (laughter) ... I just tell myself to calm down, take a few deep breaths ... I used to contemplate all the time, just dropping out. And I would think to myself, like, "Why am I here? Why am I not just like in Europe, backpacking?" ... I didn't even want to come to college in the first place. I just thought it was kind of stupid. And you like had to get your degree. But now that I'm in classes that I love, and I love the people in those classes. I don't really have those feelings anymore.

Students in recovery who feel overwhelmed is consistent with the literature on this population. It is well-documented through collegiate recovery studies that students in this population can be overwhelmed by the sheer nature of the challenges they face (Beeson et al., 2017). Some of the challenges students in recovery face include, but are not limited to, "extra requirements during the admission process; changing socioeconomic status; a lack of acceptance of past substance use and recovery status;

accessing financial aid; building new recovery supports; coping with new freedom from parental and other supervision; balancing career, educational, and recovery responsibilities; coping with triggers to return to use; building friendships and romantic relationships; disclosing recovery status; and building self-efficacy” (Beeson et al., 2017, p. 227). It is worth noting that these are challenges students in recovery must face in addition to the other challenges of being a college student (Beeson et al., 2017).

What is inconsistent with the literature is that no participants stated they seriously considered withdrawing from college completely as students in recovery have a lower graduation rate than their peers who are not in recovery (Arria et al., 2013). The average graduation rate is 50% for first-year students attending 4-year institutions who graduate within six years and remains lower for students in recovery (Arria et al., 2013). Substance use has been proven to affect student retention and graduation rates (Arria et al., 2013). While students in recovery have a lower than average graduation rate, all eight participants were determined to graduate with a four-year degree. One finding that was consistent with the fact that substance use affects student retention and graduate rates is that two of the study participants from the MU CRP, Kelsey and Calvin did not pass their fall semester of classes. However, at the end of data collection, Kelsey was in the process of retaking those classes in the spring semester and Calvin planned to retake those classes when he returned from medical leave.

Finding 13: All eight participants stated they faced unique barriers to their education. Brandon faced barriers to graduation due to WU’s class schedule, which does not cater to students who work full-time. Kelsey faced barriers to getting academic support since she lost those privileges when she transitioned from student-athlete to

student. AJ faced barriers to studying for final exams due to the constant access to illicit substances at WU. Calvin faced barriers to completing his coursework as a result of insufficient mental healthcare. This finding was found in response to research question 3, what barriers does this student population face?

Theme A. Barriers Faced by Students in Recovery

Brandon, a senior, faced barriers to graduation due to WU's class schedule, which does not cater to students who work full-time. Brandon, who is 27, faces additional challenges being older than the traditional student and working full-time. Four of eight participants are 25 years of age or older due to participants taking time off from higher education and/or transferring institutions. As explained earlier in finding 8, all participants took time off from higher education to enroll in inpatient addiction treatment, intensive outpatient treatment (IOP), or hospitalizations.

Brandon also faced barriers to understanding the course material due to WU's reliance on teaching assistants to teach introductory courses. In terms of the schedule, if there were undergraduate classes offered at night and professor office hours accessible for students like Brandon, he would be able to graduate much earlier. Brandon described this barrier in the following way:

Brandon: I'd love to be graduated by fall of 2020, that's still kind of up in the air, but we will see. Mostly because of scheduling ... Most of these classes later in my major, have not been available at night or online. So, I can't leave work for four hours in a day.

Researcher: Do you use professors' office hours?

Brandon: No, those are during the day too ... The way my advisor told me, "it's like when you get into these upper-level classes, we've got a slimmer group of professors, most of them are pretty prestigious and they don't want to work after 5 [pm] and if that's the case we're not going to make them."

Finding 13, that all students faced unique barriers to their education, emerged from themes seen through the lens of Critical theory. Though broad in its context, Critical theory, is used here in terms of critical ethnography which allows the researcher to speak out against inequality and hegemonic power through research (Carspecken & Apple, 1992). A critical approach is a value-laden orientation adopted in work when researchers address concerns of power and control, challenge the status quo, and work to empower participants and foster agency (Carspecken & Apple, 1992).

Instead of accepting the fact that countless students are forced to choose between recovery and higher education, a critical orientation means studying ways to challenge the status quo and arguing for a better world. “A critical ethnographer will study issues of power, empowerment, inequality, inequity, dominance, repression, hegemony, and victimization” (Creswell & Poth, 2018, p. 93). In Brandon’s case, the class schedule at his institution is highly classist, designed for students who are wealthy enough that they do not need to work full-time. Critical theory moves beyond the Marxist preoccupation with economic determinism and focuses more on the superstructure of society (Bronner, 2017).

Brandon is not simply affected by economic forces but rather affected by policies set by those in power, his professors. The structure of classes is set by professors in power, who do not wish to work past 5 pm, not by the needs of working students who need evening and online classes. For this reason, Brandon is considering taking classes at a nearby community college after he graduates from WU because the community college offers night and online classes. Unlike WU’s class schedule that reflects the needs of

those in power, community colleges structure their classes around student needs, then inform professors when they will be teaching.

Under this structure, Brandon is objectified as a form of capital for the university, not a person with unique needs. That is not to say that Brandon would *not* be objectified as a means of capital at the nearby community college. However, the structure of the nearby community college class schedule is student-centered, rather than faculty-centered. Specifically, the community college class schedule is centered around the understanding that the students work during the day, and more online and evening classes are offered to meet the needs of the students.

The objectification of Brandon is also alienating as he is seen as an outlier, one whose needs are not common enough to be met by the university. “Alienation and reification are the two ideas most commonly associated with critical theory. The former is usually identified with the psychological effects of exploitation and the division of labor, and the latter with how people are treated instrumentally as things, through concepts that have been ripped from their historical context ... [critical theorists] investigated the ways in which thinking was being reduced to mechanical notions of what is operative and profitable ... which turned the individual into a cog in the machine” (Bronner, 2017, p. 4).

These concepts can be understood through the creation of the WU undergraduate schedule of classes, which treat students as things, sources of income. Providing students like Brandon with night classes is simply not profitable as there is a smaller demand from undergraduate students. The schedule is determined by people in places of power, the professors, not by members of the working class like Brandon, who needs more night

classes. Another unintended or perhaps intended benefit to WU is that Brandon's undergraduate education takes longer, meaning he spends more money, which profits WU and its professors. The danger in measuring academic success through on-time graduation rates fails to consider the plight of working-class students who cannot graduate "on-time" because night classes are not offered. Brandon, like all participants, measures academic success by graduating in good academic standing, regardless of how many years it takes him.

Another barrier Brandon faced related to "the psychological effects of exploitation and the division of labor" (Bronner, 2017, p. 4) since WU relies heavily on teaching assistants, who are exploited, making as little as \$4,000 per three-credit course. While \$4,000 per three-credit course is slightly above the national average adjunct pay of \$2,700 per course, it is still not a livable wage (Way, 2018). Due to low wages, it is not uncommon for GTAs to supplement their income by teaching at multiple institutions (Way, 2018). The rise of exploiting teaching assistants and adjunct professors has been well documented throughout educational research (Way, 2018). Currently, roughly half (51%) of all professors are adjuncts or teaching assistants (Way, 2018).

The requirements for graduate teaching assistants (GTAs) are listed on WU's website, which has been omitted to protect the anonymity of the school. WU graduate teaching assistants (GTAs) must attend a six-hour workshop in preparation to teach a first-year undergraduate course. During the six-hour workshop, WU graduate teaching assistants learn how to lesson plan, maintain a classroom, grade assignments, and use the required online classroom technology. WU graduate teaching assistants also take a 700-level teaching course during their first semester teaching. However, WU graduate

teaching assistants can opt out of taking the 700-level teaching course and take a content-specific course within their department.

Training for graduate teaching assistants varies across all four-year universities but typically include one-to-two-day orientation and an upper-level summer course (Reid et al., 2012). Graduate teaching assistants “participate in an intensive August orientation week and take a pedagogy seminar as they begin teaching in the fall semester of their first year” (Reid et al., 2012, p. 38). Research on GTAs has found that “that new classroom teachers spend several years in an *interteaching* mode ... a stage in which a pedagogy learner is forming hypotheses about successful teaching ... and refining his or her practice—with varying degrees of success” (Reid et al., 2012, p. 34). While many GTAs are prepared to teach undergraduate courses, they have differing degrees of success while teaching their first undergraduate courses (Reid et al., 2012). Graduate teaching assistants (GTAs) have also reported that they found teacher orientation and summer pedagogy courses to be ineffective in preparing them for undergraduate teaching (Reid et al., 2012).

“Two types of teachers comprise the supplementary, contingent, or adjunct faculty ranks. The first are faculty who are not permanent members of departments ... often have PhD degrees. The second type of contingent faculty member is a graduate student” (Spalter-Roth & Scelza, 2009, p. 3). While the number of graduate students teaching introductory classes varies by institution, “The mean number of graduate students teaching their own courses was highest at Research I schools,” (Spalter-Roth & Scelza, 2009, p. 3) like Walter University (WU). As enrollment increases at many four-year schools, contingent faculty are increasingly used which affects the quality of education (Spalter-Roth & Scelza, 2009). As one department chair stated, “The

administration prefers we exploit part-timers, but ... we cannot find qualified people to teach part-time ... I have had to get a PhD student for next semester to teach the required stats course” (Spalter-Roth & Scelza, 2009, p. 8).

WU is no exception as it requires all Ph.D. students to teach courses, regardless of their desire to enter the teaching profession. Brandon’s critique of the requirement of all WU Ph.D. students being required to teach is offered in the interview excerpt below. His main concern is that requiring all TAs to teach means that some instruction will come from graduate students with no desire to teach. As a result of being taught poorly by graduate students, Brandon has had to retake at least one of his courses, when it was finally being taught by a full-time professor, and he could finally learn. Brandon described his difficulty learning from teaching assistants, in the following way:

Brandon: I’m taking a math class that is killing me (laughter).

Researcher: What’s challenging? The subject matter or the instructor?

Brandon: I’ve always liked math and I’ve never had a problem with it ... I think part of it might be the instructor. He’s a younger guy, like I get it. I’ve recently found out that like all grad students, or it might be Ph.D. students, have to teach a class. It’s required. Which I think is kind of ridic, like, some people are very smart, but they’re just not cut out to teach. And that’s not against them, but not everyone’s going to be a teacher.

Researcher: Okay, so he’s fresh out of college and still deciding if he wants to be a teacher right?

Brandon: Right.

Researcher: So teaching is kind of like an experiment for him?

Brandon: Yeah and I don’t want to be the guinea pig (laughter).

Researcher: That’s concerning.

Brandon: I just don’t understand why it’s a requirement. A great example is my software design class I’m taking this semester is almost identical to the class I

took last semester. In fact, I want to say it is the exact same class ... In that class this semester I don't have to even show up, except the final if I get a 104. I've understood all the concepts, just breeze through it. And last semester, I mean, I was struggling.

Researcher: Because of being taught by a graduate student?

Brandon: Right. Yeah. The exact same subject matter and everything, and I just could not grasp it last semester when my instructor was a grad student.

Kelsey, a junior at MU, faced barriers to getting academic support since she lost those privileges when she transitioned from student-athlete to student. Kelsey, who is dyslexic, went from having access to priority registration, private tutors, and extra faculty help to being completely on her own as a non-student-athlete. This relates to the critical theory concept of the political and cultural superstructure of society (Bronner, 2017), which posits student-athletes as a more profitable means of capital than non-student athletes and are treated as such. Even with student disability services and the help of the Collegiate Recovery Program (CRP), Kelsey has significantly less support than when she was a student-athlete. In exchange for the free labor Kelsey offered by being part of an unpaid athlete on the sailing team, she was repaid with priority registration, private tutors, and additional help from her professors.

As a student-athlete, Kelsey got to pick her classes before seniors, decided where she wanted to live on campus, had access to private tutors and study guides, and received tailored and more frequent feedback on her academic progress from her professors. Kelsey's experience speaks to the critical theorists' concept of the psychological effects of the exploitation of labor (Bronner, 2017), especially when the benefits of that labor were taken from her so abruptly. The researcher is not taking a position on whether

student-athletes should be paid for their work, merely highlighting the problems that result when the benefits of that labor are abruptly removed.

In Kelsey's words, she felt used by the university, since once they found out she was sober, she was selected for every drug test to prove that student-athletes on the sailing team were drug-free, though she was never once permitted to participate in sailing competitions for the team. Then, when Kelsey chose to leave the sailing team, in part, to maintain her sobriety, all the perks she received as a student-athlete were abruptly taken from her, resulting in a jarring transition that affected her academic performance.

While the issue of whether to pay student-athletes has been an ongoing debate in higher education, "The National Collegiate Athletic Association (NCAA) currently prohibits student-athletes from receiving compensation from non-school-affiliated sources" (Zema, 2019, p. 198). However, "colleges and universities often compensate student-athletes with free tuition, room, board, and other expenses" (Zema, 2019, p. 198).

Student-athletes may also be compensated through *school resources*, such as scholarships; textbook, food, and housing stipends; personal tutoring; priority registration; and personalized academic advising (Zema, 2019). According to one researcher, "Since the university or college provides athletes funding and resources to play collegiate sports, there does not seem to be anything wrong with university's obtaining considerable amounts of the economic rewards associated with their athletes' success" (Zema, 2019, p. 204).

Kelsey stated that she understood this support being ripped from her because she was no longer an asset to the school. Kelsey describes her academic struggles after she lost her student-athlete status in the following way.

Researcher: Are there any other academic policies that help students like you succeed?

Kelsey: I don't know. I was a student-athlete for a while, so obviously they have better accommodations for student-athletes than they do for regular folk.

Researcher: When you say better accommodations, do you mean in terms of schedule and housing?

Kelsey: Better scheduling ... Their academic advisors are solely for the teams, so there are a lot less stressed. They're a lot better acquainted. They know the NCAA standards and everything, whereas the regular academic advisors, they have like hundreds of kids. So obviously, they're not going to be good. And ours are like super approachable, and the student-athlete place, you check in with them very frequently. They have open communication with your professors, so they know when you're not doing too great.

Kelsey: They have study hall hours, where you have to sign in and study. They have people monitoring it, so you're not on Facebook™. They have private tutoring. They're in contact with your coaches, so your coaches know how you're doing academically. We make a lot of the money for the school and get a lot of business to it, so they're going to prioritize them more than like a regular student.

Researcher: Yeah, I was on the soccer team my freshman year, and we had priority scheduling, housing, tutors. And then I got injured, and I was just a regular old college student. And I was like-

Kelsey: That transition is wild!

Researcher: Yeah, it was insane.

Kelsey: Because your hand is being held the entire time from the second you step on campus, and then suddenly it's like, "wait, what am I doing?" (laughter).

Researcher: Tell me about that, the transition from student-athlete to student. Do you feel like you lost support?

Kelsey: Definitely. I lost a lot of structure too because I had practice with workouts in the morning ... It's weird to go from like practicing every day and traveling to just going to class. I think that has played a big factor in my grades not being too good recently. I'm in charge of my own time now, which had never really been a thing ... When you're an athlete, the only free time you have is after practice. You have to do homework because you get ridiculed by your academic advisors and coaches if you don't do it well. So you really don't have much of your own time, so then I think now suddenly I have all of this free time. It's cool, but I don't know what to do.

Theme A. Barriers Faced by Students in Recovery

Subthemes: Lack of sober spaces; Triggers on campus; Technology and drug delivery systems

AJ faced barriers to studying for final exams due to the constant access to illicit substances at WU. AJ went to an off-campus final exam study group, sponsored by students in the engineering department when students pulled out drugs and began using in front of him. AJ later relapsed and ended up passing most of his final exams. Though AJ does not outright blame the school for his relapse, his experience speaks to the theme of constant access of illicit substances that all eight participants mentioned as a catalyst for substance use and misuse. Seeing other college students use drugs while studying for final exams was triggering to AJ as it normalized illicit drug use. AJ described his barriers to education and his relapse in the following way:

Researcher: We covered all the interview questions. Anything else you'd like to add?

AJ: Yeah, I experienced a relapse three days ago. I started having using thoughts after Thanksgiving because people were drinking and partaking in drugs. I isolated myself for two days and then I went to a meeting. When the week started, I decided to study with the people on campus, and they invited me to their apartment. After the homework, they started passing out dab pens (see Appendix B) and stuff like that, and I left. I didn't use at that point ... When I hung out with my friends in recovery, I was fine. I went to a meeting and then all of a sudden, I had an impulsive thought to use and I used. I had a bad experience. I went to my drug of choice [heroin]. I could have been dead and I wasn't. I came back to the [12-step] rooms and I picked up a white chip yesterday. I have three days clean now.

AJ's experience speaks to the critical theory concept of alienation as he stated he felt different than the other students. If they could celebrate studying for final exams with illicit drugs, why could he not do the same? AJ also stated he felt uncomfortable asking other students not to use illicit drugs in front of him, a sentiment echoed by other

participants such as Laura and Drew. Laura and Drew, who are both WU students who live off-campus with roommates who engage in underage drinking and illicit drug use, stated they also feel alienated when they are the only people not using. As critical theorists posit, alienation has serious psychological effects (Bronner, 2017). Research is permeated with studies of the Other, where individuals feel dehumanized and set apart from society (Schwandt, 2015).

“Although recent confessional modes of ethnographic writing ... attempt to treat so-called informants as ‘participants’ in attempt to avoid the objectification of ‘the Other’ (usually referring to the relationship between Western anthropologists and non-Western culture), there is a risk that ... structures of domination may, in fact, unintentionally validate and consolidate such structures” (Denzin & Lincoln, 2013, p. 357). That is to say that while critical ethnographic research, like any other type of research paradigm is not perfect, an attempt should still be made on the part of the researcher to avoid objectifying participants as knowing subjects (Denzin & Lincoln, 2013). It is the goal of the researcher to engage in critical reflection on one’s own self-understanding, and not contribute to the Othering, or objectification of participants (Denzin & Lincoln, 2013).

The sentiment of feeling like “the Other” or “not normal” is echoed by students in addiction recovery, as many have stated they feel like outsiders in both the recovery community and the university community. Participants who stated they feel like outsiders in the recovery community have described this feeling in part because they are much younger than the average individual in recovery communities such as 12-step programs like AA and NA. Participants who stated that they felt like outsiders in the university community, described this feeling because they are no longer members of a substance-

based peer group. Further, participants who felt like outsiders in the university community, felt a lack of belonging due to their decision to leave university subcultures such as Greek Life, student-athletes, and students living on-campus. This feeling of being an outsider echoes Kelsey's previous statement that when she stopped being a student-athlete she was just a "regular" student, one not deserving of academic support.

AJ, like many other participants, stated he just wanted to feel "normal," which in this case means being a college student who can casually use illicit drugs then return to studying. The superstructure of higher education society can make students like AJ feel like an outcast because he does not want to drink or use illicit drugs. Although AJ went to Narcotics Anonymous (NA) meetings for help, he did not receive the care he needed due to NA's outdated literature and misunderstanding of the modern college drug epidemic. The 12-steps upon which AA and NA are based were written in the early 1900s, estimated to be around the 1930s (AA, 2019). The 12-step program has not been updated to reflect the current drug epidemic, which has changed in two major ways, ease of access and use. Though NA sponsors did their best to help AJ, people in the 12-step community tend to be older and thus less familiar with the current drug epidemic's ease of access and use.

Specifically, AJ's NA community assumed that illicit drugs are difficult to come by, thereby giving AJ advice predicated on the notion that he would have a week or so to fend off any drug cravings. However, with the advent of social media sites like Facebook™, AJ was able to get heroin within minutes. Twelve-step literature, meetings, and advice have failed to keep up with the effects of social media on the current drug epidemic. Critical theorists would call this failure in policy a fixed system of thought,

which by definition means, a system of thought that does not change based on nuances of modernity (Bronner, 2017).

“Critical theory insists that thought must respond to new problems and the new possibilities for liberation that arise from changing historical circumstances” (Bronner, 2017, p. 3). In this instance, changing historical circumstances, such as the ability to get any illicit substance through social media within minutes, needs to be incorporated into the 12-step program. NA members told AJ he had a week to think about whether he would use heroin, based on their preconceived notions that existed prior to social media. Common 12-step advice, which was given to AJ, is to delete all contacts such as people who use/sell illicit substances from their phones, forgetting that phone numbers are not integral to modern communication. Even without social media, all eight participants have stated that they could obtain any substance, same day, from either institution, whether at MU or WU.

Not only are illicit substances quickly obtained through social media, but sites like Facebook™ also use data mining to match and suggest “friends” based on their behaviors such as browser history and words used in private messaging (Kim, 2017). This means that if a student like AJ uses his phone to find recovery resources like a local NA meeting, Facebook™ will recommend “friends” that sell illicit drugs. Facebook™ can target people in addiction recovery and match them with nearby drug dealers.

AJ described the intersection of technological advance and the drug epidemic in the following way:

Researcher: When you relapsed, how were you able to just get access to that?
Was it through classmates?

AJ: No, just people on Facebook™ I knew from NA.

Researcher: So it sounds like you may have deleted their phone numbers?

AJ: Yeah, but you just search them back up, and they'll respond (laughter). So that's why I might have to stay away from social media for a while.

However, AJ is reluctant to delete his social media, because that is how he gains access to people in his collegiate recovery program (CRP). Without Facebook™, AJ may not know when on-campus recovery meetings are and lose access to much-needed support for his recovery. Illicit drugs can be obtained 24 hours a day, seven days a week, as long as students know how to get them, a process made easier by the online sale of illicit drugs (“Drugs on Social Media” 2020).

But with Facebook™, AJ is constantly reminded that he can obtain substances like heroin within minutes. AJ described this problem in the following way:

AJ: If I deleted Facebook™, I'd lose access to people in recovery, so it's complicated. But social media is definitely a trigger. Because there's signs, there's advertisements about marijuana being legalized and just alcohol ads pop up. So those demographics that... I feel like they know, how everyone knows I'm an addict and just-

Researcher: Data mining?

AJ: Yeah. Facebook™ has access to all our data, and they sell it to third party organizations. That's how those ads come up ... So I think I'll delete Facebook™.

Researcher: Are you worried it might be isolating if you get off Facebook™?

AJ: Yeah, yeah. That's the only thing.

Researcher: So it sounds like a double-edged sword, like damned if you do.

AJ: Yeah, maybe in early recovery, I'll stay off Facebook™. I'm a couple days clean. Once I, I guess, having more experience and... Well, I don't know how my future is going to be right now. Maybe when I pick up more time, I'll feel more comfortable. Maybe create a new Facebook™. Just delete the one I have.

Researcher: That'd be a good idea.

AJ's relapse is heartbreaking. He was just trying to study for final exams. He reached out for help and did not get it. But as heartbreaking as this story is, it is not uncommon. A student goes to a study group, other students use drugs, the student goes to a 12-step meeting where he is given outdated advice, then the student obtains drugs through social media and relapses within minutes. Fortunately, AJ did not overdose from his heroin relapse, though he stated, "I could have died."

The researcher interviewed AJ for the third and final time a month after his relapse for the photo-elicitation interview. In photo-elicitation (PE), participants were asked to take up to five photos over winter break that represented low points in their recovery or triggers to their recovery. Photo-elicitation (PE) has the benefit of adding a layered experience of interpretation and allowing the researcher to triangulate themes across the literature, interview data, and photos (Rose, 2016). As interviews rely on human memory, which is fractured and at times, unreliable, PE permits participants to visually document their surroundings and later speak of emotions it elicited for them (Rose, 2016).

During the third interview with AJ, a month after his relapse, AJ shared photos from his family vacation in New York which was a stressful time for him. AJ described what his lived experience was in the month following his relapse as he was on vacation with his family in New York. The PE was especially helpful as there were no interview questions asking students about what it was like to relapse or what challenges they might face following a relapse. AJ shared a selfie he took in an empty hotel room one morning in Brooklyn, New York. While on vacation, the rest of AJ's family was out exploring the sights of the city and AJ stood in front of a hotel mirror, confronting the events that led

up to his relapse. While his parents were enjoying their winter vacation, AJ faced his reflection, showing his disheveled hair, wrinkled clothes and exhausted look on his face.

This data point addresses the research question, what barriers do students in recovery face?

Theme A. Barriers Faced by Students in Recovery

Subtheme: Mental Health Concerns

AJ, who has Depression and at times, symptoms from Drug-Induced Schizophrenia (See Appendix B) had trouble dealing with a wide range of emotions following his relapse. AJ described his struggle the month after his relapse in the following ways.

Researcher: You're just going to show me the photo and tell me what's in it, and then just what emotions it brings up.

AJ: This was at the hotel. I was feeling down and I woke up in the morning, I just took a selfie with my coffee and me. This is Starbucks. It's downtown Brooklyn ... You can tell I'm in a bad mood. (laughter).

Researcher: Tell me what time of day it was and what you were feeling.

AJ: It was morning, around 9:10am ... I was feeling depressed, anxiety, like, I don't want to be around my family so I just took a shower, went downstairs and got some coffee and just chilled in the lobby. (laughter).

Researcher: Was there anything that led you to feel that way or you were just feeling that way?

AJ: I was just feeling that way, and, this is ... not even a month after I relapsed. I relapsed on December 3rd and I came back December 5th, and I was still feeling this rollercoaster of feelings ... During that time, it was just sporadic. My mood would go all over the place. Angry, sad, lonely, depressed, isolated and irritated, all those emotions coming at once ... Living with my family was really stressful and going on vacation with them just added more stress. I tried to take any chance to be away from them.

Theme A. Barriers Faced by Students in Recovery

Subtheme: Mental Health Concerns

Calvin faced barriers to completing his coursework as a result of insufficient mental healthcare. Calvin had an adverse drug reaction to Adderall, which he had been incorrectly prescribed, leading to a mental breakdown and suicidal ideation. Calvin was hospitalized and was on medical leave during the final interview in the spring semester. Like AJ, Calvin expressed that he was not getting the mental healthcare he needed, because of the lack of psychiatrists and psychologists trained in dual diagnosis. Mental health professionals trained in dual diagnosis are qualified to treat patients with mental health disorders and addiction. All eight participants have to seek professional help for their mental health and addiction off-campus, as university health centers do not have professionals trained in dual diagnosis.

Calvin had a painful experience during his hospitalization as the mental healthcare professionals in the emergency room (ER) were not trained to understand what a mental breakdown looks like and assumed Calvin's behavior meant he was misusing prescription drugs. Calvin has ADHD, anxiety, and bipolar disorder and has been struggling to find a professional who is trained in dual diagnosis. Even though Calvin is clean and sober, he was not treated as such while at the hospital. Calvin was having an adverse reaction to a medication and no one believed him. As a patient with very little rights compared to those in power, the doctors and nurses, Calvin had to fight to advocate for himself. During a complete mental breakdown, he was forced to launch a convincing rhetorical argument as to why he should be treated like a human being. The doctors refused to believe Calvin was not misusing Adderall because it did not fit their narrative

of young adults who visit the emergency room. Even though Calvin has years of sobriety, the very mention of Adderall got him labeled “an addict” by the emergency room staff instead of a patient having an adverse reaction who never should have been prescribed Adderall in the first place. The doctors only conceded that Calvin was clean when a blood test confirmed it. Calvin described this experience in the following way:

Researcher: Are you comfortable talking about your time in the hospital?

Calvin: Yeah. It's fine.

Researcher: Was it related to recovery? Mental health?

Calvin: Mental health and medications ... I just had a huge mental breakdown and I was talking about suicide. I called my psychiatrist at 10:30 at night just sobbing and having a bipolar manic depression episode which was sparked from the Adderall. When I got to the hospital, the nurses and the doctors thought that I had abused the Adderall ... I said "No, I take this as prescribed. I take ten milligrams in the morning and five at lunch."

Researcher: How did it feel to be accused of that?

Calvin: It was really, really shitty ... And I mentioned that. I was furious at the doctors and I got really poor health care at that hospital.

Researcher: I'm sorry you went through that.

Calvin: Yeah, it's okay. I mean it wasn't traumatic, but it was just frustrating.

Researcher: Yeah it sounds really tough, though.

Calvin: Yeah, I ended up screaming at the doctors one morning and I let them know because they didn't have my medicine available for me one night. I said, "How can you not have a popular bipolar medication available (laughter) and in your pharmacy?" I explained that it was a joke being treated there and then I was out for about a week and then I started to have severe, severe mood swings. My psychiatrist, the one I normally go to, he got me on mood stabilizers ... So I was taking almost a toxic level of mood stabilizers and it didn't do anything.

Calvin: I just said, "Hey, we're going to go get readmitted to the hospital and get this done. Easy way. We're going to go to another hospital and I'll stay there for the weekend. They can control my meds, they know what I'm doing." And I had a

schedule each day of like, this is group, this is free time, this is lunch. Everything was on a schedule. So I think that really helped me a lot.

Researcher: So it sounds like at the second place you got a better level of care?

Calvin: Yeah, it was one of the best psychiatrists I've ever seen.

Researcher: That's great.

Researcher: And the psychiatrist you liked, he took you off the Adderall?

Calvin: They took me off the Adderall in the hospital and then they put me on blood pressure medicine that helps me sleep and helps with anxiety and ADHD and I've noticed it's working wonders so-

Researcher: That's good. So you've been sleeping better?

Calvin: Yeah.

Researcher: That's good. So when you were in the hospital, why were they accusing you of abusing Adderall? They just didn't believe you or they didn't know you were having an adverse reaction to the Adderall?

Calvin: Yeah, I mean I told them when I first went. It was a Thursday night and I was very out of control. Like one minute I would be crying, the other second I would be cracking jokes. They didn't know until they took blood tests that I wasn't under the influence. They thought that because I was stable so quickly, I was abusing Adderall.

Researcher: That sounds really scary. Are you still feeling suicidal?

Calvin: No.

Conclusion

This chapter included findings from this critical case study which purpose is to authentically represent the lived experiences of college students in addiction recovery. One-on-one interviews and photo-elicitation are the main data collection methods used to truthfully tell the stories of the study participants. Interview questions (See Appendix A) have been generated to answer the study's main research questions:

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

As described in Chapter 3, Methods, critical ethnographic case study was used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population were described to share their experiences and work towards better policy solutions to the U.S. college drug epidemic.

The researcher believes that a better understanding of the phenomenon, college students in addiction recovery, allows higher education administrators, educators, researchers, and student affairs professionals to operate from a more informed positionality on the needs of college students in addiction recovery. Research of this population has been largely conducted by quantitative researchers, so there is a gap in the literature from critical ethnographers on college students in recovery.

Eight participants were included in the study, four from Middletown University's CRP and four from Walter University's CRP. All four participants from WU's CRP attend WU and three out of four participants from MU's CRP attend MU. Calvin, a

member of MU's CRP, attends a nearby public college. The participants (pseudonyms) are AJ, Brandon, Calvin, Drew, Kelsey, Laura, Tyler, and Xerxes.

The major findings surfaced from this study:

1. Most participants stated that on-campus party culture did not *cause* their addiction but that living on-campus greatly increased AOD access.
2. All eight participants are members of at least one high-risk group, students with on-campus living experience (NIH, 2015).
3. Most participants had negative experiences in their recovery communities.
4. None of the participants (0%) feel comfortable living on-campus dorms as they maintain their sobriety.
5. All eight participants at MU and WU expressed the benefits of the CRPs.
6. All participants expressed appreciation for CRP Directors at MU and WU.
7. All eight participants stated they benefitted from being in a CRP. They had several great ideas for building their own CRCs with sober living options.
8. Seven of eight participants have one or more mental illness with three participants expressing suicidal ideations at some point.
9. All eight participants were unaware of university policies to deter students from AOD use.
10. Most students did not get into legal trouble for substance use for roughly two or more years in their history of addiction.
11. All eight participants stated their academic goals for college were to graduate and five participants stated their GPA was part of their goals.

12. All eight participants stated that they were overwhelmed but did not seriously consider withdrawing from college.

13. All eight participants stated they faced unique barriers to their education.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this critical case study was to authentically represent the lived experiences of college students in addiction recovery. One-on-one interviews and photo-elicitation (PE) were the main data collection methods used to truthfully tell the stories of the study participants. The study included eight participants from two different Collegiate Recovery Program (CRPs) at two public, four-year undergraduate institutions on the east coast.

The purpose of this research was to gain a better understanding of the lived experiences of college students in addiction recovery in the absence of sober housing. This research was used to generate a greater depth of understanding into the barriers faced by this student population, the support these students had through CRPs, the role of on-campus culture in the college drug epidemic, and the ways this population defines academic success and achievement. Additionally, this research was conducted to provide participants with a space to generate policy recommendations to better help future generations of college students in recovery.

This research served to fill a gap on college students in addiction recovery, especially from a qualitative perspective. Qualitative traditions critical ethnography and phenomenology were utilized to thoroughly investigate and co-create narratives with research participants. Research of this population has been largely conducted by

quantitative researchers, so there is a gap in the literature from critical ethnographers that seek to complicate and interrogate current drug treatment for college students. Even with a wealth of quantitative data on the issue, “Few longitudinal studies have examined the relationship between illicit drug use and academic outcomes among college students” (Arria, et al, 2013, p.1).

This chapter includes a discussion on the interpretation, analysis, and synthesis of findings as related to the literature on college students in addiction recovery and collegiate recovery programs (CRPs). Additionally, this discussion includes emergent patterns from the study findings, limitations of the study, conclusions, areas for future research, and actionable recommendations.

This chapter includes discussion and future research possibilities that helped answer the study’s main research questions:

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Research Sites

The research sites were Middletown University (MU) and Walter University (WU). Both four-year schools are public, predominantly white institutions (PWIs), with on-campus housing, and a coeducational population. The Walter University (WU) population is roughly 30,000 with an estimated 25,000 undergraduates. Middletown University (MU) is a public liberal arts college which population is roughly 11,000 with an estimated 10,000 undergraduates. Neither institution has university-sponsored sober housing. Participants were selected using purposive sampling (Glesne, 2016). Each institution has the following groups who are vulnerable to AOD and at the highest risk of addiction: Greek Life (fraternity and sorority members) (Capone, 2007), student-athletes (Yusko et al., 2008), on-campus residents, and students with mental health concerns (Jeffries et al., 2016),

Participants

To be eligible for the study, participants had to be at least 18 years of age, in recovery from a substance use disorder (SUD), have undergraduate student status, on-campus living experience, and enrolled in either MU or WU's collegiate recovery program (CRP). Participant ages ranged from 20 to 28 years old. Four of eight participants are 25 years of age or older due to participants taking time off from higher education and/or transferring institutions. As explained earlier in finding 8, all participants took time off from higher education to enroll in inpatient addiction treatment, intensive outpatient treatment (IOP), or hospitalizations. All participants self-identified as cisgender and heterosexual and all but one participant self-identified as white with one participant self-identifying as Southeast Asian-American. Participants were assigned

pseudonyms or permitted to create their own. Four participants from MU were Calvin, Kelsey, Tyler, and Xerxes and four participants from WU were AJ, Brandon, Drew, and Laura.

Each of the eight participants were interviewed three times. Semi-structured interviews ranged from 45 to 60 minutes and were conducted one-on-one. As described in Chapter 3, Methods, critical ethnographic case study was used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population were described to share their experiences and work towards better policy solutions to the U.S. college drug epidemic.

The researcher believes that a better understanding of the phenomenon, college students in addiction recovery, will allow higher education administrators, educators, researchers, and student affairs professionals to operate from a more informed positionality on the needs of college students in addiction recovery. Interview data were coded, analyzed, and organized thematically. Emergent patterns and subcategories were guided by frameworks of critical ethnography and phenomenology as described in Chapter 3, methods. The type of case study used in this study is explanatory, as the researcher sought to explain how a condition or phenomenon exists and pursued claims of correlational relationships through etic data collection (Yin, 2014). The main findings of the study were supported by direct quotes from participant interviews, but case studies are generalizable only to theoretical propositions, not populations. The case studies do not represent a sample but rather, they represent data that can be applied to theory.

Analysis, Interpretation, and Synthesis of Findings

Analytic categories are systematically aligned with the research study questions. Main findings are divided into analytic categories to see whether these findings corresponded to, deepened, or contradicted findings from other studies on college students in recovery as defined by the literature in Chapters 1 and 2, the literature review. The previous chapter, Chapter 4 findings, included the major findings of the study, supported by direct quotes from research participants in the form of interview transcripts. The purpose of this chapter is to provide an in-depth analysis of the study's major findings, limitations of the study, conclusions, areas for future research, and actionable recommendations. This chapter takes into consideration research on students in addiction recovery and interrogates the researcher's initial assumptions based on other studies on college students in recovery.

The previous chapter analyzed the following major findings:

1. Most participants stated that on-campus party culture did not *cause* their addiction but that living on-campus greatly increased AOD access.
2. All eight participants are members of at least one high-risk group, students with on-campus living experience (NIH, 2015).
3. Most participants had negative experiences in their recovery communities.
4. None of the participants (0%) feel comfortable living on-campus dorms as they maintain their sobriety.
5. All eight participants at MU and WU expressed the benefits of the CRPs.
6. All participants expressed appreciation for CRP Directors at MU and WU.

7. All eight participants stated they benefitted from being in a CRP. They had several great ideas for building their own CRCs with sober living options.
8. Seven of eight participants have one or more mental illness with three participants expressing suicidal ideations at some point.
9. All eight participants were unaware of university policies to deter students from AOD use.
10. Most students did not get into legal trouble for substance use for roughly two or more years in their history of addiction.
11. All eight participants stated their academic goals for college were to graduate and five participants stated their GPA was part of their goals.
12. All eight participants stated that they were overwhelmed but did not seriously consider withdrawing from college.
13. All eight participants stated they faced unique barriers to their education.

Upon analysis within each case and across cases, major analytic categories were generated to answer the study's main research questions. The analytic categories are as follows:

Analytic Category 1: Everyday experiences of college students in addiction recovery

Analytic Category 2: How college students in recovery describe academic success and educational attainment

Analytic Category 3: Barriers faced by college students in recovery

Analytic Category 4: Role of on-campus living culture and the college drug epidemic

Analytic Category 5: Essential role of CRPs in the social and academic success of students in recovery

Analytic Category 1: Everyday experiences of college students in addiction recovery

Research question 1 was, what is the everyday experience of college students in recovery? According to the literature on college students in recovery, due to peer pressure, binge drinking, and exposure to drugs, college students are in danger of developing an addiction (DePue, 2015) to alcohol and other drugs (AOD). *Recovery* can be defined as a process by which an individual decreases the use of a substance, eventually quits using the substance altogether, and sees noteworthy improvements in terms of healthy functioning and quality of life (SAMSHA, 2011).

Findings from the study that correspond with those stated in the literature review are the representation in the presence of high-risk subpopulations among the research participants. All eight participants were members of at least one high-risk group, students with on-campus living experience (Jeffries et al., 2016) as that was one of the eligibility requirements for being in the study. Six participants were members of at least three high-risk populations. Seven participants were members of the high-risk group, students with mental health concerns (Jeffries et al., 2016). Five participants were members of the high-risk population, Greek Life (Capone, 2007).

While it is not the intention of qualitative research to predict or generalize, the five participants who were members of Greek Life stated that they found fraternity and sorority life to be synonymous with party culture. All five participants who were former members of Greek Life choose to leave those communities motivated, in part, to maintain their sobriety. Participants who were in Greek Life stated that they were unaware of any

other benefits to Greek Life other than access to alcohol and other drugs. Participants from sororities and fraternities stated that their Greek Life dues were described to them like getting a wrist band at a festival. Paying dues at the beginning of a semester merely ensured unfettered access to substances during their time in Greek Life.

Findings that deepened the understanding of the party culture within Greek Life include statements by participants that hard drugs like cocaine were normalized within Greek Life culture. Many research studies have found a higher prevalence of marijuana (Bell, 1997) and ecstasy (MDMA) (Strote, et al., 2002) use among members of Greek Life (McCabe, et al., 2004). This trend is especially dangerous as college students are already a population with high alcohol consumption, as college students drink significantly more than their peers (Bachman et al., 2001).

College students who are the heaviest drinkers are overrepresented in Greek Life (Wechsler et al., 2002). While roughly 40% of college students engage in heavy drinking (Johnston et al., 2004), national trends of heavy drinking among Greek Life members are higher at (65%) (Wechsler et al., 2002). At an even greater risk of substance use and misuse are Greek Life members who live in a fraternity or sorority, where roughly 80% engage in heavy episodic drinking (Wechsler et al., 2002). Additionally, Greek Life students have higher rates of driving under the influence, missing class because of hangovers, and higher rates of alcohol consumption, often coming to class still drunk or high (Cashin, et al., 1998). Students who are members of Greek Life tend to have a history of heavy drinking prior to college and gravitate towards Greek Life organizations known for excessive substance misuse (McCabe, 2004).

Findings that contradicted patterns from the literature on the lived experiences of college students in recovery include a misplaced focus on the notion of *peer pressure*. Out of eight participants, only one participant stated he felt explicit peer pressure to use substances during his time in college. Many participants stated the pressure they felt came from the culture of the college campus or college town. Seven of eight participants stated they felt peer pressure was a good thing, as they felt peer pressure *not* to use substances while in the recovery communities of CRPs. Though literature on the college drug epidemic repeatedly stated peer pressure as a major contributing factor to substance misuse (Schulenberg, 2002), that was not illustrated in the study's findings. One participant, Drew, a senior at WU, is the only participant who stated he faced peer pressure to drink in a college setting. Drew described this peer pressure in the following ways.

Researcher: How has it [recovery] been with your roommates that still drink and smoke?

Drew: So the one I have gotten super close with, he was like, "What's going on? Are you done drinking forever? What's up?" And I just told him, I'm like "No man. I'm just really happy with what's going on right now. I'm just taking a good break from drinking."

Drew: He's like, "What the hell are you doing? It's senior year. You got to take advantage of this. Why are you not going out? ... Once you're done with this, we're going out. Once you're done with this break, I'm pouring shots down your throat."

Researcher: Wow.

Drew: And I'm just like, "Fuck."

Drew, a senior at WU, lives in off-campus student housing, which means there are no residential advisors or supervision. During the photo-elicitation process, participants were asked to take pictures of their surroundings during low times in their recovery.

Participants were instructed to take pictures of triggers on and near campus that presented threats to their sobriety. Similarly, participants were instructed to take pictures of their surroundings when they were feeling emotionally low or were struggling with their recovery. However, participants were also told to avoid taking pictures of illegal activity. In his third interview, Drew shared that he struggled to take pictures of his living space as every corner of his apartment had some form of illicit substance in it.

Researcher: Now we're going to move on to the photo-elicitation. I'll just ask you to tell me just what's in the photo, what it represents to you, and if there's any emotions that come along with it.

Drew: The first one is right here [shows a picture of his living room] ... I'm sitting on the couch and I was just by myself, and I just was in a bad head space and just feeling anxious, and I don't know, just not great. I didn't make it in the picture, but in the corner (laughter) is the bong ...

Researcher: So you couldn't get pictures of your living space without illicit substances?

Drew: No, I mean, it's everywhere ... There's a sign that says, "Rehab is for quitters."

Drew appeared to be the outlier as the other seven participants stated they did not feel any peer pressure to use substances. On the contrary, students felt more peer pressure from their recovery communities to attend meetings, abstain from alcohol, and maintain their sobriety. Xerxes, a senior at MU, stated she was merely unaware that there were college students who did not drink or use other drugs. Xerxes stated she did not feel peer pressure to use substances like seven of the eight participants. She described this lack of peer pressure in the following way.

Researcher: What is your everyday experience like as a student in recovery?

Xerxes: You know, it's funny because when I was in school before, this was before I got sober, I didn't realize that there were people that didn't do drugs and

didn't drink ... now I don't know anyone who drinks or does other drugs ... I don't know if that answers your question.

Researcher: It does.

Xerxes: I feel like I should say like, "Ooh, there's peer pressure." But there isn't ... Most of my drinking was alone and other people just slowed me down.

Analytic Category 2: How college students in recovery describe academic success

and educational attainment

Only 50% of first-year students attending 4-year institutions graduate in six years (Arria et al., 2013) and students in recovery graduate at a lower rate (Arria et al, 2013). According to the literature, students in recovery stated graduation and maintaining a good GPA within their definitions of academic success (Finch, 2007b). The only difference between how students in recovery defined academic success was that maintaining sobriety was part of it (Finch, 2007b). The literature corresponds with the study findings as all eight participants stated their academic goals for college were to graduate and five participants stated that their GPA was part of their academic goals.

Five participants stated that their GPA was part of their academic goals. All eight participants stated their definition of academic success focuses on graduation. AJ, Brandon, and Laura wanted to get a GPA of 3.0 or higher whereas Calvin and Kelsey wanted to maintain a "C" average or higher. Academic retention and graduation are not concerns of the recovery community (12-step meetings) and substance use has been proven to affect student retention and graduation rates (Finch, 2007b). Many students are forced to choose between staying sober or graduating as college campuses pose a threat to maintaining sobriety (Finch, 2007b).

Struggling to pass their classes and maintain GPAs has been well-cited throughout literature on this population as problems faced by students in recovery (Finch, 2007b). This pattern was supported by the experiences of all eight participants, who all stated they were overwhelmed by their coursework and concerned about their GPAs and graduation.

Analytic Category 3: Barriers faced by college students in recovery

Only one participant, AJ, a senior at WU, stated he faced barriers to education related to his recovery. Though AJ was able to pass all of his classes from the fall 2019 semester and transfer to the school of engineering, he faced a significant setback during final exams when he relapsed. What was consistent with the literature review is that students in addiction recovery are in one of the most dangerous settings for someone trying to maintain sober, a college campus. College students are one of the highest risk population for substance use disorders (SUD) where they become addicted to substances that affect their daily lives (CASA, 2007).

What was contradictory to the literature review on the college drug epidemic was significant research on the role of social media and the sale of illicit substances. Nowhere in the literature on this population was social media even mentioned in terms of access, sales, and use of illegal substances. Social media platforms presented a huge setback to AJ, who relapsed on heroin, during final exams. Social media, where students at both MU and WU go to see where their recovery meetings are, is also a platform used by drug dealers to move their products. AJ experienced a major setback when he saw students using illicit substances at an off-campus final exam study session for students in the engineering department at WU. While AJ went to a Narcotics Anonymous (NA) meeting,

he was given outdated advice that he would have weeks to think about whether he wanted to use. As stated earlier in the findings chapter, AJ was merely told to delete phone numbers of people who use and sell drugs, a gross misunderstanding of modern communication.

Two participants, both from MU's CRP, Calvin, a freshman and Kelsey, a junior ended up failing all of their classes for the fall semester of 2019. However, points where the findings contradicted the literature on why college students in recovery have trouble passing their classes, were seen in the reasons why these two students failed their classes.

While the literature states this student population has trouble passing their classes because of their addiction recovery (DePue, 2015), Calvin and Kelsey failed their fall semester classes for reasons unrelated to their recovery. Kelsey, a junior at MU, failed her semester classes due to her learning disorder, dyslexia, and the sudden loss of support when she transitioned from student-athlete to "normal student." Kelsey described her inability to pass her classes in the following way.

Researcher: Did you pass most of your classes last semester?

Kelsey: None ... I've never really had to study in high school, which is a problem now, because I'm street smart, I guess is what they call it, but I think differently than how they teach things in class. So in high school I wouldn't go to class and then just figure it out ... Whereas coming here, if you weren't in class and you weren't studying and you weren't putting in a 110% of effort, you were going to get a "F" on the test.

Calvin, a freshman from MU's CRP, failed his fall semester classes due to mental health concerns and his lack of appropriate mental healthcare. Calvin, who has ADHD, anxiety disorder, and bipolar disorder, experiences suicidal ideation and has had trouble finding the right medications for his mental illnesses. Calvin has been hospitalized for suicidal ideation at least three times during data collection.

Since the completion of the study, Calvin is currently on medical leave due to ongoing mental health concerns, the most salient being his struggle with suicidal ideation.

Calvin described his struggle with his mental health in the following way:

Researcher: Last time we had spoke you had some suicidal thoughts. Have you had any since we spoke?

Calvin: I did have one [suicidal] episode where I was back in the hospital and that kind of triggered the whole taking a break from school and saying like, "All right, I got too much on my plate." Then I did like kind of reel it down a little bit. I also changed therapists, which was a big move because I've been seeing the same one for three years. She has been super helpful to me.

Analytic Category 4: Role of on-campus living culture and the college drug epidemic

At colleges and university campuses across the country, drug use continues to go undetected, suggesting an underlying problem that remains a threat to students' educational and occupational goals (Palmer et al., 2012). Despite the increased attention given to alcohol prevention among undergraduate students, little is known about AOD use on campus (Palmer et al., 2012).

Among students who self-reported drug use, 44% admitted to driving under the influence of drugs, one-third stated an obsession with drug use, and one fourth had taken more drugs than planned (Palmer et al., 2012). Nationally, "Half of all full-time college students (3.8 million) binge drink, misuse prescription drugs and/or misuse illegal drugs. Almost one in four of the nation's college students (22.9 percent, some 1.8 million) meet the medical criteria for substance misuse or dependence, two and a half times the proportion (8.5 percent) of those who meet the criteria in the rest of the population" (Califano, 2007, p. 16).

Finding 1 was consistent with the literature in that the majority of participants stated that on-campus party culture did not *cause* their substance use disorder (SUD) but

they stated that living on-campus greatly increased their access to a wide variety of substances that were not available before college. Most participants still live in off-campus housing where they are offered alcohol and other drugs on a nearly daily basis. Most participants stated their motivation for moving off-campus was related to maintaining their recovery.

Finding 4 deepened the understanding of the literature on the role of on-campus party culture and drug use in that none of the participants (0%) felt comfortable returning to live in on-campus dormitories as they maintained their sobriety. Most participants, five out of eight, lived off-campus where other students still engage in underage drinking and illicit drug use. Two participants had roommates who engage in underage drinking and illicit drug use and are offered these substances multiple times a day, every day. Two WU participants, Laura and Drew, lived in unsupervised off-campus housing chose to do so because it made them “feel normal.” By the end of the study, both Laura and Drew stated that they wished they had sober housing, a reversal from their initial interview when they did not see it as a direct threat.

What was most surprising in the findings was just how rampant college drug culture was on campus at both MU and WU. While it has been noted anecdotally by the researcher that some residential advisors use and sell illicit substances, it was shocking to find out that all eight participants (100%) had residential advisors (RAs) that both used and sold drugs at some point. At several points during data collection, the researcher found vials of cocaine present at WU’s campus, near the library, near on-campus dormitories, and in off-campus student housing. It was also surprising to learn that public

safety officers at both MU and WU took no action to prevent or report illicit drug use on campus.

As MU junior, Kelsey stated, “I mean, coming into college, I was like, ‘Oh my god, the RA's going to be hard asses. I'm never going to get away with anything, and Public Safety's at the front desk after 11, and never going to get away with anything.’ But as long as you can stand up, and swipe your card by yourself, Public Safety doesn't care.” Finding 9 also supported the role of on-campus drug culture with usage rates in that, all eight participants were unaware of university policies in place to deter students from drinking and using illicit drugs. Most participants had residential advisors that engaged in underage drinking, illicit drug use, the sale of illicit drugs, or all of the above. A few participants at WU stated that the school did a good job promoting sober events but that the culture of the school made students feel like outcasts if they attended these events instead of drinking and using other drugs. One participant from MU, Xerxes, stated that the lack of a 24-hour library spread the message of a pro-partying culture and was not supportive of students like her who wanted to study on the weekends.

Another surprising finding was the rampant use of dab pens (see Appendix B) which are odorless vaporizers students use to consume marijuana. Traditionally, marijuana in college has been consumed in the form of a joint which emanates a pungent smell, alerting authorities (Frohe et al., 2017). However, modern marijuana consumption occurs so discretely, that students consume dab, which is a highly concentrated form of marijuana containing up to 99% THC, compared to just 30% THC which is present in marijuana in leaf form (Frohe et al., 2017). Since marijuana can now be consumed in broad daylight, without odor, students can vape dab pens during class, in front of campus

police, and have been observed vaping concentrated THC in the student health center, library, and dormitories, completely undetected (Frohe et al., 2017). Neither MU nor WU have policies to enforce a ban on cigarette smoking, much less vapes.

Student affairs professionals, professors, and substance abuse prevention professionals at MU and WU currently have no policies in place for the growing vape epidemic. While nicotine vapes remain a healthier alternative to traditional cigarette consumption, THC vapes have led to the first marijuana overdoses in the history of marijuana consumption (Frohe et al., 2017). “The proliferation of electronic devices, such as vape-pens, has provided alternative means for cannabis use. Research has found cannabis-vaping (i.e., vape-pen use) is associated with lower perceived risks and higher cannabis use” (Frohe et al., 2017, p.1)

Further, “knowledge of these products may increase likelihood of subsequent use. As policies for cannabis shift, beliefs that peers and family approve of this substance use (injunctive norms) increase and there has been an increase in vape-pen use among young adults (18–35 year olds); however, correlates thereof remain unknown” (Frohe et al., 2017, p. 1). At both MU and WU, all eight participants (100%) and the researcher have observed other students using dab vape pens. More than half of participants stated illegal dab pens could be obtained on-campus or online within minutes.

Analytic Category 5: Essential role of CRPs in the social and academic success of students in recovery

The most successful policy solution for students in recovery from addiction has been proven to be the implementation of Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRC) (DePue, 2015). While Collegiate Recovery

Communities (CRC) and Collegiate Recovery Programs (CRPs) have had the most proven success in ensuring students abstain from drugs and achieve their educational goals, there are very few of these programs in existence due to lack of funding and the stigma of addiction recovery (Finch, 2007b).

Despite the overwhelming success of on-campus CRCs and CRPs most higher education institutions ignore this approach. Research has shown that many students who live in sober CRCs with onsite professionals and recovery meetings have a more than 90% recovery rate and a more than 90% graduation rate (Lanier, 2011). Recovery should be part of the educational agenda of every institution of higher education (Finch, 2007b). Yet the number of resources available to those students is highly underrepresented (Harris, 2006).

The benefits of collegiate recovery programs (CRPs) and collegiate recovery communities (CRCs) were well-documented through the research findings. Finding 5, all eight participants at the CRPs at Middletown University (MU) and Walter University (WU) expressed a sense of belonging in the CRP. All eight participants expressed a great benefit of the CRP at both MU and WU. The most commonly voiced benefits of the CRP were sober activities; a sober community; academic support that 12-step meetings do not provide; and a sense of separation between their college identities and recovery identities. All participants expressed appreciation for the CRC and CRP Directors as there is always someone on-call if they are struggling with their recovery.

Similarly, Finding 7 supported the need for larger CRC programs as all eight participants stated they benefitted socially and academically from being in a CRP and had several great ideas for improving those CRPs and building their own Collegiate Recovery

Communities (CRCs). All eight participants expressed interest in a larger CRC at their school and stated that sober living options should be part of that CRC. All eight participants also expressed the need for addiction counselors on-campus, which neither MU nor WU health centers provide.

Another benefit of CRPs and CRCs are the low relapse rate for students, which is just 5% (ARHE, 2020). That low relapse rate means that 95% of students maintain their sobriety while attending institutions of higher education, due to the overwhelming success of CRPs and CRCs (ARHE, 2020). The 95% success rate of students in CRPs and CRCs is consistent with the participants in this study, as seven of eight students maintained their sobriety during the length of data collection, with only one student relapsing.

There have been limited studies on AA success rates, with those rates ranging from success rates (maintained sobriety) between 7% and 50% (Wagener, 2019). As of 2019, no AA studies have found success rates (maintained sobriety) higher than 50% (Wagener, 2019). While AA remains anonymous and maintained sobriety is difficult to measure, no 12-step program has come near the 95% success rate of maintained sobriety that CRP and CRC members have (ARHE, 2020). In addition to the benefit of a lower relapse rate (ARHE, 2020), CRP and CRP student outcomes are constantly studied and measured, adding to a growing number of recovery studies (ARHE, 2020).

“Students in recovery face additional challenges and barriers that complicate student development as well as the evolution of their recovery identity” (Beeson et al., 2017, p. 227). As students in recovery struggle to maintain their anonymity, they further their status as a hidden population, which can lead to feelings of isolation from the

greater college community (Beeson et al., 2017). One major predictor of the success of college students in recovery to fight against an abstinence-hostile environment (Cleveland et al., 2007) is *recovery capital* (Laudet & White, 2008). Recovery capital is defined as the amount and quality of resources that help college students begin and maintain recovery (Keane, 2011).

“There are 4 categories of recovery capital: (1) social (e.g., resources and obligations derived from social group membership); (2) physical (e.g., tangible assets); (3) human (e.g., skills, grit, resilience); and (4) cultural (e.g., values, beliefs, customs, norms)” (Beeson et al., 2017, p. 228). The social and physical components of recovery capital are external resources, accessible to students in recovery through sober peer groups such as 12-step programs, CRPs, and CRCs (Beeson et al., 2017). The human and cultural aspects of recovery capital represent internal resources that rely on the individual student such as personal resilience and a cultural belief system (Beeson et al., 2017). Recovery capital is fragmented on a college campus as students in recovery move from abstinence-friendly spaces such as CRPs to abstinence hostile spaces such as the rest of the college campus (Beeson et al., 2017).

Study Limitations

As with all dissertation research, this study was limited by time allotted for data collection and analysis. Participant recruitment of students in recovery took a full year. Data collection was limited to five months and took place from October 2019 to February 2020. While three interviews conducted with all eight participants yielded a wealth of data, more time for data collection could have yielded more data. The current study produced roughly 600 pages of interview transcripts, 20+ hours of audio interview data,

and 30 pictures from photo-elicitation. Therefore, there was a lot of data to work with and more time could have yielded more data analysis.

Also while interviews are a successful method of qualitative data collection, they rely on human memory which is fallible, incomplete, and fractured (Schwandt, 2015). Photo-elicitation methods were used to add a layer of interpretation and elicit participant memories. However, there are always instances of participants being unable to fully remember their experiences during an interview. Further, since this research is on a population of students who have at some point been under the influence of substances, that memory is further fractured due to memory impairment that accompanies substance use.

As the researcher is not part of the community, as someone who is not a student in addiction recovery, there are limits to outsider research (Brayboy & Deyhle, 2000). Outsiders can miss nuance as they are unaware of the experiences that the participants go through, which was addiction recovery, in this study (Brayboy & Deyhle, 2000). Yet, there are some benefits to outsider research as insider research has its own limitations (Brayboy & Deyhle, 2000). Insider research can lead to researchers who are part of the community to miss out on taken for granted points of data as they are too close to the community (Brayboy & Deyhle, 2000).

As an outsider, the researcher ensured the trustworthiness of the data member-checking and multiple meetings with the participants and members of the recovery community. The researcher attended multiple social gatherings at both research sites. The researcher attended recovery events such as sober coffee nights, CRP meetings, pizza nights, guest speaker events, weekly dinners, and met several times with CRP directors at

both research sites. Further, the researcher also spent time in both CRP spaces at MU and WU, at times just sitting in the lounge areas journaling or engaging in small talk with participants and CRP directors.

The researcher also has a close friend in recovery and has attended 12-step meetings in support of that close friend since an early age. Therefore, while the researcher is not in recovery, the researcher is familiar with the world and language of 12-step programs. The researcher maintains an in-between role that is neither insider nor outsider research as someone who has supported others in recovery for decades. As one CRP Director stated, “to be involved in the recovery community you’re either in recovery or love someone who is” and it is the positionality that the researcher maintains the latter.

Another limitation of the study is related to the research population conducted at predominantly white institutions (PWIs). The study had seven out of eight white participants with just one student of color who self-identified as Southeast Asian American. The study was also limited by gender as five of the eight participants are male and three are female. Additionally, eight (100%) of the participants self-identified as cisgender and heterosexual which omits the experience of the LGBTQ+ community in terms of collegiate recovery.

Areas for Future Research: Research Sites, Methods, and Populations

One of the benefits of writing an extensive literature review for a dissertation that contains over 200 references is the researcher’s ability to engage and analyze over one hundred studies on college students in addiction recovery. Within this comprehensive literature review, the most underrepresented research sites in addiction research are middle schools, high schools, two-year colleges, non-PWIs, online colleges, and rural

schools. Specifically, more studies in high schools are needed as high school substance use is one of the number one predictors of college substance use and misuse (Goodman, et al., 2011). In addiction research, the most underrepresented research methods are qualitative (Finch, 2007b) including, but not limited to action research, art-based, narrative inquiry, focus groups, mixed-methods, and longitudinal studies (Arria et al., 2013).

In terms of longitudinal studies, research with an initial cohort, such as this study, could be repeated in two-to-five years with the same eight participants. A longitudinal study in which the researcher interviews the same cohort of participants even two years later could provide insight into the long-term impact of policies, interventions, and environments on college students in recovery. As most research conducted on addiction recovery is from the quantitative, public health researchers (Arria et al., 2013), studies on this population are needed from researchers like anthropologists, critical race theorists, philosophers, and sociologists.

A review of the literature showed the most frequently underrepresented student populations in addiction research are LGBTQ+ students, students of color, students with disabilities, indigenous students, international students, graduate students, and incarcerated students. As many researchers have stated, students of color are continually underrepresented in college addiction research as they are underrepresented in Collegiate Recovery Programs (CRPs) (Iarussi, 2018). As one participant stated, when it comes to drug addiction, “white guys like me get put in programs and people of color go to jail.”

Collegiate Recovery Programs and People of Color (POC)

A major reason why people of color (POC) are underrepresented in CRPs (Iarussi, 2018) and CRCs is due to the inherent racism in the U.S. criminal injustice system (Hart, 2013). Black males continue to be the population most arrested for criminal drug charges regardless of whether they possess or use drugs (Hart, 2013) and are therefore less likely to be present in CRCs and CRPs. Black males and people of color (POC) face harsher discipline practices, underprepared teachers, increased referral rates for special education, and disengagement from the learning community before they even go to college (Skiba et al., 2006). These factors lead to underemployment, undereducation, and the overrepresentation of minority males in prison referred to as the School-to-Prison Pipeline (SPP) (Darensbourg et al., 2010).

In addition to Draconian drug laws, systemic racism, militarization of the police force, and racial profiling have led to a disproportionate amount of minority males getting arrested (Tonry, 2008). Black males are three more times as likely to be arrested as non-Black males (Carson, & Golinelli, 2013) and the prison incarceration rate for Black males is 1 in 32 compared to just 1 in 218 for non-Black males (Guerino, et. al 2011). A history of incarceration makes it difficult to obtain a postsecondary degree and/or a career with a family-sustaining wage due to strict background policies and a ban on student loans, housing, and certain occupations (Carson, & Golinelli, 2013).

The War on Drugs, created by former U.S. President Nixon and funded by former President Clinton is largely responsible for the high incarceration rates of Black males, and their underrepresentation on college campuses (Tonry, 2008). The Violent Crime and Drug Control Act of 1994, enacted under the Clinton administration, banned formerly

incarcerated individuals from receiving federal Pell grants (Tonry, 2008). The loss of Pell Grants has led to a drastic decrease in the number of incarcerated individuals attaining a college degree which inhibits the labor market performance of releasees (Tonry, 2008). Keeping Black males out of college and in prisons has simply been more profitable for the U.S (Second Change Act Fact Sheet, 2015). Research has shown that while 68% of previously incarcerated recidivate, while only 5% with a degree return to incarceration (Second Change Act Fact Sheet, 2015). Formerly incarcerated individuals are intentionally kept from getting college degrees (Tonry, 2008), which leads to higher recidivism rates, a return to jails, which is more profitable than if they attend college (Second Change Act Fact Sheet, 2015).

Black males are kept out of college, mired in the intergenerational transmission of poverty, and kept in the School-to-Prison Pipeline (SPP) (Second Change Act Fact Sheet, 2015). While it is beyond the scope of this dissertation to delve deeper into the mass incarceration of Black males, it is worth noting that the absence of Black males from colleges and universities has translated to their underrepresentation in Collegiate Recovery Programs (CRPs). Since CRCs and CRPs remain the only way to recruit students for addiction recovery studies, the experiences of Black males and people of color (POC) in general are largely missing from research on college students in addiction recovery. This underrepresentation of POC in college students in recovery research needs to be addressed by educational researchers, sociologists, and critical race theorists.

Specifically, critical race theorists are needed to recruit and conduct studies with more college students in recovery with POC. Critical Race Theory is a framework within the larger canon of Critical Theory which derived from critical legal studies based on the

works of prominent CRT scholars like Darrell Bell (Hurtado, 2019). Bell stated that CRT provides “practitioners, often through storytelling and a more subjective, personal voice, [to] examine the ways in which the law has been shaped by and shapes issues of race” (1994, p.1). CRT examines issues of power, oppression, whiteness, and hierarchy as these systems relate to law, power, and race (Hurtado, 2019).

Greek Life, the highest risk population for substance misuse and addiction (McCabe, 2004) is a space that is already predominantly raced white (Ray, 2013). Therefore, many studies on college students in recovery focus on former Greek Life members (McCabe, 2004), just like this dissertation study, which silences the narratives of people of color (POC) (Iarussi, 2008). As quite a few white male participants stated in this dissertation study, they benefitted from their white privilege and felt they did not even deserve to be in college, knowing that POC who were caught with drugs ended up in jail, while these participants ended up back in the classroom.

The inherent racism in the War on Drugs came up in the third round of interviews with Tyler, a Middletown University (MU) senior. During the photo-elicitation (PE) process, Tyler shared a picture of a poster he saw on campus advertising a discussion on the War on Drugs, hosted by local law enforcement. The researcher had a discussion with Tyler about how the crack-cocaine epidemic in the 1980s and 1990s led to an increase in the incarceration of people of color (POC) (Hart, 2013). The researcher and Tyler also discussed how the government’s response to the crack-cocaine epidemic (Hart, 2013) was the antithesis to the “Opiate Crisis” which resulted in a predominantly white population being given treatment, not jail time.

Researcher: Poster says, “War on Drugs Panel.” How does that make you feel?

Tyler: I feel conflicted ... I don't know how I feel ... We spend billions each year trying to fight drug use and it's more available than it ever was. One percent of the U.S. population is in prison, and I forgot what percentage of those are non-violent drug crimes. But it's like 80, 90% or some crazy statistic. The thing is you put families back into this cycle of they don't have a father, the only way they can make money or try to support their family, maybe, is sell drugs.

Tyler: And guess what, they're back in prison. It's a self-fulfilling prophecy. I know crack-cocaine is never going to be legalized by these white, elderly conservative men that are 65 because "the morals, God, the morals." God forbid that we try to actually encourage them to save their lives. They're like, "Let's throw them in jail, that'll fix them."

Tyler had an interesting perspective on the War on Drugs as a student in recovery and acknowledged his white privilege in relation to how his addiction was handled. The U.S. needs criminal justice reform, an end to the racist War on Drugs, and an end to the School-to-Prison Pipeline (SPP). It is not enough for addiction researchers to relegate these statements to the limitations sections of their studies. More researchers need to conduct studies with college students in recovery who are currently incarcerated as they are unfortunately not going to find many POC in recovery represented outside of these spaces.

Actionable Recommendations

It is the recommendation of the researcher and all eight participants that colleges provide sober living options for their students. All eight participants at MU and WU stated they felt a need for sober living options on-campus although both institutions have policies claiming their dorms are "substance-free." It is also recommended that all institutions of higher learning have CRPs and CRCs. Both CRPs and CRCs deserve more funding so they can provide sober events and meetings for students in recovery.

The absence of sobriety-based groups combined with an alcohol-based peer group may seem understandably dangerous and impossible to overcome (Wiebe, Cleveland, &

Harris, 2010), suggesting an immense need for Collegiate Recovery Programs (CRP).

There are not sober living options for on-campus students at every higher education institution. University faculty and staff must understand that simply labeling a dorm “substance-free” does not make it so.

Quantitative researchers from the public health sector have provided a wealth of research on addiction, yet there is a gap in qualitative research on this population (Finch, 2007b). Education researchers specifically, have long ignored this issue arguing that college students in recovery are “not their problem.” College students in recovery exist in every higher education institution in the country. Recovery and mental health are issues in education and educational researchers must stop ignoring this issue.

Also since Greek Life is constantly recognized as the highest risk group for substance use and misuse, greater accountability is needed for these organizations. College students who are the heaviest drinkers are overrepresented in Greek Life (Wechsler et al., 2002). While roughly 40% of college students engage in heavy drinking (Johnston et al., 2004), national trends of heavy drinking among Greek Life members are higher at (65%) (Wechsler et al., 2002). Greek Life members who live in a fraternity or sorority, where roughly 80% engage in heavy episodic drinking (Wechsler et al., 2002).

Additionally, Greek Life students have higher rates of driving under the influence, missing class because of hangovers, and higher rates of alcohol consumption, often coming to class still drunk or high (Cashin, et al., 1998). Students who are members of Greek Life tend to have a history of heavy drinking before college and gravitate towards Greek Life organizations known for excessive substance misuse (McCabe, 2004). There is a severe lack of accountability for Greek Life institutions (McCabe, 2004).

Just before data collection at one of the research sites, Walter University (WU), a few Greek Life WU organizations were on probation for multiple violations related to substance misuse and overdoses. At least three WU Greek Life organizations were put on probation and at risk from having their chapters canceled, when it became known that they were reserving hospital beds for every Thursday night, known as “College Night.” Every Thursday night, when local bars have drink specials that cater to students under the age of 21, there was an increase in overdose rates at WU. Greek Life organizations made a deal with a local hospital to reserve a number of hospital beds to deal with the incoming overdoses that would occur every Thursday night.

Since Greek Life organizations are responsible for instituting their own codes of conduct and punishments (McCabe, 2004), these organizations were never put on probation and Thursday night continues to be known as “Overdose Night” at Walter University (WU). Citations for the local newspapers that reported these stories have been omitted to protect the identity of the research site and its participants. However, “College Night” or “Overdose Night” is a well-known phenomenon among study participants and the college community. One participant in this dissertation study recalls overdosing on a number of substances and waking up four hours later in a campus restroom. The participant stated, “I definitely should have been taken to the hospital. But Public Safety knows every time they take a student to the hospital it makes the school look bad, so they just left me there.”

Theme C. Policy Solutions

It is also important to reiterate the actionable policy solutions suggested by research participants as they know the needs of their community best. Participants from

this study recommend the following programs, personal resources, and policies for students in recovery.

Academic Programs

The following academic programs are needed at more colleges and universities: twenty-four-hour libraries; sober study groups; night/online classes for undergraduate students; priority registration; academic advisors in recovery or trained as allies; academic advisors and faculty trained in different definitions of academic success (not just high-GPA or graduating “on-time” but prioritizing sobriety, mental health, and self-care, understanding needs of part-time students, working students, students with mental health concerns intersecting with learning disabilities).

Social Programs

The following social programs are needed at more colleges and universities: sober retreats; sober dances and concerts; sober roommate matching; sober hiking and camping trips; more funding for sober activities like sober dinners; 12-step meetings inclusive for people who are secular or non-Christian.

Therapeutic Programs

The following therapeutic programs are needed at more colleges and universities: expanded CRCs with light therapies; meditation/yoga rooms; fitness centers; martial arts; therapy dogs and cats; plant room/community garden; psychologists and psychiatrists in student health centers trained in suicide prevention, dual diagnosis (addiction and mental illness); reconsider triggering advertisements (NSPH numbers); dedicated meeting space for CRPs and CRCs.

Personnel Resources

The following personnel is needed at more colleges and universities: Academic advisors in recovery or trained as allies; on-site addiction counselors in dorms; RAs in recovery or trained as addiction counselors; RAs with Narcan training; orientation leaders that give tours that are not substance-based (e.g. avoid stating how to sneak AOD into campus events and which fraternities/sororities have the best drugs).

Physical Resources

The following physical resources are needed at more colleges and universities: on campus sober housing that has: monitoring and enforcement of sober living; RAs in recovery; sober roommate pairing; system to report AOD use; library with recovery literature; study space with coffee; larger spaces for both CRPs and CRCs; off-campus student housing that has: RAs; sober roommate pairing; system to report AOD use; policies against underage drinking and illicit drug use; supervision; ban free alcohol for residents who agree to renew their leases; ban AOD use at swimming pools; ban residents from selling illicit drugs from their residences.

Policy Changes

The following policy changes are needed at more colleges and universities: more accountability from Public Safety (e.g. caring if students are smoking marijuana and drinking underage in broad daylight in the dorms); more accountability for Greek Life and student-athletes (supervision at Greek Life events; people on-site with Narcan training); professionals needed in CRPs that are trained to help students navigate criminal injustice system.

Narcan (Naloxone) Availability and Training

Though all policy recommendations are important, one recommendation, the need for Narcan availability and training should be highlighted, as that policy change could drastically lower the number of preventable deaths due to opiate overdoses (NIDA, 2020). Narcan or “Naloxone is a medication that can quickly reverse an opioid overdose by restoring the normal respiration of a person whose breathing has slowed or stopped. The drug is an opioid antagonist which ... can be given by injection ... or prepackaged Narcan nasal spray” (NIDA, 2020).

Though Narcan is available in several K-12 schools through the U.S., it is not available on many college campuses (NIDA, 2020). This leaves on the onus on college students, who would have to sneak Narcan on campus, with fear of being caught with this lifesaving substance (Davis & Carr, 2015). While other college students openly consume illicit substances like marijuana and cocaine at MU and WU, students trying to prevent overdoses must surreptitiously carry Narcan and fear punishment from school officials (Davis & Carr, 2015). With the rise in overdoses related to the opiate fentanyl, the need for Narcan on college campuses is larger than ever (Nolan et al., 2019).

While prescription painkiller use continues to decline (Chou, et al., 2019), heroin is still used on college campuses (McCabe, 2007). Recently, the drug fentanyl has become increasingly popular among young adults (Nolan et al., 2019). Fentanyl, which is 90% cheaper than heroin (Miller, 2020) is a “short-acting opioid with a potency 50 to 100 times stronger than morphine ... associated with an increased risk of fatal overdose” (Nolan et al., 2019, p. 49). Due to the rise in popularity of the drug fentanyl, there has also been a rise in the rate of cocaine-involved fatal overdoses, as cocaine is frequently

mixed with fentanyl (Nolan et al., 2019). Research on Narcan and the drug crisis in higher education can inform policy and practice and lower the number of college students who overdose on drugs each year.

While some professionals and policymakers at higher education institutions act as if Narcan is new and frightening technology, it has been used as an efficient method to lower instances of preventable deaths from opiate overdoses since the early 1990s (Daniels-Witt, 2017). While opiate overdose rates continue to increase on college campuses, “The time period to intervene may be very short, thus specific opiate/heroin use prevention efforts on college campuses are warranted” (Daniels-Witt, 2017, p. 519). Despite Narcan being an effective, lifesaving medication that has been safely used since the early 1990s, there is not even a list of college campuses in the U.S. who make Narcan available for students (Daniels-Witt, 2017).

Due to the higher risk of drug misuse among on-campus residents, Greek Life members, and student-athletes, researchers recommend Narcan be advertised and made available “in classrooms, residence halls, and within the Greek and athletic systems” (Daniels-Witt, 2017, p. 521). The misuse of “opiates and heroin is a growing risk behavior adopted by college students in the United States. It behooves public health officials to be proactive about prevention and treatment of this dangerous and potentially life-ending behavior among a population with great potential and a future that should be preserved” (Daniels-Witt, 2017, p. 521).

Narcan is available at health centers at both research sites, Middletown University (MU) and Walter University (WU) unbeknownst to most students and staff. However, there are two major barriers to students obtaining the lifesaving drug, awareness and cost.

At both MU and WU, participants were unaware that Narcan was available at their university health centers. There is no information about Narcan posted anywhere on either MU or WU's websites or health center websites. College personnel who work with populations that most need Narcan, Greek Life, student-athletes, residence life (Daniels-Witt, 2017) and CRP staff are not permitted to administer or hand out Narcan (Davis, 2015). Further, Narcan is not made available to WU Public Safety officials. While students at both research sites MU and WU were unaware of their school's Narcan policy, at least at MU, all Public Safety officials carry Narcan and are trained to administer it.

Narcan has only been available at the WU health center since the fall of 2018, one year before this dissertation study began. However, another major barrier has kept students from obtaining the drug, the student health insurance plan at WU. The student health insurance plan at WU changes its pharmacy provider every semester. The WU health center pharmacists claimed the student health insurance used to cover the cost of Narcan. However, the insurance plan changed its pharmacy provider mid-year and no longer covers the cost of Narcan nasal spray. Since the pharmacy provider will change again next semester, so will students' ability to obtain Narcan through the student health insurance plan.

That means Narcan spray costs each student between \$140-\$180 for one dose of the nasal spray form of Narcan and around \$4,500 for an auto-injector (Hufford & Burke, 2018). The researcher called the WU health center to ask if Narcan was in stock and how much it costs students. While WU students can obtain Narcan nasal spray from the health center, it requires a prescription, and the health center pharmacists said the medication,

Narcan, is rarely used because of the high cost and lack of awareness. The WU health center pharmacists were unaware of a single WU student who knew they could obtain Narcan at the health center. When the researcher called the WU health center pharmacists to ask about Narcan availability, it took 24 hours to finally get a pharmacist on the phone. The WU pharmacists said they were unaware they even had the medication in stock until they were asked.

Further the WU health center pharmacists operate under a policy similar to “Don’t ask, don’t tell” when it comes to Narcan. That means that WU health center pharmacists and staff do not appear to be permitted to publicly state through WU channels that Narcan is available at the health center. However, if students somehow know to ask the WU health center pharmacists for Narcan, pharmacists can admit they have a limited number of Narcan in stock, if they choose to answer the phone. Even if a WU student or faculty member knew Narcan existed at the health center, it could take between 24-48 hours to have the health center pharmacist return the call and get Narcan to the student who needs it. When it comes to opiate overdoses, 24-48 hours is too long to wait to treat a life-threatening overdose, which can happen in minutes (NIDA, 2020). The researcher asked the WU pharmacist if what local news reporters were saying was true, that WU students could obtain the medication without a prescription. However, the WU pharmacists said they were unaware of this policy and it usually requires a prescription.

While the other research site, Middletown University (MU) has a similar “Don’t ask, don’t tell” Narcan policy, that at least have a quicker turnaround for students, faculty, and staff who need access to the lifesaving drug. As mentioned, all MU Public Safety officials always keep Narcan on them and have been trained to administer the drug

since 2016. Further, the MU student health center pharmacists will provide information about obtaining Narcan within five minutes of faculty or staff requesting the drug by phone call. Another benefit of the MU Narcan policy is that the MU health center and office of public safety permits the institution to provide updates about the availability of Narcan through channels such as the MU Department of Public Safety.

Student health center pharmacists at both research sites MU and WU stated that they keep both Narcan nasal spray and naloxone auto-injectors in stock, but the costs vary widely. Auto-injectors, which are the vials of Narcan administered intramuscularly with a syringe are far more effective than the nasal spray when treating an opiate overdose (Dietz et al., 2019). Narcan nasal spray is so ineffective and unreliable at treating opiate overdoses, pharmacists are required to sell them in packs of two, because a second dose is often needed (Dietz et al., 2019).

Further, “the same dose of naloxone given intranasally was not as effective as naloxone given intramuscularly in reversing opioid overdose” (Dietz et al., 2019, p.1). Participants in this study needed a second dose of nasal spray Narcan within ten minutes of the original dose and during those ten minutes, the patient could overdose and die (Dietz et al., 2019). This study repeated the findings of several other studies, including those of the World Health Organization, which whose researchers have repeatedly recommended naloxone auto-injectors over nasal spray administration (Dietz et al., 2019).

“Significantly more clients who received naloxone intranasally required a rescue dose of naloxone compared with clients given naloxone intramuscularly, reflecting a slower time to respond in terms of improved respiration and consciousness among the

intranasal group” (Dietz et al., 2019 p.1). A slower time to respond, translates to the difference between life and death for someone overdosing on opiates (Dietz et al., 2019). In fact, several people have died in the U.S. due to the ineffective drug delivery system of intranasal Narcan, which led to a recall of Narcan nasal spray in 2016 (Kounang, 2016).

However, since reversing an opiate overdose is considered an off-label use of Narcan nasal spray, the recall is not required to be reported by the Food and Drug Administration (FDA) (Kounang, 2016). It remains unknown whether the Narcan nasal sprays that have been recalled due to patient deaths have changed their formulas, or whether these “lifesaving” Narcan nasal sprays are still sitting on the shelves of K-12 and higher education health center pharmacies (Kounang, 2016). At the time of this study in 2020, drug overdoses remain the number one cause of accidental death in the U.S. (Kounang, 2016). Between 1996 and 2014, 152,000 Narcan kits have been distributed and just 26,000 overdoses were reversed by the drug (Kounang, 2016). How many people have died due to Narcan failure rates does not seem to be a number that is being traced by researchers, paramedics, or law enforcement officials (Kounang, 2016).

If Narcan is more effective as a lifesaving drug given in auto-injector form intramuscularly (Dietz et al., 2019), why does any school carry Narcan in nasal spray form? The answer is simple, cost. While Narcan nasal spray costs between \$140-\$160 per two-dose pack, naloxone auto-injectors cost around \$4,500 (Hufford & Burke, 2018). Given that the average college student at both research sites, MU and WU are generally unable to afford Narcan nasal spray at \$140-\$160, it is even unlikelier than a college student could afford a \$4,500 naloxone auto-injector (Hufford & Burke, 2018). It is difficult to track how often students obtain Narcan nasal spray from either MU or WU

pharmacy as that information is private, but both health center pharmacists stated students rarely requested the drug, if ever.

In a press release, MU stated that all Public Safety officials carry Narcan and have been trained to administer the opiate antagonist since January of 2016. Neither MU or WU students were aware their student health centers even had Narcan and the school pharmacists seemed caught off guard when asked about Narcan as so few students request it. While advocates of the lifesaving drug Narcan argue that the drug should be free for students, neither MU nor WU pharmacists could tell the researcher why it was so expensive.

Why naloxone auto-injectors are so expensive shows the predatory nature of the pharmaceutical industry (Hufford & Burke, 2018). Narcan, which was FDA-approved and safely administered since 1971 is cheap to make, and the nasal spray used to cost as little as \$1 just ten years ago (Hufford & Burke, 2018). However, in response to the mass media's coverage of the "Opiate Crisis," the pharmaceutical companies that make Narcan seized the opportunity for the market and increased the cost of the nasal spray by 150% (Hufford & Burke, 2018).

When the naloxone auto-injector was approved, the most efficient form of Narcan amid the "Opiate Crisis" the pharmaceutical industries realized they could set their own price, which they set at \$4,500 (Hufford & Burke, 2018). While the cost of Narcan has skyrocketed, the drugs this opiate antagonist fight, heroin and fentanyl have dropped dramatically in price (Hufford & Burke, 2018). In the 1980s, a gram of heroin cost about \$2,200 and now amid the "Opiate Crisis," a gram of heroin can be obtained for around \$400 (Hufford & Burke, 2018). As a gram of heroin is \$400, a small bag of heroin

translating to one to seven days of use, depending on the person, is now only \$5 (Hufford & Burke, 2018). Fentanyl, which is 50-100 times stronger than morphine, costs 90% less than heroin (Miller, 2020) has become increasingly popular among college students (Nolan et al., 2019). If a gram of heroin costs around \$400 (Hufford & Burke, 2018) and fentanyl is 90% cheaper, that makes a gram of fentanyl just \$40 (Nolan et al., 2019). Further, it is important to note that in this dissertation study, most participants were offered or given drugs free of cost by peers, classmates, and RAs.

While U.S. government officials take to mass media nearly daily to report the need for more schools to have Narcan in stock, they seem unwilling to negotiate with pharmaceutical industries to make Narcan affordable (Hufford & Burke, 2018). Some local police officers have claimed that drug dealers are known to sell fentanyl with free naloxone auto-injectors but no sources have been located to back up those claims (Castillo, 2017). Some police officers throughout the U.S. who have arrested people for heroin and fentanyl use have found naloxone in the possession of people also possessing illicit opiates (Castillo, 2017). Yet there has been no substantiation that drug dealers are selling fentanyl with a free naloxone auto-injector in case of overdose (Castillo, 2017).

That brings the current situation in the U.S. to a point at which it is easier and more affordable for people in need of Narcan to get fentanyl or heroin than to obtain the lifesaving drug Narcan from a pharmacy (Hufford & Burke, 2018). It is also worth noting that many college students use fentanyl without their knowledge, due to the low cost of the drug, it is often mixed with other drugs like cocaine, MDMA, and marijuana (Nolan et al., 2019). While most U.S. higher institutions do not offer drug-testing services like universities in Europe (RSPH, 2017) students who use cocaine or MDMA have no way

of knowing whether their drugs contain fentanyl, a drug that can cause overdose from one use (Nolan et al., 2019). Fentanyl is so dangerous that police officers searching a car suspected of having fentanyl use gloves, as absorption of even a small dose of the drug could cause a fatal overdose for the officer (Nolan et al., 2019).

The policy solution here seems simple. Colleges and universities should provide naloxone nasal sprays and auto-injectors to students, free of charge. Narcan in nasal spray and auto-injector form should be made available in high-risk environments such as college dormitories, campus sporting events, and Greek Life (NIDA, 2020). Further, students in Collegiate Recovery Programs (CRPs) at all institutions of higher education should at least know that their school health centers have Narcan.

While some “anti-addiction advocates” claim the availability and use of Narcan can increase opiate use because it causes people to know their lives can be saved, that claim has not been substantiated by evidence or data (Castillo, 2017). Even if that were true, that is no reason to withhold a lifesaving drug from people who need it most. Not only should every college and university in the U.S. provide Narcan in both forms, but the schools should also advertise where it is on campus, and how students can obtain it. It makes no sense that countless preventable deaths occur on college campuses every year when colleges and universities can contact makers of Narcan and request free samples for their campuses (Castillo, 2017).

We live in a time where heroin and fentanyl can be obtained online for a very low cost, even free for first-time users, and colleges and universities are charging students \$160 for nasal spray Narcan and \$4,500 for auto-injectors (Hufford & Burke, 2018). And the U.S. government officials who claim the “Opiate Crisis” is a national concern should

not continue to allow pharmaceutical companies to charge \$4,500 for a lifesaving drug (Hufford & Burke, 2018). It is looking bleak for colleges and universities when students are unaware that their school has Narcan or cannot afford the drug, when the cost of a bag of heroin remains cheaper than a cup of coffee (Hufford & Burke, 2018).

Access to Substances and Technological Advances

As mentioned in the findings chapter, technological advances like the illicit sale of substances on social media (Kim, 2017), the increased use of dab vape pens (see Appendix B) on campus (Frohe et al., 2017), and the outdated advice given in 12-step spaces like AA and NA present multiple barriers to students in recovery.

First, personnel in Collegiate Recovery Programs (CRPs) and Communities (CRCs) need to rethink their use of social media to recruit, retain, and update students in recovery. While it is an incredibly difficult task for CRP directors and staff to recruit students struggling with addiction, the use of social media needs serious consideration. There is no easy answer as to how CRP and CRC staff would recruit and retain students in recovery, but it is worthy of note that many students in recovery would benefit from deleting from all forms of social media. Not only are illicit substances quickly obtained through social media, but sites like Facebook™ also use data mining to match and suggest “friends” based on their behaviors such as browser history and words used in private messaging (Kim, 2017). This means that if students in recovery use their phone to find recovery resources like a local NA meeting, Facebook™ will recommend nearby “friends” that sell illicit drugs. Facebook™ can target people in addiction recovery and match them with nearby drug dealers (Kim, 2017).

Facebook™ can also target people in addiction by viewing their messages, browser histories, and groups they have joined to advertise alcohol and other drugs (AOD) and suggest friends that are actively using or selling illicit substances (Kim, 2017). For example, if students join a Marijuana Anonymous Facebook™ group, Facebook™ can then suggest online friends using geolocation that sell marijuana on Facebook™. When students in recovery join CRC and CRP Facebook™ groups, they have reported an increase in advertisements for alcohol and an increase in being contacted by nearby Facebook™ users who sell illicit substances using data mining.

Even without social media, all eight participants have stated that they could obtain any substance, same day, from either institution, whether at MU or WU. While social media is by no means the only way to get AOD, CRCs and CRPs should reconsider alternate channels for communicating with students in recovery who wish to delete their social media accounts. While options outside out social media are limited for CRC/CRP staff, alternatives might include group texts, mass emails, or physical posters and schedules posted in the CRC/CRP spaces. Relying on social media sites like Facebook™, Instagram™, and Twitter™, to ban data mining and stop the sales of illicit drugs on their sites is unfortunately not a reliable option.

Outside of CRC and CRP spaces, colleges and universities must also provide more resources, personnel, and sober spaces to address the immediate need of college students in recovery. Since students can access substances easily through social media, peers, and bars on/near campus that do not even card underage students, colleges and universities need more resources and personnel that have 24-hour access for students who are at risk for relapse. In the 12-step program, ideally all students in recovery would have

access to reliable sober sponsors, 24-hour meetings, and someone they can call if they are at risk for relapse or return to use of substances. However, 12-step programs, although they have many benefits, are not the reliable resources many people think they might be.

First, not all college students in recovery take part in 12-step programs for reasons mentioned in the findings chapter. Second, not all 12-step members have reliable sober sponsors or up-to-date advice on avoiding relapse. As mentioned in the findings chapter, the 12-steps upon which AA and NA are based were written in the early 1900s, estimated to be around the 1930s (AA, 2019). The 12-step program has not been updated to reflect the current drug epidemic, which has changed in two major ways, ease of access and use. Sponsors in the 12-step community tend to be older (Finch, 2007b) and thus less familiar with the current drug epidemic's ease of access and use.

Specifically, members of the 12-step community may assume that illicit drugs are difficult to come by, thereby giving college students advice predicated on the notion that they would have a week or so to fend off any drug cravings. However, with the advent of social media sites like Facebook™, students can get dangerous drugs like heroin, fentanyl, and cocaine within minutes. Twelve-step literature, meetings, and advice have failed to keep up with the effects of social media on the current drug epidemic. Critical theorists would call this failure in policy a fixed system of thought, which by definition means, one that does not change based on nuances of modernity (Bronner, 2017).

“Critical theory insists that thought must respond to new problems and the new possibilities for liberation that arise from changing historical circumstances” (Bronner, 2017, p. 3). In this instance, changing historical circumstances, such as the ability to get any illicit substance through social media within minutes, needs to be incorporated into

the 12-step program. Twelve-step members and sober sponsors have told participants in this study that they had a week to think about whether they would use drugs, based on their preconceived notions that existed prior to social media. Common 12-step advice, which was given to study participants, is to delete all contacts such as people who use/sell illicit substances from their phones, forgetting that phone numbers are not integral to modern communication. Even without social media, all eight participants have stated that they could obtain any substance, same day, from either institution, whether at MU or WU.

Given that 12-step spaces are not geared towards college students their personnel is not always aware of the constant access to substances college students either through social media or just by being in a college community. Therefore, colleges and universities must implement resources and personnel that are available to students in recovery 24 hours a day, seven days a week. Whether those resources include drop-in hours with addiction counselors at student health centers or working with local community agencies to create hotlines where students can call addiction counselors, colleges and universities need to have immediate access to addiction counseling. If students have immediate access to substances, then they need immediate access to substance prevention. CRP and CRC directors always work tirelessly as a point of contact and keep their phones on them 24/7. But having one person in charge of every single student on one college campus to prevent *all* substance use is not sustainable, nor is it fair to place that burden on CRP Directors who are not paid overtime for their work after hours.

Second, colleges and universities must address the increased use of dab vape pens (see Appendix B) on college campuses (Frohe et al., 2017). Numerous reports have

shown that vape pens are 95% safer than cigarettes (McNeill et al., 2015), so the researcher is not advocating a ban on vape pens on college campuses. Both research sites MU and WU do not have cigarette smoking bans so vapes are essential in lowering the number of cigarette smokers on campus (McNeill et al., 2015). Cigarettes are responsible for the deaths of more than 480,000 people a year including second-hand smoking (“Consequences of Smoking,” 2014). The researcher acknowledges the benefit of vape pens in the drastic reduction of cigarette use among all people, including college students (McNeill et al., 2015) and is not calling for a ban on vape pens on college campuses.

In addition to college students using vape pens to slowly decrease their nicotine use and quit nicotine altogether, many students use vape pens to get much-needed medicine such as CBD (Dube, 2017). CBD is a non-psychoactive substance legal in all fifty states and provides much-needed help to patients with pain, mental illness, and terminal conditions like cancer (Dube, 2017). Some patients use CBD vapes to prevent serious medical symptoms like seizures (Dube, 2017). CBD vapes also have proven success in providing patients with alternatives to dangerous opiate analgesics in the treatment of severe neuropathic pain (Maayah et al., 2020). However, patients using CBD vapes, including university faculty, staff, and students should be mindful of where and when they use vapes, as CBD vapes look identical to dab vapes and can be triggering to students in recovery.

However, higher education faculty and staff do need to be aware of the increased use of dab vape pens on college campuses (Frohe et al., 2017). While vapes should not be banned on campuses, they should not be permitted to be used in spaces like CRCs, CRPs, classrooms, and student health centers. The researcher has witnessed multiple students at

both research sites, MU and WU, use dab vape pens in campus health centers, classrooms, and has even seen students charging dab vape pens using the USB port in their professors' teaching station computers. While vape pens should not be banned, there should be vape-free zones so that there is not such widespread use of dab vape pens which have such high doses of THC concentrate, marijuana overdose is possible for the first time in the history of the drug's use (Frohe et al., 2017).

Further, college professors, whether they are Teaching Assistants (TAs), adjuncts, or tenured professors, should not be so oblivious to the dab vape pen epidemic, that they permit illicit drug use in their classrooms. All higher education staff should be trained on the warning signs of students using dab vape pens and how to treat students in case of adverse reactions to concentrated forms of THC (Frohe et al., 2017).

Though dab vape pens are odorless and look identical to vape pens with pure vape juice, which is just apple juice and vegetable oil, higher education staff should be aware of dab's effects which are glazed eyes, slurred speech, and physical impairment (Frohe et al., 2017). Staff should also be trained on what to do if students consume too much dab as it can lead to heart attack, organ failure, or death (Frohe et al., 2017).

Higher education personnel training incoming TAs and adjunct professors should also let part-time professors know they should not hit dab vape pens in front of students. Since marijuana is legal medicinally in more than thirty states and the District of Columbia, dab vape pen use has increased among young adults (Frohe et al., 2017) which includes TAs and adjunct professors. The researcher is not advocating that TAs and adjunct professors be drug-tested, but new professors such as TAs and adjunct professors should be dissuaded from consuming dabs in front of students. One policy that has been

proven effective is instituted by both MU and WU CRPs, which is to ban the use of vapes in the CRP space, which ensures a sober space for students in recovery.

Limitations of Policy Solutions

With these policy recommendations, it is important to highlight the limited efficacy of policy as a solution to a problem that is so engrained within the U.S. college culture. While many policies must be implemented to prevent, treat, and help students with substance misuse, the culture of college campuses must change as well (Beeson et al., 2017). The existence of abstinence-hostile environments on college campuses exemplifies the limited efficacy of policy which is in constant competition with a stronger university culture. “Substance use among college students exists within a complex social ecological system (Beeson et al., 2017, p. 227). That complex social system forces students in recovery to interact with a community that encourages substance use in the name of school spirit, which is not recovery-friendly (Beeson et al., 2017).

As culture is incredibly difficult to change, some small liberal arts schools in the U.S. have ensured their schools do not have high risk drug use populations by banning student organizations such as Greek Life, university football teams, and requirements that students live on campus. While the researcher is not calling for a ban of these student communities, it is worthy to note that students all over the U.S. are willing to pay almost double in tuition (Powell & Kerr, 2019) to attend small liberal arts schools that ban these organizations, so they can be safer from high risk populations. “The average cost of tuition and fees for the 2019–2020 school year was \$41,426 at private colleges, \$11,260 for state residents at public colleges and \$27,120 for out-of-state students at state

schools” (Powell & Kerr, 2019). It is also telling that many students in recovery and their parents are willing to pay more for out of state tuition as their priorities are finding colleges that provide CRPs, CRCs, and sober housing.

Summary

The purpose of this critical case study was to authentically represent the lived experiences of college students in addiction recovery. One-on-one interviews and photo-elicitation were the main data collection methods used to truthfully tell the stories of the study participants. The study included eight participants from two different Collegiate Recovery Programs (CRPs) at two public, four-year undergraduate institutions on the east coast.

This research was used to generate a greater depth of understanding into the barriers faced by this student population, the support these students had through CRPs, the role of on-campus culture in the college drug epidemic, and the ways this population defines academic success and achievement. Additionally, this research was conducted to provide participants with a space to generate policy recommendations to better help future generations of college students in recovery.

This research served to fill a gap on college students in addiction recovery, especially from a qualitative perspective. Qualitative traditions critical ethnography and phenomenology were utilized to thoroughly investigate and co-create narratives with research participants. Research of this population has been largely conducted by quantitative researchers, so there is a gap in the literature from critical ethnographers that seek to complicate and interrogate current drug treatment for college students. Even with a wealth of quantitative data on the issue, “Few longitudinal studies have examined the

relationship between illicit drug use and academic outcomes among college students” (Arria, et al, 2013, p.1).

This chapter included a discussion on the interpretation, analysis, and synthesis of findings as related to the literature on college students in addiction recovery and collegiate recovery programs (CRPs). Additionally, this discussion included emergent patterns from the study findings, limitations of the study, conclusions, areas for future research, and actionable recommendations.

This chapter included discussion and future research possibilities that helped answer the study’s main research questions:

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

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APPENDIX A

INVITATION LETTER, PROTOCOL, AND QUESTIONS

Appendix A – Invitation Letter, Interview Protocol, and Interview Questions

The following content has been received exempt-IRB-approval.

Invitation Letter

Dear Participant,

Researcher: My name is Dory Hoffman. I am a doctoral student in education and an adjunct professor of English. I am conducting a research study and would like you to participate. This study is funded by the ACUHO-I Foundation. This interview study will be used in a dissertation. Eight-to-ten participants are needed.

Study: The purpose of this study is to investigate the experiences of students in addiction recovery, working towards better policy solutions to help students like you. This study is at MU and WU and is completely anonymous. Pseudonyms will be used for all participants and names of schools. Participation is confidential. Data will be kept in a secure location.

When: Your participation is just 3 hours. Two interviews will take place in Fall 2019 and one interview will be in January 2020. Interviews are scheduled at times convenient to you.

Where: Interviews are at the MU CRP or WU Library.

Why: In addition to being compensated \$45, your participation is a way of doing service and giving back to the community. The experiences you offer will help share the benefits of Collegiate Recovery Programs (CRPs) on college campuses. Many college campus administrations are resistant to providing CRPs for their students. This study will help convince policymakers all over the country that CRPs are necessary to student success.

How: If you decide to participate, we will meet for an initial one-hour interview about your experiences as a college student in recovery. You will be asked questions about the barriers you face and how the CRP helps. You do not have to answer questions you do not wish to answer. The interview will be audio-recorded so I can accurately transcribe what is discussed. Audio files will be encrypted and password-protected.

Eligibility: At least 18 years old, an undergraduate student, in addiction recovery, with on-campus living experience, enrolled in either MU or WU's CRP.

Participation in this study is voluntary. You are free to stop participating at any time, for any reason without negative consequences. Your participation, non-participation, and/or withdrawal will not affect your grades or relationship with your professors or MU or WU.

Thank you for your consideration. If you would like to participate, please contact me. Contact the university's Office of Research Compliance if you have questions about your rights as a research participant. My faculty advisor is Dr. Susan Bon. Thanks! Dory Hoffman.

Interview Protocol

Study Title: Experiences of College Students in Addiction Recovery: A Critical Case Study

Principal Investigator Name: Dory E. Hoffman, MFA, Ph.D., College of Education, Higher Education Administration

Faculty Mentor Name: Susan Bon, J.D. Ph.D.

The purpose of this study is to investigate the challenges faced by college students in recovery from substance use disorders (SUDs). Critical ethnographic case study will be used to challenge existing paradigms and educational practices regarding students in recovery. The lived experiences of this population will be described to share their experiences and work towards understanding this population's needs.

BACKGROUND AND SIGNIFICANCE

This research serves to fill a gap on college students in recovery from SUDs as most studies are on the prevention of substance use for this population (Finch, 2010). Higher education policy and practice will be advanced as there is a lack of studies on students in recovery in the absence of university-sponsored sober housing. Most, if not all, studies on college students in recovery are at institutions of higher education that have Collegiate Recovery Communities (CRCs) with sober living options. This research will fill a much-needed gap on this population as there are little to no studies on students in recovery who have on-campus resources like Collegiate Recovery Programs (CRP) but do not have sober housing. Further, there have been no studies on this topic in the past five years (or more) presented at educational research conferences nor is this topic covered in educational research journals.

RESEARCH DESIGN AND DATA COLLECTION

Data collection: Data will be collected with three one-on-one semi-structured interviews ranging from 45-60-minutes; an additional interview may be scheduled with participants to clarify or edit any data. Photo elicitation (PE) will also be used so participants can add a layer of their lived experience and day-to-day lives. PE will not include photos of illegal activity or people. Participants will be trained and given literature on how and why to take photos. Data collection will take place at Walter University (WU) and Middletown University (MU), both four-year public colleges on the east coast.

Participants will take photos around campus in private. Interviews will be conducted in reserved, soundproof rooms respectively at MU and WU.

Timeline: Each participant will have three interviews, first in October 2019, the second in December 2019, and the third in late January 2020. If participants are out of town or otherwise unavailable, the research timeline will be adjusted accordingly. Participants will be contacted in Spring 2020 to review interview findings and dissertation chapters to ensure they are represented accurately. IRB approval has been obtained for MU and WU.

PROTECTION OF HUMAN SUBJECTS

TARGET POPULATION:

The population will consist of college students who have a substance use disorder (SUD), three months of sobriety (Finch, 2010), experience living on-campus, and undergraduate student status. Participants must be 18 years old as minors will not be included in the study. Participants must be enrolled in MU or WU CRPs. Recruitment will not discriminate or exclude participants based on religion, sex, gender, sexual orientation, race, or ethnicity. Recruitment will include reaching out to CRP directors, but this study, is in no way, a programmatic study.

As alcohol is a drug, substances will be referred to as alcohol and other drugs (AOD). Participants who were taking medicine as prescribed will be excluded as this behavior does not meet the DSM-V criteria for addiction. The anticipated sample size is eight-to-ten participants, a common size for ethnographic case studies.

The following subpopulations are at high-risk for substance use and misuse (Finch, 2010), student-athletes (Yusko et al., 2008), fraternity and sorority members (Capone, 2007), honors students (Andes, 2014), and students with mental health concerns (Jeffries et al., 2016), it is not the goal of the researcher to find a participant from each group, as that could lead to stereotyping members of these communities.

CONFIDENTIALITY

Group interviews and focus groups will not be utilized as there is little to no guarantee of privacy and confidentiality. One-on-one interviews and pseudonyms will be used to ensure the privacy and protection of participants' stories.

COMPENSATION:

Participants will be compensated for participation in the study using Venmo. Participants will be paid \$15 for each 1-hour interview, for a total of \$45 per participant. Compensation will not excessively influence subjects to participate. Participants are free to withdraw without penalty.

Interview Questions

Interview questions have been generated to address this study's main research questions:

RQ 1: What are the everyday experiences of college students in addiction recovery?

RQ 2: How do college students in recovery describe academic success and educational attainment?

RQ 3: What barriers do college students in recovery face?

RQ 4: What role does on-campus living play on the nationwide college drug epidemic?

RQ 5: What support do students enrolled in Collegiate Recovery Programs (CRPs) have on-campus?

Interview #1: Everyday Experiences

1. What is your everyday experience as a college student in recovery?
2. What is a typical weekday for you? Weekend?
3. Do you think your college experience is different than students not in recovery?
4. When did you first become aware of your addiction?
5. How did it make you feel?
6. Do any of your friends know you're in recovery? How do they respond?
7. Tell me about your previous experience living on-campus. Are there policies that help you stay sober? Have you had supportive roommates or Residential Advisors?
8. Do you feel that living on-campus has affected your recovery? Negatively or positively?
9. Do you attend 12-step meetings?
10. Have you ever received treatment? Inpatient or outpatient? Tell me about those experiences.
11. What does your recovery mean to you?
12. How do you stay sober? What are your coping mechanisms?

Interview #2: Academic Success

1. What is your current or intended major?
2. What are your academic goals for this year?
3. What are your educational goals for college?
4. How would you define academic success? Is it getting a good GPA? Graduating? Both?
5. Do you ever feel overwhelmed? Do you ever feel like you want to drop out?
6. How do you stay motivated to attend class and complete your assignments?
7. What does college mean to you? Is it a chance to learn? A way to get a job? Both?
8. Do you feel like your voice is heard? Are there academic policies and/or accommodations to help students like you succeed?
9. What advice would you give another student in recovery?
10. Do you feel like there's a misconception about students in recovery? How does that affect you? What would you like people to know?

Interview #3: Barriers

1. What barriers do you face attending class, completing assignments, or studying?
2. Do you face any challenges finding ways to socialize while maintaining your sobriety? Peer pressure? Peer support? Campus culture?
3. Do you face any physical/emotional pain in recovery? How does that affect your life?

4. What resources would help you maintain your sobriety?
5. Have you heard about Collegiate Recovery Communities (CRCs)?
6. CRCs have sober dorms, on-site addiction counselors, on-site academic tutors, and a sober community filled with supportive peers and on-campus 12-step meetings.
7. What do you imagine the effects of CRCs are?
8. If you were to design your own CRC, what other resources would you like to see?
Therapy dogs? Meditation? Yoga? Computer lab? Coffee/reading area?

Photo-Elicitation Questions:

- a. What can you tell me about this photo?
- b. What does this photo represent to you?
- c. What emotions does this photo elicit for you?
- d. Does this photo help you answer any of our interview questions?

Photo-Elicitation Instructions: Given to participants between the second and third interview.

Photo elicitation (PE) is a research method that helps participants elicit memories during the interview process. Simply follow the instructions below and bring your phone to Interview #3.

What/When: Take 5 photos on or off-campus of places, signs, and/or objects that represent challenges to your recovery. When you're struggling with recovery or having a tough time take a picture of your surroundings (desk, library, lunch, sky). Take pics any time before Interview #3.

How: Take photos of places and things such as settings. Don't take pictures of illegal activity. You can take pictures of people if they're far away. Store these photos on your phone and bring your phone to Interview #3. You aren't texting photos—just share them during the interview.

Why: Interviews can be tough because I'm asking you to remember things from the past. Taking photos allows you to capture the moment and helps jog your memory during an interview. Photos are quicker than journaling and this homework should only take 10-15 minutes total.

The final interview is in January 2020 (after Winter Break). Bring your phone to the final interview and you'll be asked the following interview questions stated above.

Thanks! Dory Hoffman

APPENDIX B

GLOSSARY OF TERMINOLOGY

12-Step Program	An AA or NA program in which “Twelve Steps are a group of principles, spiritual in their nature, which, if practiced as a way of life, can expel the obsession to drink and enable the sufferer to become happily and usefully whole” (AA, 2019).
Addiction	“Addiction is a chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences” (WHO, 2019)
Alcoholics Anonymous (AA)	“Alcoholics anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem” (AA, 2019).
Anxiety Disorder	“Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear is the emotional response to real or perceived imminent threat, whereas anxiety is anticipation of future threat ... Sometimes the level of fear or anxiety is reduced by pervasive avoidance behaviors. Panic attacks feature prominently within the anxiety disorders as a particular type of fear response. Panic attacks are not limited to anxiety disorders but rather can be seen in other mental disorders as well” (DSM-V, 2013).
Attention Deficit Hyperactivity Disorder (ADHD)	“ADHD is a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity. Inattention and disorganization entail inability to stay on task, seeming not to listen, and losing materials, at levels that are inconsistent with age or developmental level. Hyperactivity-impulsivity entails overactivity, fidgeting, inability to stay seated, intruding into other people’s activities, and inability to wait—symptoms that are excessive for age or developmental level. ADHD often persists into adulthood, with resultant impairments of social, academic and occupational functioning” (DSM-V, 2013).

Bipolar Disorder	<p>“The bipolar I disorder criteria represent the modern understanding of the classic manic-depressive disorder or affective psychosis described in the nineteenth century, differing from that classic description only to the extent that neither psychosis nor the lifetime experience of a major depressive episode is a requirement. However, the vast majority of individuals whose symptoms meet the criteria for a fully syndromal manic episode also experience major depressive episodes during the course of their lives. Bipolar II disorder, requiring the lifetime experience of at least one episode of major depression and at least one hypomanic episode ... the instability of mood experienced by individuals with bipolar II disorder is typically accompanied by serious impairment in work and social functioning” (DSM-V, 2013).</p>
Collegiate Recovery Community (CRC)	<p>“Collegiate recovery programs (CRPS) and collegiate recovery communities (CRCs) are terms that are often used interchangeably to describe an institutionally sanctioned and supported program for students in recovery from addiction seeking a degree in higher education. The goal of a CRP or CRC is generally to offer the chance for students in recovery from addiction to experience the opportunities that higher education offers both in the college environment, and after by providing support, preventing a return to use, and promoting academic performance” (ARHE, 2019).</p>
Collegiate Recovery Program (CRP)	<p>“A collegiate recovery program (CRP) is a college or university-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other” (ARHE, 2019).</p>
Dab	<p>Concentrated doses of cannabis containing between 60-99% THC. Also referred to as shatter, wax, and BHO (butane hash oil) (Frohe et al., 2017).</p>
Dab pen	<p>A vaporizer device containing THC concentrate that looks like a writing pen. Dab pens are odorless and can be used in public undetected (Frohe et al., 2017).</p>
Depression	<p>“Depression is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that patients normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks. In addition, people with depression normally have several of the following: a loss of energy; a change in appetite; sleeping more or less; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; and thoughts of self-harm or suicide” (WHO, 2019).</p>
Meth	<p>Crystalline Methamphetamine, an illegal stimulant</p>

MU	Middletown University
Narcan	“Naloxone is a medication that can quickly reverse an opioid overdose by restoring the normal respiration of a person whose breathing has slowed or stopped. The drug is an opioid antagonist which ... can be given by injection ... or prepackaged Narcan nasal spray” (NIDA, 2020).
Narcotics anonymous (NA)	“NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. [They] are recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using” (NA, 2019).
Panic Disorder	“In panic disorder, the individual experiences recurrent unexpected panic attacks and is persistently concerned or worried about having more panic attacks or changes his or her behavior in maladaptive ways because of the panic attacks ... Panic attacks are abrupt surges of intense fear or intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms. Limited-symptom panic attacks include fewer than four symptoms. Panic attacks may be expected, such as in response to a typically feared object or situation, or unexpected, meaning that the panic attack occurs for no apparent reason” (DSM-V, 2013).
Post-Traumatic Stress Disorder (PTSD)	“The essential feature of posttraumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more traumatic events. emotional reactions to the traumatic event (e.g., fear, helplessness, horror) are no longer a part of criterion. The clinical presentation of PTSD varies. In some individuals, fear-based re-experiencing, emotional, and behavioral symptoms may predominate. In others, anhedonic or dysphoric mood states and negative cognitions may be most distressing” (DSM-V, 2013).
Substance-Induced Schizophrenia	“Individuals with these disorders may present with symptoms that suggest delusional disorder. For example, simple persecutory delusions in the context of major neurocognitive disorder would be diagnosed as major neurocognitive disorder, with behavioral disturbance. A substance/medication-induced psychotic disorder cross-sectionally may be identical in symptomatology to delusional disorder but can be distinguished by the chronological relationship of substance use to the onset and remission of the delusional beliefs. In substance/medication-induced psychotic disorder, the psychotic symptoms are judged to be a physiological consequence of a drug of abuse, a medication, or toxin exposure and cease after removal of the agent” (DSM-V, 2013).

Recovery	Recovery is lifelong process by which an individual quits using substances altogether and sees noteworthy improvements in healthy functioning and quality of life (SAMSHA, 2011).
Relapse	A return to substance use by an individual attempting to abstain from substances as a common part of addiction recovery (SAMSHA, 2011).
Schizophrenia	Schizophrenia spectrum and other psychotic disorders include schizophrenia, other psychotic disorders, and schizotypal (personality) disorder. They are defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms” (DSM-V, 2013).
Substance Use Disorder (SUD)	“The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli” (DSM-V, 2013).
Suicidal Ideation	“They may range from a passive wish not to awaken in the morning or a belief that others would be better off if the individual were dead, to transient but recurrent thoughts of committing suicide, to a specific suicide plan ... Motivations for suicide may include a desire to give up in the face of perceived insurmountable obstacles, an intense wish to end what is perceived as an unending and excruciatingly painful emotional state, an inability to foresee any enjoyment in life, or the wish to not be a burden to others” (DSM-V, 2013).
Trigger	Triggers are internal or external cues that can cause a person in recovery to relapse and return to substance use. An example of a trigger may be witnessing other individuals using substances which can lead to using thoughts, which are desires to return to substance use (SAMSHA, 2011). Triggers also refer to symptoms of PTSD such as “triggering events that resemble or symbolize an aspect of the traumatic event” (DSM-V, 2013).
Vape	A vaporizer used to consume cannabis or nicotine
WU	Walter University

APPENDIX C

PARTICIPANT DEMOGRAPHICS

Name	Age	G	Year	School CRP	High-Risk Populations	Sober Housing
Calvin	26	M	Freshman	MU	Former Greek Life	No
					Mental health: Anxiety, ADHD Bipolar, suicidal ideation	
Kelsey	21	F	Junior	MU	Former Student-athlete	No
					Mental health: Anxiety, Depression, PTSD, suicide attempts	
Tyler	23	M	Senior	MU	Former Greek Life	Yes
					Mental health: ADHD, Anxiety	
Xerxes	25	F	Senior	MU	N/A	No
AJ	28	M	Senior	WU	Former Greek Life	Yes
					Mental health: Depression, Drug-induced Schizophrenia	
Brandon	27	M	Junior	WU	Former Greek Life	Yes
					Mental health: Anxiety	
Drew	21	M	Senior	WU	Mental health: Anxiety, Depression, suicidal ideation	No
Laura	20	F	Junior	WU	Former Greek Life	No
					Mental health: Anxiety (symptoms, no diagnosis) Depression	

Figure 1: Demographic information (housing and high-risk groups)

Name	Age	G	Year	School CRP	Major
Calvin	26	M	Freshman	MU	Current: Associate of arts
					Intended: Communications or Sports journalism
Kelsey	21	F	Junior	MU	Current: Undecided
					Intended: Psychology
Tyler	23	M	Senior	MU	Political science
Xerxes	25	F	Senior	MU	Current: Classics (classical civilizations)
					Previous: Music
AJ	28	M	Senior	WU	Current: Physics, computer science minor
					Intended: Engineering, computer engineering minor
Brandon	27	M	Junior	WU	Integrated information technology (IIT)
Drew	21	M	Senior	WU	Sports and entertainment management
Laura	20	F	Junior	WU	Social work

Figure 2: Demographic information (current/intended majors)

Theme A. Barriers Faced by Students in Recovery	
Subtheme	Examples
Subtheme 1. Campus and 12-step programs as catalysts for access to substances	At MU and WU, there are no vaping or smoking policies; no residential advisors in off-campus student housing; no reporting system for alcohol and other drug (AOD) use; lack of accountability from residential advisors/Public Safety; 12-step programs expose students to illicit drugs
Subtheme 2. Greek Life and student-athletes lack accountability in substance misuse	Greek Life has rampant hard drug use and underage drinking; Greek Life members sign paperwork under the influence; Greek Life members pay dues for access to AOD; student-athletes are not drug-tested properly
Subtheme 3. Lack of sober spaces	MU library does not have 24-hour access; WU CRP does not have 24-hour access; schools lack sober study groups
Subtheme 4. Mental health concerns	Mental illness; suicidal thoughts; risk of relapse; dealing with overdoses and suicides in the recovery community
Subtheme 5. Most resources are off campus	Students must leave campus for mental health professionals; 12-step meetings, sober housing, sober events, sober study groups; all students in recovery live off campus and many students do not have driver's licenses
Subtheme 6. Technology	Dab pens/vapes (See Appendix B) used widely on both campuses; sale of illicit drugs on social media
Subtheme 7. Triggers on campus	On campus, students use alcohol and other drugs (AOD); students sell illicit drugs; students discuss AOD; posters for marijuana legalization; orientation leaders tell students how to sneak AOD into campus events; bars on campus; residential advisors consume and offer AOD to residents; Greek Life members advertise parties with AOD
Theme B. Benefits of Collegiate Recovery Programs (CRPs)	
Subtheme	Examples
Subtheme 1. Academic	Academic support; sober study spaces; free printing
Subtheme 2. Personnel	Addiction counselors; people on-call 24/7; academic advisors with recovery training
Subtheme 3. Safety	No dangers like in 12-step community (people who use/sell drugs; sexual predators)
Subtheme 4. Social	Sober activities; sober community; sober events; separation between college and recovery identities; feeling "normal"
Subtheme 5. Therapeutic	Recovery meetings, speakers, and training; 5% relapse rate
Theme C. Policy Solutions	
Subtheme	Examples
Sub-theme 1. Academic programs	24-hour libraries; sober study groups; night/online classes; priority registration; academic advisors in recovery or trained as allies; academic advisors trained in different definitions of academic success

Sub-theme 2. Social programs	Sober retreats; sober dances and concerts; sober roommate matching; sober hiking and camping trips; more funding for sober activities like sober dinners; 12-step meetings inclusive of secular and non-Christian belief systems
Sub-theme 3. Therapeutic programs	Light therapies; meditation/yoga rooms; fitness centers; martial arts; therapy dogs and cats; plant room/community garden; psychologists and psychiatrists in student health centers trained in suicide prevention and dual diagnosis; reconsider triggering advertisements (NSPH numbers)
Sub-theme 4. Personnel resources	Academic advisors in recovery or trained as allies; on-site addiction counselors in dorms; RAs in recovery or trained as addiction counselors; RAs with Narcan training; orientation leaders who do not promote AOD use in tours
Sub-theme 5. Physical resources	On campus sober housing that has: monitoring and enforcement of sober living; RAs in recovery; sober roommate pairing; system to report AOD use; library with recovery literature; study space with coffee; larger spaces for CRPs; off-campus student housing that has: RAs; sober roommate pairing; system to report AOD use; policies against underage drinking and illicit drug use; security
Sub-theme 6. Policies	More accountability from Public Safety, Greek Life, and athletic departments (supervision; Narcan); professionals to help students navigate criminal injustice system.

Figure 3: Themes and Subthemes