

National Longitudinal Collegiate Recovery Study

Data Report Spring & Fall 2023

Contents

0.1 Dataset Description	1
0.2 Sample Characteristics (<i>N</i> = 613)	2
0.3 Past Problem Severity	3
0.4 Current Functioning	4
0.5 CRP and Recovery Engagement	6
0.6 Religiosity/Spirituality	9
0.7 Recurrence of Use	11

0.1 Dataset Description

0.1.1 Study Team

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0.1.2 Contact Us

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0.1.3 Acknowledgements

This project was supported by the Substance Abuse and Mental Health Services Administration and the Virginia Department of Behavioral Health and Developmental Services under the award number 1H79TI083296-01, as well as internal research funding from the School of Social Work at Virginia Commonwealth University. We would also like to thank the members of the Recovery Science Research Collaborative who provided input and feedback on the survey and study design. Lastly, we would like to thank the Collegiate Recovery Program (CRP) Directors for sharing this opportunity with students, and the students in recovery who participated. This study would not have been possible without their contributions.

0.1.4 Study Purpose

The National CRP Study provides a detailed picture of students participating in collegiate recovery programs (CRPs) at colleges and universities nation-wide. The purpose of this study is to understand participating students' experience by learning more about what aspects of CRPs are working well and what could be improved. It is our hope that the findings from this study will be used to tailor CRPs to better meet students' complex needs.

0.1.5 Study Design

The National CRP Study was designed with careful consideration of participants' privacy and protection. The study was approved by the VCU Institutional Review Board. To further protect participant privacy, the study is covered by a Certificate of Confidentiality from the National Institutes of Health.

0.1.6 Sampling

Four-year universities and community colleges with CRPs were invited to be partners on this project.

Schools were recruited through the Association of Recovery in Higher Education listservs and by word-of-mouth. In total, 707 students completed the baseline survey. Participants who completed the fall baseline survey were eligible to complete the spring follow-up survey. In total, 280 students completed the first follow-up survey, 174 students completed the second follow-up survey, 127 students completed the third follow-up survey, 60 completed the fourth follow-up survey, 38 completed the fifth follow-up survey, and 35 completed the sixth follow-up survey. The participants, collapsed across seven cohorts in spring 2024, are characterized in greater detail below.

0.1.7 Data Collection

The National CRP Study is a web-based survey. Students were invited to participate via email. REDCap was used to collect and manage the data.

0.1.8 About this Report

This data report is organized into two: updated data from the baseline survey and data from the follow-up survey. Across both data reports, we provide descriptive statistics from the overall sample of respondents for a set of key measures. Data specific to each school (for schools with 10+ students who responded to the survey) will be provided in the near future.

0.1.9 Exploring the Data Further

Please let us know if there are particular items or areas you want us to examine and include in future reports by emailing recoverystudy@vcu.edu. We want these data to be maximally useful to recovery programs. We are also able to share the raw, de-identified data with anyone who is interested in working with it. To request access to the de-identified data, please contact the research team by emailing recoverystudy@vcu.edu. They will provide you with a data sharing agreement, which you can complete and submit to the study email listed above.

0.2 Sample Characteristics (*N* = 707)

0.2.1 Age and nationality

In the baseline survey, participants' ages ranged from 18 to 65, with an average age of 28.08 (median = 25, SD=9.05). The majority of participants were students from the United States (98.6%), while 1.4% were from Canada.

0.2.2 Gender Identity and Sexual Orientation

In terms of gender identity, 12.6% of the students identified as transgender, genderqueer, gender non-conforming, gender non-binary, or questioning, while 87.4% of the students identified as cisgender. 54.6% of the students identified as female, while 33.1% identified as male, 7.7% identified as non-binary, and 4.4% identified as questioning or self-identified. 58.7% of the students identified as heterosexual, while 41.3% identified as belonging to the LGBTQ+ community.

0.2.3 Race/ethnicity

Among the participants, 78.7% identified as White, followed by 6.3% as Hispanic/Latino, 7.1% as Black/African American, and 4.7% as Asian. Additionally, 1.2% identified as American Indian/Alaska Native, and 0.4% as Native Hawaiian/Other Pacific Islander. Furthermore, 1.2% of the participants identified as belonging to more than one race.

0.2.4 Academic standing

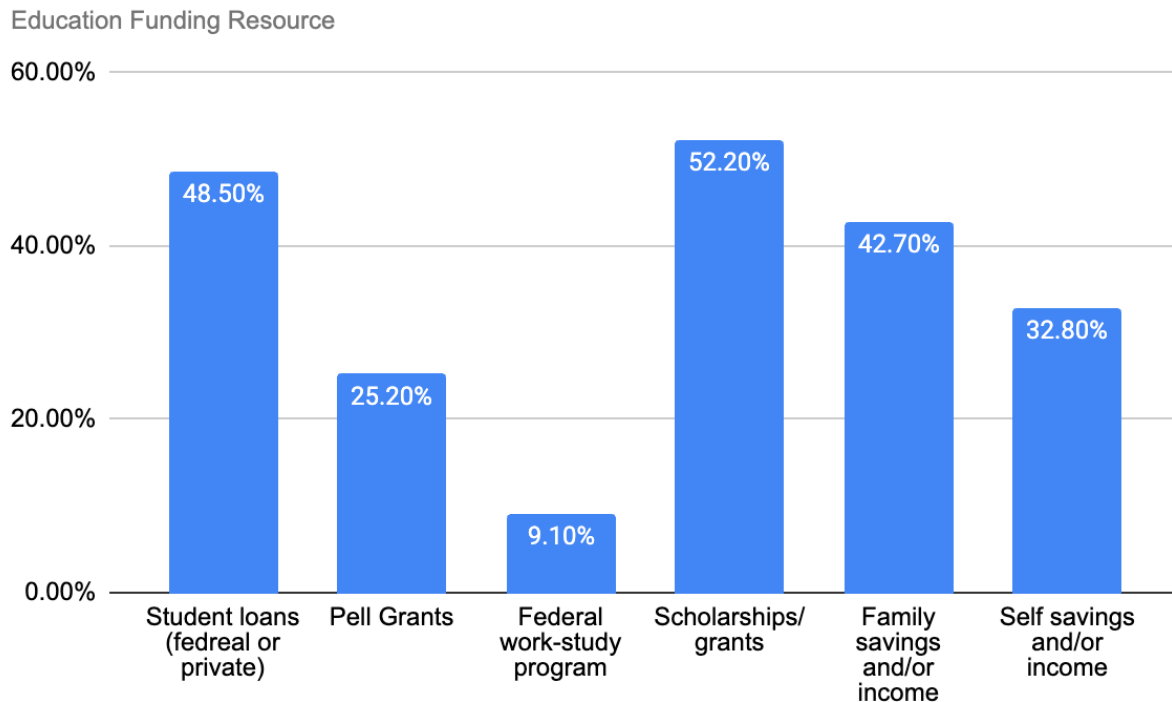
At baseline, 73.5% of the participants were undergraduates, while 26.5% were graduate students, with a breakdown of 9.4% freshmen, 15.0% sophomores, 21.4% juniors, 27.7% seniors, 18.1% master's students, and 8.4% doctoral students.

0.2.5 Economic status

The study began collecting elements of participants' socioeconomic status from Spring 2023 for Cohorts 5, 6, and 7. Among these participants, 26.3% reported not having enough to meet their financial needs, while 33.6% reported sometimes or often not having enough money when they ran out of food.

0.2.6 Education funding resources

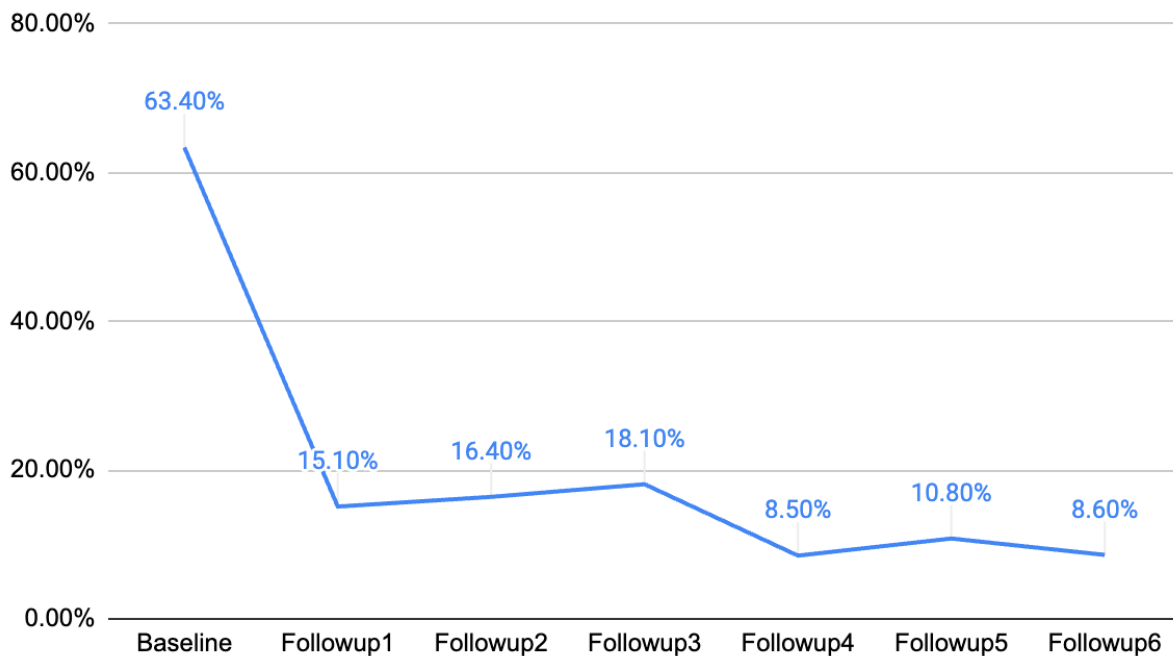
Participants reported receiving educational funding from various sources, with the median debt per person being \$20,000.



0.3 Past Problem Severity

Among participants, 63.4% have experienced academic disruption due to substance use disorder (SUD) or mental health issues (MH), while 43.0% reported involvement with the criminal justice system. Additionally, 58.3% of participants have been diagnosed with Substance Use Disorder, and the majority (90.1%) have been diagnosed with at least one mental health disorder.

Experience academic disruption due to SUD or MH



0.4 Current Functioning

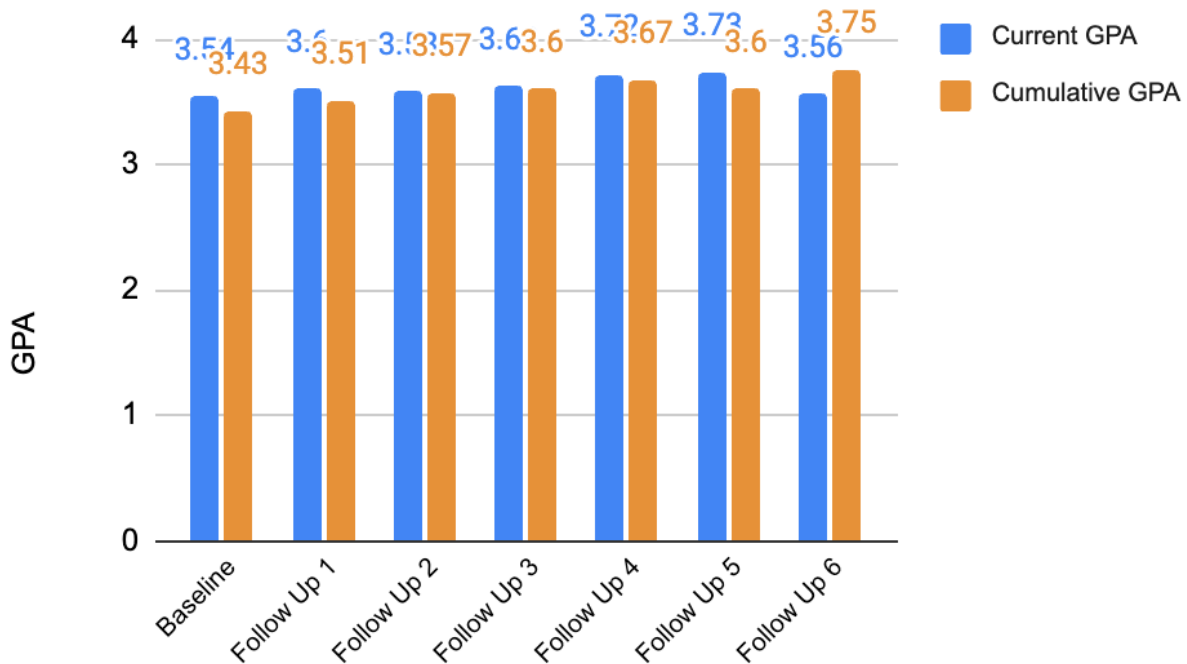
Despite challenging histories, including high levels of academic disruptions and criminal justice involvement, students in CRPs are functioning at high levels. This is evidenced by the data below.

0.4.1 Academics and Employment

Participants' academic performance demonstrates their resilience and success despite facing significant challenges. High school GPA ranged from 0 to 4.6, with an average of 3.31 (median = 3.5). Baseline GPA ranged from 0 to 4, averaging 3.54 (median = 3.7), while follow-up GPAs showed consistent performance improvement over time: follow-up 1 (average = 3.60, median = 3.8), follow-up 2 (average = 3.58, median = 3.8), follow-up 3 (average = 3.62, median = 3.8), follow-up 4 (average = 3.72, median = 3.9), follow-up 5 (average = 3.73, median = 3.90), and follow-up 6 (average = 3.56, median = 3.95). Additionally, cumulative GPAs at baseline ranged from 1.1 to 4, averaging 3.43 (median = 3.5), and similarly showed improvement over follow-up periods: follow-up 1 (average = 3.51, median = 3.7), follow-up 2 (average = 3.57, median = 3.7), follow-up 3 (average = 3.6, median = 3.8), follow-up 4 (average = 3.67, median = 3.8), follow-up 5 (average = 3.60, median = 3.8), and follow-up 6 (average = 3.66, median = 3.75). These findings highlight the academic progress and resilience of participants in CRPs.

[Employment]

Current GPA and Cumulative GPA



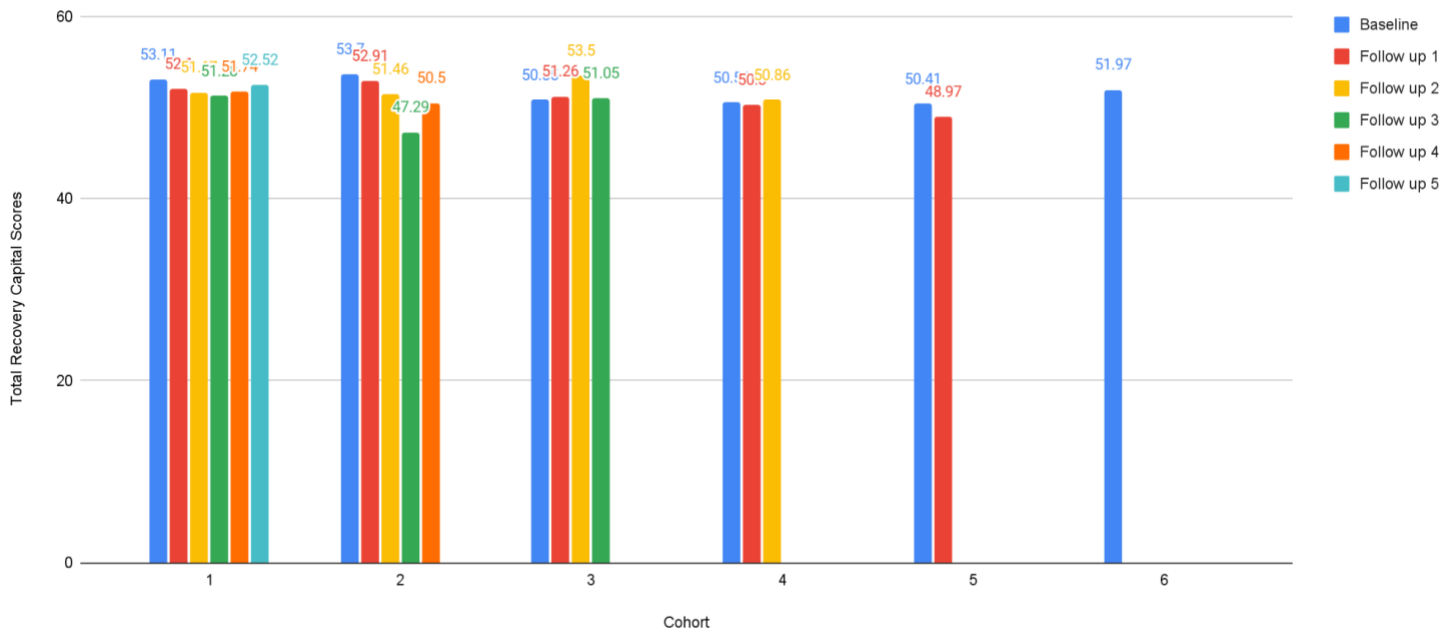
0.4.2 Recovery Capital

Total recovery capital was measured via the Brief Assessment of Recovery Capital. Total recovery capital scores, representing the sum of all 10 items from this measure, indicate that these students have accrued significant resources to sustain their recovery, as illustrated in the accompanying figure.

Baseline recovery capital scores ranged from 10 to 60, with an average score of 51.71 (median = 53). At the first follow-up, recovery capital scores ranged from 27 to 60, with an average score of 51.29 (median = 52). Subsequently, at the second follow-up, recovery capital scores ranged from 10 to 60, with an average score of 50.72 (median = 52). At the third follow-up, recovery capital scores ranged from 20 to 60, with an average score of 51.27 (median = 53). Moving to the fourth follow-up, recovery capital scores ranged from 30 to 60, with an average score of 51.52 (median = 53). At the fifth follow-up, recovery capital scores ranged from 22 to 60, with an average score of 52.49 (median = 54). Finally, at the sixth follow-up, recovery capital scores ranged from 39 to 60, with an average score of 52.3 (median = 53).

[BARC by cohorts]

Recovery Capital Scores in different time points by Cohorts



0.4.3 Social Support

The study explored participants' sources of social support, revealing insights into their recovery journey. Family support was prevalent, with 71.4% of participants reporting that most of their family members support their recovery, though 4.0% noted a lack of support from any family members. In terms of social networks, participants predominantly felt supported by friends in their Collegiate Recovery Programs (CRPs) (82.3%), friends outside of the school (69.7%), and friends in recovery outside of the school (67.6%) or within the same school (63.5%). However, professors (36.9%), and student advisors (21.4%) were less frequently selected as sources of support.

The majority of participants (94.9%) thought their CRP cared about their wellbeing and felt safe and welcome in the CRP environment (94.1%). Participants (93.8%) also agreed that the CRP staff are effective role models for the student community.

0.4.4 Belongingness

A significant proportion of participants reported feeling a sense of belonging within the school community. However, it is crucial to acknowledge that approximately 20% of participants at different time points expressed contemplating leaving the school due to feelings of isolation or unwelcomeness.

Sense of Belonging						
	Followup1	Followup2	Followup3	Followup4	Followup5	Followup6
Valued as an individual	73%	74.20%	68.70%	79.50%	90.50%	83.30%
Feel belong at the school	70.40%	78.00%	71.10%	77.30%	95%	93.10%

Considered leaving because I felt isolated or unwelcomed	16.10%	17.40%	22.20%	25.00%	19.10%	11.10%
Perform to my full potential	73.90%	73.30%	72.00%	72.80%	85.70%	88.90%
Have 1+ communities where I belong	79.00%	76.90%	75.40%	79.60%	90.40%	88.90%

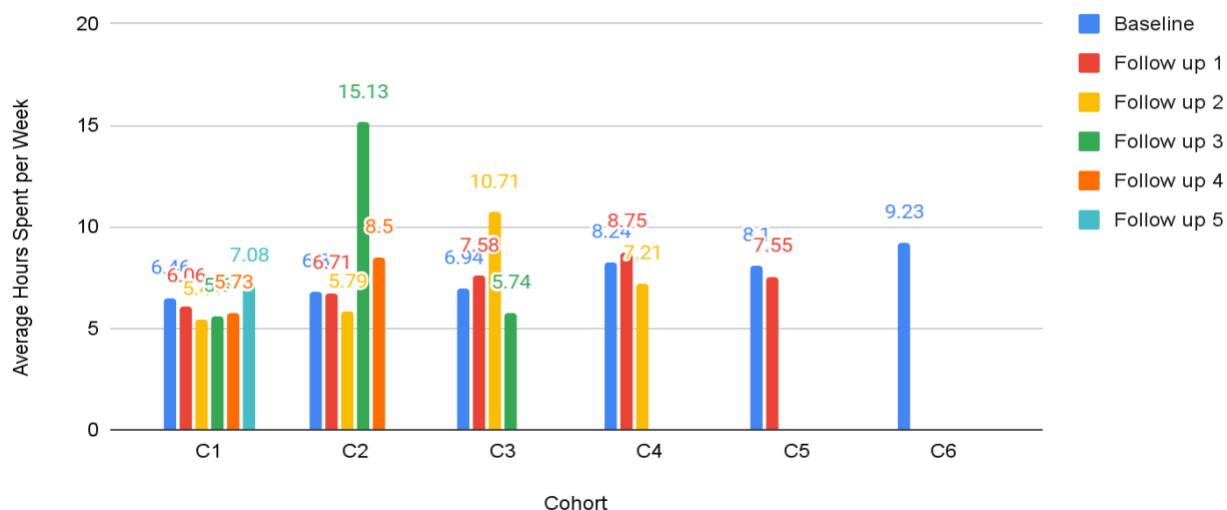
0.4.5 Loneliness

From the first to third follow-ups, approximately 70% of the participants reported feeling lack of companionship. By the fourth and fifth follow-ups, this figure dropped to 58.3%. increased to 65.7%. However, during the fourth and fifth follow-ups, around 49% of the participants reported experiencing loneliness.

0.5 CRP and Recovery Engagement

At baseline, participants engaged in recovery-related activities for an average of 7.49 hours (median = 5). At the first follow-up, this decreased to an average of 6.88 hours (median = 5), followed by a further decrease to an average of 6.43 hours (median = 4) at the second follow-up. However, at the third follow-up, participants increased their engagement to an average of 7.11 hours (median = 4.5). The average engagement at the fourth follow-up was 6.01 hours (median = 5), and at the fifth follow-up, it was 7.08 hours (median = 4).

Hours spent weekly on recovery-related activities at different time points by cohort



CRP staff were reported to play an essential role in participants' academic, social, and personal growth, as well as in their recovery process.

Role of CRP on Student Outcomes (Mean scores ranging from 0 to 100)

	Baseline	FollowUp 1	FollowUp 2	FollowUp 3	FollowUp 4	FollowUp 5
Help me in recovery	79.7	74.39	73.75	73.94	68.11	70
Help me academically	73.57	67.46	70.65	71.03	66.82	69.63
Play a key role in my social life	65.62	62.61	63.7	62.3	54.36	70.06
Help me grow personally	80.59	77.77	74.82	77.91	68.5	74.19

0.5.1 Use of Services

For the newly participated Cohorts 5 and 6 in 2023, the following tables show the services participants used and what they found to be helpful.

Use and Helpfulness of General/University Services		
	I didn't use the service since coming to this school	% Who found useful*
University counseling services	39.7	78.7
University student health services	33.5	71.4
Health promotion services	65.5	59
Accessibility services	54.5	65.4
Campus recreational sports/gym	34.3	79.5
Counseling outside of university	16.9	84.5
Off-campus psychiatric services	29.1	80.3

*Percentages represent the proportion of participants who utilized the services.

Use and Helpfulness of CRP Services		
	I didn't use the service since coming to this school	% Who found useful*
On-campus recovery meetings	19.3	85.2
Off-campus recovery meetings	19.2	82.5
Recovery housing	62.1	70.1
Recovery scholarships	52	84.7
Recovery seminar	49.7	76.1
Recovery events	24.9	85.7
On-campus recovery space	15.6	87.4
1:1 recovery coaching or counseling	41.8	81.6
Overnight trips	61	81.2
Priority class registration	54.8	83.8
Sports/exercise recovery services	56.5	77.9

* The percentage represents respondents who utilized the services and indicated that the service is helpful or very helpful.

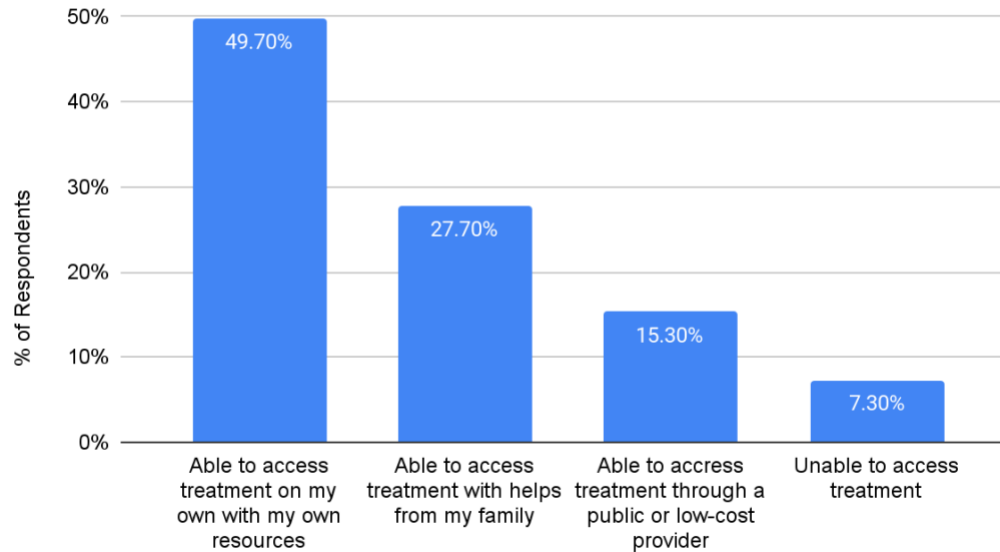
0.5.2 Ability to get help if needed

Starting from 2023, the study also assesses participants' ability to seek assistance outside of their

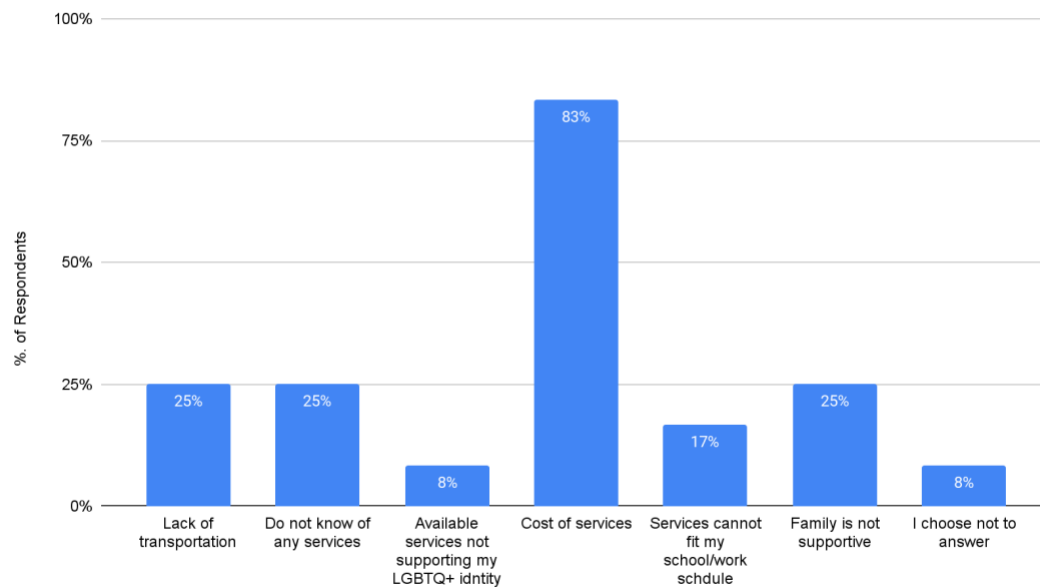
CRPs when needed, in order to understand their resourcefulness. The study also investigates the reasons why some participants may be unable to access the necessary assistance.

In Cohorts 5 and 6, 77.4% of the participants reported that they were able to access needed services through their own resources or with help from family, while 15.3% were able to obtain help through public or low-cost providers. However, 7.3% of the participants were unable to access the treatment they needed, with the cost of services being indicated as the biggest barrier to obtaining necessary assistance.

Ability to get help if needed (Collected from Cohort 5 and 6 in 2023. N=180.)



Factors contributing to the inability of individuals to access treatment (N=13)



0.5.3 Pathways to know the program (C5 and C6)

The majority of participants (72.8%) know their CRPs at their current university, 23.9% learned the program from others and 2.2% knew from their previous university.

0.5.4 Their Primary Pathways to Recovery

The study reveals that the most commonly used primary pathways to recovery among participants include the 12-Step(59.3%), engagement with Community Resource Programs (CRPs) (39%), professional therapy or counseling (35.4%), medication (14.5%), and sports and exercise (14.2%).

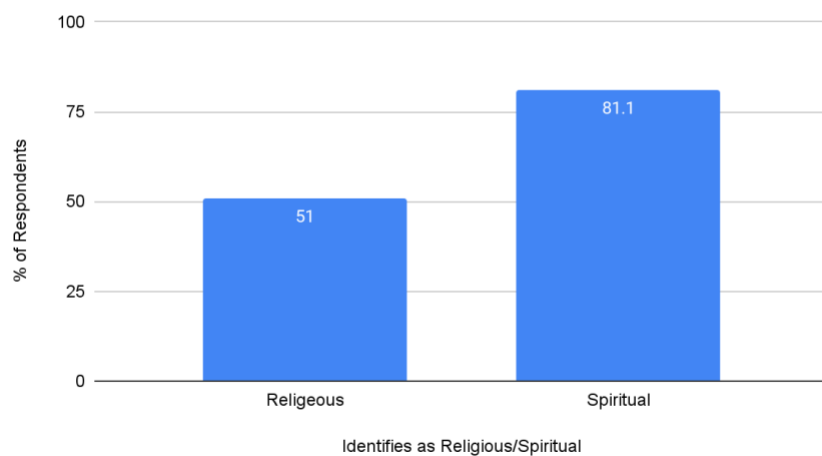
Primary Pathways to Recovery	
Primary pathways to Recovery	% of who endorsed
12-Step (e.g., AA, NA, CA, etc.)	59.3
Non-12-Step (e.g., SMART Recovery)	5.7
Religious affiliated (e.g., Celebrate Recovery)	4.1
Spiritually affiliated (e.g., Refuge Recovery, Recovery Dharma)	6.4
Moderation Management	0.8
Harm Reduction	5.7
Medication	14.2
Professional therapy or counseling	35.4
Collegiate Recovery Program	39
Employee Assistance Program	0
Sports/exercise	14.5
YOGA	6.5
Others	3.30

*Percentages may not add to 100% as participants were instructed to select all that apply.

0.6 Religiosity/Spirituality

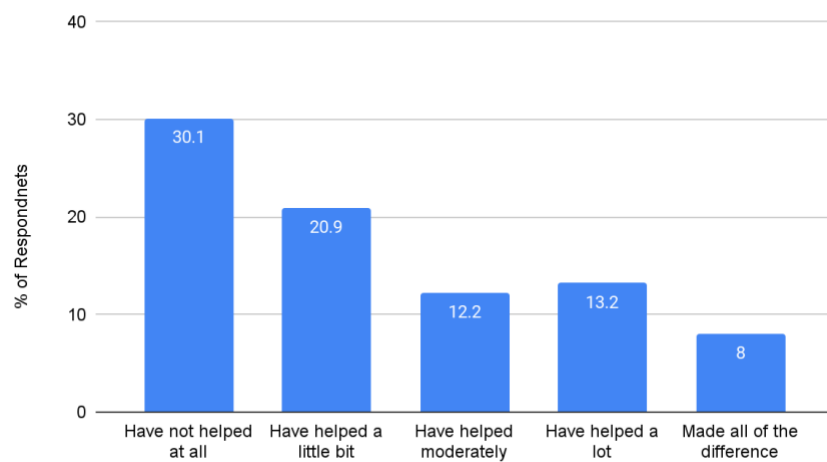
Among participants, there were 51% of them identified as religious and 81% of them identified as spiritual persons.

Religiosity and Spirituality

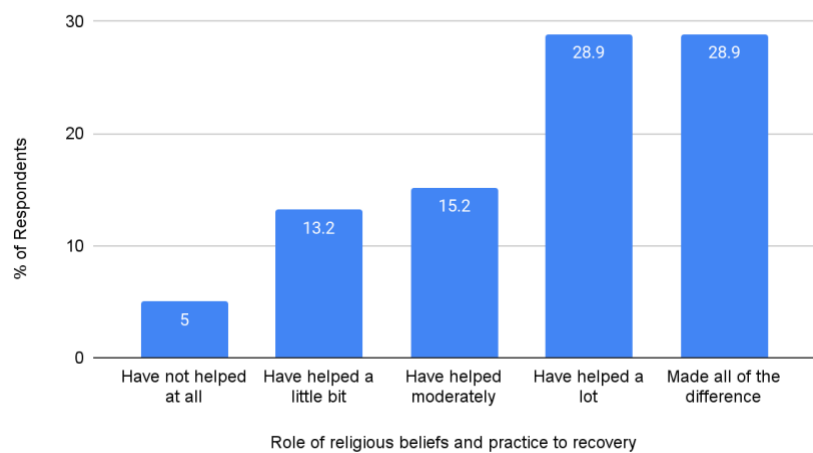


0.6.1 Role of Religious/ spiritual beliefs and Practices in Recovery

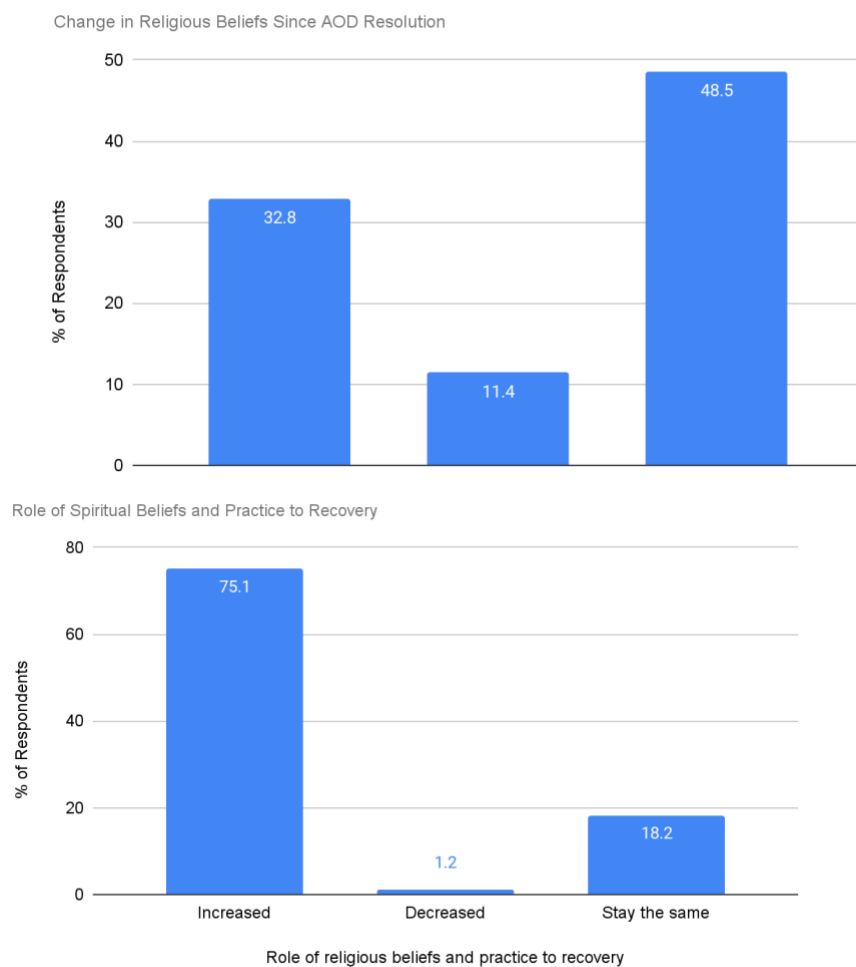
Role of Religious beliefs and practice to recovery



Role of Spiritual Beliefs and Practice to Recovery



0.6.2 Change in Religious/Spiritual Beliefs Since AOD Resolution

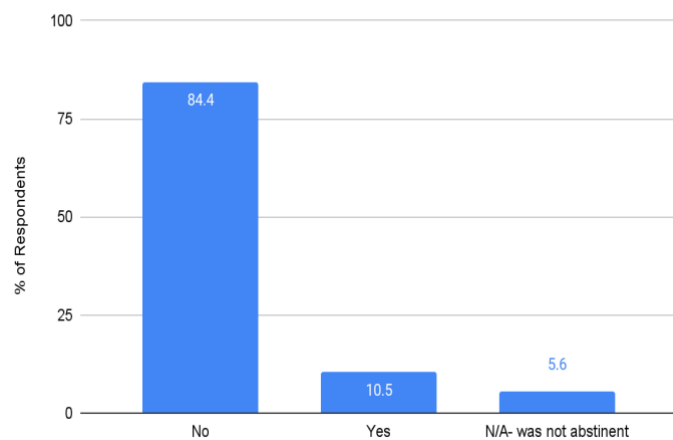


0.7 Recurrence of Use

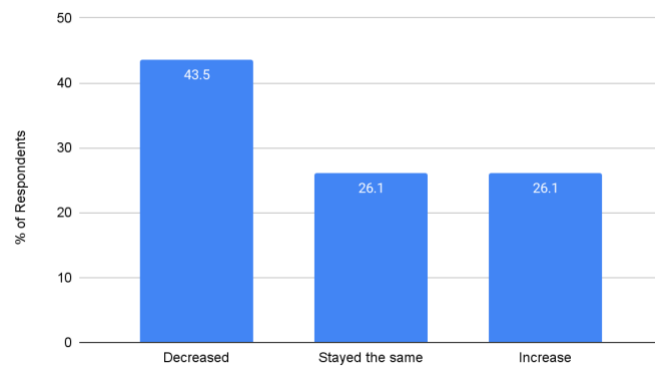
Overall, among participants, the rate of alcohol or substance use recurrence was notably low, ranging from 8.8% in Follow Up 3 to 16.1% in Follow Up 5. The following figures also indicate whether recurrence influenced their attendance in CRP activities or recovery meetings.

Follow Up 1

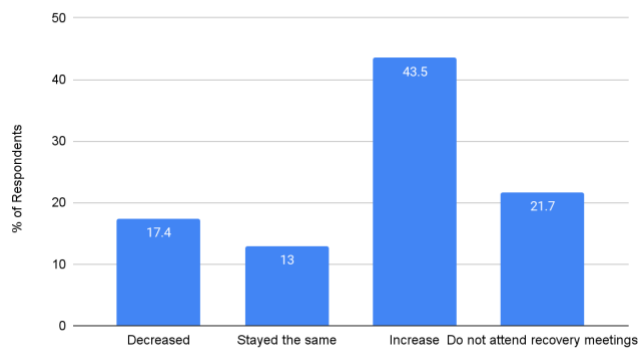
Recurrence of Use Since Baseline (Follow Up 1)



Change in CRP Activities Since Relapse (Follow Up 1)

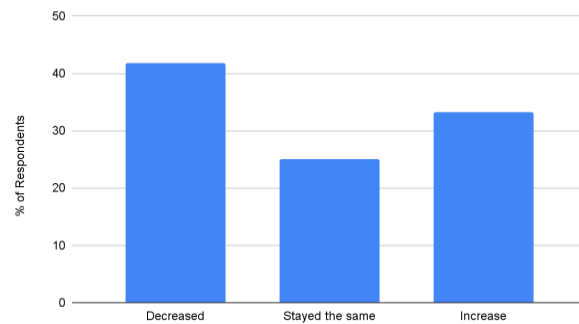


Change in Recovery Meeting Attendance Since Relapse (Follow Up 1)

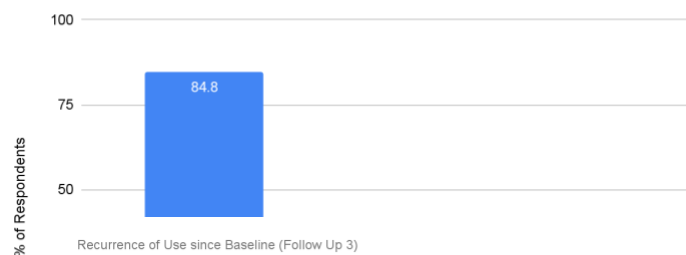


Follow Up 2

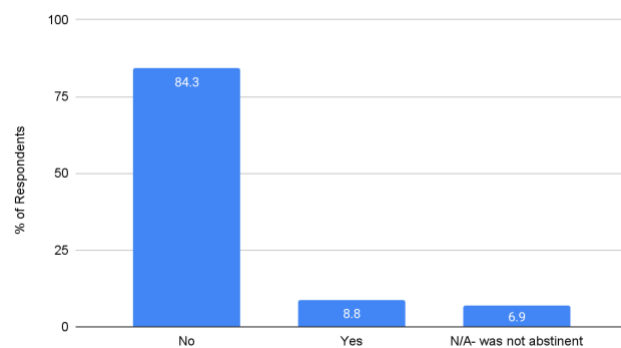
Change in CRP activities Since Relapse (Follow Up 2)



Recurrence of Use since Baseline (Follow up 2)

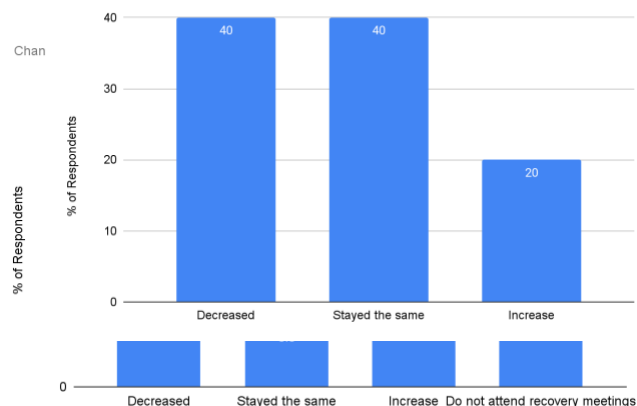


Recurrence of Use since Baseline (Follow Up 3)

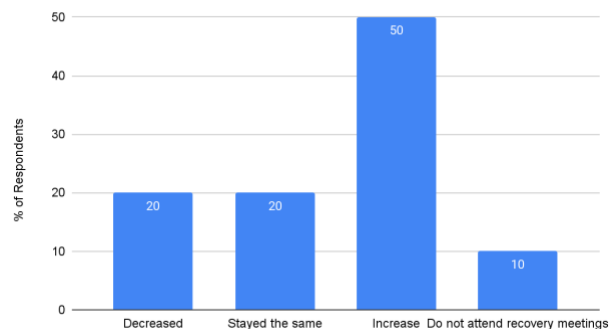


Follow Up 3

Change in CRP activities Since Relapse (Follow Up 3)

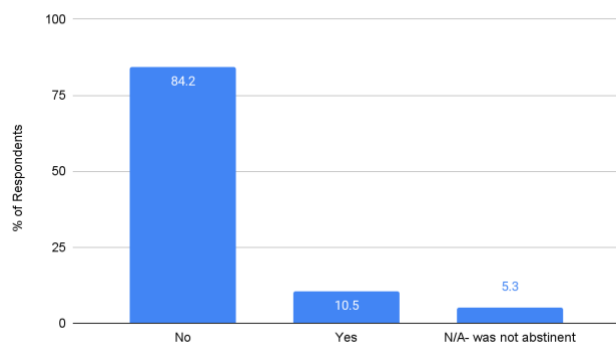


Change in Recovery Meeting Attendance Since Relapse (Follow Up 3)

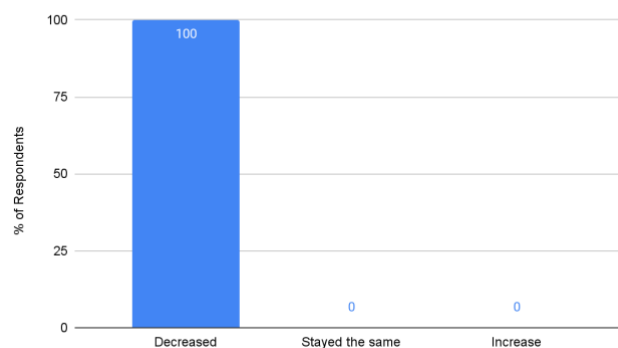


Follow Up 4

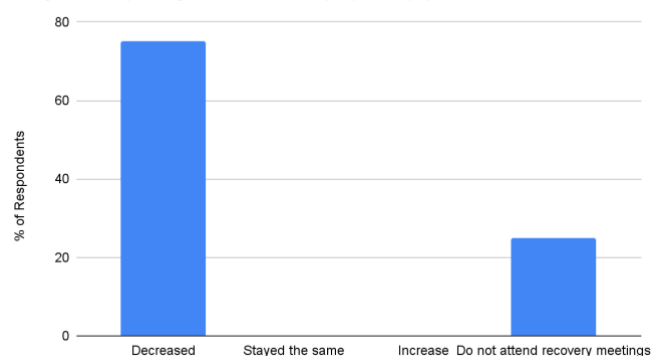
Recurrence of Use since Baseline (Follow Up 4)



Change in CRP activities Since Relapse (Follow Up 4)

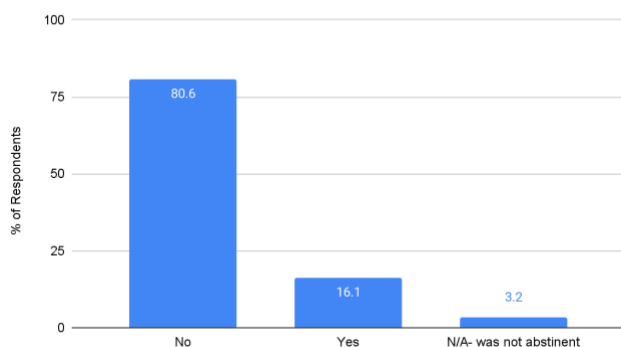


Change in Recovery Meeting Attendance Since Relapse (Follow Up 4)

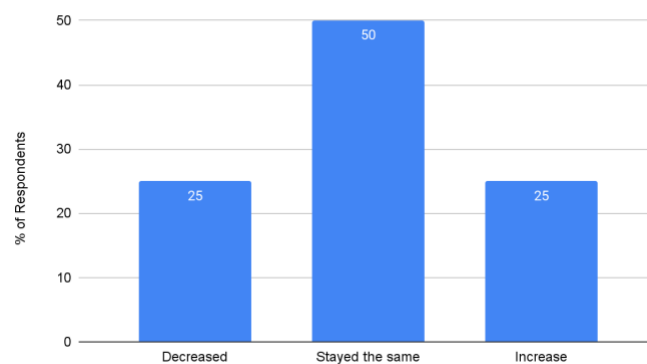


Follow Up 5

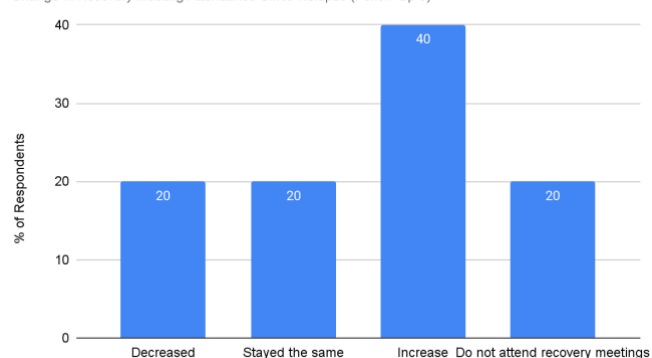
Recurrence of Use since Baseline (Follow Up 5)



Change in CRP activities Since Relapse (Follow Up 5)



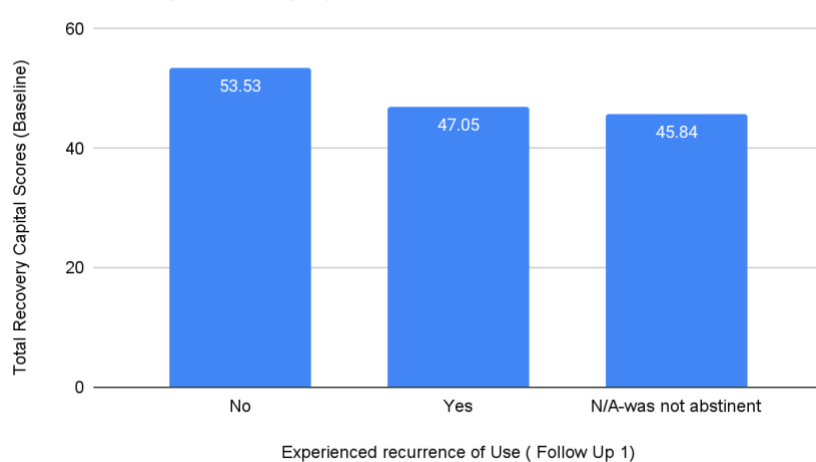
Change in Recovery Meeting Attendance Since Relapse (Follow Up 5)

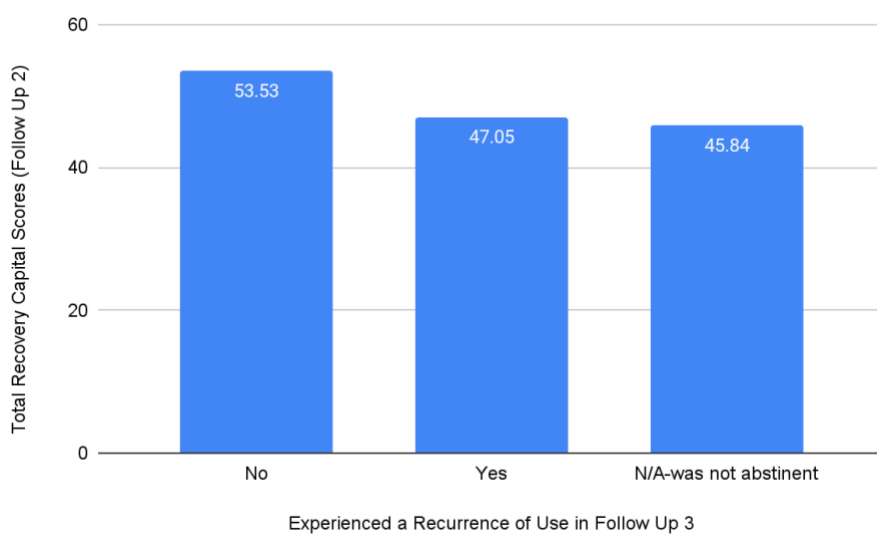
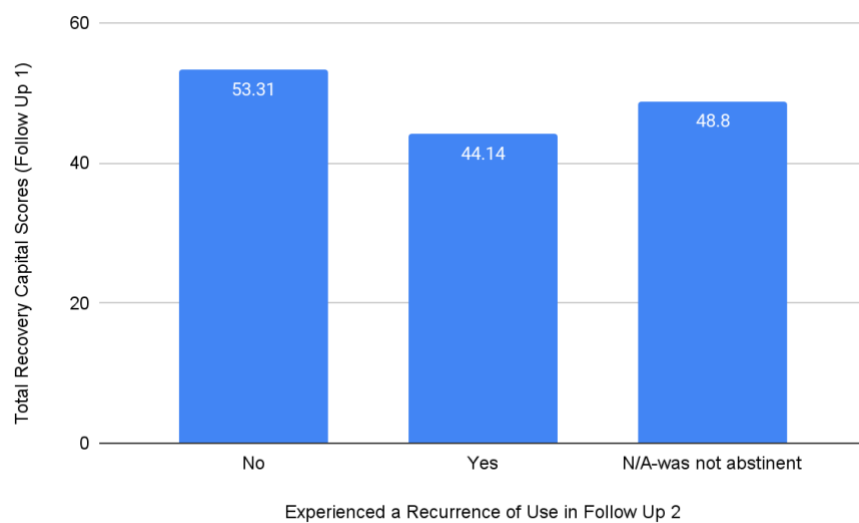


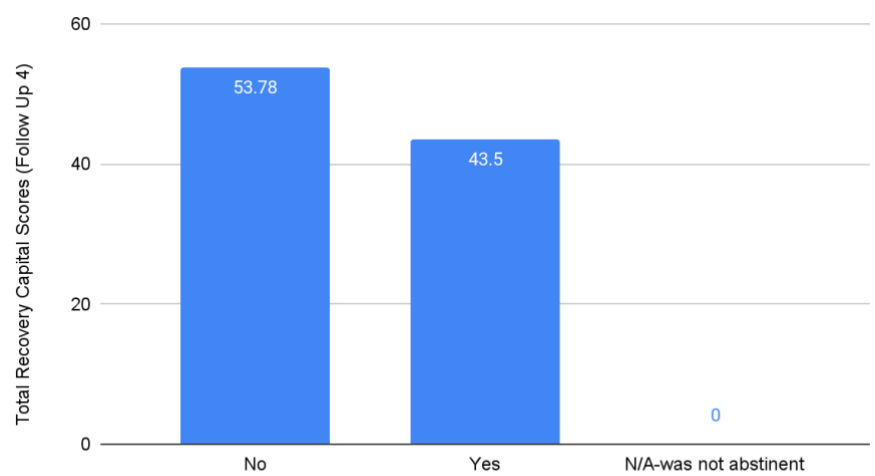
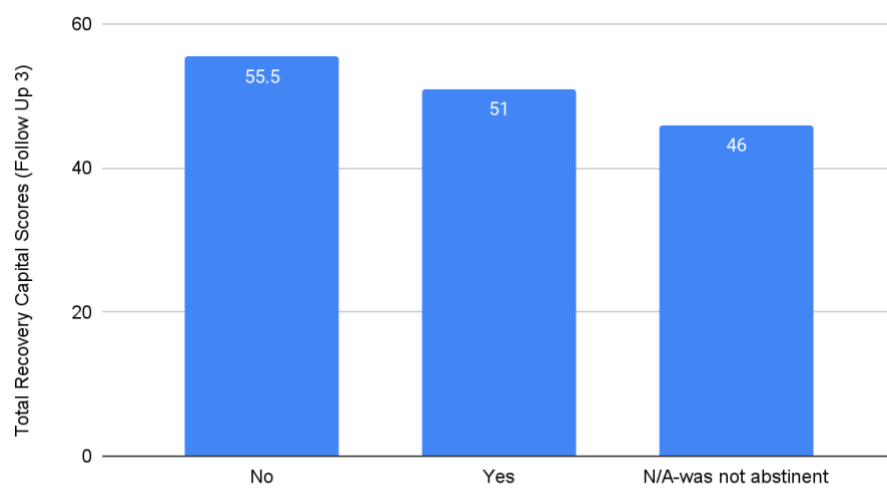
0.7.1 Recurrence of Use by Total Recovery Capital Scores

The study also investigated participants' recovery scores in correlation with their recurrence of substance use. The following figures showed that participants who had experienced recurrence of substance use had lower recovery scores in their previous surveys compared to those who had not experienced recurrence of use.

Recurrence of Use by Total Recovery Capital Scores







Experienced a Recurrence of Use in Follow Up 5