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RECOVERY SUPPORT SERVICES FOR YOUNG ADULTS: A NEEDS ASSESSMENT FOR A COLLEGIATE RECOVERY PROGRAM AT A MIDSIZED PUBLIC UNIVERSITY LOCATED IN SOUTHERN CALIFORNIA

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Micah Kevin Carlson

June 2018

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Approved by:

Erica Lizano, Faculty Supervisor, Social Work

Janet Chang, M.S.W. Research Coordinator

ABSTRACT

Substance use and substance use disorders continue to impact the health and safety of people across the United States. A population in which substance use and substance use disorders tend to be the highest being with college-age populations. In response to this growing public health concern, Recovery Support Services (RSS) are being implemented across colleges and universities nationwide. With each college or university being diverse based on its location, size, and demographics RSS resources do not look the same as they spread from campus to campus. This research project analyzed the current resources, how they are implemented, and how they correspond to the student population at a midsized public university located in Southern California. Utilizing a focus group and several structured interviews a survey design was assembled. The participants interviewed were asked a series of questions based on possible personal and departmental service viewpoints of pre-existing services as well as the quality of said services. Additionally, participants were asked about services not offered, as well as any issues that are not currently being addressed, and were asked to give feedback about each topic. Qualitative data were transcribed, analyzed, and coded using Microsoft Word as the coding software. Surveys were created and distributed via email, IBM SPSS was used for the statistical analysis, and results were compiled and recorded, with the study being reported to the campus Health Center for possible future program creation.

ACKNOWLEDGEMENTS

Chikako Takeshita from Women's Studies and Shahab Malik from Anthropology for external support regarding crafting research and methodology as an undergraduate.

Lastly, I will acknowledge and thank the support staff at Cal State San Bernardino, Dr. Erica Lizano for being a fantastic professor and advisor, Dr. Laurie Smith for your supervision, and Rachel Allinson, LCSW for really memorable field opportunities. I would like to acknowledge the supportive peers and staff at Cal State San Bernardino's Student Health Center, notably Ashley Spencer, Assistant Health Educator and my supervisor, and friend, Tess Webster-Henry, MPH both for supporting this research and helping to establishing the recovery movement on our own campus.

DEDICATION

I dedicate this research project to my deceased mother, Karen Eileen McIlhenny, as you were not able to live long enough to see me make it this far in my life and career. Everything I do is for you! Also, my two grandmothers, Betty Williams and Phyllis Carlson, as you both were significant influences in me pursuing higher education, and lastly, my late grandfather William Williams for your support for me and my college dream over the past few years. Finally, I dedicate this project to all lost souls still struggling with addiction, may you continue to fight the good fight—one day at a time.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Across the United States, the safety and well-being of many young people are significantly affected by substance use and a substance use disorders. Substance use and substance use disorders are most prevalent for adolescents (ages 12-18) but continue to remain the highest among college-aged, young adults (ages 18-25) (DePue & Hagedorn, 2015; Laudet et al., 2014). Even with their being more focus on substance use prevention among adolescents and college-aged students, substance use disorders have still increased over the past several decades (DePue & Hagedorn, 2015). A meta-analysis study by Laudet et al. (2014) confirmed the prevalence of high substance use rates and substance use disorders with many young adults across the United States. Likewise, the Substance Abuse and Mental Health Services Administration (SAMHSA) 2009 found that 6.9 million (around 21% of young adults in the United States) were in needed treatment for a substance-related issue (SAMHSA, 2009). Laudet et al. (2014) also confirmed that less than 10% of those who needed substance use treatment received treatment (Laudet et al., 2014). Please note that this acquired substance use disorder data was based only those substance users who chose to report at that moment in time. Substance use disorder rates throughout the United States could be much higher since much of the current research excludes private treatment or non-specialty settings (i.e.,

emergency rooms, private doctors, and those voluntarily attending self-help groups) (Lipari et al., 2016). Therefore, the likelihood of the rates of substance use and substance use disorders in the United States to be much higher than public treatment admissions data suggests.

The term recovery is well-used throughout this paper, and it is essential to define it. *Recovery* is a key term used to describe a lifestyle choice based on being in remission from (either abstinence or moderation) from substance use, a substance use disorder, or addictive process behavior (e.g., sexual activities, gambling, overeating, internet, etc.). Recovery can be as unique as the person involved. Personal improvement is a personal endeavor and is based on how one decides to reduce the risks associated with their addiction. The term recovery originated out of the vernacular of twelve-step programs such as with Alcoholics Anonymous. Today, the term recovery encompasses a much more comprehensive meaning. In mental health, it may refer to a client-centered method for treating both addiction and mental health issues. The term is used to describe a model of therapeutic approach or as an organizational culture. Bugbee et al. (2016) states, "recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (p. 2).

One protective factor against substance use and substance use disorders is a college education. Having a college education tends to be significant in maintaining long-term recovery from substance use disorder (DePue &

Hagedorn, 2015; Laudet et al., 2014). Particularly, when someone who is recovering from addiction, getting an education can be detrimental to long-term recovery. (DePue & Hagedorn, 2015). A college education can increase one's self-worth and greatly reduce the risk of relapse back into a substance use (Laudet et al., 2014). Alternatively, college campuses can also be hostile environments for those in recovery, as substance use and abuse is highly associated with student life (Caldeira, 2009; DePue & Hagedorn, 2015; Holleran-Steiker, et al., 2014; Laudet et al., 2014; Laudet et al., 2015; Bugbee et al., 2016). To combat the health risks associated with substance use and abuse, several colleges and universities across the United States have begun to provide recovery support services to the issues on their respective campuses.

Recovery support services are professionally driven services that can include outpatient or residential treatment services. They can also be followed by an aftercare plan, or a sequence of stepped-down functions based on evidence-based interventions (Laudet et al., 2014). College campuses tend to be diverse enough settings already when it comes to addiction or the stages of addiction. College and university campus recovery support services do not always need to include inpatient and outpatient services, but instead, include counseling and education services. Either way, the use of recovery support services is vital when serving college students who want to change their lives after suffering from a substance use disorder (Laudet et al., 2014).

A study by Caldeira et al. (2009) confirmed the prevalence of substance

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use disorders among a cohort of high-risk college students attending a large mid-Atlantic public university. Along with substance use prevalence, the study also captured rates of 'help-seeking' behaviors of each student. *Help-seeking* refers to the steps taken by the students regarding getting help such as, going to counseling, attending self-help groups, talking to friends, etc. (Caldeira et al., 2009). The study started with a sample of 946 high-risk students who first met the predisposition for a substance use disorder. The longitudinal study followed a group of students from their first-year of college to their third-year and documented any occurrences relating to of substance use, substance use disorder behaviors, as well as help-seeking processes. The study estimated that almost 46.8% of all the third-year students studied met the DSM-V benchmarks for a substance use disorder at least one time over the course of the three years (Caldeira et al., 2009). Within this subgroup of substance use disorder cases, 3.6% were observed needing help with a substance use problem, 16.4% were encouraged to seek help, and only 8.8% found help (Caldeira et al., 2009). This study also highlighted the stigmas associated with substance use, a lack of resources about substance use issues, and a lack of resources for students who want help as associated factors surrounding a lack of help-seeking behavior. There is a growing need to have more early intervention programming and resources on college campuses for students wanting to seek help from substance use or a substance use disorder.

Colleges and universities across nationwide have begun to embrace the

use of recovery support services to address substance use issues as well as support students who are in recovery. Recovery support services come in different arrangements such as on-campus treatment facilities, campus-based substance use counseling, peer support systems, sober housing, as well as on-campus support groups such as twelve-step and other related support groups (DePue & Hagedorn, 2015). Substance abuse treatment, as well as aftercare services for students, have begun to emerge being offered through what is being called a Collegiate Recovery Program (CRP) or Collegiate Recovery Communities (CRCs). These venues may provide specialized services regarding (a) a safe space with connections to other students with addiction problems; (b) support groups or 12-Step meetings; (d) case management resources (e.g., sobriety contracts and tracking of student goals); (e) substance-free community housing or a sober living environment; (f) community outreach programs; and (g) addiction-based counseling or education programs (DePue & Hagedorn, 2015).

Recovery support service programs can address substance-related addictions (i.e., drugs, alcohol, or tobacco), as well as other behavioral and process addictions (i.e., sex, food, gambling, emotions, video games, etc.) (Laudet et al., 2014). Regardless of the type of addiction, recovery support service programs aim to support all those suffering from their addictive behaviors. Even though addiction treatment and services on college campuses are growing, it is still necessary to address the student need, and the way recovery support services are implemented on each campus. No one service

option has been entirely explicit in how to assist students in recovery, students seeking help, or students advocating for a family or friend. Campus needs differ based on demographics, location, and culture. Because diversity can be so high, along with there being different types of addictions to address, recovery support needs to treat a wide range of interventions in order work with addictive disorders at a campus level (Laudet et al., 2014). Therefore, this research study sought input from both students and staff to determine the specific needs and types of services that would best benefit the student population at a midsized public university located in Southern California.

Purpose of the Study

This research study focused on assessing the need for recovery resources on the campus of a midsized public university located in Southern California. Even though addiction treatment and services on college campuses are growing, there is still a need to address students who are in recovery and need extra support. It is important to state that no one recovery support service option has been entirely explicit in how best to assist with recovery. Recovery support services programs are based on a range of evidence-based interventions that have been successful when working with young people in recovery, as well as with active substance users, who both reside on college campuses (Laudet et al., 2014). This research explored varying viewpoints of addiction and school resources from the perspective of the campus student and staff to create programing that could best serve student need.

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Despite rapidly increasing numbers of young people seeking and entering addiction recovery, only 34 out of the 4500 colleges nationwide have an actual CRP or CRC to support these students (Laudet et al., 2014). Primarily, CRPs and CRCs are designed to serve students seeking services for a substance use disorder, students with substance use disorder history, and those who have grown up in dysfunctional families because of substance use disorders. Many other groups can also benefit, such as students with process addictions (e.g., gambling, sex, eating disorders, etc.). For many years, the recovering student population has been considered a problematic group because they are hard to connect with by the researchers and college personnel (Laudet et al., 2015). Therefore, CRPs and CRCs can offer avenues for research and new programming. Student advocates inform higher education's response to the collegiate recovery movement (Laudet et al., 2015).

Quantitative and qualitative methods of research were used to complete this project. This study implored one focus groups and several personal interviews. The focus group interviewed campus Resident Assistants (RAs) from student housing. Several personal interviews included people who work in departments that typically engaged students who might misuse substances (e.g., Campus Police Officer, two Peer Health Educators, and Health Center Administrator). The last interview focused on a student who self-identify being in recovery. The interviews and focus group help this researcher design a self-administered survey that was sent to a significant portion of the student body.

The goal of the focus group and interview process was to eliminate any researcher bias within the construction of the self-administered survey.

Significance for Field of Social Work

The importance of this study arose from this researcher's desire to provide input into the field of social work surrounding substance use disorders. This research bases itself on changing school policy and creating programming that can open up employment avenues for more clinical and macro focused social workers on university and college campuses. Since social workers are already critical in influencing the lives of young people, it makes them a good fit for providing services for the complex issues that young adults deal with while attending colleges and universities. Social workers are trained to work in environments where there are limited resources and high caseloads. These challenges can sometimes make it difficult to be a social worker, but these problems are also what make social workers the best candidates for a college campus environment.

Social workers have also been on the front lines of addiction services for many years, are trained on a broad variety of issues, and are capable of approaching and substance use disorder with a more holistic framework (Vakharia, 2014). The use of 'person in the environment' as well as the 'biopsychosocial' models have help social work clinicians create more supportive conditions for many different types of client populations. When it comes to students, social workers are well adept at pursuing a more stable environment to

help students in recovery continue their academic career with much success (Holleran-Steiker et al., 2014).

Collegiate recovery movements have been influential in changes in school policy as well as the need to create more unique environments on college campuses. The presence of a therapeutic community, as well as partnerships with substance use disorder programs, can influence the success of many vulnerable young people on college campuses (White & Finch, 2006). College campuses have been committed to improving the outcomes for their students with substance issues. Students with substance use issues, who have attended either a CRP and CRC and remained sober, have had some of the more significant academic outcomes when compared students who were not participants (White & Finch, 2006).

There were two sets of guiding questions surrounding this project. One based on exploring the current baseline for existing services. Guiding questions were, what services are being provided to address addiction? Do said services encompass a particular department or staff members? Is there dedicated space? How are services focusing on increasing education, programming, and curriculum? Another set of guiding questions inquired the campus student community asking, how do students perceive addiction on campus? What types of recovery/addiction services are needed? Do students, faculty, staff, program directors, administrators perceive the need for said programs? And, how does a program facilitate recovery from substance abuse to a college setting?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This section examines literature relevant to the recovering communities and support services for young substance users. The subsections will include studies that look at the needs outcomes from other universities, and the barriers faced by the college youth populations. The final paragraph will examine the social need and social control theories as well as the utilization of social support groups, which are all relevant interventions for this population.

Substance Use with Young Adults

Current literature shows that substance use and substance use disorders are rising in frequency with young adults (ages 18-25), particularly with college students (Caldeira et al., 2009; Laudet et al., 2014; DePue & Hagedorn, 2015). Substance use is viewed synonymously with some aspects of college and university student culture. Activities like binge drinking and substance use are prevalent in many dorms, tailgate parties, as well as at the fraternity and sorority parties. Substance use can be a significant social activity for many colleges and universities (DePue & Hagedorn, 2015). Unfortunately, for some college students, there are negative consequences (e.g., decreased academic performance, physical and psychological impacts, as well as legal and financial effects) that surround college substance use for some students.

Research illustrates a high trend of substance use disorders, substance use relapse, and subsequent treatment readmission among young adults (Winters et al., 2009; Fisher, 2014). Likewise, the use of RSSs, or the long-term post-treatment care plans, have been successful in combatting substance use relapse with young adults (Laudet et al., 2014; Bugbee et al., 2016). Reasons for high numbers of substance use with young adults are based on a multiplicity of ideas. Pleasure seeking behaviors increase as adolescents move into young adulthood, or college-aged adulthood, as well as pressure and the excitement of being on one's own, are both factors for increased substance use among young adults (DePue & Hagedorn, 2015). Providing the recovery support services have been successful in treating one during post-addiction (Caldeira et al., 2009; Laudet et al., 2014; DePue & Hagedorn, 2015).

Lack of community, academic stressors, peer pressure and campus culture, are all essential factors that surround college life and must be taken into consideration when looking at students in recovery from substance use disorders (Laudet et al., 2014; DePue & Hagedorn, 2015). There are social stigmas surrounding addiction. In 2007, a CASA Columbia report cited that more than 88% of their students believed that campus alcohol and other drug programs were highly accessible, but 37% reported that fear of social stigma was a significant deterrent towards seeking help (DePue & Hagedorn, 2015).

Recovery support services have been useful in combatting high rates of substance use and substance use disorders with young people as part of a

"continuum of care" that comes with post-addiction treatment (Laudet et al., 2014). Support services should address barrier removal and shape the client's environment so that they can maintain abstinence or moderate. As well, recovery support should be able to discuss behavioral, mental health and any experiences that might lead one back to a substance use disorder. Laudet et al. (2014) refer to the lack of support for younger adolescents, particularly students who are transitioning into adulthood. Laudet et al. (2014) focus on the lack of resources in the college institutions themselves, or the lack resources available to RSS services struggling to survive in the college setting.

The prevalence of substance use disorder in adolescents, as well as other health-related issues, highlight the need for more evidence-based practices with this population. Current literature shows that intervening at an earlier life stage can decrease substance use as well as the possibility of an increased risk for substance use disorder. The public health significance of adolescent drug use highlights that early initiation of drug use associates closer with increased problem behaviors and a high risk for later development of a substance use disorder (Winters et al., 2009). However, substance use disorder treatments used by agencies may not be comparable to some contemporary evidence-based therapies (Winters et al., 2009).

Social influences affect everyday interactions and can either exacerbate or mitigate one's substance use or substance use disorder. Multiple theoretical approaches inform the many types of interventions used to treat substance use

and substance use disorders (Winters et al., 2009). Though there are many theory-based studies on substance use disorder treatment, much of the current research surrounding this topic and do not guide the recovery models (Moos, 2007). Therefore, governing this research with well tested theoretical models is essential. The theories used throughout this study—as well as those used in CRP environments— are based on the framework of social control theory and social learning theory.

Within the campus environment, early intervention practices are beneficial in building up personal and social skills that help students resist peer pressures and educate them in pressing issues related to substance use (Laudet et al., 2015). Many social interventions utilize collaborative teaching techniques (e.g., group and role play) to engage students. Likewise, these same responses, when taught to 'same-aged' students, create peer leaders or peer support programming. The ability to help to facilitate the delivery of the program in a more acceptable for student's way has been successful on many college campuses (Winters et al., 2009). Per Moos (2007), "substance use originates from a set of substance-specific attitudes and behaviors from adults and peers who serve as an individual's role models" (p.2). Therefore, the same logic is effective in reversing this thinking through peer and adult support by use of modeling to help to change one's behaviors.

Theories Guiding Conceptualization

Social Control Theory

      Social control theory looks at how essential ties between family, friends, workers, religious affiliation, as well as other aspects of society, tend to motivate individuals to engage in responsible behavior (Moos, 2007). Without the support of healthy role models, substance use disorders can accelerate. Likewise, substance use disorders foster social isolation and disconnection, as many of the preexisting bonds were already weak or even absent; therefore, individuals may choose to engage in undesirable behaviors.

      For individuals who are either contemplating a change in their substance use behavior, or those who are actively in recovery, it is important to have processes on campuses that help promote better social values and as well as a create a desire to change. Per Moos (2007), "families that lack cohesion and structure, friends who espouse deviant values and engage in disruptive behavior, and lack of supervision and vigilance in work and social settings" (p.2). Social control theory to explains how the social bonds—those who are learned when growing up with the healthy family, friends, and community supports—create behaviors focused on more satisfactory goals and the pursuit of more desirable behaviors (Moos, 2007). Social control theory endorses the provision of structure and goal direction by emphasizing social connectedness and integration into a functional community.

Social Learning Theory

Social learning theory originates in with the idea of how specific attitudes and behaviors of adults serve to role model children as they development (Moos, 2007). This theory stems from concepts based on classical and operant conditioning models, whereas humans learn from direct experience (e.g., cause and effect). Additionally, social learning also addresses how humans learn from observation, beginning at a young age when children begin to imitate their parents and family, and then their peers as one enters into school (Moos, 2007).

Social learning theory can explain reasons for the onset of a substance use disorder as well as the same method can also emphasize the importance of recovery communities for those wanting to get sober. Social learning theory can describe how substance use can be perceived as a positive norm based on an individual's family or friends who engage substance use (Moos, 2007). There are two pieces in this theory that are pertinent to both substance use behavior and in creating resources for recovery. First, many are lured into substance use through observation of others; and second, many substance users have family members who substance use (Moos, 2007). If one is coming from a family where substance use is normalized, and considered a positive, this could be a substantial barrier towards remission or recovery.

Social Identity Theory

College social environments pose a significant challenge for a student seeking help for substance use or substance use disorders (Caldeira et al., 2009;

Laudet et al., 2014; DePue & Hagedorn, 2015). Campuses can offer relapse preventative social programs to address the needs of students who want to abstain from substance use. Having social groups for students who reside in a college setting where substance use defines the social environment can be beneficial (Bugbee et al., 2016). Attending a Twelve-Step program can be an efficient, sustainable, and cost-effective therapy option. Many school environments offer programs that teach students about adverse effects of substance use, but few offer programs for students who are prone to substance use disorders (Laudet et al., 2014).

Summary

The prevalence of a substance use disorders in adolescents highlight the need for more evidence-based practices with this population. Current literature shows that intervening at an earlier life stage can decrease substance use as well as the possibility of an increased risk for a substance use disorder. Winters et al. (2009) states, "the public health significance of adolescent drug abuse is highlighted by the fact that early initiation of drug use is associated with an increased risk for a constellation of problem behaviors an increased risk for later development of a substance use disorder" (p. 73). However, substance use disorder treatments used by agencies may not be comparable to some of the contemporary evidence-based therapies (Winters et al., 2009). Therefore, studies need to measure the effectiveness of treatments commonly being used with adolescents in current clinical interventions

CHAPTER THREE

METHODS

Introduction

This study sought to explore the level of need for recovery support

services for students attending a mid-sized west coast state university. The hope

was to identify any resources needed that could help students overcome barriers

surrounding substance use through the expansion of recovery support services

on campus. This chapter contains the details of how the study was carried out.

This section discusses the study design, the sampling, data collection, the

instruments used, as well as the procedures, the protection of human subjects,

and the data analysis.

Study Design

The purpose of the research study was to assess the need for recovery

resources on the campus. This study used a multiphase mixed method two-

phase design. Current research looking at recovery support services on college

campuses is newly emerging, and fairly small; therefore, research on this specific

topic is limited. There is relatively sizeable body research on substance use and

substance use disorders. There is an even more extensive range of research on

young adults and the ramifications of substance use regarding human

development. Therefore, this research contributes to the already existing body of

research on substance use and development, and any emerging research surrounding substance use on college campuses.

Phase-one of the research started by asked, what recovery support services would be needed on campus based on the staff, faculty, and student worker perspective? The implementation of a focus group and three one-to-one interviews commenced. The design of the research questions was based on a conversation with a student who identified as being in recovery. The same structure was provided for all groups and interviews. This structure consisted of the following themes to guide the discussion: (1) examine perceived need for the service; (2) as students, staff, faculty explore types of current services provided; (3) review knowledge of the kinds of services that already exist; and (4) discuss the characteristics or structure of existing services provided.

Phase two of the research began with the research question, what recovery support services are needed, based on the students' perspective? This phase was informed both by data from the qualitative portion, as well as empirical findings from the literature review. The design of phase two was based on a cross-sectional quantitative survey, with the information derived from the first phases to create the survey questions. The survey was then randomly distributed through a mass email to all students on campus. All students who participated did so voluntarily.

Sampling

Phase one (qualitative portion) sampling was non-probability and purposive (e.g., based on experts in the field). Phase one consisted of an interview with two student health educators, a police officer, a campus administrator, as well as one focus group with a group of student resident hall assistants. Phase two (quantitative portion) sampling was non-probability and purposive (e.g., based on availability). This writer aimed for no less than 170 participants to take the self-administered survey and was able to reach a total sample size of 581 (N=581).

Data Collection and Instruments

The research suggested two different testable scenarios. One, the availability of recovery support services (independent variable) affects the outcome of students who are seeking recovery (dependent variable). The second scenario, students with a history of substance use disorder (independent variable I) and their perceived need for recovery support services (dependent variable) on campus; and students with a family history of substance use disorder (independent variable II) and their perceived need for recovery support services (dependent variable) on campus.

Procedures

The project began January 2017, during the start of the Winter quarter and continued until the beginning of June 2018 (end of the Spring 2018 Quarter).

During the time of the project, this writer worked at the student health center and was able to access the participants through this venue. Having access to health advisors, student peer groups, and counselors—all who see the effects of substance use from varying perspectives. Thus, this helped to get a well-rounded view of the scope of the problem on campus; this venue will be very beneficial to the acquisition of research data.

Those in need of recovery resources on campus were the central part of this study. Finding students open to talking about this topic was challenging. This population could be considered vulnerable (similar to mental health population). Therefore, best practices were ensured so that privacy and safety were upheld. Likewise, before setting any appointments and talking about this project, I first consulted with an advisor as well as campus Institutional Review Board (IRB) and ensured rule compliance with regards to the protection of human rights.

Protection of Human Subjects

The identity of all members was kept confidential. Focus groups occurred in private spaces behind closed doors. It was made clear that confidentiality and anonymity are limited to the group or the interview. Due to the nature of focus groups, each participant read and sign an informed consent before participating. Participants were also given a debriefing statement upon conclusion of each meeting or interview. All audio recordings were stored on a USB drive and kept locked. Participants were each assigned a unique code when the writer transcribed the data. No participant information recorded, reproduced, and

printed was identifiable. All signed documents and the coding key was kept in a locked drawer. One year after conclusion (June 2019), all audio recordings, sign-in sheets, transcriptions, and code keys will be eliminated.

Data Analysis

The structure of the focus groups will be semi-structured, whereas the questions were used merely as guides for the conversation. The items used in the focus group discussion were as follows: (1) examine perceived need for the service; (2) as students, staff, faculty explore types of current services provided; (3) consider knowledge of the kinds of services that already exist; and (4) discuss the characteristics or structure of current services offered. All data gathered in the focus groups were analyzed with qualitative techniques. The audio recordings of the focus groups were transcribed into written form.

Each participant was assigned a unique identifier based on individual date and type of group attended. Coding systems were used in the transcription analysis to distinguish the speakers. Supporting or opposing utterances and comments were documented in the transcription. One and two-word acknowledgments (e.g., "Uh Huh" and "Um") are not counted but documented in transcription and mentioned when significant findings followed. Head nodding and other non-verbal acknowledgments were not recorded, nor described.

The data analysis for the different phases consisted of utilizing various forms of technology in order to be efficient with time. All interviews from the focus groups to the discussions were accurately transcribed. All qualitative content

analysis was examined using the Microsoft Word. The software scans transcribed documents and were coded to specific frequencies based on themes that were found in the interview text. The quantitative analysis used descriptive statistics to measure central tendency and spread between the variables, while inferential statistics tested different research different variables against each other. Quantitative analysis also used descriptive statistics to measure the central tendency and divide between the variables, while inferential statistics tested separate research different variables against each other.

Summary

Overall, this study examined whether there is a need to invest in recovery support services at the campus. If there is a need to spend, then to also look at what specific resource are the best fit for the culture of the campus. The focus groups actively invited the subjective and unique viewpoints of those who engaged in the capacity outlined in the study. Likewise, the focus groups looked at students who have a connection to substance use. The qualitative portion informed the creation of the survey used in this quantitative part of this study. The qualitative portion provided an overview of the campus climate as a whole.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents findings from both the qualitative and quantitative

data that was gathered for the research conducted. The relevant themes are

highlighted and supported by participant responses collected from individual

interviews as well as data gathered electronically through student responses.

Key topics guiding the initial research included: services currently offered; type of

services; whether facilities are adequate; whether additional services need to be

provided; physical space required to address the issue; problems community

members experience; whether community members feel services are sufficient;

and, whether additional services need to be provided. Presented first are the

qualitative data analysis results followed by the quantitative data analysis results.

Qualitative Sample Description

The participants for this research study had one prerequisite which

included being a student, faculty, or staff at the campus. The current research

study aimed to examine whether there is a need to invest in recovery support

services on campus and, if there is a need, to look at the specific resources that

are the best fit for the culture of the campus. The participants of the qualitative

portion of the study were made up of students, faculty, and staff from.

Demographic data were collected to provide additional descriptive information for each participant. A total of twenty-nine students, staff, and faculty (N=29) were interviewed. All participants were picked based on their role as either a student, staff, or faculty on campus. Interviews lasted approximately 15-20 minutes, and the researcher transcribed the audio recordings of the interviews verbatim. All paperwork and audio recordings regarding the research did not contain any names or identifying information and were shredded and deleted to maintain confidentiality. Each participant was given a letter of informed consent which included the voluntary nature of the study and their ability to remove themselves from the study at any time.

Study Themes

Through data analysis, interviews revealed two emerging themes, which include the following 1.) the perception of substance use and substance use behavior on the campus (e.g., both substance use behavior as well as student perception of campus issue), and; 2.) the perception of current addiction and recovery support services (e.g., both existing services as well as need for new facilities). The results of the qualitative data analysis allowed the researcher to be able to create a quantitative survey using the themes, which was later distributed through email to the student population on campus.

Table 1. Qualitative Demographics

	N (%)
Age	
Age 18 to 20	6 (20.7%)
Age 21 to 30	18 (62.1%)
Age 31 to 40	3 (10.3%)
Age 41 to 50	1 (3.4%)
Age 51 to 60	1 (3.4%)
Age 60 and up	0 (0.0%)
Gender	
Male	11 (37.9%)
Female	18 (62.1%)
Ethnicity	
African American/Black	5 (17.2%)
Non-Hispanic White	4 (13.8%)
Hispanic/Latino	16 (55.2%)
Asian American/Pacific Islander	3 (10.3%)
American Indian/Alaska Native	0 (0.0%)
Others	1 (3.4%)
Role on Campus	
Student	27 (93.2%)
Staff	2 (6.8%)
Faculty	0 (0.0%)
In recovery from addiction?	
Yes	3 (10.3%)
No	26 (89.7%)

Perception of Substance Use Behavior

All participants expressed views on what they perceived about student substance use and the types of substances used on campus. Additional process addiction behaviors (e.g., video games) were mentioned. There were varying opinions regarding the kinds of substances students used, as well as whether they used on campus or not. All participants, except one, felt there was a

substance use problem issue with students. Most common types of substances were marijuana, alcohol, Adderall, and ecstasy. Participants stated:

So definitely rave culture can get out of hand. I also think prescription drugs like Adderall for studying are also big on campus for students for focusing when they're studying for mid-terms and finals, that's a problem. That has been around, and students are taking that (Group Participant 1, Personal Interview, June 2017).

For me personally I've known people who have done Ecstasy when they go to raves and concerts. They say that they enjoy themselves more. I had a friend who is in a sorority, and she personally didn't partake in it, but her friends do a lot, so I don't know whether it is a Greek community thing, but I definitely think the primary used drugs used on campus are weed and ecstasy (Group Participant 2, Personal Interview, June 2017).

The whole marijuana thing has me boggled, and it's just a gateway drug for some kids who want to get higher, and higher and higher. To me, we are doing our students an injustice by allowing this to be legal because you're still going to have to test, for any major job, anything that's important, you're going to have to take a drug test and when you take this test, so now I've gone to school for four years or six years and I'm all done and I'm about to get a job and it's all good, I've just graduated, everybody in my house is happy, now I have a job. No, you don't. You're going to

pee, it's going to come back dirty, and you don't have a job" (Group Participant 4, Personal Interview, July 2017).

We probably have a good number of people with a substance abuse disorder that is undiagnosed and unrecognized because they attribute it to normal college behavior, and they might not have started very young, they might be starting once coming into school because we also do alcohol education for all the incoming freshmen, and the number of incoming freshmen that say they don't drink at all is about 75%. So, they're getting that at college, they're starting that behavior in college (Group Participant 3, Personal Interview, June 2017).

Some of the participants also expressed the suggestions about different types of addictions were prevalent. One participant stated:

Even if maybe a student isn't necessarily struggling with addiction or maybe if they know somebody who is, how do I help that person? I think it would be great if maybe they could refer that person. I have met several students struggling with addiction at some point, not necessarily addicted to drugs or alcohol, but like it said earlier, maybe video games for example. Anything that's mind-numbing, or that makes you cope with your problems improperly could be an addiction. I think the more students realize that there is information they could get, and the more that it's out there, I think that is just important just in general (Group Participant 1, Personal Interview, June 2017).

I've got a bad sugar addiction, I love sugar, cakes and pies and cookies,

oh man, licorice, I'm crazy, but last night I sat down with my wife, says hey

you've got to stop this, and I said you know, you're right, I'm going to stop

this so I'm pretty good at putting it down for about 60 days (Group

Participant 4, Personal Interview, July 2017).

Perception of Recovery Support Services

The importance of finding what the student perception of current services,

was to get a sense of how public the existing support services to students on

campus and to get a feel of the types of services needed. Participants stated:

I get most of my information from my peer health educators and other

students I talk to is that there's always an issue with the Greeks, they're

the big drinkers, they're the big party group, and we're a commuter

campus so that's a protective factor. Also, I think that from working in the

recovery meetings, it's mostly older students that attend. We have an

adult re-entry center even though transfer students aren't the majority of

our students, we have a whole resource center for them, and we have a

Veteran's center, and that's a small proportion of the campus. I think

recovery is just another group of students that need support (Participant 3,

Personal Interview, June 2017).

Many college-aged students are starting once they get into college, and

that would be point they are going to need a recovery program, it's

28

probably not going to be their first couple of years in college, they're just

starting to get their feet wet with alcohol, and they may not have built up a

problem yet where they're going to identify as needing recovery. I think

our biggest barrier is that they don't recognize that their behavior is

problematic (Participant 3, Personal Interview, June 2017).

Another theme that arose in the interviews was students wanting more

diverse approaches regarding addiction and recovery support on campus. This

included support services, not only those with addiction issues but for those who

are family members of someone with an addiction issue. One participant stated,

"awareness raising needs to happen and then I think there's a whole lot of people

who have substance abuse problems in their families that don't put two and two

together—like this is a family issue" (Participant 3, Personal Interview, June 21,

2017). Participants stated:

I think the recovery meeting is really important. I think partially it's an

education in and of itself just to have it advertised for college-age students

who might need of it. We have it, and it's available all the time and we

obviously believe in it and that shows a commitment to the cause, and I

think that helps with credibility. You never know the impact, you don't

know if it starts to make them think about recovery, maybe they go to the

doctor, maybe they go to an off-campus meeting, you don't know how that

happens, but I definitely think recovery that happens once a week is really

good barrier is that they don't recognize that their behavior is problematic (Participant 1, Personal Interview, June 2017).

I think it's awesome, I think the more resources that a school has for a student the better. So many students see going to school as it's just me going to class, but you know, there's so many things to help if they have issues or anything like that, especially no one really realizes that they have an addiction until maybe it's a little far gone and now what do they do about it, where can they get help (Participant 2, Personal Interview, June 2017).

Some responses negated the need for addiction and recovery support services based on a "dry campus" policy. The campus has a zero-tolerance policy for alcohol or consumption; except for in the pub located on the second floor of the student union where students are limited to two glasses of beer per hour. One participant stated:

This is a commuter campus and not only that, we are a dry campus, so just thinking about it, I don't know if we would get as many people coming into these programs. Maybe we could happen instead is like open it up to the community and the student population to try and get other people to come, just like publicizing the actual community resource (Participant 2, Personal Interview, June 2017).

Yeah, it's a dry campus. This is a good school and we don't have the

problems that other campuses have. Sometimes I talk to students on other

campuses and drinking is rampant. I mean, on a regular basis. We don't

have that problem here at this university. It's a safe campus, this is a good

place. The students are good here (Group Participant, Focus Group,

August 2017).

Quantitative Sample Description

Descriptive Statistics

The data collection and analysis for the quantitative portion of the study

will be discussed in the following content. The quantitative survey was influenced

by the qualitative interviews. The four pertinent themes derived from the

qualitative data include: 1.) Perception of substance use; 2.) Student substance

use behavior; 3.) Student perception of the current addiction and recovery

services; and, 4.) Perceived student need for addiction and recovery services.

As presented in Table 2, a large majority of the total survey participants

(n=581) identified as women (n=437, 22.6 %), with n=137 (22.6%) identifying as

being male, and n=3 (0.5%) identifying as other. Ethnic identification had

participants selecting Non-Hispanic White (n=136, 22.5%), followed by

Hispanic/Latino (n=360, 59.5%), African American (n=31, 5.1%), Asian

American/Pacific Islander (n=36, 6.0%), American Indian/Alaskan Native (n=3,

0.5%), and other (n=39, 6.4%). The mean age of the participants was 24.52

years old with a standard deviation of 7.68.

Most participants were bachelor level students (n=490, 80.6%) with the remainder being master level students (n=118, 19.4%). Third-year undergraduates accounted for the greatest proportion of the study sample (n=149, 24.5%). This was followed by 4th-year undergraduates (n=118,19.4%), 1st-year undergraduates (n=99, 16.3 %), 2nd-year undergraduates (n=89, 16.3 %), 5th-year undergraduates (n=56, 9.2%), 1st-year graduates (n=46, 7.6%), 2nd-year graduates (n=28, 4.6%), 3rd-year graduates (n=24, 3.9%).

As far as Greek life, n=575 (90.8%) reported not being involved in a fraternity or sorority, while n=33 (5.4%) reported being involved in one. Lastly, 53.0% (n=323) of students said living with their parents and this was followed by n=112 (18.4%) living with their spouse or partner, n=60 (9.9%) living with a roommate, n=60 (9.9%) living with other, and n=53 (8.8%) living on campus.

Table 2. Quantitative Demographics

	N (%)	M	S.D.
Age		24.52	7.68
Gender			
Male	137 (22.6%)		
Female	437 (76.9%)		
Others	3 (.5%)		
Ethnicity			
African American/Black	31 (5.1%)		
Non-Hispanic White	136 (22.5%)		
Hispanic/Latino	360 (59.5)		
Asian American/Pacific Islander	36 (6%)		
American Indian/Alaska Native	3 (0.5%)		
Others	39 (6.4%)		
Degree			
BA/BS	490 (80.6%)		
Master's	118 (19.4%)		

Year

1st-year Undergraduate	99 (16.3%)
2nd-year Undergraduate	89 (14.6%)
3rd-year Undergraduate	149 (24.5%)
4th-year Undergraduate	118 (19.4%)
5th-year Undergraduate	56 (9.2%)
1st-year Graduate	46 (7.6%)
2nd-year Graduate	28 (4.6%)
3rd-year Graduate	24 (3.9%)

In a Fraternity or Sorority

Yes	33 (5.4%)
No	575 (90.8%)

Living Situation

On-Campus	53 (8.8%)
With Parents	323 (53%)
Spouse/Partner	112 (18.4%)
Roommate	60 (9.9%)
Other	60 (9.9%)

Student Perception of Substance Use

As presented in Table 3, alcohol was the most perceived used substance with n=385 (66.2%) respondents reporting. This was followed by marijuana n=70 (12.3%), Tobacco (n=42, 7.2%), Adderall (n=42, 7.2%), and other (e.g., (Xanax, mushrooms, DMT, and LSD) (n=42, 7.2%). It should be noted that participants were able to write in substance for "other". One hundred eighty-nine (32.9%) participants stated that there "might or might not" be a concern for substance use on campus. This was closely followed by "probably yes" (n=139, (24.3%), "probably not" (n=120, 20.9%), and "definitely yes" (n=91, 15.9%). Students reported using the following substances (ranked in order from greatest to least): Marijuana (n=260, 47.6%); Other (i.e., alcohol, opiates, ecstasy, and

mushrooms) (n=92, 16.9%); Stimulants (meth, speed, Adderall) (n=65, 11.9%); Ecstasy (n=64, 11.7%); Cocaine (n=55, 10.1%), and Heroin/Opiates (n=10, 1.8%).

Out of the total reporting responses (n=571), 121 (19.1%) of students reported to "agree" regarding "knowing another student who has used more than one substance in the past year." The ranking was followed by 103 (16.3%) students who reported to "strongly agree;" 93 (14.7%) students who reported to "somewhat agree;" 80 (12.6%) student who "disagree;" 77 (11.7%) students who "neither agree or disagree;" 74 (11.7%) who "strongly disagree" and; 23 (3.6%) students who "somewhat disagree."

Out the total responses (n=570), 110 (17.4%) of students reported to "disagree" regarding "knowing another student who has used more than one substance in the past month." The ranking was followed by 106 (16.7%) students who reported to "neither agree or disagree;" 92 (14.5%) students who reported to "strongly disagree;" 85 (13.4%) students who "agree;" 77 (12.2%) students who "strongly agree;" 70 (11.1%) who "somewhat agree" and; 30 (4.7%) students who "somewhat disagree."

Out the total responses (n=570), 130 (20.5%) students reported to "neither agree or disagree" regarding "knowing another student who has used more than one substance in the past week." The ranking was followed by 128 (20.2%) students who reported to "strongly disagree;" 122 (19.3%) students who reported to "disagree;" 61 (9.6%) students who "agree;" 56 (8.8%) students who "strongly

agree;" 46 (7.3%) who "somewhat agree" and; 27 (4.4%) students who

"somewhat disagree."

Out the total responses (n=571), 169 (26.7%) of students reported to

"neither agree or disagree" regarding "knowing another student who has used

more than one substance in the past day." The ranking was followed by 146

(23.1%) students who reported to "neither agree or disagree;" 133 (21.0%)

students who reported to "disagree;" 33 (5.2%) students who "agree;" 33 (5.2%)

students who "somewhat agree;" 30 (4.7%) who "strongly agree" and; 27 (4.3%)

students who "somewhat disagree."

Table 3. Student Perception of Substance Use

	N (%)
Substances Students Perceived as Most Used	
Alcohol	(385) 66.2%
Tobacco	(42) 7.2%
Marijuana	(70) 12.3%
Adderall	(42) 7.2%
Other (Xanax, mushrooms, DMT, and LSD)	(42) 7.2%
Concerned about Student Substance Use?	
Definitely yes	(91) 15.9%
Probably yes	(139) 24.3%
Might or might not	(189) 32.9%
Probably not	(120) 20.9%
Definitely not	(34) 5.9%
Student use of the following substances	
Heroin/Opiates	(9) 1.4%
Cocaine	(55) 10.1%
Stimulant (meth, speed, Adderall, etc.)	(65) 11.9%
Ecstasy	(65) 11.9%
Marijuana	(260) 47.6%
Other (Alcohol, Xanax, mushrooms, DMT, and LSD)	(92) 16.9%
Know at least one student who used one or more substance:	

In the past year (n=571)

    Strongly disagree   (74) 11.7%

    Disagree   (80) 12.6%

    Somewhat disagree   (23) 3.6%

    Neither Agree or Disagree   (77) 12.2%

    Somewhat Agree   (93) 14.7%

    Agree   (121) 19.1%

    Strongly Agree   (103) 16.3%

In the past month (n=570)

    Strongly disagree   (92) 14.5%

    Disagree   (110) 17.4%

    Somewhat disagree   (30) 4.7%

    Neither Agree or Disagree   (106) 16.7%

    Somewhat Agree   (70) 11.1%

    Agree   (85) 13.4%

    Strongly Agree   (77) 12.2%

In the past week (n=570)

    Strongly disagree   (128) 20.2%

    Disagree   (122) 19.3%

    Somewhat disagree   (27) 4.3%

    Neither Agree or Disagree   (130) 20.5%

    Somewhat Agree   (46) 7.3%

    Agree   (61) 9.6%

    Strongly Agree   (56) 8.8%

In the past day (n=571)

    Strongly disagree   (169) 26.7%

    Disagree   (133) 21.0%

    Somewhat disagree   (27) 4.3%

    Neither Agree or Disagree   (146) 23.1%

    Somewhat Agree   (33) 5.2%

    Agree   (33) 5.2%

    Strongly Agree   (30) 4.7%

<u>Student Substance Use Behaviors</u>

Table 4 indicates several factors about substance use behavior on campus. When asked if they were "offered drugs or alcohol at a party," 537 responded, with the highest group comprised of students who said they would

"say no" (n=379, 59.9%). This was followed by n=88 (13.9%) who responded, "Take some, but not enough to get too high or drunk;" n=58 (9.2%) responded, "Take just enough to get high/drunk;" n=12 (1.9%) responded, "Take more than enough, and some."

Five hundred and twelve students responded to the question, "If you were to use [drugs or alcohol], where would you most likely go?" With the highest response being n=348 (24.3%) reporting they would go "off campus." This was followed by n=78 (14.5%) at "home or a bar;" n=33 (6.2%) reported "do not use drugs or alcohol;" n=29 (32.9%) reported "Both Dorm or Off Campus," and; n=24 (15.9%) reported "Dorm."

Five hundred and thirty-six students responded to question regarding how "substance use helps me to be more social/less shy." The highest number, (n=180, 28.8%) of students reported to "strongly disagree." This was followed by (n=82, 13.0%) "somewhat agree;" (n=81, 12.8%) "neither agree or disagree;" (n=75, 11.8%) "agree;" (n=70, 11.1%) "disagree;" (n=34, 5.4%) "strongly agree," and; (n=14, 2.2%) "somewhat agree."

Five hundred and thirty-five students responded to the question regarding how "substance use helps me to worry less about stress." The highest number, (n=182, 28.4%) of students reported to "strongly disagree." This was followed by n=81 (12.8%) who "somewhat agree;" n=74 (11.7%) who "neither agree or disagree;" n=61 (9.6%) who "agree;" n=61 (9.6%) who "disagree;" n=46 (7.3%) who "strongly agree," and; n=30 (4.7%) who "somewhat agree."

Five hundred and thirty-five students responded to question regarding "substance use can diminish chances of graduation and/or employment." The highest number, n=37 (58.9%) students reported to "strongly disagree." This was followed by n=78 (12.3%) who "disagree;" n=42 (6.6%) who "neither agree or disagree;" n=17 (2.7%) who "strongly agree;" n=10 (1.6%) who "somewhat disagree;" n=8 (1.3%) who "somewhat agree," and; n=7 (1.1%) who "agree."

Five hundred and thirty-six students responded to question regarding "There is substance (e.g., alcohol or drugs) use and/or abuse is in my immediate family." The highest number n=206 (32.5%) of students reported to "strongly disagree." This was followed by n=83 (13.1%) who "agree;" n=80 (12.6%) who "strongly agree;" n=75 (11.8%) who "disagree;" n=45 (7.1%) who "somewhat agree;" n=34 (5.4%) who "neither agree or disagree," and; n=13 (2.1%) who "somewhat disagree."

Five hundred and thirty-five students responded to "use of one or more substances yearly." The highest number, n=201 (31.8%) students reported to "strongly disagree." This was followed by n=121 (19.1%) who "agree;" n=67 (10.6%) who "somewhat agree;" n=54 (8.5%) who "strongly agree;" n=41 (6.5%) who "disagree;" n=36 (5.7%) who "neither agree or disagree," and; n=15 (2.4%) who "somewhat disagree."

Five hundred and thirty-five students responded to "use of one or more substances monthly." The highest number, n=232 (36.7%) students reported to "strongly disagree." This was followed by n=74 (17.7%) who "agree;" n=70

(11.1%) who "agree;" n=64 (10.1%) who "somewhat agree;" n=36 (5.7%) who

"strongly agree;" n=34 (5.4%) who "neither agree or disagree," and; n=24 (3.8%)

who "somewhat disagree."

Five hundred and thirty-five students responded to "use of one or more

substances weekly." The highest number, n=298 (47.1%) students reported to

"strongly disagree." This was followed by n=99 (15.6%) who "disagree;" n=34

(5.4%) who "neither agree or disagree;" n=29 (4.6%) who "agree;" n=29 (4.6%)

who "somewhat disagree;" n=26 (5.4%) who "somewhat agree," and; n=20

(3.2%) who "somewhat agree."

Five hundred and thirty-five students responded to "use of one or more

substances weekly." The highest number n=386 (61.0%) of students reported to

"strongly disagree." This was followed by n=80 (12.6%) who "disagree;" n=24,

(3.8%) who "neither agree or disagree;" n=29 (4.6%) who "agree;" n=14 (2.2%)

who "somewhat agree;" n=14 (2.2%) who "somewhat disagree," and; n=9 (1.4%)

who "agree."

Table 4. Student Substance Use Behaviors

	N (%)
When offered drugs or alcohol at a party (n=537)	
Say no	(379) 59.9%
Take some, but not enough to get too high/drunk	(88) 13.9%
Take just enough to get high/drunk	(58) 9.2%
Take more than enough, and some	(12) 1.9%
If you were to use, where would you most likely go? (n=512)	
Dorm	(24) 15.9%
Off-Campus	(348) 24.3%
Both Dorm or Off Campus	(29) 32.9%

Home or a bar	(78) 14.5%
Do not use drugs or alcohol	(33) 6.2%

Substance use helps me to be more social/less shy (n=536)

Strongly agree	(34) 5.4%
Agree	(75) 11.8%
Somewhat agree	(82) 13.0%
Neither Agree or disagree	(81) 12.8%
Somewhat disagree	(14) 2.2%
Disagree	(70) 11.1%
Strongly disagree	(180) 28.4%

Substance use helps me to worry less about stress (n=535)

Strongly agree	(46) 7.3%
Agree	(61) 9.6%
Somewhat agree	(81) 12.8%
Neither Agree or disagree	(74) 11.7%
Somewhat disagree	(30) 4.7%
Disagree	(61) 9.6%
Strongly disagree	(182) 28.8%

My substance use can diminish chances of graduation and/or
employment (n=535)

Strongly agree	(17) 2.7%
Agree	(7) 1.1%
Somewhat agree	(8) 1.3%
Neither Agree or disagree	(42) 6.6%
Somewhat disagree	(10) 1.6%
Disagree	(78) 12.3%
Strongly disagree	(373) 58.9%

There is substance (e.g., alcohol or drugs) use and/or abuse
is in my immediate family. (n=536)

Strongly agree	(80) 12.6%
Agree	(83) 13.1%
Somewhat agree	(45) 7.1%
Neither Agree or disagree	(34) 5.4%
Somewhat disagree	(13) 2.1%
Disagree	(75) 11.8%
Strongly disagree	(206) 32.5%

I use one or more substances yearly. (n=535)

Strongly agree	(54) 8.5%
Agree	(121) 19.1%
Somewhat agree	(67) 10.6%
Neither Agree or disagree	(36) 5.7%
Somewhat disagree	(15) 2.4%

Disagree	(41) 6.5%
Strongly disagree	(201) 31.8%
I use one or more substances monthly (n=534)	
Strongly agree	(36) 5.7%
Agree	(70) 11.1%
Somewhat agree	(64) 10.1%
Neither Agree or disagree	(34) 5.4%
Somewhat disagree	(24) 3.8%
Disagree	(74) 11.7%
Strongly disagree	(232) 36.7%
I use one or more substances weekly. (n=535)	
Strongly agree	(20) 3.2%
Agree	(29) 4.6%
Somewhat agree	(26) 4.1%
Neither Agree or disagree	(34) 5.4%
Somewhat disagree	(29) 4.6%
Disagree	(99) 15.6%
Strongly disagree	(298) 47.1%
I use one or more substances daily. (n=535)	
Strongly agree	(8) 1.3%
Agree	(9) 1.4%
Somewhat agree	(14) 2.2%
Neither Agree or disagree	(24) 3.8%
Somewhat disagree	(14) 2.2%
Disagree	(80) 12.6%
Strongly disagree	(386) 61.0%

Student Perception of Current Resources

Table 5 indicates several factors about the students' perception of current substance use and recovery resources already in place at the campus. When asked," Since the campus is a considered a dry campus, do you think it discourages students from using and/or overusing drugs or alcohol," Five-hundred and eighteen students responded, with the highest group of students saying they would they "neither agreed or disagreed" with this statement (n=119, 18.8%). This was followed by those (n=96, 15.2%) who responded, "strongly

agree;" (n=88, 13.9%) who responded, "agree;" (n=62, 9.8%) who responded,

"somewhat agree;" (n=60, 9.5%) who responded, "strongly disagree;" (n=52,

8.2%) who responded, "disagree," and; (n=41, 6.5%) who responded, "somewhat

disagree."

Five hundred and nineteen students responded to question regarding

"there is no need to increase current drug and alcohol programming. There is not

a drug and alcohol problem with students." The highest number, (n=152, 24.0%)

students reported to "neither agree or disagree." This was followed by (n=80,

12.6%) who "disagree;" (n=75, 11.8%) who "somewhat disagree;" (n=63, 10.0%)

who "strongly disagree;" (n=56, 8.8%) who "somewhat agree;" (n=49, 7.7%) who

"agree," and; (n=44, 7.0%) who "strongly agree."

Five hundred and nineteen students responded to question regarding

"Current drug and alcohol policies on campus are more focused on punishing

students for breaking the rules, and less about helping students with the

substance issue." The highest number, (n=220, 34.8%) students reported to

"neither agree or disagree." This was followed by (n=79, 12.5%) who "somewhat

agree;" (n=74, 11.7%) who "agree;" (n=56, 8.8%) who "strongly agree;" (n=36,

5.7%) who "disagree;" (n=31, 4.9%) who "somewhat disagree," and; (n=23,

3.6%) who "strongly disagree."

Five hundred and eighteen students responded to question regarding

"Students do not recognize the difference between a substance abuse disorder

and binge use." The highest number, (n=146, 23.1%) students reported to

"neither agree or disagree." This was followed by (n=116, 18.3%) who "agree;" (n=112, 17.7%) who "somewhat agree;" (n=71, 11.2%) who "strongly agree;" (n=38, 6.0%) who "disagree;" (n=19, 3.0%) who "strongly disagree," and; (n=16, 2.5%) who "somewhat disagree."

Regarding "Many students are just starting to drink and/or do drugs for their first time," Five hundred and eighteen students responded to question. The highest number, (n=184, 29.1%) students reported to "neither agree or disagree." This was followed by (n=105, 16.6%) who "somewhat agree;" (n=88, 13.9%) who "agree;" (n=43, 6.8%) who "disagree;" (n=36, 5.7%) who "strongly agree;" (n=33, 5.2%) who "somewhat disagree;" and; (n=29, 4.6%) who "strongly disagree."

Regarding "I am aware that there is psychological counseling available to me on campus," Five hundred and seventeen students responded to question. The highest number, (n=287, 45.3%) students reported to "strongly agree." This was followed by (n=159, 25.1%) who "agree;" (n=24, 3.8%) who "somewhat agree;" (n=20, 3.2%) who "neither agree or disagree;" (n=12, 1.9%) who "strongly disagree;" (n=9, 1.4%) who "disagree;" and; (n=6, 0.9%) who "somewhat disagree."

Regarding, "I am aware that there is a recovery meeting available to students on campus," Five hundred and seventeen students responded to question. The highest number, (n=130, 20.5%) students reported to "strongly agree." This was followed by (n=128, 20.5%) who "agree;" (n=79, 12.5%) who "disagree;" (n=52, 8.2%) who "strongly disagree;" (n=49, 7.7%) who "neither

agree or disagree;" (n=48, 7.6%) who "somewhat agree;" and; (n=31, 4.9%) who

"somewhat disagree."

Regarding "Recovery programs that focus on helping students with

addictions are not necessary on the campus" Five hundred and eighteen

students responded to the question, with the highest number, (n=168, 26.5)

students reported to "strongly disagree." This was followed by (n=130, 20.5%)

who "disagree;" (n=104, 16.4%) who "neither agree or disagree;" (n=45, 7.1%)

who "somewhat disagree;" (n=29, 4.6%) who "strongly agree;" (n=25, 3.9%) who

"strongly agree," and; (n=17, 2.7%) who "somewhat agree."

Table 5. Student Perception of Resources

	N (%)
Since we are a dry campus, it discourages students from using and/or overusing drugs or alcohol. (n=518)	
Strongly agree	(96) 15.2%
Agree	(88) 13.9%
Somewhat agree	(62) 9.8%
Neither Agree or disagree	(119) 18.8%
Somewhat disagree	(41) 6.5%
Disagree	(52) 8.2%
Strongly disagree	(60) 9.5%
There is no need to increase current drug and alcohol programming. There is not a drug and alcohol problem with our students. (n=519)	
Strongly agree	(44) 7.0%
Agree	(49) 7.7%
Somewhat agree	(56) 8.8%
Neither Agree or disagree	(152) 24.0%
Somewhat disagree	(75) 11.8%
Disagree	(80) 12.6%
Strongly disagree	(63) 10.0%

Current drug and alcohol policies on campus are more focused on punishing students for breaking the rules, and less about helping students with the substance issue (n=519)

Strongly agree	(56) 8.8%
Agree	(74) 11.7%
Somewhat agree	(79) 12.5%
Neither Agree or disagree	(220) 34.8%
Somewhat disagree	(31) 4.9%
Disagree	(36) 5.7%
Strongly disagree	(23) 3.6%

Students do not recognize the difference between a substance abuse disorder and binge use (n=518)

Strongly agree	(71) 11.2%
Agree	(116) 18.3%
Somewhat agree	(112) 17.7%
Neither Agree or disagree	(146) 23.1%
Somewhat disagree	(16) 2.5%
Disagree	(38) 6.0%
Strongly disagree	(19) 3.0%

Many students are just starting to drink and/or do drugs for their first time (n=518)

Strongly agree	(36) 5.7%
Agree	(88) 13.9%
Somewhat agree	(105) 16.6%
Neither Agree or disagree	(184) 29.1%
Somewhat disagree	(33) 5.2%
Disagree	(43) 6.8%
Strongly disagree	(29) 4.6%

I am aware that there is psychological counseling available to me on campus. (n=517)

Strongly agree	(287) 45.3%
Agree	(159) 25.1%
Somewhat agree	(24) 3.8%
Neither Agree or disagree	(20) 3.2%
Somewhat disagree	(6) 0.9%
Disagree	(9) 1.4%
Strongly disagree	(12) 1.9%

I am aware that there is a recovery meeting available to students on campus. (n=517)

Strongly agree	(130) 20.5%
Agree	(128) 20.2%
Somewhat agree	(48) 7.6%

Neither Agree or disagree	(49) 7.7%
Somewhat disagree	(31) 4.9%
Disagree	(79) 12.5%
Strongly disagree	(52) 8.2%
Recovery programs that focus on helping students with addictions are not necessary on our campus. (n=518)	
Strongly agree	(29) 4.6%
Agree	(25) 3.9%
Somewhat agree	(17) 2.7%
Neither Agree or disagree	(104) 16.4%
Somewhat disagree	(45) 7.1%
Disagree	(130) 20.5%
Strongly disagree	(168) 26.5%

Perceived Student Need for Support Services

Table 6 indicates several factors about what students perceive as the needed recovery support services. When asked if they "would like to see recovery/addiction support services for addictions other than drugs or alcohol, such as sex, gambling, food addiction, body image related addictions, video games, etc." Five hundred and three students responded, with the highest group being (n=168, 26.5%) who "strongly agree." This was followed by (n=138, 21.8%) who responded, "agreed;" (n=75, 11.8%) responded, "somewhat agree;" (n=72, 11.4%) responded, "neither agree or disagree;" (n=21, 3.3%) responded, "strongly disagree;" (n=20, 3.2%) responded, "disagree," and; (n=9, 1.4%) responded, "somewhat disagree."

Regarding the question "addiction/recovery meetings on campus should embrace different styles of recovery meetings formats, such as 12-Steps, SMART Recovery, Celebrate Recovery, Christian Based, Meditation, Moderation

management, etc." Five hundred and four students responded to the question, with the highest number, (n=173, 27.3%) students reported to "agree." This was followed by (n=171, 27.0) who "strongly agree;" (n=76, 12.0%) who "neither agree or disagree;" (n=65, 10.3%) who "somewhat agree;" (n=10, 1.6%) who "strongly disagree;" (n=6, 0.9%) who "disagree," and; (n=3, 0.5%) who "somewhat disagree."

Regarding the question "Even if the addiction/recovery population is small on campus, the school should still offer specialized support services and a location to support this population." Five hundred and three students responded to the question, with the highest number, (n=201, 31.8%) students reported to "agree." This was followed by (n=169, 26.7) who "strongly agree;" (n=66, 10.4%) who "somewhat agree;" (n=43, 6.8%) who "neither agree or disagree;" (n=12, 1.9%) who "strongly disagree;" (n=6, 0.9%) who "disagree," and; (n=6, 0.9%) who "somewhat disagree."

Regarding question "Our school should offer a sober student living environment and/or provide sober living and programming to support students who are in recovery from an addiction." Five hundred and three students responded to the question, with the highest number, (n=155, 24.5%) students reported to "agree." This was followed by (n=150, 23.7) who "strongly agree;" (n=81, 12.8%) who "somewhat agree;" (n=74, 11.7%) who "neither agree or disagree;" (n=16, 2.5%) who "strongly disagree;" (n=14, 2.2%) who "disagree," and; (n=14, 2.2%) who "somewhat disagree."

Regarding the question, "I personally know students who could benefit from either a campus recovery/addiction meeting and/or some form of addiction-based services." Five hundred and five students responded, with the highest being (n=144, 22.7%) students reported to "neither agree or disagree." This was followed by (n=88, 13.9) who "disagree;" (n=67, 10.6%) who "strongly disagree;" (n=62, 9.8%) who "strongly agree;" (n=62, 9.8%) who "agree;" (n=53, 8.4%) who "somewhat agree," and; (n=29, 4.6%) who "somewhat disagree."

Regarding the question, "The best location for recovery and addiction services would be Santos Manuel Student Union—SMSU." Five hundred and five students responded, with the highest being (n=182, 28.8%) students reported to "neither agree or disagree." This was followed by (n=80, 12.6) who "agree;" (n=57, 9.0%) who "somewhat agree;" (n=53, 8.4%) who "disagree;" (n=48, 7.6%) who "strongly disagree;" (n=47, 7.4%) who "strongly agree," and; (n=38, 6.0%) who "somewhat disagree."

Table 6. Perceived Student Need for Resources

	N (%)
I would like to see recovery/addiction support services for addictions other than drugs or alcohol, such as sex, gambling, food addiction, body image related addictions, video games, etc. (n=503)	
Strongly agree	(168) 26.5%
Agree	(138) 21.8%
Somewhat agree	(75) 11.8%
Neither Agree or disagree	(72) 11.4%
Somewhat disagree	(9) 1.4%
Disagree	(20) 3.2%
Strongly disagree	(21) 3.3%

An addiction/recovery meeting on campus should embrace different styles of recovery meetings formats, such as 12-Steps, SMART Recovery, Celebrate Recovery, Christian Based, Meditation, Moderation management, etc. (n=504)

Strongly agree	(171) 27.0%
Agree	(138) 27.3%
Somewhat agree	(65) 10.3%
Neither Agree or disagree	(76) 12.0%
Somewhat disagree	(3) 0.5%
Disagree	(6) 0.9%
Strongly disagree	(10) 1.6%

Even if the addiction/recovery population is small at our campus, the school should still offer specialized support services and a location to support this population (n=503)

Strongly agree	(169) 26.7%
Agree	(201) 31.8%
Somewhat agree	(66) 10.4%
Neither Agree or disagree	(43) 6.8%
Somewhat disagree	(6) 0.9%
Disagree	(6) 0.9%
Strongly disagree	(23) 1.9%

Our school should offer a sober student living environment and/or provide sober living and programming to support students who are in recovery from addiction. (n=504)

Strongly agree	(150) 23.7%
Agree	(155) 24.5%
Somewhat agree	(81) 12.8%
Neither Agree or disagree	(74) 11.7%
Somewhat disagree	(14) 2.2%
Disagree	(14) 2.2%
Strongly disagree	(16) 2.5%

I personally know students who could benefit from either a campus recovery/addiction meeting and/or some form of addiction-based services. (n=505)

Strongly agree	(62) 9.8%
Agree	(62) 9.8%
Somewhat agree	(53) 8.4%
Neither Agree or disagree	(144) 22.7%
Somewhat disagree	(29) 4.6%
Disagree	(88) 13.9%
Strongly disagree	(67) 10.6%

The best location for recovery and addiction services would be Santos Manuel Student Union—SMSU. (n=505)	
Strongly agree	(47) 7.4%
Agree	(80) 12.6%
Somewhat agree	(57) 9.0%
Neither Agree or disagree	(182) 28.8%
Somewhat disagree	(38) 6.0%
Disagree	(53) 8.4%
Strongly disagree	(48) 7.6%

Summary

In recapping, this chapter reported the quantitative and qualitative results of the research. Twenty-nine participants were interviewed, and various common themes were shared throughout the data collected. The researcher used the highlighted themes to create a survey which was distributed via email to the entire student population at a midsized public university located in Southern California. The relevant issues are highlighted and supported by the student survey responses. Descriptive statistics are used to describe the study samples. Findings of the study are presented and discussed.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the significant study findings as well as their relevance to existing literature. Presented will be conclusions drawn from the results, the limitations of the study, and the implications for direct social work practice. Last, the chapter will conclude with a summary of the research.

Discussion

The purpose of this study was to assess the need for recovery support services at a midsized public university located in Southern California. The results of the assessment indicate that students were concerned about substance use as an issue on the campus and that the majority of participants supported having specific substance use focused services. Findings also showed that students perceived marijuana and alcohol as most used substances. Many of current campus initiatives target active substance abuse problems on campus (e.g., binge drinking), but few campus services are available to aid students in recovery from alcohol or drug addiction accurately. These findings are consistent with current research supporting problematic substance abuse issues on college campuses (DePue & Hagedorn, 2015; Fisher, 2014; Laudet et al., 2014; Perron et al., 2011; Winters et al., 2009).

Recovery support services can come in different arrangements. More specifically, more substance prone campuses may have actual on-campus substance abuse treatment facilities or as partnerships within the communities. Several noteworthy findings indicated that students and staff who worked on campus were both reasonably knowledgeable and concerned about substance use behavior. There were variations regarding what types students who are using substances, and the degree to which they felt services were needed, but overall students and staff were dedicated to either growing existing services or establishing new facilities. Suggestions were consistent with the current research on the use of campus-based substance abuse counselors, on-campus peer support systems, and an on-campus offering of 12-step, or other, support groups (DePue & Hagedorn, 2015).

Students reported that marijuana was the most used substance on the campus. Alcohol closely followed this and then, Adderall. Other drugs such as Xanax, Mushrooms, DMT, and LSD were also reported, but the numbers were not as high as marijuana, alcohol, and Adderall. Lastly, despite their popularity with college-aged young adults nationwide, opiates were the lowest reported used substance on campus. However, the current administration ought to be concerned that opioid use is on the rise on college and university campuses nationwide (Bohanon, 2017; Malone, 2017), and should continue to focus primarily on alcohol abuse, but also consider allocating some resources for prescription drug and opioid prevention and education.

A high number of students reported they knew one or more students who could benefit from a campus recovery and addiction meeting, or some other form of addiction-based service. Likewise, a majority of surveyed students were aware of the weekly recovery meeting and that psychological services were available on campus. With regards to the new buildings and campus expansion happening, many students felt that the school should offer a sober student living environment and provide some form of sober living programming to support students who are in recovery from an addiction, as well as for those who might be seeking help from addictive behavior.

When asked about what types of recovery support services were needed, more than half of the respondents supported having recovery programs that focused on helping students with multiple addictions such as, food, gambling, sex, video games, etc. Likewise, more than half of the respondents also agreed that, even if the addiction and recovery population was a minority, the school should still offer specialized support services and location to support the community. The school currently provides support centers for other minority groups of students, as well as the counseling center, sees around 1200 students per year, which is close to six-percent of the campus population. Therefore, an argument could be made about a dedicated space for students seeking addiction and recovery support.

Based on findings, it can be inferred that students on campus are not sufficiently aware of what substance-related resources are available.

Furthermore, the perception of substance use resources may not be apparent to many students because addiction itself is not apparent to the students yet. Typically, students are in the beginning stages of experimentation with substances, and perhaps, may not recognize the degree in which they are using substances can be diagnostically interpreted as a substance use disorder (DePue & Hagedorn, 2015; Laudet et al., 2014).

According to students surveyed, current campus resources appear to students as more focused on being punitive that restorative. The existing services are comprised an interagency coalition (e.g., Alcohol, Tobacco, and other Drugs (ATOD) committee), the counseling and psychological services, student conduct and campus police, and harm-reduction educational strategies. Likewise, the school also employed environmental policies such as remaining a 'dry campus.' Furthermore, regarding students in recovery, research has shown that a lack of community, academic stressors, peer pressure, and campus culture are essential factors surrounding maintaining abstinence from substance use (DePue & Hagedorn, 2015; Laudet et al., 2014).

Limitations of the Study

The researcher hoped that this study would illuminate the need for recovery support services and specialized addiction services on campus. The results indicate that there is a need for such services, but most likely for a small population of students. The research still points out that even though the group is

small in size, the campus community as a whole would benefit by providing such services to this group.

Another limitation of this study was with the sampling for the qualitative portion. This researcher felt that it could have been more representative. There were students, staff, and faculty on campus who could give more input on the types of survey questions that went out to the student body. Even though this researcher attempted to do the focus groups during the summer hours, when campus workloads are theoretically smaller, it was still difficult to get groups together that focused on addiction issues. Another limitation is with the student survey and the time needed to analyze the data honestly. The project was on a strict deadline, being a necessary component for the Master of Social Work degree. Likewise, there is the issue of funding. Having funding would have allowed for this researcher to find ways to incentivize respondents and collect more data from a larger sample size. Thus, this researcher feels that the perceptions presented in this study are compelling, but not wholly representative of all campus students and staff. A more developed needs assessment would need to be done.

<center>Recommendations for Social Work Practice</center>

Students in recovery wrestle with many issues to fulfill their role as a student. Issues such as cravings, peer pressure, social and familial issues, and employment problems can all be risk factors associated with past substance misuse (Laudet, 2008). Social workers are trained to work with students at the

<center>55</center>

level of their psychosocial functioning and are competent in addressing academic challenges for a student in recovery, such as the environmental adjustment, developing new behaviors, coping with campus drinking culture, relationship development (Gibelman, 2005).

Getting an education is considered to be a vital part of the recovery process (Laudet, 2008; DePue & Hagedorn, 2015), and social workers what a student recovery population would need. Therefore, social work working in this field should be competent in treatments that most effective in this environment. College can be both risky and beneficial regarding a student's recovery efforts. In some cases, it could force one to choose between continuing with education or maintaining sobriety. Campus based recovery support programs are effective in reducing these stressors by provide psychosocial and structural support that a recovering student may need to be successful (Laudet, 2008).

Holistic and person-centered approaches are what social workers are known for (Gibelman, 2005). These approaches allow the social worker a better understanding of how systems effect people in their everyday environments. Social workers should be critically aware of how these ecosystems can affect a client's wellbeing. As substance abuse treatment for students in a college begin to emerge, social work intervention modalities can include: (a) safe and confidential places to connect with others who understand the addiction problem; (b) a variety of 12-step and/or other support group meetings throughout the week; (c) extended case management – sobriety contracts and tracking of

student goals; (d) assistance with community housing and/or sober living environments; (e) connection into community outreach programs; and (f) specialized addiction-based counseling (which can include process addictions such as, sex, food, gambling, emotions, etc.) (DePue & Hagedorn, 2015).

Conclusion

this research study presents the results of a needs assessment for recovery support services through a collegiate recovery program setting at a midsized public university located in Southern California. Data is presented on substance use patterns and problems, the perception of campus substance use, and current substance use addiction and recovery services. Informal Interviews were administered to students and staff because of their involvement in addiction or recovery on campus, and a random sample of 581 students was surveyed.

Results from this study suggest that students perceive that the campus has resources and is engaging in prevention activities, but that current resources are only focused in student conduct, counseling services, harm-reduction educational strategies, and environmental strategies (e.g., 'dry campus), much of which, has driven students off campus for substance use behavior. There could be consequences for lack of programs addressing specific substance use such as opiates, Adderall, stimulants, and hallucinogenic drugs (e.g., LSD, mushrooms, and ecstasy). There also are not any known resources in place to address off-campus behaviors.

This researcher hopes that this study will assist campus staff, students, and community and campus social workers to increase their competence level and knowledge of effective treatment modalities when working with college students who use and abuse substances.

APPENDIX A

IRB APPROVAL FORM

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) _____ Micah K. Carlson _____

Proposal Title _____ Recovery Support Services for Young Adults : A Needs
Assessment for a Collegiate Recovery Program At California
\# _____ SW 19517 _____ State University, San Bernardino

Your proposal has been reviewed by the School of Social Work Sub-Committee of the

Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

_✓_ approved

_____ to be resubmitted with revisions listed below

_____ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____

_____

_____

_____

_____

_____

_____

_____   4/25/2017
Committee Chair Signature   Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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Signature of Investigator(s)/Researcher(s)   Date

Signature of Faculty Advisor for Student Researchers   _____10.22.17_____
                                                              Date

Signature of IRB Chair or IRB Chair Designee   10 / 23 / 2017
                                                              Date

Approval of protocol change/modification/amendment is granted from: 10 / 23 / 2017 through
10 / 22 / 2018

APPENDIX B

FOCUS GROUP QUESTIONNAIRE

FOCUS GROUP OR INTERVIEW GUIDE

**RECOVERY SUPPORT SERVICES FOR YOUNG ADULTS:
A NEEDS ASSESSMENT FOR A COLLEGIATE RECOVERY
PROGRAM AT A MIDSIZED PUBLIC UNIVERSITY LOCATED
IN SOUTHERN CALIFORNIA**

I am with the School of Social Work. I also worked as the Peer Recovery Specialists in the Student Health Center for the past two years. I have been actively pursuing the idea of bringing addiction and recovery support resources onto the campus. I have been utilizing the commons, with the support of the Student Health Center, to hold weekly Recovery Meetings on here on campus. I also founded the student advocacy organization Coyotes for Recovery as a means to engage the student body around the topic of recovery.

WHAT IS COLLEGIATE RECOVERY? Collegiate recovery is a nationwide movement, that has been necessary as well as supported across the nation in several universities and colleges. It is a growing movement. Barriers have been a lack of funding and understanding about this population (e.g. age, level of addiction, hidden, time schedules, fear of stigma, and means of support within the community).

- You were invited to this interview because of your line of work.
- There are no wrong answers but rather differing points of view.
- Please feel free to share your point of view.
- Just a reminder, I am recording this session and we won't use any names in our reports, as to be assured of complete confidentiality.

FOCUS GROUP PARTICIPANT DEMOGRAPHIC DATA

1. Date:
2. Time:
3. Place:

4. Role on campus:
   ☐ Student/ Year: __1st __2nd __3rd __4th __5th __Graduate School
   ☐ Faculty/ Department _____
   ☐ Staff/ Department _____
   ☐ Other

5. Age:
   ☐ 18 to 20
   ☐ 21 to 30
   ☐ 31 to 40
   ☐ 41 to 50
   ☐ 51 to 60
   ☐ over 60

6. Gender:
   ☐ Female
   ☐ Male
   ☐ Non-binary/ third gender
   ☐ Prefer to self-describe _____
   ☐ Prefer not to say

7. Race Ethnicity:
   ☐ White
   ☐ Hispanic or Latino
   ☐ Black or African American
   ☐ Native American or American Indian
   ☐ Asian / Pacific Islander
   ☐ Other

8. Are you in recovery from an addiction?
   ☐ Yes
   ☐ No

FOCUS GROUP OR INTERVIEW QUESTIONS (ROUND ROBIN)

1. Based on the presentation, what is your initial reaction to the idea of Recovery Support Services here at on campus?

2. Were there any particular attributes, characteristics, or features about the proposed idea that you find essential?

    a. What would you like best?

    b. What did you like least?

3. From your vantage point (e.g. your position on campus), what do you feel the substance use climate is like on campus?

4. How does being a dry campus affect this climate?

5. With the additional housing options in the future, do you feel this will affect this climate?

6. Is there anything you feel is missing from this questionnaire?

7. If you were able to ask the student population a question surrounding this topic, what would you most want to know?

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