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Facing Addiction in College: The Effects on Alcohol, Drugs, and Academics

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Abstract

The goal of this thesis is to provide a comprehensive overview of collegiate recovery communities (CRCs) and collegiate recovery programs (CRPs) across the U.S for high risk students that suffer from alcohol and drug abuse. After finding the effectiveness of these programs and assessing the students' needs in college, this research makes a recommendation for Western Michigan University to create a collegiate recovery program. A collegiate recovery program (CRP) is a college or university that provides a supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use (ARHE, 2019). This paper will discuss the federal reports on college drinking, the academic, social, and physical challenges students face in college released by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and also data regarding alcohol and drug use or possession, and sexual, physical, and verbal misconduct from the Office of Student Conduct at Western Michigan University. Lastly, this paper will provide an analysis on the public health issues on the culture of college drinking and the ongoing interventions for students with alcohol use disorders and the intent to reduce college drinking through research, support, and knowledge.

Introduction

Addiction and binge drinking has become a major public health issue that contributes to problems with mental illness, intervention, and the willingness to attend and receive treatment within the student population (Malloy & Goldman, 2002). Federal reports show there are societal expectations that young individuals will engage in heavy alcohol consumption and drug use due to social acceptance. Addiction has as a complex definition, a brain disease that is manifested by a particular substance, activity, or behavior (Parekh, 2017). It is common that individuals often use alcohol and other substances as a coping mechanism to suppress emotions, thoughts, and unconventional behaviors (Parekh, 2017). According to the U.S Department of Health and Human Services (2008), genetic and environmental factors may result to an individual becoming at risk for drug dependence, psychiatric problems, and overt behavior (para. 7). Data from the (NIAAA) shows that 6.2 percent of adults 18 and older have a substance use disorder (2018). Drug addiction can cause long-term side effects, represent danger to self and others, and develop a psychological dependence and terminal illness (Parekh, 2017). There are a few attributes that influence an individual's disposition to engage in a specific behavior such as the physical or psychological capability to engage in behavior, the motivation that guides the behavior, and the environmental factors that either promote or constrain behavior (Parekh, 2017). Any form of addiction can be formed due to social, psychological, and environmental factors. Higher educational institutions must consider that college students have different backgrounds whether they are first-generation, a minority, or a high achieving student. The question that must be asked is how do we change the culture of college drinking in U.S culture so it may apply to all students?

What will be examined throughout this paper are the risks of substance use disorders and the educational interventions to promote healthy behaviors through individual and group focused approaches. To help students maintain sobriety- not affected by alcohol or intoxicated, collegiate recovery programs (CRPs) were used to create campus-based, recovery-friendly space to support continued recovery and emotional growth. As of today, there has been roughly 150 college and universities in 49 states that offer recovery programs to raise addiction awareness (2016, para.4). Some of the recovery programs in the U.S are at the following universities: University of Michigan, Case Western Reserve University, Ohio State University, University of Texas at Austin and Dallas, and Penn State University. Components of sober living includes: crisis management, academic services, relapse prevention, and recovery programs and communities (Sober Living in Universities, 2016). Data from Office of Student Conduct at WMU have been collected to determine if the current interventions on campus are effective, examine student demographics and populations that are likely to be produced or suffer from alcohol use disorders. This author will also examine the recovery programs in the Midwest region to discuss prevention, housing, funding, and academic services. This will propose an opportunity to create a collegiate recovery community and form a respectable culture, bring awareness, and promote academic success at Western Michigan University.

Culture

Alcohol and drug abuse among college aged students is a devastating issue that is increasing in higher education across the U.S (NIAAA). College drinking has become a ritual that students often view as a part of their higher education experience. Colleges and communities advertise and promote college drinking to influence social success and alcohol tradition. Due to availability of alcohol, inconsistent enforcement for underage drinking, and an abundance of

freedom intensifies the problem - addiction. Students that binge drink or use drugs for recreationally use have higher rates of assaults, poor academic, and physical and mental health problems (Malloy & Goldman, 2002). It has become a national issue that requires training for staff and faculty in higher education institutions, prevention programs, and research to educate individuals about the harmful consequences of college drinking.

Many researchers and educators argue that many universities have not made a considerable effort to produce campus-wide success in changing the culture of college drinking. It's important to consider the customs that promote college drinking which becomes embedded in the students' environments such as local bars, establishments, alumni functions, and sporting events (Malloy & Goldman, 2002). These establishments promote, serve, and sell alcohol industry sponsors for their financial success and its intention to attract the student population. It is also important to note how environments and peers' influence college drinking. It is known that local establishments provide accessibility for students under the age of 18 to consume alcohol which produces harm to self and others in the surrounding community: drunk driving, sexual assault, and hazardous drinking (Malloy & Goldman, 2002). According to Malloy and Goldman, about 1,400 college students between the ages of 18 to 24 die each year due to excessive drinking as well as data on academic achievement, property damage, and health concerns that become equally alarming to the surrounding community and institution. This is an ongoing concern for the student's safety, health, culture, and surrounding community.

Collegiate Recovery Programs

The Association of Recovery in Higher Education (ARHE) is the only association that represents collegiate recovery programs and communities. It provides education, resources, and community to promote health and wellness for individuals recovering from alcohol and

substance abuse. ARHE's membership is open to schools, non-profits, individuals, student, and faculty. Its focus is to serve national support for CRPs and offer research and experimental models to best support students and integrate them during their education. Below is ARHE's mission (ARHE, 2019):

- Empower Collegiate Recovery Programs (CRPs) and professionals to support students in recovery through our strategic approaches
- Develop and sustain
- Connect and collaborate
- Educate and advocate

These programs offer academic courses in recovery, counseling, conferences, and leadership workshops to create a culture and community for students who are committed to staying sober (ARHE, 2019). Majority of these programs include the following 4 components:

- **Academic services** – Student receives academic support throughout one's transition from a drug treatment program to back to school.
- **Recovery programs** – Provides continued support through sober entertainment, coping with peer pressure, and learning how to handle social situations through conferences, workshops, and peers
- **Crisis management** – Provides support for mental health or medical issues that occur within a student. These programs often have a person that can refer to medical professionals that understand addiction.
- **Relapse prevention** – Living in a sober environment that gives support 24/7 for maintaining abstinence from drugs and alcohol.

In order to start a CRP, funding ranges in amount and source. According to ARHE, programs have been known to have funding as little as \$5,000 to as much as \$100,000 annually (ARHE, 2019). Majority of funding comes from grants, research, state government, and donations. It is highly suggested to have enough funding to provide programming to attract students, hire staff, and provide housing for students of interest. Resources that are available to start a CRP are the following (ARHE, 2019):

1. The Association of Recovery in Higher Education's Regional Representatives offer free consultation to campuses that are starting Collegiate Recovery Programs. A person of interest can email recovery@collegiaterecovery.org to be directed to your Regional Representative or check out our Board Members page to connect directly.
2. Texas Tech University's Center for the Study of Addiction and Recovery has developed a curriculum that is used as a guide for individuals or organizations interested in implementing community support and relapse prevention programs that are specific to the collegiate population through academic and student health services. This curriculum has been written to incorporate both two-year colleges and four-year universities.
3. For many schools a great source of financial support comes from donors. Often these donors support collegiate recovery due to a personal story or interest, and others from more of a business or political interest.
4. Some schools have been very successful in recruiting support and financial means through their Alumni. For schools with longer-standing traditions in Collegiate Recovery this often means graduates or family members of graduates. For schools that are trying to start up a program this means more active recruitment of alumni who may be passionate about the development of a Collegiate Recovery Program.

Housing is also optional while starting a CRP. If financial challenges arise, it is possible for CRP's to be housed within different departments such as Residence Life, academic colleges, student wellness centers, and counseling services. ARHE suggested using a sober roommate referral system through the housing department for students who are interested living in sober housing. This is an opportunity to build rapport and create an environment filled with support and honesty while being a college student.

Locations

Below is a list of recovery programs in the Midwest region found through the Association of Recovery in Higher Education as well as a regional map shown in *Figure 1*:

I. *Kent State University*

- Began their CRC in Fall 2017
- Supports 6-12 students
- Staffed by clinicians and an outreach officer part-time
- Services include substance use assessment, referral, counseling, and weekly consultations, monthly community dinners, and outreach program events
- Requires an application to participate

II. *The Ohio State University*

- Began their CRC in Spring 2013
- Supports 5-45 students in recovery
- Offers a 28-bed residence hall (up to 14 singles) called *Recovery House at Penn Place* near campus
- Staffed by two full time employees, both program manager and program coordinator
- Provides individualized recovery plans, graduation dinners, recovery support meetings
- Affiliated with the Student Life Student Wellness Center and Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery
- Must complete an application including two letters of recommendations and at least 6 months of abstinence

III. *Central Michigan University*

- Began their Collegiate Recovery Education and Wellness program (CWCREW) in Fall 2016
- Consist of 5-10 students
- Staffed by a full-time program supervisor and full-time student support coordinator
- Offers weekly peer support meetings, wellness coaching, health promotion workshops
- Offers a registered student organization called Student Organization for Addiction Recovery (SOAR) which meets weekly and is regularly attended by 5-10 students seeking recovery and participating allies

IV. *Michigan State University*

- Began their CRC program in Spring 2013
- Created by 3 students who wanted recovering students to find support and scholarship
- Group was then named Traveler's Club and became an RSO
- Consists of about 13 members weekly
- No housing, but does offer substance free housing on campus
- Staffed by a full-time health promotion profession
- Offers on campus 12-step meetings, community services projects, advocacy opportunities, weekly peer support meetings and sober social events
- Housing began last fall, must be a CRC member to reside
- 6 double rooms
- 24/7 lounge space
- Depended on grants and donations, paid through MSU
- More males than females
- In process for drug screening for accountability from MSU Health Center

V. *University of Michigan*

- Began their CRP in 2012 (first in the state of Michigan)
- Consists of 25-30 formal CRP members who are in abstinence-based recovery including eating disorders
- Formed an RSO called Students for Recovery (SFR) which is regularly attended by 20-30 students biweekly, open to all students
- Staffed by one full time Program Manager
- For membership, students must sign a commitment agreement which entails commitment to recovery, adhere to personalized recovery, case management, and attend weekly meetings

VI. *Case Western Reserve University*

- Provides alternative housing option for students who want to maintain a sober lifestyle (Two-unit apartment houses)
- Open to undergraduate, graduate, and professional students from Case Western Reserve University, Cleveland Institute of Music, Cleveland Institute of Art, and Kent State University College of Podiatric Medicine
- Creates individualized plans to maintain sobriety and offers peer support

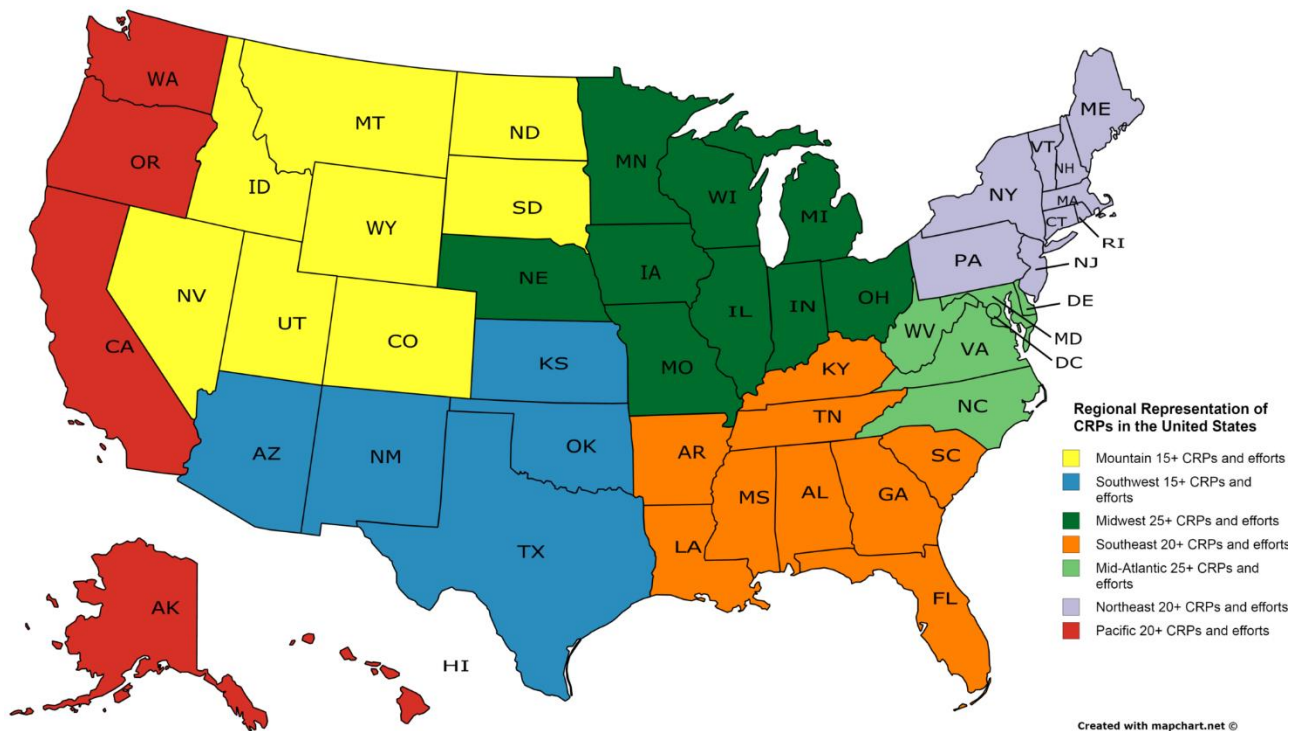


Figure 1. This is a map that represents the number of CRPs in each region of the U.S. Adapted from Association of Recovery in Higher Education (2019).

Data on Conduct

My plan of action was to collect data from the Office of Student Conduct that will determine the number of incidents regarding alcohol and drug use and possession, behavior disruption, and sexual misconduct at Western Michigan University. Between academic year 2015-2016 and 2017-2018, percentage of repeat offenders decreased by almost 11 percent. Drug

possession and use reduced by an estimation of 3 percent as well as physical or verbal abuse.

Both tables will be found in table A1, table A2, and table A3. During summer 2016, there was a change in the process of referring students for substance misuses. Before summer 2016, students were often referred to a substance treatment program in Behavioral Health Services (BHS) at Unified Clinics, formerly the University's Substance Abuse Clinic. BHS is a licensed accredited outpatient substance use and behavioral health disorder at Western Michigan University (BHS, 2019). It serves as a training site for graduate level health and human services students who provide treatment services under the supervision of the BHS clinical director and in affiliation with Western's specialty program in alcohol and drug abuse (SPADA). Due to change in services, students are now referred to Sinecure Health Center in the Health Promotion and Education department (HPE). This allows students to meet one on one with staff to identify, assess, and discuss choices in substance use behavior that resulted conduct and poor academia. Due to the change in assessment and treatment, Office of Student Conduct collected data to identify the number of cases each month for both Fall 2017 and Fall 2018 semesters. Below you will find a decrease in the number of cases each year shown in *Figure 2* and *Figure 3*.

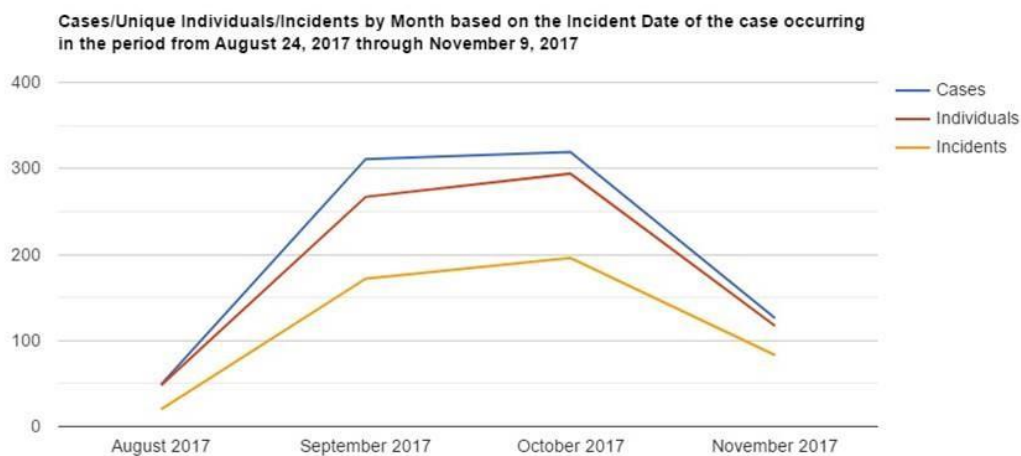


Figure 2. This line graph presents a photo of the number of cases and incidents that occur each month starting in August through December of 2017.

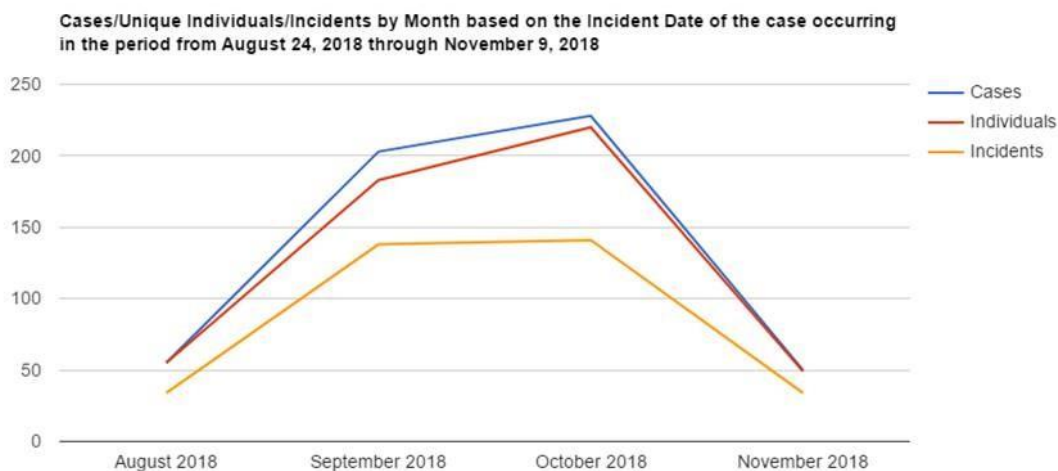


Figure 3. This line graph presents a photo of the number of cases and incidents that occur each month starting in August through December of 2018.

Assessed Needs

Based on comparative data, it has been found that there are a high number of high-risk students at who are more likely to produce or suffer from a substance use disorder. It's shown that change in services has lowered the number of cases and incidents on Western's campus. These services within the Health Promotion and Education department have provided both individual and group support, educational opportunities, and preventative approaches to reduce alcohol and drug use on campus. From 2015 to 2018, there has been a decrease in the number of cases and incidents by almost fifty percent. Although numbers have decreased, we must consider the lack of success in prevention and intervention. Few strategies or approaches have been identified and tested for its effectiveness through research, which results incomplete data, a

decrease in the likelihood of providing resources for students in need, and poor academic, social, and behavioral success within the institution.

However, there are barriers to implementing research-based programs such as funding, students' rights and liability, and lack of research. I believe using the data and identifying the barriers will help address the needs on campus to create such a community. Rather than determining the number of alcohol and drug related incidents, instead we should make recommendations for future research on college drinking and create a specific intervention to the students' needs on our campus – a collegiate recovery community. This will be an opportunity to offer a community lounge, alcohol and drug free related events, peer mentoring, educational seminars and provide academic excellence alongside recovery support for experiential students and students developing an alcohol use disorder. This reduces funds, allows administrators, staff, and faculty to bring awareness and educational support through their recovery. Due to the lack of research, I believe there are a few recommendations that can be found beneficial on Western's campus:

1. Finding a student employee to do annual research using surveys or software programs to identify the demographics and populations among college students.
2. Creating a registered student organization (RSO) to promote awareness and community. This will be an opportunity to determine the number of recovery students and allies that would be willing to address college drinking, create sober-free events, and personally develop.
3. Fund raise by collaborating with student organizations on campus such as Campus Activities Board (CAB), student governments, and other organizations with a social science background. These are opportunities to host sober free events such as picnics,

conferences, or movie nights develop funding for potential housing or communities with a residence hall.

Conclusion

In order to change the culture of college drinking, we must consider the environmental influences, identify the students' needs, and implement preventative programs to devote resources. These recommendations are not to focus on prohibiting drinking, but instead on changing the culture of college drinking on Western's campus by involving the student body and administrators, and surrounding communities. Improvements in research methodologies could enhance the understanding of effective prevention strategies in order to design programs that suit the campus needs and reduce negative consequences. Through the combination of vigorous leadership, institutional change, and campus-community involvement can make a difference and bring more awareness. This is a recommendation for a multidimensional approach to college drinking but also an opportunity to be a voice for recovery students due to stigmas, biases, and lack of support and research surrounding the field of addiction. These are opportunities for change in our culture, confessing one's excessive use of drinking, and build a community to support and advocacy. Lastly, it will give them an opportunity for a voice, share their experiences, and perhaps create another intervention. Although there are no easy answers to high-risk college drinking, there is reason for optimism.

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Appendix A

Recidivism Data 2015-16

The Office of Student Conduct recorded the number of individuals who were conducted a charge of alcohol or drug use or possession, physical or verbal abuse, and sexual misconduct during the academic year of 2015-2016.

The purpose of the data collection was to determine the percentage of repeat offenders each academic year.

Table A1

Recidivism Data 2015-2016

Charge	Individuals Responsible after first incident date	Total Individuals Responsible	Percentage of Repeat Offenders
Alcohol use or possession	60	393	15.27
Drug use or possession	28	235	11.91
Physical or verbal abuse	3	5	6.38
Sexual Misconduct	1	5	20

Appendix B

Recidivism Data 2016-17

The Office of Student Conduct recorded the number of individuals who were conducted a charge of alcohol or drug use or possession, physical or verbal abuse, and sexual misconduct during the academic year of 2016-2017.

The purpose of the data collection was to determine the percentage of repeat offenders each academic year.

Table A2

Recidivism Data 2016-2017

Charge	Individuals Responsible After First Incident Date	Total Individuals Responsible	Percentage of Repeat Offenders
Alcohol use or possession	21	326	6.44
Drug use or possession	17	143	11.89
Physical or verbal abuse	1	41	2.44
Sexual Misconduct	0	11	0

Appendix C

Recidivism Data 2017-18

The Office of Student Conduct recorded the number of individuals who were conducted a charge of alcohol or drug use or possession, physical or verbal abuse, and sexual misconduct during the academic year of 2017-2018.

The purpose of the data collection was to determine the percentage of repeat offenders each academic year.

Table A3

Recidivism Data 2017-2018

Charge	Individuals Responsible After First Incident Date	Total Individuals Responsible	Percentage of Repeat Offenders
Alcohol use or possession	12	256	4.69
Drug use or possession	13	145	8.97
Physical or verbal abuse	1	33	3.03
Sexual Misconduct	0	9	0

Appendix D

Interview Script

Below is a list of questions that were used while interviewing both recovery coordinators from

The Ohio State University and Michigan State University.

1. When did the collegiate recovery program begin?
2. How many active members are in the program?
3. What are the demographics? Age, race, gender, etc.
4. How did you find funding for the program?
5. Does this include both undergraduate and graduate students?
6. Do you provide housing? A specific floor or a residence hall?
7. What happens to a member if they begin to relapse?
8. Who is applicable to coordinate the program? Does it require a specific degree or experience?
9. What resources are offered to the students?
10. Is there research or statistical evidence on the success rate of the program? Academically, socially, physically, etc.
11. Are there any internships offered to students pursuing a social science degree?
12. Any registered student organizations?