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In college and in recovery: Reasons for joining a Collegiate Recovery Program

Alexandre B. Laudet, Ph.D.[1], **Kitty Harris, Ph.D.**[2], **Thomas Kimball, Ph.D.**[2], **Ken C. Winters, Ph.D.**[3], and **D. Paul Moberg, Ph.D.**[4]

[1]Center for the Study of Addictions and Recovery, National Development and Research Institutes, Inc., New York City, NY 10010

[2]Center for the Study of Addiction and Recovery, Texas Tech University, Lubbock, TX 79409-1160

[3] University of Minnesota

[4] University of Wisconsin

Abstract

Objective—Collegiate Recovery Programs (CRPs), a campus-based peer support model for students recovering from substance abuse problems, grew exponentially in the past decade, yet remain unexplored.

Methods—This mixed methods study examines students' reasons for CRP enrollment to guide academic institutions and referral sources. Students (N = 486) from the 29 CRPs nationwide operating in 2012 completed an online survey in 2013.

Results—Students were somewhat older than traditional age (mean age = 26). Now sober for three years (mean), they had experienced severe dependence on multiple substances. One third reported they would not be in college were it not for a CRP, and 20% would not be at their current institution. Top reasons for joining a CRP was the need for same age peer recovery support, and wanting to 'do college sober' recognizing that college life challenges sobriety.

Conclusions—CRPs appear to meet their mission of allowing recovering students to pursue educational goals in 'an abstinence hostile environment' and emphasize the need for more institutions to address the support needs of students in recovery.

Keywords

Recovery; college students; recovery support services; substance use disorder; addiction

Consistent with the growing body of science supporting the notion that substance use disorders (SUD) are best conceptualized as chronic for many,[1] the concept of 'recovery' is increasingly guiding SUD services.[2] Recovery is a process whereby substance use is reduced (or ceases) and significant improvements are made toward healthy functioning and improved quality of life.[3-6] This paradigmatic shift is evidenced in policy, with the President's national drug control strategy calling for the expansion of recovery support

Please address all correspondence to the first author at alexandrelaudet@gmail.com T: +1-646-387-6568.

services across community-based settings.[7] More importantly, it is also reflected in SUD services models such as Recovery Oriented Systems of Care (ROSC) that constitute an organizing framework for SUD and recovery support services. [8,9]

In the past few years, a growing menu of recovery support services has emerged. [10-12] Unlike specialty addiction treatment that addresses primarily substance use and is delivered by professionals for a relatively short period of time (e.g., 3 months in outpatient settings), recovery support services adopt a continuum of care approach used effectively for other chronic conditions. Moreover, while substance use is targeted, the broad goal of these services is to promote and solidify recovery. Most recovery support services are delivered by peers (i.e., individuals in stable recovery) in diverse community based settings such as recovery community centers, faith based institutions, correctional facilities, health and social service centers, and addiction and mental health treatment agencies. [13] Peer-based recovery support services include peer mentoring, recovery coaching, and sober residences (e.g., Oxford house).[14] Recovery high schools have also been established to provide alternative educational setting emphasizing peer support for students in recovery. [15,16]

Among the newest and most innovative models of recovery support is the Collegiate Recovery Program (CRP). CRPs are campus-based communities of students in SUD recovery; they are typically peer-driven and operate with a small professional staff.[17-21] CRPs developed in response to the needs of college students with a history of SUD who have successfully remitted and seek to pursue educational goals in what has been described as “an abstinence hostile context”:[22] The high rates of substance use on college campus represent a threat to recovery that may lead to foregoing or postponing college in the absence of a readily available sober network.[23] The U.S. Department of Education has emphasized the importance of these programs as part of meeting its goal of ensuring a continuum of care from high school to college to post-graduation.[24] Initially started some three decades ago, CRPs have grown rapidly in the past decade, from 4 in 2004 to close to 50 at this writing, with numerous others in the early stages of development. [20] According to Transforming Youth Recovery, a foundation dedicated to promoting recovery in academic settings, close to 100 institutions of higher education nationwide are at various stages of providing (or developing) recovery supports. This broad survey includes CRPs as well as other models including recovery housing; its findings speak to the increasing recognition of the importance of meeting recovering students’ needs on campus.

With the exception of sober residence whose effectiveness is supported by a strong evidence base,[14] the addiction field continues to lack rigorous studies quantifying the effectiveness of peer driven recovery support services. [13] Two recent reviews examining the available evidence (mostly from system level reports, such as states) concluded that the approach appears to have promise to reduce substance use and increase engagement in needed services, but noted the numerous methodological limitations of published reports. [11,12] In particular, in spite of their exponential growth, Collegiate Recovery Programs remain under-investigated. Preliminary information on their usefulness is limited to site-level aggregate reports that the research team collected in the context of a nationwide survey of all operating CRPs in 2012: [21] Across the 29 operating programs, rates of relapse – defined as ‘any use’ – ranged from 0 to 25% in the past academic year (Mean = 8%). Academic outcomes (GPA

and retention in college) were significantly better among CRP students than for the overall undergraduate student body at their given institution. A small prospective mixed methods study conducted at a single site also concluded that CRP participation "is a beneficial experience for past and present enrolled students, facilitating the maintenance of sobriety while simultaneously promoting academic success" ([25]p. 13). The U.S. Department of Education has called for systematic research about CRPs and their students to inform the higher education system's response to college students in recovery. [24]

Study objectives

Individuals in SUD recovery have thus far been largely neglected by researchers who have focused most on active substance users and on treatment clients in early remission. This is especially true of young people, and even more so of college students in recovery, described as a "hidden group" to both researchers and college personnel.[22] As a growing number of academic institutions are recognizing the need to support these students through programs such as CRPs, the perspective and experiences of students in recovery becomes critical to guiding their efforts.

This mixed methods study focuses on students' reasons for joining a CRP, in their own words: What were they looking for when joining their CRP?. Findings out what initially attracts a student in recovery to enrolling in a CRP can inform academic institutions considering implementing one in terms of service development as well as dissemination purposes: for instance, points to emphasize to parents and students considering the institution, and to clinicians and other external referral sources such as school counselors who discuss the availability of these programs with young recovering persons considering college. Findings can also contribute more broadly to the small body of knowledge about individuals participating in peer-based recovery support programs especially young people in recovery about whom so little is known empirically at this writing.

METHODS

Procedures and Participants Recruitment

Students were recruited from the 29 CRPs nationwide that were operating in the Fall of 2012 and participated in the program survey, the first phase of a larger study. [26] Student recruitment was conducted by the CRPs directly - not by researchers- to protect students' confidentiality. The research team provided CRP staff with information sheets about the study and sent an email with the link to the online, student survey. Programs were instructed to email their participating students, to make announcements about the survey, to post the link on their internal website and to post the study information sheet on bulletin boards at their site. The study was reviewed and approved by the ethics board (IRB) of the first author's institution. At the end of the survey, students had the option of providing their academic email address to receive a $40 egift certificate at Amazon. A total of 486 unduplicated student surveys were completed. Based on an estimated pool of 600 participants enrolled in CRPs over the data collection period, this represents an 81% participation rate.

Data collection and Instrument

Data collection was ongoing from February 2013 through the spring, summer and fall semesters. The confidential survey, administered online using Survey Monkey®, started with the informed consent. The mixed methods instrument consisted of qualitative items described later, and standardized measures the research team has used in several other federally funded studies. [27-29] These measures are described in details in a recent article bearing on this sample[30] and summarized below:

Drug and alcohol use history was collected using a list of 12 substance categories. For each, the following are collected: (a) "Ever' used once or more"; *If yes*, (b) Any 'regular' use - i.e., once a week or more for at least a one-year period'; *if yes*, (c) Age of first regular use, duration of regular use (in years) and date last used. Participants also report which of the 'regularly used' substances had caused them *the* most serious problem – i.e., primary problem - , and which other substance(s) 'caused you serious problems?' (i.e., secondary problems). Duration of abstinence from each regular substance is calculated, then summary variables representing the shortest abstinence duration from any *drug*, from *alcohol*, and from *any substance (i.e., drug and/or alcohol)* are derived.

Drug and Alcohol Dependence severity—The questionnaire combines the Lifetime versions of the Alcohol and Non-alcohol Psychoactive Substance Use Disorders subscales of the Mini International Neuropsychiatric Interview (M.I.N.I.), a short structured diagnostic interview developed in the U.S., and Europe for DSM-IV and ICD-10 psychiatric disorders. [31] The 14 dichotomous items yield a single summed severity score that can range from 0 to 14.Cronbach Alpha = .81 in this sample.

Perceived harm of substance use and benefit of recovery—Given the study's focus on students' reasons for enrolling in a recovery support program, the project was interested in students' perception of the consequences of past and future substance use and/or recovery in their lives. The instrument consists of three summary items from the *Primary Appraisal Measure* [32] to assess a) perceived harm from past substance use; b) Likely future negative impact if substance use were to resume/continue; and c) Likely future benefit/improvement from being/remaining in recovery from drug/alcohol use. Answers are provided using a 5-point Likert-type scale ranging from No (harm/benefit) to extreme (harm/benefit).

Utilization of services and recovery resources—Students reported their treatment history by answering whether they had (a) Ever received addiction treatment services (yes/no); if yes, (b) Age received first treatment; c) History of participation in various treatment modalities (e.g., detoxification, methadone maintenance, 21/28-day inpatient rehab, outpatient treatment). Participation in self-help recovery support groups was also collected (i.e., 12-step meetings such as Alcohol Anonymous, and non 12-step meetings such as Moderation Management, SMART Recovery). Students reported (a) whether they had ever attended such meetings; if yes, (b) Age first attended. Finally, participants reported whether they had ever used any of the following other recovery resources: Been prescribed any medications to deal with a drug or alcohol problem (e.g., naltrexone, buprenorphine),

enrolled in a wilderness program to deal with drugs or alcohol problem (e.g., Outward Bound) or attended a recovery high school -a school designed for students in SUD recovery.[16]

CRP participation history and reasons for enrolling—Information was collected about the following topics: (a) Duration of CRP participation (in semesters); (b) Whether students enrolled in their CRP when first coming to their school or sometime afterwards; (c) How they first heard about the CRP. Answer categories were based on referral sources previously reported by the CRP directors in the program survey. Examples of referral sources include treatment programs, high school counselors, academic institution health clinic, and word of mouth.

Next came an item about the importance of a CRP's availability to students' decisions to attend/return to college at this time. Answer categories were: Not at all Important – I was determined to attend college; Slightly Important – I would have attended college anyway but it helped knowing there would be recovery support, Somewhat Important – I would have probably attended college even without the services, and Very Important – I would not be in college right now if I hadn't found a recovery support program on campus.

Students were also asked if they had inquired whether their present academic institution offered any sort of recovery support program prior to applying to that (their current) institution (yes/no). Those who had inquired about recovery support prior to applying to their school were then asked: 'How important was the presence of campus based CRP to your decision to apply to/enroll in your current institution?' The answer categories were: Not at all important, Slightly Important, but other issues (e.g., academics, financial aid) were more important; Somewhat Important, but I would have enrolled here even without the CRP; and Very Important, I would not have enrolled here without these services.

Reasons for enrolling in the CRP were provided by answering the open-ended item: "What are the main reasons why you decided to enroll in the recovery support program in your school?" Finally, students rated the *perceived helpfulness of CRP participation*: "Overall how helpful is participation in your CRP to maintaining your recovery on campus?" The item was answered using a 5-point Likert type scale ranging from 'not at all' to 'extremely'.

The researchers had sought input from program directors on topics and items of interest and their wording when designing the survey to supplement the team's extensive experience in the area of young people's substance use and recovery, and in collegiate recovery programs. Prior to starting data collection, the instrument was also piloted among 12 students who had recently graduated from a CRP and were therefore ineligible for the study. This resulted in very minor rephrasing of a handful of qualitative items in the CRP participation questions (i.e., clarification of questions). No changes were required or made to the quantitative items.

Data analysis

The quantitative analyses consisted of frequencies and were conducted in SPSS v. 220.0 (2013). For the qualitative data, the project used coding methods the research team has applied for previous qualitative studies of the recovery experience. [5,33-35] Codes for the

verbatim answers to the open-ended question about reasons for enrolling in a CRP were developed on the first 30 completed interviews. Coding proceeded according to an iterative process whereby the first stage of coding is as specific as possible to retain the richness of the data. Subsequently, codes are grouped by general topic to reduce the number of categories and facilitate the interpretation, based on examining frequencies on the initial codes. Up to three answers were coded for each participant so that the percentages presented in the Results section sum to over 100%. When more than three answers were provided, the first three mentions only were coded. Based on a subsample of 35 randomly selected surveys coded by two independent researchers (the first author and a clinically trained collaborator), inter-rater reliability was .92.

RESULTS

The sample is described in details elsewhere [30] and key characteristics are summarized here to provide context for interpreting findings about reasons for CRP enrollment. Participants were 43% female with a mean age of 26 (range = 17 to 58, Mdn = 23). The majority was white (91%). In terms of academics, over a quarter were seniors (29%), 23% were juniors, 18% sophomores, 17% freshmen, and 13% graduate students. Four out of ten (44%) entered their current academic institution as freshmen; of those who did not, 36% had returned to school after dropping out for a semester or longer, and 48% had transferred from another institution. Most (85%) were enrolled full time. Mean current grade point average (GPA) was 3.22 (SD = .0.62).

Drug and alcohol history

Over half (58%) cited *drug* addiction (i.e., illegal substances or abuse of prescribed medications) as their primary lifetime problem, 42%, alcohol. Most had been used multiple regularly ((i.e., once a week or more for at least one year) including marijuana and alcohol (the most common, reported by 75% and 61% respectively) but also pain medications, stimulants, and cocaine or crack. Regular substance use stated at age 15 (Mean) and lasted on average, 7 years. The most common primary substance (i.e., ‘the substance that caused you the most problems’) was alcohol (41%) and three drugs were also cited by 12% of students (heroin, crack or cocaine, and pain medications).

Participants’ lifetime addiction severity scores - averaged (mean) 11.4 (SD= 2.6) on a possible range of 0 to 14, suggesting a high dependence levels. Consistent with this finding, students reported high levels of perceived past harm from their substance use (41% ‘considerable harm’ and 32% ‘extreme harm’); they also perceived a high degree of potential future harm were they to continue or resume regular substance use (15% ‘considerable harm’ and 77% ‘extreme harm’) and correspondingly high future benefits of staying in recovery from substance use (13% ‘considerable benefit” and 83% ‘extreme benefit). Consequences of addiction were also by one third reporting a period of homelessness, over one half reporting being arrested and charged, and over a third having been incarcerated. However, most students had no current involvement with the criminal justice system.

Most students had not used alcohol or drugs in several years: Mean duration since last alcohol use was 31.7 months (i.e., 2 years and 7 months) although the range was very wide (SD = 32.2 months) and the same was true of time since last used drugs (Mean = 35 months, SD = 32 months). A small percentage (5%) did report recent (past month) use.

Utilization of addiction treatment and other recovery resources

Most participants (83%) had received professional SUD treatment. Mean age at first treatment was 20.6 years of age (SD = 5 years). In addition to treatment, other recovery resources used included individual counseling (52%), being prescribed medications (e.g., naltrexone, 20%), taking part in a wilderness program such as Outward Bound (8%), and attending a recovery high school (5%). Almost all students (93%) have attended one or more meeting at a 12-step fellowship such as Narcotics Anonymous starting on average, at 21 years of age. One out of ten (11%) students also reported some attendance at a non 12-step addiction recovery support meeting (e.g., SMART Recovery).

CRP participation history

The average (mean) duration of CRP participation was 7 semesters (SD =2.0), with half students having enrolled in their CRP when they started at their academic institution. In terms of *perceived helpfulness of CRP participation*, 28% selected ‘extremely helpful, 31% ‘quite a bit’, 20% ‘moderately, 14% ‘a little’ and 6% ‘not at all’.

The two primary sources from which they had first heard of the CRP were word of mouth (e.g., from parents or other students: 29%) and at a treatment program (21%); 12-step fellowships were a distant third source of information (13%). Asked about the importance of campus-based recovery support availability to their *decision to attend/return to college*, one third of students (30%) selected “not at all important – I was determined to attend college”, 18% selected “slightly important- I would have attended anyway but it helps”, 18% chose ‘somewhat important- I would have probably attended college” and 34% selected “very important – I would not be in college right now if I hadn’t found a recovery support program on campus”. Slightly over one quarter (29%) reported that they inquired about the availability of campus based recovery support at their current institution prior to applying to the institution. Of those who inquired, 72% (21% of total sample) reported that the CRP was ‘very important’ to their decision to enroll at their current institution (“*I would not have enrolled here without it*).”

Reasons for enrolling in a CRP

Most (80%) students provided multiple reasons for enrolling in their CRP. The most frequently cited reason for enrolling in a CRP centers on wanting/needing a *recovery supportive peer network* (Table 1); 56% of the sample mentioned this. As an illustration: “I recently moved to the area, I needed that immediate network of sober people.”

Of note, 23% of those citing the need for a peer network emphasized the importance of same age peers: for instance, “I would be unable to stay sober without being around others that are my age that are also in recovery”.

The second most frequent theme (31%) revolves around *wanting to 'do college sober'* (integrate school and recovery), and needing a safe place on campus to help deal with the stresses and temptations of college life. Examples include:

> "I didn't have a ton of sobriety time and I knew I would use again in school if I didn't have a recovery support program"

> "Change and transitional periods have always been tough. The stressors of college can be difficult. I need a recovery support system to stay sober! My life depends on it."

> "For a chance to be in school and still have recovery be my foundation"

A distant third reason cited for CRP enrollment was for the *opportunity to 'give back'* and help others in recovery (14%), often mentioned by individuals stating they had been in recovery for several years: "I feel that with 6+ years clean and sober I can be of help to anyone who needs it". This theme of 'giving back' also included statements about wanting to show others that individuals in recovery can thrive:

> "To help others come out from under the stigma of being in recovery, and to set an example of how people in recovery can rise above addiction;" and

> "I feel that it is my responsibility to show other students that it is possible to do college sober, and lend support."

Other reasons cited by 10% or fewer students included the practical benefits of being in a CRP (9%) where the two primary responses were financial and academic benefits: "I [also] really like that we have the opportunity to get scholarships, early class registration, etc." A recommendation from a friend/peer or professional was cited as a reason for enrolling by 8% of students (6% from friends/peers, 2% from professionals). Program-specific aspects were cited by 4%: the CRP's reputation (3%), and "a great staff who understands recovery" (1%). Finally, 5% provided general reasons such as, "I like it", or, "it made sense to join".

COMMENT

Study limitations

This is the first large scale effort at characterizing CRP students and their experiences. While the study obtained a strong completion rate (81%) as in all studies, a small minority of prospective participants did not complete the survey. The chief limitation of this study is that it did not collect information from the unknown number of students in recovery who choose not to enroll in a CRP at the recruiting institutions, especially about their reasons for not enrolling. That information would be helpful to CRPs and potentially, to develop other forms of campus-based recovery support for those not wanting to join a CRP. It regrettably fell outside the scope of this small project but ought to be examined in subsequent CRP research as part of a much needed effort to identify and address the support needs of college students in recovery. Studies relying on self-report are always vulnerable to a social desirability bias and this one is no exception. The team did not included a social desirability measure in the survey because of several measures that had been taken to maximize students' confidentiality; this includes program directors not being able to determine whether a given

student had completed the survey and identifying information (only the email address was collected) being expunged from data files after the survey incentive was processed, which was done on a weekly basis. Further, the risk of social desirability appeared quite minimal in this context since the study focused on reasons for joining a CRP rather than more evaluative questions about the program.

Conclusions and implications

The overarching goal of CRPs is to provide recovering students with support allowing them to sustain their recovery without having to postpone or surrender their educational goals. [17] Several aspects of present findings have implications for academic institutions and for researchers that are briefly summarized below in turn.

What may be the most important implication of this study for academic institutions is the need to acknowledge and address systematically and fully the very real issue of substance use among young (college aged) people. This applies at several levels. First of course is the need to address active substance use among students. A recent national college study found that few institutions have adequate strategies to address alcohol problems. [36,37] Second, even when institutions are successful at implementing effective strategies, a proportion of the student body will be in recovery. This is evident when looking at national data showing that although fewer than 10% of young adults needing addiction treatment receive it in a given year, the numbers are staggering: 24% of the 1,817,557 admissions to U.S. public addiction treatment in 2007 were 15 to 24 years old.[38,39] Stated differently, over 400,000 young people receive publicly funded addiction treatment in a given year and this number does not include those getting treatment privately and in nonspecialty settings. [40] A growing body of empirical evidence clearly suggests that recovery is a reality for millions of people[41] and pursuing an education is among their priorities.[35] Therefore, assuming a positive outcome in even a fraction of treated youth, it is clear that some will apply for and attend college. This unquantified and often hidden group of college students in recovery [22] needs support, especially same-age peer support, as present study clearly indicate. Recall that one third of CRC students reported that they *not* have attended college at this time were it not for recovery support on campus and one in five would not be enrolled at their present institution were it not for the CRP.

While additional research is needed to elucidate these trends (see later section), present findings and the exponential growth of the model nationwide in the past decade suggest that colleges and university can no longer neglect the need of students in recovery as has been the case historically. [23,42] Where feasible, beginning the process of hosting a CRP is a positive step in that direction. It should be noted that as reported elsewhere, [26] while all CRPs share the mission of providing campus-based peer recovery support, there is not a single prescribed model. Therefore, interested institutions ought not to feel they must 'buy-in' to a specific ideology or be ready to scale up a resource intensive array of services to begin the process. Rather, the first step can be to learn from the experience of other institutions nationwide that represent various stages of development and scales of recovery support programs. Such information and guidance can be obtained from the Association of Recovery in Higher Education. Other strategies include taking a survey of local (on- and off-

campus) recovery resources available to students and compiling the information for distribution in central locations throughout campus, as well as in health clinics and related departments. Universities and college officials are also well advised to open the dialogue with student representatives and student groups, as several CRP started organically from such groups. Insuring the availability of recovery support meetings on campus is also critical as local meetings may differ in age composition from college students (i.e., members are older than are college students) and research shows that meeting age composition is critical to maximizing effectiveness. [43,44] In terms of 12-step fellowships, both Alcoholics and Narcotics Anonymous provide information online about how to start a meeting. Other recovery mutual aid groups may also be available locally and able to hold a meeting on campus; this includes SMART recovery, LifeRing, Women for Sobriety among the most popular although their availability tends to be geographically restricted. Another avenue that may be feasible in some institutions is to capitalize on the in-house resource consisting of staff in recovery. As the stigma of addiction gradually begins to lift, a growing number of recovering persons are comfortable disclosing their recovery status to help others with a similar experience. Not every institution may have such individuals but where possible, it is a powerful resource for the institution and for students, whether it leads to the formation of a full fledge recovery program or merely offers those who need it with much needed guidance and support. Numerous CRPs started in this manner and in other institutions without a formal CRP, staff (and/or alumni) in recovery have established a recovery supportive network for students who need it. Finally, college health personnel should use any contact with students to determine not only current but also past substance use patterns to ascertain recovery status and where applicable, help the individual connect with local –and ideally campus-based-recovery support resources.

As previously mentioned, researchers are only beginning to examine CRPs and their students. Numerous knowledge gaps that urgently need to be filled. Chief among them is of course the question of effectiveness. Students report that CRP participation is helpful to their recovery and site level report suggest positive academic and substance use outcomes (see Introduction) but these findings are cross-sectional. As noted several years ago by the U.S. Department of Education,[24] rigorous, studies are needed to examine the model's usefulness over time especially in the areas of substance use and academic outcomes. While a randomized clinical design would not be feasible since researchers cannot dictate college choice or CRP participation, a quasi experimental design can implemented to comparing outcomes between students enrolled in colleges with and without CRPs. This would of course be methodologically challenging as participants would need to be matched on key demographic and clinical variables (e.g., lifetime addiction severity) and contextual ones (e.g., are students attending college in their home state where their existing recovery support is available, or away from home?). Relatedly, the field needs to identify the characteristics of students who elect and do not elect to enroll in a CRP where available: this knowledge can inform college health and other clinicians working with college-aged recovering individuals. Important domains to consider in such a line of inquiry include lifetime dependence severity and recovery capital,[45,46] a term used to describe the sum of contextual and internal resources someone can draw on to sustain recovery. At the institutional level, research is needed to identify the factors that facilitate and hinder the implementation of campus-based

recovery support. A 2013 ad-hoc survey conducted by a private foundation has begun this process, identifying institutional support, physical space and the availability of persons in recovery to support others among key assets required to develop a collegiate recovery program. [47] The information needs to be expanded and supplemented by scientifically combining qualitative and quantitative methods and a replicable sampling frame.

This study is unique in several ways: First and foremost, in its focus on Collegiate Recovery Programs and their students but also more broadly, in its focus on young persons in recovery. As outlined in the Introduction, little is known of persons in recovery outside of treatment settings, especially young persons. Elucidating their recovery support needs is critical to service development both for CRPs and for peer recovery support programs in general. Moreover, few studies use a mixed methods approach although qualitative research is especially valuable when documenting new or previously unexamined topic as is the case here. In particular, while researchers have noted the importance of service users' perspective on outcomes and argued it be included in scientific studies, [48] this recommendation has been largely ignored in addiction research. [49,50] Overall, this study explores an innovative and under-investigated topic and does so using an approach that seeks to maximize the usefulness of findings. The authors' hope that other researchers will heed the call for additional research on CRPs and related peer recovery support models to provide a solid empirical basis to this rapidly growing type of addiction services.

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Table 1

Reasons for enrolling in a Collegiate Recovery Program [a] (N= 486)

PEER RECOVERY SUPPORT NETWORK	**56.40%**
Need/want emotional/l peer support for recovery	33.1
Want fellowship/sober same age peer community, we understand each other/can talk about issues, not feel isolated & alone	23.2
SAFE PLACE TO RECOVER ON CAMPUS/HELPS DEAL WITH STRESS & PREVENTS RELAPSE	**31.30%**
Want to stay sober, could not do it in stressful college situation without support	19.3
I want to complete college in one shot/go back to school in sober setting/ integrate school and recovery life	7.1
Want Sanctuary/a safe place to hang out away from all of the using people	4.7
OPPORTUNITY TO HELP OTHERS/SERVICE	**13.60%**
Service opportunities (to be of service to people in recovery)/help build program	11.1
Help tear down stigma of addiction/recovery by showing that people in recovery can thrive and succeed in college	2.5
PRACTICAL BENEFITS	**9.10%**
FINANCIAL BENEFITS	4.1
ACADEMIC BENEFITS (e.g., grade forgiveness)	2.9
OTHER BENEFITS	2
RECOMMENDED BY OTHERS	**7.60%**
Friend/peer recommended/saw it work for others	5.8
Recommended by professionals	1.9
PROGRAM ASPECTS (REPUTATION, STAFF)	**3.90%**
Recovery program reputation	2.5
Great staff who understands recovery	1.4
MISC./NOT SPECIFIC	**4.70%**

[a]Total is greater than 100% because up to three answers were coded.