

RESILIENCE, RECOVERY & WELLBEING IN HIGHER EDUCATION: A COST-EFFECTIVE INVESTMENT FOR WEST VIRGINIA

Collaborating Partners:



SAFEProject
Stop the Addiction Fatality Epidemic

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Resilience, Recovery & Wellbeing in Higher Education: A Cost-Effective Investment for West Virginia

Executive Summary

To help the state meet the goals of the West Virginia Climb initiative, it is imperative that some of the most common challenges to finishing college are addressed. College students in West Virginia and across the US struggle with substance use and addiction, as well as mental health challenges, which function as barriers to entering or completing college. Other challenges, such as being involved in the foster care system, or re-entering society after incarceration, are linked to substance use, the development of a substance use disorder and overdose. These situations could greatly benefit from dedicated campus resources to develop resiliency, recovery and wellbeing among our higher education students in West Virginia.

Collegiate recovery programs are hubs of resources and peer recovery support services on college campuses, and can help students overcome these challenges and achieve their higher education goals. West Virginia has already gained substantial momentum in the development of collegiate recovery across the state, with the establishment of the West Virginia Collegiate Recovery Network and the Be the One training program for opioid overdose response, fentanyl education, and recovery ally training, which trained more than 3,600 people and engaged more than 14,000 people in outreach activities. West Virginia college campus mental health providers recently indicated in a survey that they need such supports to help provide additional resources to struggling West Virginian students.

Collegiate recovery programs, and both peer recovery support services and opioid overdose response by bystanders are all highly cost-effective interventions.¹⁻³ To build upon the success of the West Virginia Collegiate Recovery Network and Be the One, we propose expanded funding of approximately \$120,000 per campus to support these programs. With as few as 10 students participating at an average West Virginia campus, these programs are projected to be both cost-saving and cost-effective.

Introduction

During the 2020 West Virginia Legislative Session, Senate Bill 839 created the State Advisory Council on Postsecondary Attainment Goals. The primary goal of this council is to help 60% of West Virginians between the ages of 25 and 64 achieve a post-secondary degree, certificate or other credential by the year 2030 – an initiative called West Virginia Climb.⁴ The West Virginia Higher Education Policy Commission and Community & Technical College System included this goal in their strategic plan, setting an increase in the number of students pursuing post-secondary credentials and delivering a higher completion rate among degrees and certificates as two of their objectives toward meeting this goal.

West Virginia currently ranks lowest among the nation for higher educational attainment, with 21.8% of adults aged 25 and older holding bachelor's degrees or higher in the state, compared to 37.9% of the general US population over 25.^{5,6} Common barriers to higher education attainment and degree completion affect every state, but West Virginians are disproportionately affected by certain challenges. These barriers include problems with substance use and mental health conditions not only experienced by the student or prospective student, but also the broader effects of substance use and mental health challenges occurring in a student or prospective student's family. For example, the challenges that our state faces with opioids contribute to higher numbers of grandparents raising grandchildren,⁷⁻⁹ and these *grandfamilies* are especially vulnerable to the kinds of financial and structural barriers that already contribute to lower higher educational attainment. Emotional distress and mental health challenges are also a major reason why college students drop out, with a recent report estimating almost 70% of students who considered dropping out of college did so because of emotional distress.¹⁰

College students are at increased risk for substance use, with 63.6% reporting alcohol use in the past three months, and 24.5% reporting cannabis use in the past three months.¹¹ Substance use disorder – the clinical diagnosis for what is commonly called addiction – is also most concentrated among young adults aged 18 to 25. While 16.5% of the US population aged 12 and older met the criteria for substance use disorder in 2021, this percentage was much higher among young adults, at 25.6% of 18 to 25-year-olds.¹² And these figures are not unique to the conditions of the COVID-19 pandemic: substance use disorder has been especially concentrated among young adults compared to the general population since well before 2020.¹³

The general substance use disorder picture in West Virginia is comparable to that of the rest of the US: the overall prevalence of substance use disorder is 15.85% and it is 24.5% among 18 to 25-year-olds.¹⁴ However, for opioid use disorders (including prescription pain relievers, fentanyl, heroin, and other types of opioids), West Virginia is especially hard hit: the overall prevalence is more than **60% higher in West Virginia compared to the rest of the US.**¹⁴ But where the largest differences are observed is in heroin use in the past year among 18 to 25-year-olds, with **more than double the prevalence among West Virginian young adults compared to US young adults as a whole.**¹⁴ This picture contributes to West Virginia's status as having the highest death rate from drug overdoses of all US states at 90.9 deaths per 100,000.¹⁵ For

comparison, the 2nd and 3rd highest overdose death rates are Tennessee and Louisiana, with a rate of 56.6 and 55.59 per 100,000, respectively.¹⁵

The effects of substance use are not limited solely to drug overdose deaths. The high prevalence of drinking on college campuses, especially risky or binge drinking, is also associated with negative consequences. Binge drinking is considered five or more drinks for a male in one sitting or 4 or more drinks for a female in one sitting. College students who engage in riskier binge drinking are more likely to experience a physical injury, survive a sexual assault, miss class or work, drive under the influence, and perform poorly academically.^{16–18} People who are engaged in binge drinking are also more likely to misuse opioids,¹⁹ and that mixture of alcohol and opioids elevates the risk of overdose. Drug and alcohol problems are consistently associated with dropping out of college,^{20–22} but other challenges with mental health can also be barriers to entering or finishing college.²⁰ For example, anxiety and depression delayed students' progress toward their degree about five percent of the time (4.7% and 5.2%, respectively) in West Virginia²³ compared to about four percent of the time in the rest of the US.¹¹ Finally, sustaining recovery from substance use disorder or mental health challenges can also be a barrier to finishing college, as college can be perceived as an “abstinence-hostile environment.”²⁴ In West Virginia, approximately 2.4% of college students reported that they are in recovery from substance use disorder,²³ which translates to 2130 students in recovery across West Virginia's public higher education institutions,²⁵ and is only slightly higher than the national prevalence of 2.2%.¹¹ Students in recovery may also carry additional challenges from past criminal charges as the result of their past addiction, posing further barriers to completing college.

West Virginia's recent investments in higher education are paying off: the West Virginia Invests program is expected to bring \$10 million in economic growth to the state by 2025 for only a \$3.5 million investment.²⁵ The Healthy Grandfamilies Program at West Virginia State University is an innovative program offering support and resources to grandfamilies, the majority of whom have been impacted by a parent's addiction.^{26,27} One West Virginia initiative is a unique opportunity to target multiple challenges within the state, and expand upon the momentum of cost-effective programs already in place: the West Virginia Collegiate Recovery Network (WVCRN). The WVCRN is a project of the Alliance for the Economic Development of Southern West Virginia and a part of the Center of Excellence for Recovery at Marshall University Research Corporation.

Collegiate Recovery Programs

Collegiate recovery programs first emerged in the late 1970s at Brown University as a way to support and build community among students in recovery from drug and alcohol addiction.²⁸ As a movement, collegiate recovery developed alongside the growth in other identity affirming centers on campus, such as Black Student Unions, Women's Centers and LGBTQ Student Associations. These centers often act as “counterspaces” – spaces counter to certain social norms that may present challenges to students – and provide refuge from microaggressions or stigma from the community at large. Identity-affirming student spaces also act as powerful symbols of an institution's commitment to inclusion and help address stigma.

This investment of resources (e.g. space, staff, budget) demonstrate an institutional recognition that the group belongs within the campus community.²⁹ Since their inception, these programs have proliferated across the US, Canada and the UK, and have expanded to serve students in recovery from mental health conditions and eating disorders, students with family histories of addiction, and have served as hubs of peer support and wellness for a wide variety of students struggling in college. Today, there are approximately 152 collegiate recovery programs formally registered with the Association of Recovery in Higher Education,³⁰ and dozens more start-up efforts that have not yet sought membership.

These programs provide excellent support to college students in recovery: an average of 92% of students in collegiate recovery programs remain in recovery.^{31–33} And these benefits persist after graduation, with approximately 90% of alumni of these programs remaining in recovery long-term after graduation.³⁴ Compare that to the general population of people with substance use disorder, with only 40% to 60% remaining in uninterrupted, long-term recovery after initiating recovery: long-term recovery typically takes many attempts due to the chronicity of addiction.³⁵ One potential reason for this difference is that collegiate recovery programs can serve as a hub of long-term, low-intensity recovery support, as opposed to more costly, short-term healthcare resources better suited to addressing emergencies, such as hospital emergency departments. Even specialty addiction treatment centers are relatively short-term and costly, and better suited to someone in need of high-intensity support. *Peer recovery support services* are low-intensity interventions to help someone maintain their recovery, and can bridge the gap between the short-term nature of costly in-patient or out-patient treatment episodes, and the long-term need for ongoing recovery support. In fact, it takes about three years before the risk of returning to active addiction drops substantially and stabilizes long-term.³⁶

Peer recovery support services are used in other settings, not just collegiate recovery programs, but also operate on similar principles: provide ongoing, typically low-intensity support and build a community of people with shared experiences who will also support one another on the journey to wellness.^{37–42} A formal training and credentialing process for state-level certification of peer recovery support services is available in almost every US state, including West Virginia, and it is typically much faster to train and employ providers of peer recovery support services compared to other types of behavioral healthcare providers, especially clinicians.⁴³ That means that addressing gaps in behavioral healthcare, or expanding behavioral healthcare out to nontraditional or non-specialized settings like college campuses, can be both rapidly and effectively addressed by peer recovery support specialists in collegiate recovery programs.

Collegiate Recovery and Wellness in West Virginia

The West Virginia Collegiate Recovery Network (WVCRN) was started in 2019 with funds from WV Department of Health and Human Services Bureau for Behavioral Health which originate from the Substance Abuse & Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant funding, and has expanded over the years to include 9 higher education institutions. These efforts have contributed to supporting 1,850 individuals needing one on one services, 3,500 people through facilitating support groups, and has trained over 3,600

people to respond to opioid overdoses. In addition, more than 14,325 individuals have been engaged in outreach and prevention education, working to lower stigma and increase awareness of resources on campuses across West Virginia.⁴⁴ The nine collegiate recovery programs in the network are primarily staffed by trained and certified peer recovery support specialists.

Collegiate recovery programs are complementary to existing resources like college counseling centers, as they act as hubs of peer to peer support and community for students, in addition to being a place for low-intensity, ongoing support. Two recent surveys of West Virginia college counseling centers indicated that students need longer-term services and more frequent support. Collegiate recovery programs can serve as an additional resource for overburdened college counseling centers by meeting needs that can be addressed by mutual support from fellow students in recovery or by a peer recovery support specialist at the collegiate recovery program. Counseling centers in West Virginia also stated a substantial need for other services that aren't available on many campuses, like psychiatric services, case management and after hours services, or to at least improve ways to help students navigate these resources off campus. Collegiate recovery programs and peer recovery support services can again help address these gaps, as resource navigation is a key role for many peer recovery support specialists.

Finally, college counseling centers in the state also called for more training of campus partners and students to be able to offer temporary support to students, help them connect to resources, and respond as a bystander in times of crisis. Collegiate recovery programs are well-suited to help campuses address these broader outreach and prevention needs. The West Virginia Collegiate Recovery Network has already trained 3,600 people on opioid overdose response, distributed 3,700 naloxone kits, 2,300 safe prescription disposal bags, and 1,200 fentanyl test strips. The Be the One program developed by the West Virginia Collegiate Recovery Network, Marshall University, and the West Virginia Drug Intervention Institute in partnership with the SAFE Project has further expanded the reach of these prevention and harm reduction initiatives, including both in-person and online trainings. Further, Be the One includes *recovery ally trainings*. Recovery ally trainings equip campus community members to better support students in recovery or struggling with alcohol or drugs, while also reducing stigma and making it easier for anyone on campus to ask for the help they need to thrive. Other Be the One trainings include opioid overdose response and fentanyl awareness and education.

In addition to collegiate recovery programs being a promising way to help address the dual needs of higher education attainment and recovery from substance use disorder, these programs are also *cost-effective*. Assessing a program's cost-effectiveness involves determining how much a program costs for every unit of benefit that it delivers, much like comparing the cost-per-ounce among different products at the grocery store. The lower the cost, the more every dollar stretches, maximizing the benefit to the state. A cost-effectiveness analysis of collegiate recovery programs found that they are not just cost-effective, but cost-saving, as well, saving college campuses an average of \$11,000 per student retained in college rather than lost to substance-related attrition.¹ These programs also save money in the broader community, saving over \$3,000 for every additional year of life they add to a person's life.¹ Outside of the college context, a recent study of peer recovery support services in a community setting also found that these services are highly cost-effective compared to top-of-the-line specialty substance use disorder treatment alone.^{2,45} Since most people in any given year do not get specialty treatment,¹²

the true cost-effectiveness is likely under-estimated in this study, and actual benefits are likely much greater.

A Call to Action

The 2022 National Drug Control Strategy from the Office of National Drug Control Policy set forth the goal of a 25% increase in collegiate recovery programs by 2025. Connecting West Virginia Climb's goal of 60% post-secondary certificate or degree attainment by 2030 to this call for expanded collegiate recovery programs is a clear fit for the state of West Virginia and the disproportionate impact of addiction felt in the state. Recent changes to Pell grant and federal student aid eligibility to include students with a history of drug or alcohol-related criminal justice system involvement make higher education even more of a possibility for those impacted by addiction in West Virginia and across the US. To ensure that students have a pathway to higher education and degree attainment, the tremendous strides already made by the West Virginia Collegiate Recovery Network should continue to be supported, and their momentum should be spread to additional campuses in the state. To achieve this goal, an investment of \$3.24 million spread across the state's higher education campuses could provide each campus a budget of \$120,000 to hire one principal staff member (a certified peer recovery support specialist), multiple graduate and undergraduate student workers, funds for student scholarships, programming, events, supplies, and outreach materials, and the necessary institutional support costs of approximately 10%.

Category	Estimated Cost
One full-time program coordinator (peer recovery support specialist)	\$45,000
Fringe for full-time coordinator	\$14,400
Graduate and undergraduate student workers	\$30,000
Scholarships, supplies, programming, events, and outreach	\$19,700
Institutional indirects (for administrative support and M&O), 10%	\$10,900
Total Costs	\$120,000

Using average estimates of tuition⁴⁶ and the average number of students across West Virginia's 4-year institutions²⁵ and the above proposed budget, the average collegiate recovery program created under this proposed funding scheme would **save \$3,429.22 in societal costs** for every year of life the program adds, and would be highly cost-effective for college campuses with only ten students in each program. With just 12 students per program, the average collegiate recovery program funded under this proposal would not only be highly cost-effective, but would also **save each campus more than \$600 for every student retained in college.**

Learn More and Get Involved

West Virginia Collegiate Recovery Network - <https://www.wvcollegiaterecovery.com/>
Project Coordinator – Susie Mullens, mullens20@marshall.edu

Marshall Center of Excellence for Recovery - <https://www.marshall.edu/coefr/>
Managing Director- Amy Saunders, saunde22@marshall.edu

Additional Resources

Association of Recovery in Higher Education - <https://collegiaterecovery.org/>
Executive Director – Kristina Canfield, kristina.canfield@collegiaterecovery.org

Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery -
<https://hecaod.osu.edu/>, hecaod@osu.edu

SAFE Project - <https://www.safeproject.us/>
Senior Director – Kimberly Boulden, kimberly.boulden@safeproject.us

Students Recover - <https://studentsrecover.org/>
Executive Director – Kristine De Jesus, krisdejesuspsyd@gmail.com

West Virginia Drug Intervention Institute - <https://www.wvdii.org/>
President - Susan Bissett, susan@wvdii.org

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Rebecca Tomblin

My collegiate recovery experience saved my life and gave me hope for a better future; it helped me to see that my past doesn't define who I am today. In fact, the Collegiate Recovery Community (CRC) at Marshall helped me to gain resources and network with community partners. The CRC gave me the opportunity to help engage with students in something magnificent.



wvcollegiaterecovery.com



Dazhuan Giles

I joined Concord's Collegiate Recovery Community (CRC) because I wanted to understand what our community goes through when it comes to recovery.

The CRC is team oriented and I love the feeling I get when working with everyone. It doesn't feel like a job or an assignment. It feels more like a family because of how we operate.

I've received mental and emotional support from the CRC and I know if I need help with anything I can always reach out.



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Kristi James

The things I like most about the Collegiate Recovery Community (CRC) are the meetings we have and getting to hear everyone's story. It's a group of people with similar goals and situations; it makes me feel I am not alone.

Before the group I hid the fact I was in recovery for two years. Speaking with our PRSS made me realize I could help so many people by sharing my journey.

I am proud of who I have become and I love myself now.



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Ashley Taggart

The Collegiate Recovery Community (CRC) at BridgeValley has been life-changing. I've met a lot of wonderful people and gained a strong support group. I now have a more meaningful life and finally have friends that I can trust.

Having such wonderful people by my side gives me a whole new level of confidence.

I could not be any happier with where I am at this point in my life.



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