



# Building Recovery Friendly Campuses

An initiative of the CT ADPC Recovery and Health Management Sub-committee

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CT ADPC Council Meeting  
Tuesday, December 21, 2021

# Agenda

- What do we know?
- What makes a campus recovery friendly?
- Examples from UConn
- Recovery Friendly Campus Workshop
- Q&A



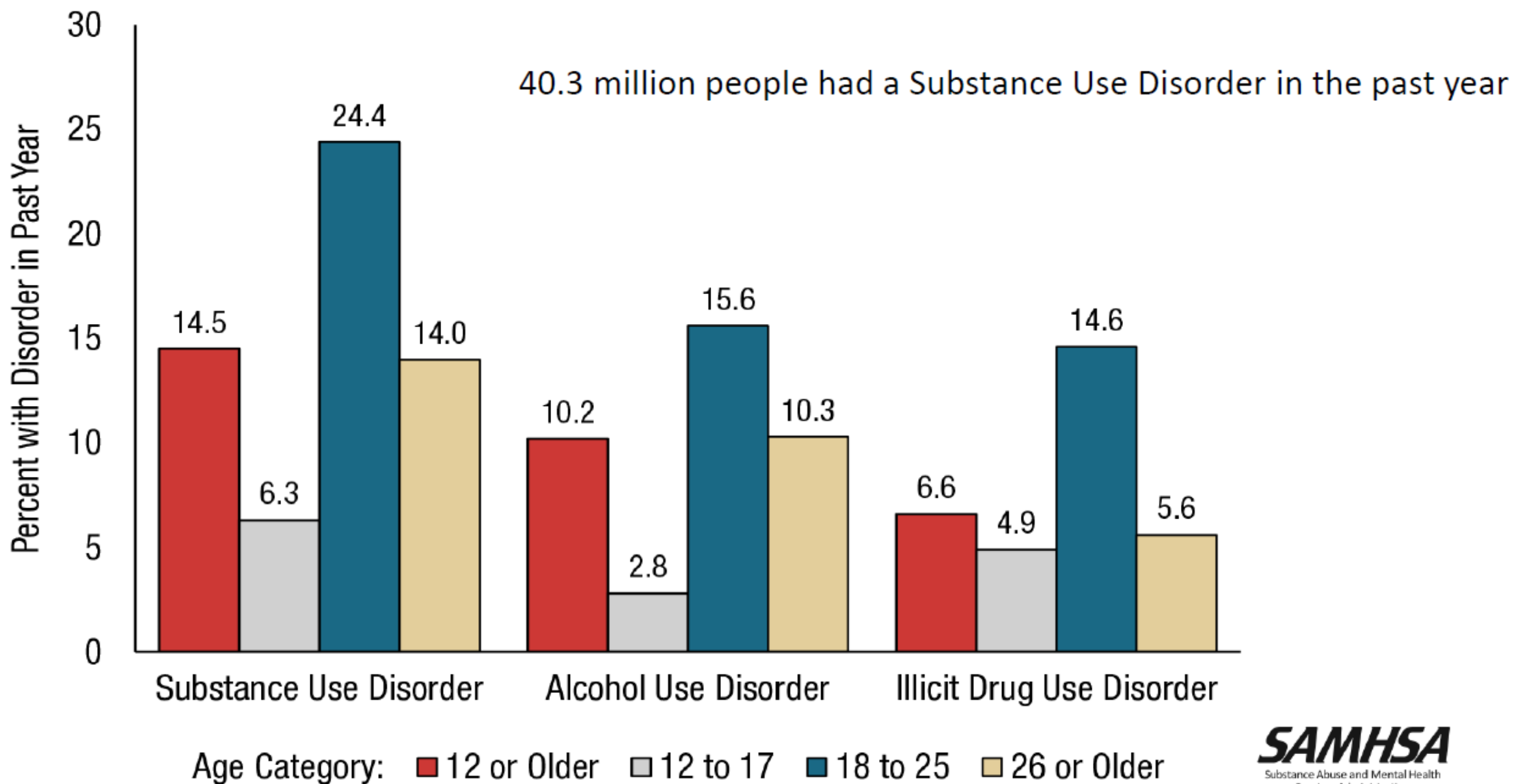
# What do we know?

Nationwide

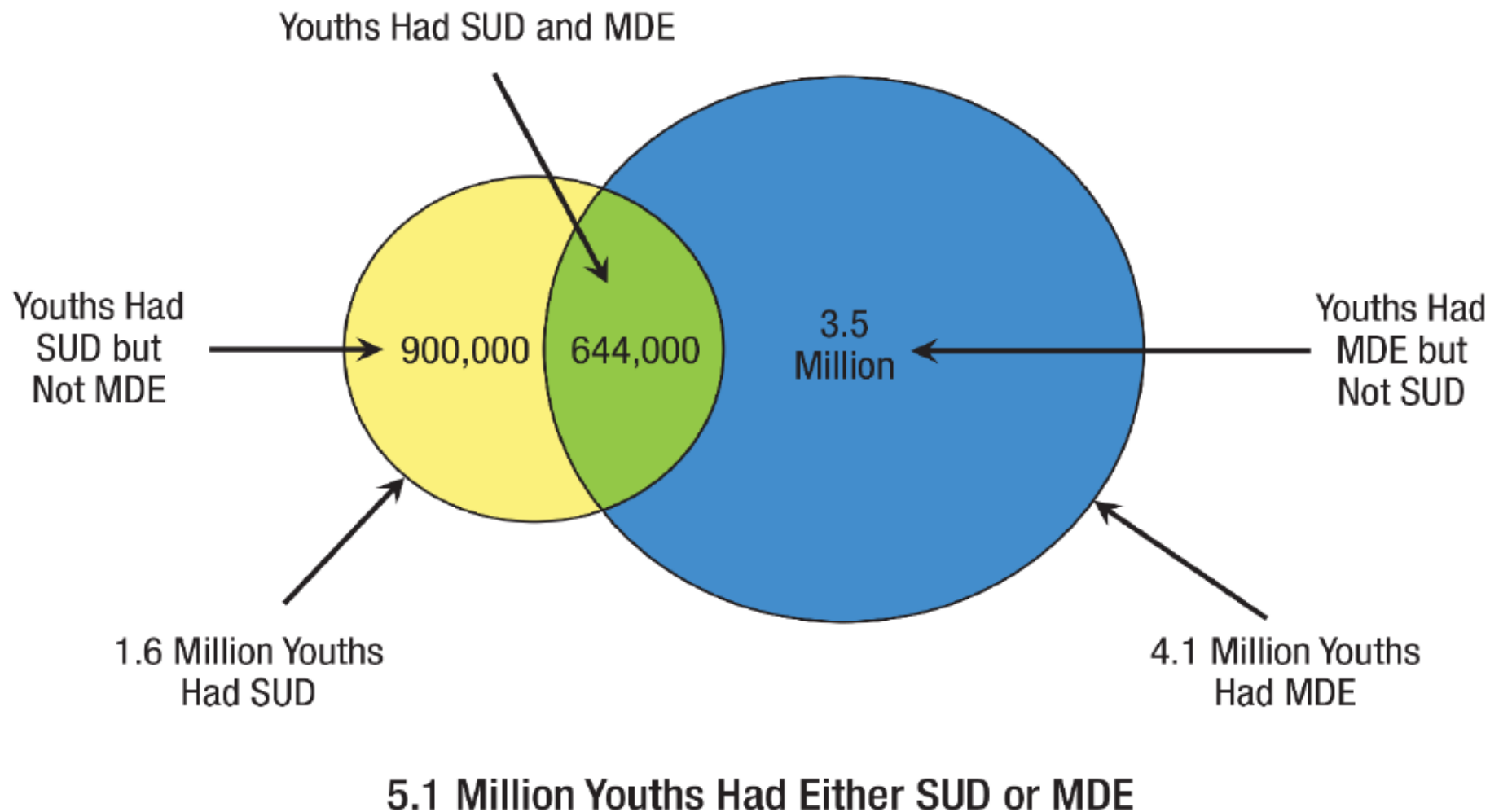
- Half a million college students identify as being in recovery from alcohol or other drug use<sup>1</sup>,
- 30.4% of college students have received psychological or mental health services in the last 12 months<sup>1</sup>, and
- less than 5% of US universities offer collegiate recovery support.



# Substance Use Disorder, Alcohol Use Disorder, and Illicit Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2020

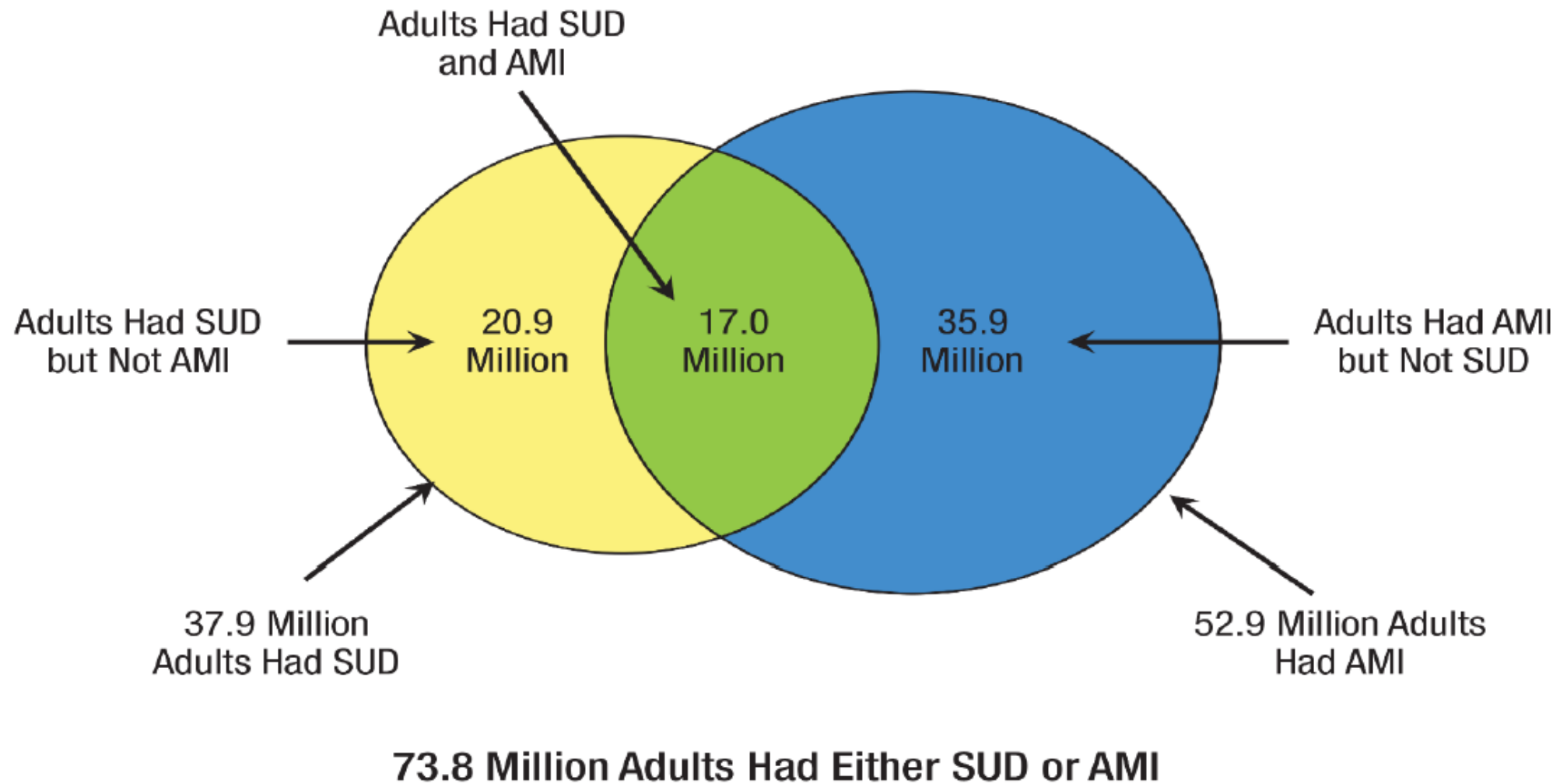


# Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE): Among Youths Aged 12 to 17; 2020

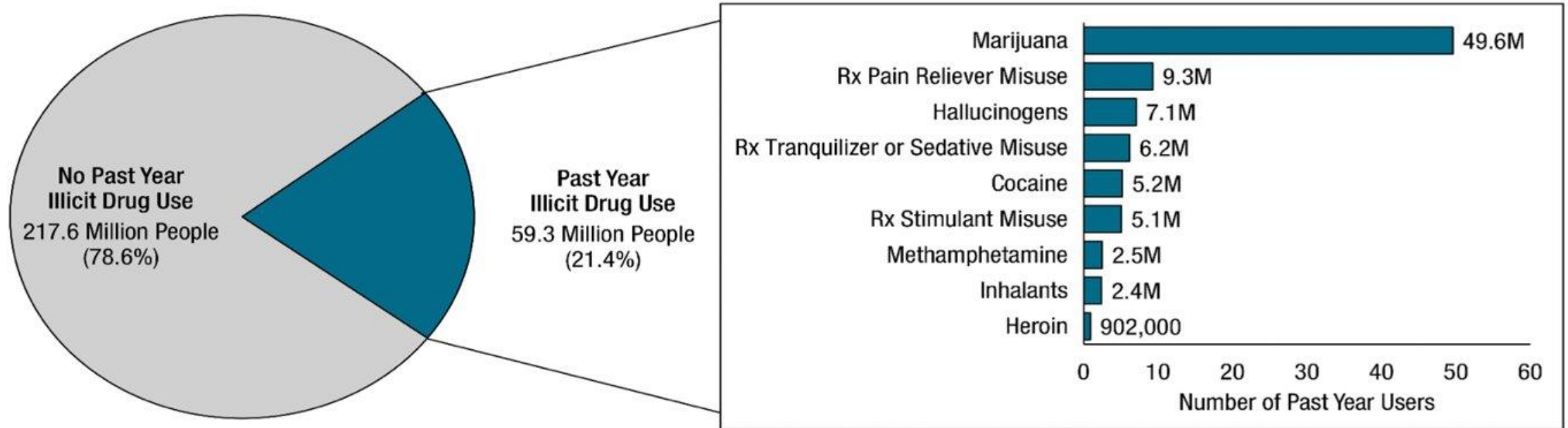


Note: Youth respondents with unknown MDE data were excluded.

# Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2020



# Past Year Illicit Drug Use: Among People Aged 12 or Older; 2020



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

# Connected



## Recovery Friendly Community

Municipalities interested in supporting those residents from a substance use condition by:

1. raising awareness of the nature of such conditions,
2. promoting health and recovery by reducing stigma and discrimination, and
3. building or improving the environmental factors necessary for “recoverees” to flourish



## Recovery Friendly Workplace

CT businesses that have adopted policies and practices that support employees in recovery from substance use disorder (SUD).



## Recovery Friendly Campus

CT colleges interested in supporting the members of the campus community who are in recovery from a substance use disorder or other behavioral health challenges by:

1. raising awareness of the nature of such conditions,
2. promoting health and recovery by reducing stigma and discrimination, and
3. building or improving the environmental factors necessary for “recoverees” to flourish.





# How do campuses begin this work?

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Establish a work group.

Assess current practices.

Define a plan to close gaps.

Implement plan.

Communicate progress.

Celebrate!

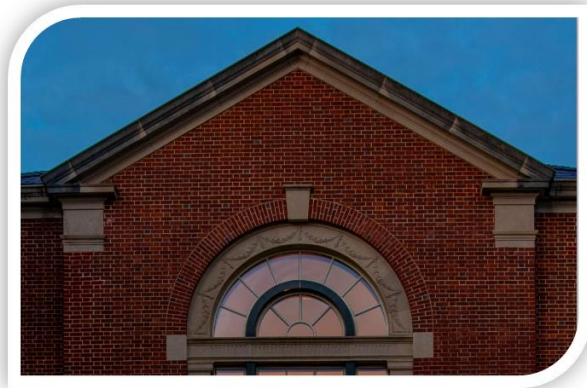
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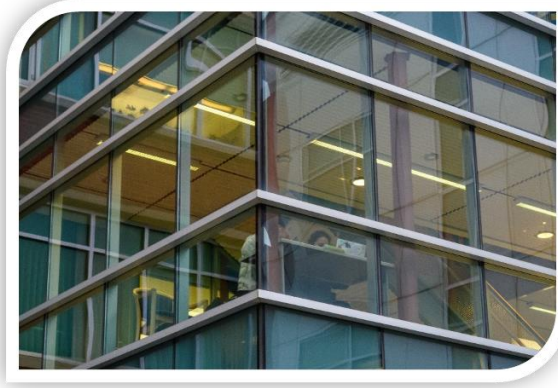
# Assess current practices.

## What are the core components of a Recovery Friendly Campus?

Campus  
Leadership



Key Department  
Buy-in



Community and Campus  
Attitudes



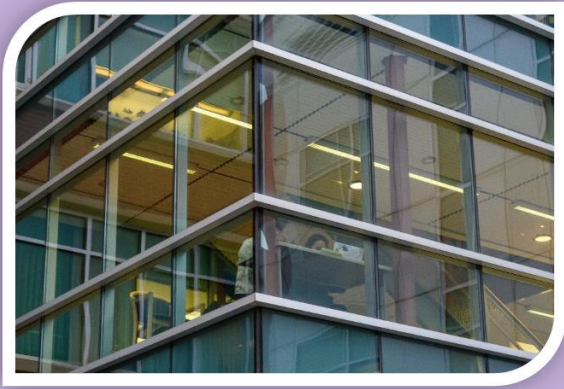
Community and Campus  
Resources





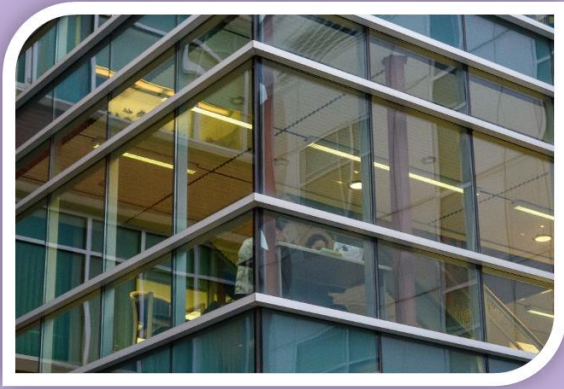
Campus  
Leadership

- Student Government and University President agree to develop a recovery friendly campus.
- University identifies a recovery “champion”.
- Students in recovery are acknowledged as a marginalized community.



## Key Department Buy-in

- Student Activities hosts recovery-friendly activities and events.
- Schools/Colleges adopt recovery-friendly language into their curriculum.
- Recovery Ally training and education around mental health and wellness, including stress reduction and positive coping skills is offered.
- Alternative peer groups in place for students in or seeking recovery.



## Key Department Buy-in

- First responders are trained as recovery allies, are aware of local addiction and mental health recovery resources; and encourage treatment and harm reduction options.
- Residential Life offers safe and stable substance-free housing.
- Residential Life staff are trained as recovery allies.
- Center for Students with Disabilities staff are trained as recovery allies and are aware of resources available to student in or seeking recovery.



## Community and Campus Attitudes

- Campus departments are open to hiring people in recovery.
- Campus supports the admission of formerly incarcerated individuals.
- Co-located businesses are thoughtful about the timing and content of their advertising.



## Community and Campus Resources

- Campus community knows how and where to obtain naloxone.
- Student Health and Wellness are recovery informed and know how to connect students with recovery coaches and/or mental health professionals.
- Faith-based organizations are promoted as a recovery resource.
- Campus community knows how to access peer support and mutual aid groups and are aware of the multiple pathways of recovery.
- Transportation is available to individuals' seeking treatment or a support group.



## Community and Campus Resources

- Campus physicians are supportive of medication assisted treatment and either prescribe medication or connect individuals with resources who can prescribe medication.
- Family education and support groups are available for caregivers and other family members who are connected to campus community.
- Resources related to grief and loss are known and promoted.
- Basic needs such as food, clothing, and other basic supports are available.





# Celebrate!



- Students are comfortable asking for help, instead of feeling stigmatized.
- Students, staff and faculty intervene with empathy when they encounter someone struggling.
- Recovery is understood, respected and celebrated.

# April 8, 2022 – Recovery Friendly Campus Workshop

Where:

University of Connecticut,  
Storrs Campus

Or

Attend Virtually



When:

Friday, April 8th

9:00 a.m. to 4:00 p.m.

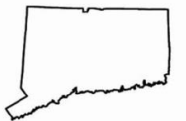


Keynote Sessions  
Breakout Sessions  
Resource Fair



In Partnership with:

CONNECTICUT  
HEALTHY  
CAMPUS  
INITIATIVE



# Key Resources

- [www.acha.org/documents/ncha/NCHA-III\\_SPRING-2021\\_REFERENCE\\_GROUP\\_DATA\\_REPORT.pdf](http://www.acha.org/documents/ncha/NCHA-III_SPRING-2021_REFERENCE_GROUP_DATA_REPORT.pdf)
- [www.apa.org/pubs/journals/releases/abn-abn0000362.pdf](http://www.apa.org/pubs/journals/releases/abn-abn0000362.pdf)
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S. M., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of general psychiatry*, 65(12), 1429–1437. <https://doi.org/10.1001/archpsyc.65.12.1429> or <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734947/>
- [Building recovery ready communities: the recovery ready ecosystem model and community framework](#) ; Robert D. Ashford, Austin M. Brown, Rachel Ryding & Brenda Curtis (2019)
- [CT Alcohol and Drug Policy Council](#)
- [Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health](#)
- Recovery Friendly Communities (examples)
  - [Bristol](#)
  - [Danbury](#)
- [Recovery Works: The Recovery Friendly Workplace Toolkit \(recoveryworksct.org\)](#)
- [Supporting Students in Recovery on College Campuses: Opportunities for Student Affairs Professionals](#)
- [www.transformingyouthrecovery.org/research/2017-census-and-definitions-for-recovery-support-in-higher-education/](http://www.transformingyouthrecovery.org/research/2017-census-and-definitions-for-recovery-support-in-higher-education/)
- [www.wellbeingtrust.org/wp-content/uploads/2020/05/2020-PainNationUpdateBrief-Deaths-of-Despair-FINAL.pdf](http://www.wellbeingtrust.org/wp-content/uploads/2020/05/2020-PainNationUpdateBrief-Deaths-of-Despair-FINAL.pdf)

**65A3) Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions?  
Alcohol or Other Drug-Related Abuse or Addiction**

	Cis Men		Cis Women		Trans/Gender Non-conforming		Total	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
1 No	27030	98	62071	99	3815	97	93524	98.5
2 Yes	494	2	768	1	133	3	1418	1.5
Valid responses =	27524	29	62839	66	3948	4	94942	98.4

Invalid responses include no response.

**65U3) In the last 12 months, what treatment(s), if any, have you used for the following conditions?  
(only includes students that have had an appointment/discussion with a healthcare/mental health professional for the condition within the last 12 months)  
Alcohol or Other Drug-Related Abuse or Addiction**

	Cis Men		Cis Women		Trans/Gender Non-conforming		Total	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
1 No treatment	41	21	38	14	10	19	90	16.7
2 Medicine only	8	4	3	1	1	2	12	2.2
3 Therapy only	93	47	150	54	24	45	272	50.6
4 Both medicine and therapy	37	19	59	21	12	23	109	20.3
5 Other Treatment	18	9	28	10	6	11	55	10.2
Valid responses =	197	37	278	52	53	10	538	0.6

Invalid responses include no response.

**65U7) In the last 12 months, what treatment(s), if any, have you used for the following conditions?  
(only includes students that have had an appointment/discussion with a healthcare/mental health professional for the condition within the last 12 months)  
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)**

	Cis Men		Cis Women		Trans/Gender Non-conforming		Total	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
1 No treatment	226	8	1081	7	92	6	1409	7.0
2 Medicine only	606	21	2933	19	200	12	3758	18.7
3 Therapy only	861	30	4413	29	519	31	5844	29.1
4 Both medicine and therapy	1188	41	6802	44	838	50	8924	44.4
5 Other Treatment	31	1	132	1	13	1	181	0.9
Valid responses =	2912	14	15361	76	1662	8	20116	20.8

Invalid responses include no response.

[https://www.acha.org/documents/ncha/NCHA-III\\_SPRING-2021\\_REFERENCE\\_GROUP\\_DATA\\_REPORT.pdf](https://www.acha.org/documents/ncha/NCHA-III_SPRING-2021_REFERENCE_GROUP_DATA_REPORT.pdf)

**32) Do you identify as a person in recovery from alcohol or other drug use?**

	Cis Men		Cis Women		Trans/Gender Non-conforming		Total	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
1 No	20596	97	49396	98	3075	95	73667	97.8
2 Yes	604	3	883	2	155	5	1668	2.2
Valid responses =	21200	28	50279	67	3230	4	75335	78.1

Invalid responses include no response.



**54B) Within in the last 12 months, have you received psychological or mental health services?**

	Cis Men		Cis Women		Trans/Gender Non-conforming		Total		
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	
1 No	22149	80	42263	67	1769	44	66631	69.6	
2 Yes	5576	20	20989	33	2217	56	29070	30.4	
Valid responses =	27725	29	63252	66	3986	4	95701	99.2	

Invalid responses include no response.

Alcohol and Substance Use Alcohol misuse and substance use disorders (SUD) are prevalent on college campuses. According to 2019 NSDUH data, one in eight college students aged 18-22 met the criteria for SUD in the previous year and 8.2 percent of full-time college students met criteria for heavy alcohol use (defined as binge drinking on 5 or more days in the past 30 days).<sup>16</sup> SUD may co-occur with mental illness; adults 18 or older who reported past-year any mental illness (AMI) were more likely than those without mental illness to have used illicit drugs in the past year (38.8 percent versus 16.6 percent). Among adults 18 years of age or older in 2019 3.8 percent (or 9.5 million people) had both AMI and SUD.<sup>60</sup> The prevalence rates of heavy alcohol use differ by race and ethnicity. Prevalence was highest among Whites (11.8 percent), followed by Asian (4 percent), Hispanics (3.9 percent), and Blacks (2.1 percent).<sup>61</sup> Heavy alcohol use is also less prevalent among those who identify as lesbian, gay, and bisexual (LGB) compared to those who do not (7.6 percent vs. 8.2 percent).<sup>61</sup> 7 Prevention and Treatment of Anxiety, Depression, and Suicidal Thoughts and Behaviors Among College Students Issue Brief The prevalence rates of SUDs also differ by race and ethnicity. Prevalence was highest among Whites (14.0 percent), followed by Hispanics (12.1 percent), Blacks (11.3 percent), and Asians (8.2 percent).<sup>61</sup> SUD is more prevalent among those who identify as LGB compared to those who do not (18.3 percent vs. 11.9 percent).<sup>61</sup> Studies have shown that major depressive disorder is a significant predictor of heavy episodic drinking, and substance use is a risk factor for self-injurious behavior and suicidal ideation.<sup>62-64</sup> A review of studies on suicide completion in the general population found that those with opioid use disorder, intravenous drug use, and polydrug use were 14 to 17 times more likely to die of suicide.<sup>65</sup>

## **Prevention and Treatment of Anxiety, Depression, and Suicidal Thoughts and Behaviors Among College Students**

[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-06-05-002.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-05-002.pdf)

**Table 23 Substance Use Disorder in the Past Year, by Age Group and State: Estimated Numbers (in Thousands), Annual Averages Based on 2018 and 2019 NSDUHs**

State	12+		12-17		18-25		26+		18+	
	12+ (Estimate)	95% Confidence Interval	12-17 (Estimate)	95% Confidence Interval	18-25 (Estimate)	95% Confidence Interval	26+ (Estimate)	95% Confidence Interval	18+ (Estimate)	95% Confidence Interval
Total U.S.	20,331	(19,774 - 20,903)	1,017	(949 - 1,090)	4,944	(4,784 - 5,109)	14,369	(13,865 - 14,891)	19,314	(18,768 - 19,874)
Northeast	3,505	(3,310 - 3,712)	150	(135 - 167)	912	(853 - 975)	2,442	(2,262 - 2,637)	3,355	(3,162 - 3,560)
Midwest	4,322	(4,115 - 4,537)	224	(205 - 246)	1,072	(1,012 - 1,135)	3,025	(2,832 - 3,230)	4,097	(3,895 - 4,309)
South	6,870	(6,562 - 7,191)	357	(324 - 393)	1,655	(1,558 - 1,756)	4,858	(4,569 - 5,164)	6,513	(6,210 - 6,829)
West	5,634	(5,340 - 5,943)	285	(253 - 321)	1,305	(1,223 - 1,392)	4,044	(3,769 - 4,337)	5,349	(5,058 - 5,655)
Alabama	306	(257 - 364)	12	(9 - 15)	68	(56 - 81)	227	(183 - 280)	294	(246 - 351)
Alaska	57	(49 - 66)	3	(2 - 4)	13	(11 - 16)	41	(34 - 49)	54	(46 - 63)
Arizona	417	(350 - 495)	27	(21 - 35)	106	(88 - 127)	283	(227 - 353)	390	(325 - 466)
Arkansas	171	(143 - 204)	9	(7 - 11)	38	(31 - 46)	125	(100 - 154)	162	(134 - 195)
California	2,915	(2,682 - 3,166)	137	(115 - 164)	673	(608 - 744)	2,105	(1,893 - 2,338)	2,778	(2,547 - 3,026)
Colorado	537	(465 - 619)	24	(18 - 31)	124	(106 - 144)	390	(325 - 466)	514	(443 - 595)
Connecticut	245	(208 - 288)	10	(8 - 13)	72	(61 - 84)	163	(132 - 202)	235	(199 - 277)
Delaware	69	(58 - 82)	3	(2 - 4)	16	(13 - 19)	50	(41 - 62)	66	(56 - 79)
District of Columbia	71	(61 - 83)	2	(1 - 2)	15	(13 - 18)	54	(45 - 65)	70	(59 - 81)
Florida	1,062	(948 - 1,192)	56	(46 - 67)	241	(213 - 273)	766	(659 - 889)	1,007	(894 - 1,135)
Georgia	549	(470 - 639)	30	(24 - 38)	135	(114 - 159)	384	(316 - 465)	519	(442 - 608)
Hawaii	93	(78 - 111)	4	(3 - 5)	20	(17 - 24)	70	(56 - 86)	90	(75 - 107)
Idaho	107	(91 - 125)	7	(5 - 9)	25	(21 - 30)	75	(61 - 91)	100	(84 - 118)
Illinois	819	(727 - 922)	42	(33 - 53)	193	(169 - 220)	584	(501 - 680)	777	(686 - 879)
Indiana	448	(381 - 526)	23	(18 - 28)	109	(91 - 131)	316	(258 - 386)	425	(359 - 502)
Iowa	205	(173 - 241)	12	(10 - 16)	54	(45 - 64)	139	(112 - 171)	192	(162 - 228)
Kansas	166	(140 - 197)	10	(7 - 12)	45	(37 - 55)	111	(89 - 138)	157	(131 - 187)
Kentucky	280	(238 - 329)	14	(11 - 18)	59	(49 - 71)	207	(170 - 252)	266	(225 - 314)
Louisiana	291	(245 - 344)	12	(9 - 15)	58	(48 - 71)	221	(179 - 270)	279	(234 - 332)
Maine	100	(84 - 118)	4	(3 - 5)	21	(18 - 25)	74	(60 - 91)	96	(80 - 114)
Maryland	340	(284 - 406)	17	(13 - 21)	87	(72 - 105)	236	(188 - 295)	323	(268 - 389)
Massachusetts	503	(431 - 585)	20	(16 - 25)	139	(117 - 165)	344	(282 - 417)	483	(413 - 564)
Michigan	615	(548 - 690)	30	(25 - 36)	162	(143 - 182)	424	(363 - 493)	585	(519 - 659)
Minnesota	346	(291 - 410)	20	(16 - 26)	87	(72 - 104)	238	(191 - 297)	325	(271 - 389)
Mississippi	166	(139 - 199)	8	(6 - 10)	37	(30 - 45)	121	(97 - 151)	158	(131 - 190)
Missouri	377	(321 - 442)	19	(15 - 24)	88	(74 - 104)	271	(222 - 329)	358	(304 - 422)
Montana	87	(74 - 101)	4	(3 - 5)	18	(15 - 22)	64	(53 - 77)	83	(70 - 97)

See notes at end of table.

(continued)



NOTE: Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

NOTE: Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

NOTE: State and census region estimates, along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. For the "Total U.S." row, design-based (direct) estimates and corresponding 95 percent confidence intervals are given.

NOTE: Estimated numbers appearing as 0 in this table mean that the estimate is greater than 0 but less than 500 (because estimated numbers are shown in thousands).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.