

**Supporting Recovery and Building Resilience on Campus: The Role of Collegiate Recovery Programs
March 29, 2019**

Tim Duffey: Opening remarks today will be provided by the Deputy Secretary Zais. Dr. Zais brings to the Department of Education a deep background of experience in education and service to the United States. Prior to joining the department, Mick was elected South Carolina 17th State Superintendent of Education and prior to that, he served as president of Newberry College for 10 years. He's a graduate of US Military Academy at West Point and served 31 years active duty in the United States Army, retiring as a Brigadier General. Mick earned a bachelor's of science degree in Engineering from West Point, a master's of science and doctorate degrees in social psychology and organizational behavioral from the University of Washington, a master's of art degree in Military History from the School of Advanced Military at Fort Leavenworth, Kansa, and did post-doctorate studies in national security affairs at the National Defense University in Washington, DC. It's my distinct pleasure to welcome Dr. Zais for opening comments.

Mick Zais: Well, thank you, Tim, for that nice and overlong introduction. I'd like to welcome all of those joining us for the Department of Education third's and final webinar on the opioid crisis. Here in today's session, we'll shift the focus from K-12 to examine the role of collegiate recovery programs that have been helping students with substance use disorders. I want to thank our team, the Office of Safe and Supportive Schools, for all they've done to prepare for today's agenda and I'm confident that it will be a worthwhile discussion.

Now, I had very little exposure to drugs growing up and it wasn't until my senior year in college that I smelled marijuana for the first time. But my service in Vietnam was a completely different story. While I spent most of my time in the jungle where soldiers were preoccupied with staying alive, many soldiers in the base camps had access to drugs including heroin. When these soldiers came home,

they brought their addictions with them. As a consequence, the army sent me to attend a program at Yale's Drug Dependency Institute and it was here that I saw firsthand the ravaging effects of drug abuse and where I came to understand the extraordinarily difficult process of conquering addiction.

With visits to treatment facilities in New York City, in conversations with recovering addicts, I gained a whole new understanding of the scourge of drug addiction that has afflicted our country in some form or another for decades. Later as a college president at a small, faith-based collage in rural South Carolina, we didn't really have a major problem with drug use on campus, particularly opioids and even marijuana in those days were seldom seen. Yet despite my atypical experience there, I do understand the problems that our campuses face and recognize that bold action is necessary to confront and combat the current epidemic.

Today's conversation is driven in large part by the administration's national drug control strategy with the ultimate goal of stopping illicit drug use across the nation, saving lives, and creating a stronger, drug-free America. The strategy includes reducing barriers to treatment at our postsecondary level schools so that support for long-term recovery is available. ONDCP strategy was released in January. It highlights the important role that collegiate recovery programs play at public universities as well as private institutions and community colleges. While the strategy recognizes the growth of collegiate recovery programs, it also recognizes that there are still far too few of them. The ONDCP strategy also calls for the expansion of peer recovery supports in high schools, on college campuses, and in our communities.

It's important to have these programs on campuses because of the large number of students who suffer from addiction. They are, as you know, our sisters, brothers,

daughters, sons, and neighbors. The US Department of Education has a long history of supporting campus recovery programs. In 2008, the department helped fund the curriculum at Texas Tech which to this day is considered a model program. That program offers students a community of support much like student athletes and veterans receive on campuses. By providing specialized services, the program at Texas Tech help students to recover with low relapse rates, high GPAs, and high graduation rates.

Today, we'll hear from three presenters, each from different institutions of higher education. They'll describe how they've supported recovery on their campuses. Hopefully, you'll take away some lessons from this discussion that you can use at your respective institutions. Thank you for taking the time to join us for this important conversation and most of all, for taking steps to combat this epidemic. Now, Tim, I'll turn it back to you.

Tim Duffey:

Thank you, Dr. Zais, for so effectively setting the stage for our discussion today regarding collegiate recovery programs. I appreciate those comments. The next thing that I'd like to do for just a couple of moments is to talk with you about some technical details for today's event. If you have any technical issues - pardon me, the slide advanced one too many here for us. Could you back that up for me please? Thank you. If you have any technical issues at all for today's event, just communicate with us through the chat function and you'll see at the bottom of your screen, if you hover your mouse low, the items that are in the black bar on screen now will appear. So just select chat and then the box that's on the left-hand side of the screen will appear and you can send us a message to indicate any issues that you're having. If you're having difficulty viewing the screen and need to communicate with us, email us at ncssle@air.org.

Throughout the presentation, we encourage you to enter any questions for presenters at any time during the webinar by typing them into the Q&A pod. Again, if you hover over the bottom of the screen, you'll see the icon for Q&A. Just select that and then the pod that's on the right side of the screen now will appear and you can enter your questions there. If your question is for a specific presenter, please include their name with the question. Otherwise, those questions will be directed to all panels as a group. The question-and-answer session happens near the end of today's webinar and any questions that we're unable to get to today will be routed by the presenters and we'll provide a comprehensive list of all questions and answers that will be posted along with the archived version of this webinar to our website at ncssle@ - that's email, my apologies. It will be at NCSSE's website and I will post that to the chat function here in just a moment.

Please note that the closed caption button on the bottom menu bar as well, the closed caption button will be green when active as it should be now and then if you require closed caption, you can click on that button and the caption will appear on screen for you. You also will notice on the few slides in today's session with our citation numbers listed on the bottom of those slides, these numbers correspond to the list of references included in the presentation. To learn more about information presented on a particular slide, please consult this reference list. Finally, at the conclusion of today's session, you'll be directed to a brief feedback form and we encourage you to take just a few moments to respond on the form and let us know how this event has met your needs.

At this time, I'd like to introduce Richard Lucey who will be serving as a moderator for today's webinar. Rich is a prevention program manager in the Drug Enforcement Administration, Community Outreach, and Prevention Support Section. Rich plans and executes educational and public information programs, evaluates program

goals and outcomes, and serves as an advisor to the section chief and other DEA officials on drug abuse prevention and education programs. Rich, take it away.

Rich Lucey: Thank you, Tim, and hello everyone. I'm so glad you're able to join today's webinar. I am honored to serve as your moderator for this afternoon's webinar. As someone who has dedicated my state and federal government career to drug abuse prevention and specifically preventing drug abuse among college students, it gives me great pleasure to be involved in today's event. Many of you might be wondering why the Drug Enforcement Administration is involved in a webinar that focuses on collegiate recovery programs. There is no doubt that DEA's primary mission is to enforce the US' controlled substances laws and regulations but DEA also has a regulatory function by bringing those involved in illegal growing, manufacturing, or distributing controlled substances to the criminal and civil justice system of the US. But lastly, the DEA also supports programs that are aimed at reducing the availability of illicit controlled substances on domestic and international markets.

DEA's Community Outreach and Prevention Support Section was created as a critical complement to DEA's primary law enforcement mission. We provide the public with current information about illicit drug use, the misuse of prescription drugs, drug use trends, and the health consequences of drug use. Although treatment and recovery efforts are not specifically identified as being within the DEA's purview, we absolutely recognize the importance of the full continuum of care in addressing drug abuse among individuals, families, and communities.

Historically, DEA's interaction with colleges and universities centered around recruitment fairs and enforcement actions but during the past three years, DEA has enhanced its collaboration and partnership with not only individual colleges and universities but also with national higher education associations on their drug abuse prevention efforts. Since 2017, DEA has produced a variety of resources for colleges

and universities to support them in their drug abuse prevention efforts. Our flagship effort is DEA's award-winning website, www.campusdrugprevention.gov. We are very happy with the reception it has received in the field and we continually explore ways for it to serve as a one-stop resource for professionals working to prevent drug abuse among college students.

We are currently updating our fact cards on preventing marijuana use and prescription drug misuse among college students and we are developing two new posters on these issues which we expect to release this summer. In collaboration with SAMHSA, each fall, DEA sponsors its Red Ribbon Week campus video PSA contest to promote the importance of preventing alcohol and drug abuse among college students. You can get full details about the contest and view past award-winning PSAs on campusdrugprevention.gov. Also, this fall, DEA will publish a strategic planning guide to preventing drug abuse among college students with input from the higher education community.

We're thrilled to welcome a great lineup of subject matter experts to today's webinar. I will provide brief biographical information on each presenter when we reach their segment but as a quick overview, here's our agenda for today. We'll hear from a representative from SAMHSA talking about an overview of collegiate recovery programs followed by three individual case studies happening at colleges around the United States, then we'll hear from Director James Carroll at ONDCP talking about the administration's commitment to recovery and a call-to-action, and then finally we'll have a question-and-answer session.

As part of the Department of Education's response to the opioid crisis and other substance misuse, the webpage now displayed has been created as a repository for essential resources to support your efforts, even at the collegiate level, to address the crisis. We'll place the website link into the chat pod so you can copy it for

future reference and we've created a short fact sheet of the information of this landing page which is available in the file pod. In addition to an opportunity to address your questions during the webinar, we're going to start with two or three polling questions to help you learn about who else has joined the event and help our presenters know what points to emphasize over the course of the presentation. So these polling questions will more or less be like a lightning round, if you will. The first one is coming up on your screen. We'd like you to indicate which of the following best describes your role. [Pause]

So if you can go ahead and check off the audience that best suits you, and not to be unexpected, a lot of you are from institutions of higher education for whom this webinar is targeted. Right now, a little bit higher on the four-year colleges and universities but we have quite a few community colleges too which is great because we often hear that community colleges sometimes are an underrepresented or an underserved population. So that's great to see that. We're going to move on to the next polling question. I told you this was going to be lightning round so get your fingers ready on the mouse. We're going to move on to the next polling question. So if you are employed at an institution of higher education, whether that's two-year or four-year, which of the following best describes your role? So if you could, click off there to let us know the various offices or disciplines in which you are working.

Right now, it looks like many of you are in student affairs, again not uncommon, for the alcohol and drug issues, the office out of which that originates on college campuses. I'm seeing a lot of you also in student health and wellness. Several of you are from administration which is great because it's really nice to have the administration's support directly on the campus. So thank you for joining the webinar.

We're going to move on to our last polling question quickly. Which of the following best describes your primary reason for participating in today's webinar? Now, there's three distinct ones and then we also have an Other checkbox and if you could, please share that reason in the chat box. So as we're looking at the live results right now of the people who had voted, it looks like a lot of you have leadership responsibility. So you are the person who has direct responsibility for overseeing your campuses, alcohol and other drug issues on your campus. Many of you also have a personal interest in addressing alcohol and drug risks and consequences. Also, I'm seeing a significant number of you also involved in the IHE team, which is really important because this is a team effort. One thing we learned in prevention over the years is that no one person can do this alone. So if you're part of a team effort, that's great.

Okay. So that moves on from our lightning round of polling questions and at this time, I'm now going to introduce our first speaker, Dr. Art Kleinschmidt. He serves as Senior Advisor on Substance Abuse to the Assistant Secretary for the Substance Abuse and Mental Health Services Administration, also known as SAMHSA, at the US Department of Health and Human Services. As a person in long-term recovery, Dr. Kleinschmidt comes to this position with real-world experience and education in the field of addiction treatment. While at SAMHSA, Dr. Kleinschmidt has been involved on expert panels and policy discussions regarding patient brokering, the opioid crisis in rural America, and the creation of best practices for the combined use of medication-assisted treatment and recovery housing. With that, Dr. Kleinschmidt, I turn it over to you.

Art Kleinschmidt: Thank you, Richard. I appreciate everybody allowing me to be here today to talk about this important really and valuable resource. So just for some basic sort of historical context, in 2016, one in six young adults between 18 and 25 met criteria for substance use disorder and were considered to be in need of substance use

disorder treatment. That comes from our NSDUH which is our national drug use survey, drug use and health. Approximately about 40% of students surveyed in the spring of 2018 national college health assessment reported feeling so depressed that it was difficult for them to function in the past 12 months. This makes cohesive recovery programs an invaluable sort of resource and in my work as a clinician, I work with many college-age individuals and I have seen a lot of people's lives blossom via the collegiate recovery programs.

Collegiate recovery programs support college students in recovery. They support students who are in or seeking recovery from substance use disorder and mental illnesses and increase awareness on campus about these issues. Collegiate support for students in recovery from mental health and substance use disorders have evolved along different but parallel trajectories marked by the devotion of students, recovery movement leaders, advocates, and allies. The Association of Recovery In Higher Education reports significant growth in programs, expanding from 40 in 2015 to 140 in 2018. It's actually from 1977 was one of the first sort of collegiate recovery programs began. That was at Brown University. Nonprofit organization transfer in youth recovery in 2017 reports that there are 184 verified institutions of higher learning that are offering support to students in recovery.

Then some of the results today to see how effective they are, data from Texas Tech University show that students in its collegiate recovery program have an average GPA of 3.18 which is remarkably higher than Texas Tech's overall undergraduate GPA of 2.93. Texas Tech is actually a great program. I've personally referred some of my clients to this particular program and I've seen them blossom over the years.

Since 2002, relapse rates which will be defined as any use per semester ranged from 4.4% to 8%, which is actually a very impressive sort of figure. So experience

somewhere between 4 to 8% of relapse is actually remarkable. Collegiate recovery program members in the step-up program at Augsburg College also reported higher GPAs in the student body average. Ninety-three percent reported abstinence between 2007 to 2016. I actually know some individuals who graduated from this particular program. Active participation in the collegiate recovery program seems to enhance recovery quality and length as well as potential for academic success. I thank everybody for allowing me to share today.

Rich Lucey: Thank you, Dr. Kleinschmidt. We really appreciate that overview of collegiate recovery programs from SAMHSA's perspective. Now we'll turn to our first case study and presenter, Eric Scott Klein. Eric is coordinator of the Northampton Community College Collegiate Recovery Program. Eric is in long-term recovery and a doctoral student at Bryn Mawr College's Graduate School of Social Work and Social Research. He researches ways to build recovery capital for students of color in emerging adulthood via collegiate recovery and develops culturally competent collegiate recovery programs and alternative peer groups for underrepresented populations, including people of color and the LGBTQIA+ community. With that, Eric, welcome to the webinar. I'll turn it over to you.

Eric Klein: Hi everyone. The first thing I want to do before we get started is I want to ask you to think about this question, what do you see as the biggest barriers to student involvement in a collegiate recovery program at a community college? Our population at a community college is obviously going to be a little bit different than most four-year schools. So think about that as your backdrop as we discuss this case study. A quick overview of Northampton Community College. We're in the Lehigh Valley of Pennsylvania on the east side. We're located, the main campus is in Bethlehem. We have in Bethlehem about 305,000 people in the Lehigh Valley. You can see that there are multiple jobs, we've got an international airport, we've got shipping, we've got casino, we've got all kinds of wonderful stuff going on

which means that we've got a very populous job recruitment area which is why community college holds such an important part of it.

When revolving that back towards what was going on and what is currently going on with the epidemic, these are the numbers on your screen that starting in 2015, the Northampton County Opioid and Heroin Overdose Task Force reported these three numbers. In 2015, 258 people died from opioid-related deaths and that number has now obviously doubled. It's up to 567 and 558. So it is real. Basics on NCC, we have 35,000 students that we reached during a year. We confer degrees, certificates, diplomas and in more than 100 fields, plus we also have 600-bed residence hall which is very different than most community colleges. We have three main campuses and in our CRP which is now in its fourth year essentially, our job is to provide an enriched, sober environment in which students and recovery can achieve academic success. So it's not just about maintaining recovery protection, it's also about the obvious which is retaining students and making sure that they have the academic success.

So our program is voluntary and mostly anonymous. By mostly anonymous, what I mean is that if you're used to 12-step language where they say it is Alcoholics Anonymous, Narcotics Anonymous, many people don't like to divulge their status if they've been diagnosed with an SUD but many CRP students are pretty open about their status in recovery. For example, I'm in long-term recovery. It was even in my bio. We like to empower students to support each other in academic and recovery efforts and we're tailored to students who really are committed and active in their recovery. So it creates a peer environment that is extremely supportive.

Now, in order to get involved in our CRP which is way less formal because it's not a huge school as far as the overall budget, you would have to go through a very informal application process and interview with me or my coordinator. Both of us

are in the counseling department. After that, we let everybody in the group year-by-year choose their own bylaws, create their own rules, and they choose the vast majority of activities that we do together. So you're encouraged as a CRP member to speak at campus events even if they have nothing to do with drugs and alcohol specifically to show the community, and the fact that we are people in recovery but like any other population that is part of our diversity, we're also in the Hispanic caucus, we're also in the LGBT Pride club, we're also doing theater, we're also in the astronomy club, we're in the Pokémon club, we're in all of them. We're also going to drug courts and juvenile justice centers to support peers. We have volunteer work and we're in the ARAT, the national association.

So going back to that original question about barriers, why might a student not join or learn about a CRP which sounds, if I don't say so myself, it sounds pretty wonderful, right? It sounds like an exciting place to be, it gives you a peer group, and these are some of the main barriers. So at a community college, most students have some kind of job. Many of us have caregiving duties. Whether that means you're in the sandwich generation or it means that you are taking care of your own children alone or you're taking care of grandparents or other caregivers, there is a stigma still on campus about language around recovery and substance use disorder. People don't have a lot of time. There is a certain culture where the language of collegiate recovery is based in this medical model which is very Caucasian. Some people hate the idea of it being 12-step-y language. Other people think there's not enough 12-step language. So all of these things create barriers that we need to find a way somehow to combat to allow students to understand that we're there for them.

So one of the ways I like to do this and I think that we all do it in one way, shape, or form, whether we call it recovery capital or not, I think that's what we're doing is we're developing recovery capital for people in recovery. That is being defined as

the entirety of all resources, internal and external, that can be utilized in order to sustain recovery from substance use disorder. So that means if you think about it from a psychological or therapeutic standpoint, that doesn't only mean your mental health, it also means financial resources, it means transportation, it means getting employment, and it means finding your way to 12-step meetings if you need it, it is all of the resources including your own self-efficacy and your agency towards feeling successful as a college student.

So in our case, in our first 20 students, 85% reported positive outcomes. You can see on the screen if you're not just calling in on a phone that we have a pretty high rate of success here. One graduated in '17, two graduated in '18 and then transferred, another graduated in the summer of '18, we have a whole bunch of students who transferred while in positive academic standing, six are still enrolled which is our current group, and two have not returned and we did lose one person to a heroin overdose. So again, as much as I'd like to paint this as a really positive experience, it's extremely important to remember what the outcome can be if we don't support students in recovery.

Institutionally, we also have barriers and I think that any institution has its own barriers. I'm not being specifically critical of my own, we're just stating the facts. Students in the CRP don't have a direct voice in their academic or collegiate policy yet. They're rarely around for more than two years so because of that, they don't really get to dig in and affect policy. Because the group changes, the dynamics of the group are fluid so it's hard for administration to respond in time to the students' needs because the needs are constantly changing. So what we really need is a much bigger buy-in from institutions at all levels and through all systems.

There's also sometimes an institutional stigma even though it's not necessarily acknowledged and there's also unintended cultural incompetence, which is a

terrible word, it sounds like I'm being aggressive again but it's not. It just means that sometimes, people from different cultures do not identify with mental health services the way that middle-class Caucasian people do. We have to be careful about our language and make sure we're very intentional about how we grab people and pull them into the CRP.

Some of things that have been successful for us is that we had had meetings with all levels of campus leadership, we have placement in our campus electronic billboards that are on every single day, we're getting rebranding from our marketing department, we've been recognized by the Dean of Diversity which is super important as people in recovery being a marginalized population or an underrepresented population that get a seat at the table now when we're discussing diversity, and you also get priority registration when you are communicating your needs as far as work and 12-stepping or your recovery program.

To summarize real quickly, our continuing challenges are that we need a space. You're going to see two wonderful programs right after mine that have incredible graphics of their offices or their spaces or their common rooms. We don't even have a common area. We have to set up our meetings week by week. We have zero budget other than our grant and we're still not sure that our buy-in is completely real. We need to prove our efficacy. That takes data. Because we are a dorm at a community college, we also have the issue that there isn't a sober wing and that can also be a problem.

So think about this, what stakeholders in your community have not been targeted as recovery capital for a CRP? So is it just that you need to talk to the president or the dean? Who are the other stakeholders inside of your community that you can target to develop recovery capital for a CRP? I think that's a huge takeaway for a

local program. We need to build that institutional recovery capital. We need to also think about peer-to-peer recovery as a solution on all levels. Also, we need to reach out to the recovery community at large for support. At NCC, we're going to try to discuss the idea of a certified peer recovery specialist certificate which will also help peer training.

So lastly, I feel like I'm up against my time so I'd like to remind you, the community colleges are the gateway to success for students. We have a huge growing job market. We did not get pummeled by the economy over the last 10 years. We haven't had that upswing/downswing. We have a lot of jobs coming to the region and community college, associate degrees, and certificates, and then moving on to four-year schools which then have jobs that remain in the region are really, really important and they come through the community college. So having a CRP begins to develop that recovery capital for the entire Lehigh Valley. I'd like to thank you for listening to my version and I'd pass you on to the next awesome case study.

Rich Lucey:

Thanks, Eric. We really do appreciate that overview of the case study about what you're doing, what's a CRP in Northampton Community College. With that, we will move on to our second case study and presenter who I will now introduce. A longtime friend and colleague of mine, Dr. Karen Moses is the Director of Wellness and Health Promotion at Arizona State University. Under her direction, ASU Wellness and Health Promotion works to improve the health and wellbeing of the university students including prevention strategies to address student alcohol, tobacco, and other drug use, stress, depression, suicide, sexual and interpersonal violence, nutrition, fitness, body image, and healthy relationships. Dr. Moses has served as project director for many grants and contracts, addressing a variety of the critical health behaviors and experiences of college students. With that, Karen, welcome to the webinar. I turn it over to you.

Karen Moses:

Thank you, Rich. Let me see that I have this for controlling - alright, yes, there we go. I wanted to see that happen. So it's my pleasure to be here today to share with you all the story of Recovery Rising which is ASU's collegiate recovery program. I would like to start by contextualizing Recovery Rising as a growing program within a large university. Over 72,000 students attend class at one of ASU's four Phoenix area campuses and ASU Online provides education for more than 35,000 students each semester and continues to grow. While the majority of our students commute for class, more than 15,000 students live on campus. We're proud to say that our student population reflects the demographics of Arizona, something that we worked on for many years, and about two-thirds of our students are from Arizona.

At ASU, we measure our success by who we include and how they succeed. Surveys of ASU students indicate that nearly 5% of our students have a history of addiction and that 2.6% of our students are in recovery from an addiction to alcohol or other drugs. These students can and should attain their academic goals. Recovery Rising is a program designed to support the needs of ASU students in recovery and to help them meet their academic and their recovery goals.

Recovery Rising was established in March 2016 after meeting with ASU students in recovery, faculty and staff, and community partners to develop a plan that is designed to meet the needs of our students in recovery. We're fortunate to have a grant from the Governor's Office for Youth, Faith, and Family that is funded through the Arizona Parents Commission that supports this initiative at ASU and at the two other public universities in Arizona. We also received startup money from Transforming Youth Recovery in the 2016 school year, which I know many other campuses also received.

Working with our stakeholders, we developed a program that focuses on these goals that you see here. To increase visibility of the recovery lifestyle at ASU, to

connect a network of students in recovery to each other, to meetings, to sober activities, and to support services that meet their needs, to educate and support, staff, faculty, and student leaders to better support students who are in varying stages of recovery, and to serve as allies to students in recovery, to provide seamless support for students in recovery across departments that are engaged in related efforts. As we began to grow the program, students made a clear decision to extend our recovery programs to include not only those in recovery from substance abuse disorders but also those in recovery from mental illness. Overall, our vision is to position ASU as a university that supports the wellbeing of students in recovery and to make ASU a premier choice for students in recovery. Oops, I need to go backwards. There we go. It's not going to let me do this.

Okay. Through the remaining slides, I'll share highlights of Recovery Rising activities. So students involved in Recovery Rising like to be out and about at ASU tabling at all four of our Phoenix area campuses. They table at orientation activities, events, resident halls, and main malls across ASU. They do this to raise awareness about Recovery Rising to put recovery in the minds of the community, to provide visual evidence that recovery matters at ASU, that it's in the environment at ASU, and to show students in recovery that there are other students like them and encourage them to connect.

Sometimes, people can be shy to walk up to a table but few can resist puppies for prevention. These trained therapy dogs bring in a crowd, providing opportunities to share information about what recovery can mean in the life of a student. Posters and signs in the environment help raise awareness that a life of recovery is valued at ASU. We encourage allies and students in recovery to post Friends of Recovery stickers on their stuff, on their laptops, on their backpacks, on their water bottles. This can be a really important promotional way to spread the good word that recovery is a thing at ASU.

Students in recovery have expressed the need to build connections. Tabling together helps our involved students to strengthen connections with each other and have fun together while raising awareness and promoting Recovery Rising. Our students go out with their T-shirts, stickers, ally placards, pens, all in the name of keeping recovery on the minds of students, faculty, and staff at ASU while also having fun together. Our students have made it clear they want to socialize, go to games, enjoy activities with a group that feels safe for them. Student employees are positioned at each campus to plan activities and to build a network of students in recovery and allies who hang out together. They plan tailgates, go to the games, study, hike, attend meetings, and other things together.

This picture that you're looking at right now shows another way that Recovery Rising builds connections across the community. This is an example of the Tempe Coalition. The Tempe Coalition works to reduce risk among youth in the Tempe community. ASU is a part, one of our campuses is a part of the Tempe community and Recovery Rising students joined the coalition in order to bring recovery to the attention of the coalition. This particular photo is from a coalition awards event where one of our students had the honor of introducing his former high school principal, Dr. Anna Battle, who was awarded for her work addressing alcohol and drug prevention among the students at Desert Vista.

We also had the opportunity to partner with a group of amazing high school students there in blue there at the front from the Governor's Youth Commission to expand our reach for ASU's maroon, not red but maroon ribbon week in October this year, which focused on safe medication practices for life. This spring, Recovery Rising partnered with them, the Governor's Youth Commission, and also the National Coalition Against Prescription Drug Abuse to host a One More Step walk which I'll provide you more information about in a moment.

Our educational efforts include Recovery 101 sessions and ally sessions. One favorite component of education is having a panel of students in recovery talk about their experience as a student in recovery. Here's a group of our Recovery Rising students discussing recovery, community, and services at a student event. In three years, we've provided education to over 3,400 students, staff, and faculty. We also have had the perfect opportunity to invite in Dr. Kevin McCauley to provide the keynote for our Recovery Day event in September which brought quite a sizable crowd of interested listeners. To keep communication going and to provide education, we also send out a monthly newsletter so that our students in recovery and friends of Recovery Rising are informed of the activities, tips on how to stay healthy, how to manage time and stress, and how to get connected to resources.

This next slide gives you a URL that I hope you will take the time after this talk to go and take a look at. It is something that we're really proud of. It is a video that was produced by our students in recovery and talks about what it's like to be a student in recovery at ASU. We strive to provide a wide range of support services for students in recovery. To do so requires ongoing communication and partnership with a variety of stakeholders. We created Recovery Rising's advisory board to help guide this effort. Members of the advisory board include representatives of several departments, student groups, and community members to help bind together the various services in a meaningful way.

One of our partners, well, two of our partners are ASU Housing and also TreeHouse Learning Community who provide housing options for students in recovery. As ASU students are signing up for housing, they're provided with the option to request a roommate who is in recovery. If they are interested in recovery housing, they're referred to Treehouse Learning Community which is a local housing in recovery support program designed for college students and serving college students across the Phoenix area.

Recovery Rising has organized and/or promoted as AA and NA 12-step meetings on campus for the three years that we've been in operation. Our student team realized however that students were using these meetings not as their regular meeting but as a way to get connected. So now we host Sun Devils Anonymous meetings which are open to all students who are pursuing a life of recovery through the various recovery programs. Students use this meeting as a place to connect for recovery support and to learn about the local recovery options that other students like. This year, Recovery Rising students also started a new peer-to-peer mentoring program that partner students in recovery with each other to support them with their recovery and their academic needs. We are also proud to offer yoga of 12-step recovery and maintain a trained instructor at ASU. There we go.

I wanted to give you a little more information about the One More Step Recovery Walk and Health Expo. We hosted this for the first time this year based on the Dose of Awareness Walk that's hosted in Northern California. The purpose of the walk is to educate participants about addiction, recovery, and mental health. We recognize that students and others who have a history of addiction very often have lost loved ones to overdose. This walk takes time to remember friends and family missing from our lives due to overdose. Recovery Rising partnered with the Governor's Youth Commission to organize the walk and with April Rovero who's the founder of the National Coalition Against Prescription Drug Abuse which she founded after her son, Joey Rovero, a student at ASU, died of an overdose of prescription drugs in 2009. Across ASU, more students, faculty, and staff are becoming friends of recovery and are displaying this placard in their doorway, on their walls, and their windows to make sure people know that they can approach them and be safe, that they want to serve and meet the needs of students in recovery.

Now, we all know that one of the most exciting moments in the student experience is graduation. Now, we host especially to celebrate the success of our students in recovery, this spring we will host the third annual -resilience ceremony to honor graduate students who are affiliated with Recovery Rising and the Sun Devils Support Network, a sister organization that provides support for students who've experienced sexual violence. This is a very fun and emotional event that shows even better than data do the positive outcomes that our students achieve. I thank you for listening and await your questions. Thank you, Rich.

Rich Lucey: Thank you very much, Karen. We appreciate the comprehensive overview of all the work that you're doing around recovery at ASU and we'll get to some questions in just a bit. So now we'll move on to our third case study and speaker. Ahmed Hosni is Program Manager for the Collegiate Recovery Community at the Ohio State University and the Director of Recovery at the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery. His passion is advocating for and working with people in recovery and their families. Ahmed also was a person in long-term recovery since 2007. He is committed to helping to implement frameworks that allow all people access to the necessary resources to garner sustainable and enriching long-term recovery. Ahmed, welcome to the webinar. I turn it over to you.

Ahmed Hosni: Thank you so much. I really appreciate it and I'm excited to be here and to be sharing with all of you about the work we're doing here at Ohio State and how excited we are about the success of our students in recovery here at Ohio State University. Also, I appreciate that very wonderful introduction. I want to add that I am also the Midwest representative for the Association for Recovery in Higher Education which is a fantastic organization and is the national leader for collegiate recovery across the country and they are the guiding force for our field. I know that our program wouldn't be where it is without them.

So I want to first talk about the collegiate recovery community at Ohio State that was started in 2014. So we've been going for - or 2013, I apologize - for six years. So we'll be actually celebrating our sixth year anniversary in April. We are lucky enough to be able to offer lots of different programming and support and it has taken six years to get to this point. I hope that that is clear that we did not start with all of the resources we had today. We started with a graduate assistant who shared an office and that graduate assistant has evolved into two dedicated staff members. It is myself and my colleague Jessica. So we have two dedicated staff members which is one of the best standards for collegiate recovery programs through the Association of Recovery in Higher Education.

For us, it's important to be able to focus on similar work and then different work as well. Jessica does a lot of the student-facing work. That was my previous role. It's definitely the role that's more fun. She gets to support the students directly and to work with them in our developing individualized recovery plans and some of our other parts of our curriculum while I am able to focus on fundraising and also on advocacy for students and young people in recovery at the local, state, and national level. So we're lucky enough to have the flexibility to be able to do both. We have a dedicated space, like Eric mentioned, another best practice and standard offered by the Association of Recovery in Higher Education.

We were given a temporary space in 2015 and we have lived there now for a few years and have made good use of it. It has been home and we've grown to love it. It is a wonderful space but one of the biggest barriers that we had was that we were not in the center of campus. It was difficult for students to access us because they had a long walk from class to our space and then back to class and things like that. If this is going to be a drop-in lounge, we want it to be close and accessible. So the university provided us with a space that is located on the oval at Ohio State which is the heart of our campus and it is actually in the process of being renovated and

will be done soon. These are some of the drawings but I think the important thing about it being centrally located on campus is our university is showing its pride in our program in how much it supports our students in recovery by placing us in such a visible, high traffic area.

We also do a lot of fundraising to be able to provide recovery scholarships. We offer three different ways for students to apply for some sort of assistance. The financial need scholarship is in my opinion our most important scholarship and the one we offer the most money through. That is through assisting students who have some sort of extra financial burden due to their substance misuse history to be able to attend school so they are not having to leave school due to financial reasons. Our Buckeye Recovery scholarship is given to students who exhibit leadership in our program. So it is a phenomenal scholarship but it is awarded to a student who steps up as a leader and kind of leads through their actions. Then we have the recovery house and place scholarship. We have a residence hall here on campus and we want it to be affordable and accessible to students, especially students who need a safe living environment but are unable to find one due to finances. So we try to offset the cost of living on campus which can be a little higher than living off campus. So if it works best for the student, we want to make sure it's accessible.

So our curriculum, the term that I will use to describe the process and how we engage our students and one of the more prominent parts of that is our individualized recovery plans. So what we do is we meet with students individually and we help them to look at their goals for the semester and also for the long term, for graduation and when our students are getting ready to graduate, or life after graduation. So we help them set smart goals and think about how they're going to achieve their goals and how to set that up in a way that they are able to see the progress and they're able to be accountable for the decisions they're making and the actions they're taking.

So this is something that we're very proud of. We think it works very well with our students and it's also something that we make available to provide to other schools who are looking for a structure on what are we going to do with these students when we start identifying find them, how can we support them. So this is our way of doing it. We are not a therapeutic community. So this is not a therapy. Instead, we use strength-based approach to goal setting into recovery support. We have our recovery house which is a 28-bed residence hall. I want to emphasize the fact that it is not a traditional sober living environment in the sense that there is not a curfew, they do not have a 24/7 house manager, they are not required to take a urinalysis test, and a lot of the typical characteristics of a traditional sober living environment that you're accustomed to when you think of that term. Instead, it is a residence hall where we try to put students in recovery together so that they can support one another.

Now, there are extra levels of support that we provide those students than we would a traditional student at Ohio State due to the nature of their substance use disorders but it should not be confused with a sober living environment because it's a college campus and we believe that if they need that level of accountability, that maybe a better use of our time would be to have a conversation with them about whether or not they're ready to be on campus and possibly taking some time off to focus on their health and get ready to come and deal with the stressors of being a college student as well as a stressor of being a young person in recovery in an abstinence-hostile environment.

Then we also plan social events. I chose to highlight one. We do many but probably our largest is the Scarlet Gray and Sober Tailgate which we have been doing for five years now. It is a family-friendly tailgating experience which started as a smaller tailgate for just students in recovery and we have grown and expanded our purview to also support any fan or student, staff or faculty who wants an alcohol-

free tailgating environment. We think it is a lot more fun for our students to be at a large party where lots of people are coming, there's free food, there's music, it is right outside of our stadium. So it's really, really close to where people want to be on game day. If you haven't heard Ohio State, we take our football pretty seriously. So this is something that is pretty well-attended and is I believe one of our students' favorite things to attend each year.

Then we also do professional leadership development with our students. Supporting them in their recovery is absolutely important but one of the things that we hope that you guys walk away from our portion of this presentation with is that just supporting them in their recovery would be missing the boat. We also need to prepare them to be effective students and community members in the Greater Ohio State community as well as prepare them for life after college, so how are we helping them transition from a very safe environment, because we created it and made it safe for them, to wherever their job is and where they may end up thanks to their education at Ohio State and how are we preparing them to be successful then and to be great alumni and to continue thriving in their recovery after they graduate. So we definitely focus some time on that and we also like to look at the intersections between student development theory and recovery support theories and find how we can blend those two things to support our students.

So this is something I could talk about for an hour but I'm just going to leave it there, that a lot of the best practices in student development theory are very applicable to recovery support theory. So there's definitely room and an opportunity to look at how you support students and how you can modify that to support students in recovery in a similar way. Then we also have our on-campus recovery meetings which are not AA or NA meetings. They are instead all recovery meetings meaning that any pathway to recovery is accepted. We do have a large

portion of our students who are 12-step members which is fantastic but we also want to create a space that is available to anyone.

So whatever pathway to recovery a student chooses, they are welcome at the collegiate recovery program. The only thing that is necessary is that they have a primary alcohol or drug use disorder and that we are supporting them for that and of course, there is a large comorbidity of other disorders as well, lots of mental health disorders, lots of eating disorders, and other disorders that often go hand-in-hand with substance use disorders. But for us, the primary diagnosis of a substance use disorder and whatever pathway to recovery they see fit there, we support them in.

Then also, one of our larger initiatives is a recovery ally training which we created and began training in 2015 and it is made available to other campuses through the higher education center. So if a campus is interested in doing a recovery ally training on their campus, we provide the materials and everything they need to start utilizing our training but it would be modified to make it campus-specific. This idea of the recovery ally training is being reconceptualized by other amazing schools across the country and so we are not only shop. There are other examples of that as well. It's also important to thank and note that this was inspired by ally trainings like the Safe Zone and the idea of creating a safe space on campus for our students in recovery as they're doing for the LGBTQ population.

So some of the other campus-wide efforts that I love to brag about even though we are not solely responsible for them, we have an MAT program which is a partnership between ourselves, student health services, and our counseling and consultation service. What that does is provide medication-assisted treatment or recovery, whichever term you prefer, to Ohio State students so that they can have their prescriber, their psychological or psychiatric services, and their community-

based support all on campus so that they don't have to leave our campus for those needs. So we are absolutely thrilled to be able to provide that. We also have our naloxone Project which means a student can receive naloxone from our student pharmacy without a prescription, which was an initiative through the student pharmacy who has been a great partner of ours in our work here at Ohio State.

So I think the important thing for us to recognize is that our primary responsibility is to support students in abstinence-based recovery and that we also have a responsibility to advocate for our students in any form of recovery. So that is why we oftentimes join forces or take the lead on initiatives to support individuals that might not necessarily be members of our community but we definitely want to care about them, support them and have a stake - and we have a stake in their recovery needs and hopefully one day, they will reach the ultimate goal of being able to abstain from their substance misuse. Thank you and I'm just really happy to be here.

Rich Lucey:

Thank you, Ahmed. We really appreciate the perspective that you just offered. So now we'll move on to our final speaker of today's webinar, the Honorable James Carroll. He is the director of the Office of National Drug Control Policy in the Executive Office of the President. He was confirmed by the US Senate on January 2nd of this year and sworn in on January 31st. Director Carroll previously served as the acting director and deputy director from February 2018 to January 2019. Prior to joining the Office of National Drug Control Policy, he served as Assistant to the President and Deputy Chief of Staff at the White House.

Before joining the Trump administration, Director Carroll served as Washington Counsel at the Ford Motor Company and as General Counsel at the Ford Motor Company Fund, the company's philanthropic arm that supports nonprofit organizations and initiatives. During the George Bush administration, that's the

George W. Bush administration, Mr. Carroll held several positions including Special Assistant and Associate Counsel to the President at the White House, deputy general counsel and acting general counsel at the US Department of Treasury, and as an attorney at the US Department of Justice. It is my distinct pleasure to introduce Director Carroll. It's yours, sir, and take it away.

James Carroll: Hi Rich. Thank you very much for that really kind introduction and good afternoon to everyone. I really appreciate the opportunity to be with you all. I think, Ahmed, you did a great job of presenting a great deck from the Ohio State University there in Columbus and what you all are doing. I know the presenters throughout this afternoon have been able to give you all a very sort of formal presentation and outlining what is happening out there across the country. Really what I wanted to do is just talk through all about what's happening here in DC and my perspective of what's happening across the country. I know Deputy Secretary Mitch Andrea Zais spoke with you all earlier and I know his commitment as well as the secretary's commitment at the Department of Education to collegiate recovery.

One thing I think we should mention at the outset is that if you're anything like me, your March Madness brackets are completely busted. Of the 16 teams, I only have one left in, Virginia. So if there's anyone from the University of Virginia, Wah Hoo Wah. That's the only team I have left in the final round here. Actually, much like I want to say March Madness, the new trend as you all might see with March Madness and basketball is the ability to have a second chance. You get to redo your brackets these days and start all over and that's really what we're talking about today is the opportunity to have a really significant second chance in terms of going back in, in this case, back to college, eventually back into the workplace, and rebuilding your life. So just like I'm going to rebuild my bracket, what you all are doing across the country is rebuilding lives and I really wanted to commend you for your efforts.

A collegiate recovery program really is that supportive environment in a college setting that is very unique. When I first started this job a little over a year ago, one of the first things that I did was actually go visit a collegiate recovery program. In this case, it was out at the University of Utah was the first one I visited and then many college campuses since then. But it was really wonderful go to the University of Utah and hear firsthand not only the people running the collegiate recovery program but actually the students who are participating in it. I really did have the opportunity to learn from them that it's not just hosting an AA meeting, it's not just hosting one particular program for an individual. Really, the wonderful thing that what you all are doing is making sure that students look out for each other and at the end of the day, it's reducing stigma.

It reminded me, I was thinking about talking to you all today, a couple of weeks ago I was at a restaurant in Maryland. Is there anyone here that's right outside College Park from University of Maryland? It was an owner who is in recovery and he has five locations. Three of the locations are housed by people, everyone, all these employees in three locations are people who are in recovery and the other two locations are people who are not in recovery. I spoke to him and said - my instincts would be that he would have people in recovery sprinkled throughout his five restaurants. What he said made a lot of sense which is having people together who are in recovery allow them to support each other. If they're in an environment, in this case, a restaurant where there's only one or two out of 15 employees who were in recovery, that they don't necessarily understand the challenges that they're facing, there's more of a stigma sometimes.

So I thought, that's the perfect analogy to what you all are doing on college campuses is reducing that stigma, providing that loving, supporting environment for each other because so often what happens is there is a relapse before there's an actual relapse and that people who are in recovery can see it and see the person

mentally going down that road or spiritually going that road where they're actually going to physical relapse, actually relapse. So by providing that support network, you all are able to prevent that relapse from actually occurring. What we're told is about 21% of adults between the age of 18 and 21 who meet the criteria for substance use disorder, being on the college campus is an incredibly fertile ground for supporting students and providing them the courage to step forward and say "I need help." So it's a wonderful thing that you're doing on that and of course, what it's also doing is showing the administrators, that's showing the professors that recovery works.

For me, being here at 13 months, really the main reason that I came here is because I also have a family member who's in recovery. They came to us 19 months I guess the count is now, this is the end of March so 20 months pretty soon, came to us 20 months ago and said that they had an addiction, it started with a prescription as so often is the case these days. We were able to get them first into a detox facility and now, as I said, we're 20 months into sobriety. So coming here and helping other families was what called me to come do this. I think that's so true for so many of you all as well.

In terms of the administration-wide effort that were going here, we recently released the administration's national drug control strategy. It was relatively short compared to past strategies. It's a relatively easy read at 23 or 24 pages and at the end of the day, it's summarized not only the administration's approach to what we're facing today but really it's my own personal approach to this as well and that is the strategy focuses in on the only thing that I think really matters in terms of the metric that counts which is at the end of the day, that the number of lives saved has to go up. We can no longer continue to lose so many people to sadly an overdose fatality or in this case, a life that is not lived to the full potential.

So this strategy builds on that approach by helping not only stop the flow of drugs coming into the country, it works on education starting at a very young age. Grade school as most of you all know is not too early to start. So working with the Department of Education, we in fact recently released a compendium for teachers at grade school, middle school, high school level to have resources on the prevention side but then what we also must do if we want to save lives is make sure that we provide treatment for everyone.

One of the things that I think is important about the legislation that Congress recently passed, HR6, and the president signed, is something that I want you all to go back to the college campuses and promote. With HR6, there is now forgiveness for student loans for those students who are going through specialized and substance use treatment professional. So it's a great opportunity to pay back the student loan and at the end of the day, save lives. So to all of you, I sincerely appreciate everything you're doing and just remember that's what we're called to do by working in the space is to help each other. So I look forward to visiting you all as I go on college campuses and maybe I will have good luck with my March Madness bracket. I know you all are going to have tremendous luck on the second chances that you're giving everyone else. So thank you all very much. Rich, thank you for letting me participate.

Rich Lucey:

Thank you, Director Carroll. We really appreciate the important comments that you provided describing not only ONDCP's commitment but also the administration's support of campus recovery programs and related efforts. So in the interest of time and being respectful of the time that we allotted for the webinar, we are not going to have a live Q&A session if you will right now. We have been answering questions as they show up in the chat windows. I want to thank everyone who has submitted questions. We've received quite a few so far. I want to remind you that all of the questions whether we've been able to respond to them directly or not in chat will

be archived to the NCSSE website. We're also going to give our three speakers an opportunity to reply to any specific questions you had directed to them before the archived file gets posted. I would be remiss if I didn't take this opportunity to mention DEA's next National Prescription Drug Takeback Day which is scheduled for Saturday, April 27 from 10:00 AM until 2:00 PM. This event provides an opportunity for people to safely dispose of unwanted or expired medications. If you want to find the collection site nearest you, simply go to deatakeback.com.

As we end today's webinar, let me once again thank the US Department of Education and ONDCP for inviting me to serve as today's moderator. It's truly been a pleasure and an honor for doing that. At this time, I'll turn the webinar back over to Tim Duffey with NCSSE to close the event. Tim?

Tim Duffey:

Thank you, Rich. Really appreciate your work as moderator today. I want to thank all of today's presenters in particular, the campus-based representatives who are with us, Eric, Karen and Ahmed. Wonderful information you've shared about the great work you're all doing there. There is a following slide, here you go, with references for - that were utilized by the presenters today. So I wanted to make sure you were aware of that, near the end of the slide deck which you have access to.

I also want to mention, again on our website, there is a list of available resources. There are three resources we offer to you. One is the National Drug Control strategy that Director Carroll mentioned. A copy of that is there. There is a resource document from the Readiness and Emergency Management for Schools, so REMS Technical Assistance Center. The final resource that you'll find there is a selection of resources that all of today's organizations and federal associations and offices who are involved in creating this event have compiled for your reference. So just quite a comprehensive list for you. The information is on your screen now in

the chat for how to access the files in those locations. That's also where the Q&A summary will be provided once it's available.

In closing then, you'll be directed to a few questions that will help us think about how to improve webinars in the future that we offer. You're seeing a sample of that on screen now. So please do take just a couple of moments to complete that. With that, again I thank everyone who participated, both participants and the presenters. I hope you have a wonderful rest of your afternoon and a great rest of this week. Thank you everyone. Have a good day.