ReStart Collegiate Recovery Program: A Community Needs Assessment

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Executive Summary

This community needs assessment (CNA) was conducted by a team of master’s students at Emory University’s Rollins School of Public Health over the course of three months in the fall of 2014. The purpose of this CNA was to assess the need for a collegiate recovery program at Emory University and to determine whether the services of such a program would be beneficial to students. Additionally, the CNA team sought to identify best practices for messaging and education regarding substance abuse and recovery. Finally, the team sought to identify potential partners within the Emory community for the ReStart recovery program to collaborate with.

The CNA team collaborated with the Office of Health Promotion (OHP) at Emory to implement the assessment. OHP works to improve the health of the university through programming focused on various wellness topics, the most recent of which is substance abuse recovery. Findings from the current CNA will help OHP to establish the ReStart program and may also aid in securing additional funding and support for the program.

Substance use and abuse is a critical public health issue in the United States, especially among college-aged youth. In 2009, there were 12,000 treatment admissions involving college students. Furthermore, nearly half of all substance abuse treatment admissions involving college or other post-secondary school students ages 18 to 24 were primarily related to alcohol disorders. Thus, school-based recovery services are an important resource for universities to adopt.

Qualitative data were gathered through a windshield survey of Emory’s main campus and seven key informant interviews comprised of ReStart affiliates, collegiate recovery professionals, and members from Emory administration. Quantitative data were gathered from the primary data collection instrument, a 24 item survey assessing need for a collegiate recovery program at Emory and students’ perceptions and knowledge of substance use. A total of 68 students completed the survey.

Several key themes emerged from the triangulation of the interviews and survey data. The prevalence of substance use at Emory, messaging around increasing awareness of ReStart and substance abuse, de-stigmatization of recovery and substance abuse, and the benefits of having a recovery program on campus for students were a few of the topics that were consistently discussed throughout the interviews. When surveyed about perceived need for substance abuse programming at Emory, a majority of students believed that the Emory community would benefit from a collegiate recovery program.

Incorporating findings from the key informant interviews and the survey, the CNA team formulated ten recommendations for OHP and the ReStart program: provide housing alternatives, gain administrative support, de-stigmatize substance abuse and recovery, apply for funding, sponsor ReStart events, utilize existing substance abuse and recovery resources, promote student-led initiatives, conduct routine evaluations, increase promotion, awareness, and messaging, and educate students about substance abuse and recovery.

It is hoped that OHP and ReStart will be able to use these findings and recommendations to effectively garner support for ReStart and subsequently expand the program. The efforts of the CNA team align with the mission of OHP to facilitate student flourishing and build capacity for a healthy Emory.
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Purpose of Community Needs Assessment

The purpose of this community needs assessment is to assess the need for ReStart services at Emory University and to determine whether these services are beneficial to and needed among students. The ReStart program aims to offer programs for students recovering from drug and alcohol abuse. Ultimately, the program will provide students in recovery with a place to live where support is available 24 hours a day. This assessment will also explore best practices in recruitment and communication on campus in addition to other types of messaging that could improve the promotion of the substance abuse recovery program. Finally, this project will help identify potential collaborative partners in the Emory community who might assist in building safe, alternative spaces for recovering students. Overall, the results of the CNA will be used to demonstrate to Emory University administration the need for funding of substance abuse recovery programs.

To conduct this assessment, the team partnered with the Office of Health Promotion (OHP) at Emory. The OHP works to improve the health of the University through sexual assault programming, positive psychology programming, and most recently, substance abuse recovery programming. Mr. Willie Bannister is the team’s primary contact at OHP and has been working as a substance abuse counselor for many years at Emory. After receiving a generous donation in the Spring of 2014 to establish a recovery program at Emory, Willie began to develop the ReStart program to help students in recovery from substance abuse.

The guiding questions for this needs assessment are:

1. Do students feel that recovery programs are needed at Emory University?

2. How do members of the Emory community perceive the need for recovery programs at Emory University?

3. How should the ReStart program begin to facilitate open communication around recovery from substance abuse?
**Definition of Community**

In this needs assessment, the community is defined as undergraduate, graduate, and professional students attending Emory University. The assessment will examine both primary and secondary level needs. Primary level needs are those of the Emory students who are in recovery, are contemplating beginning the recovery process, or who are struggling with substance abuse. Secondary level needs are those of ReStart program implementers to effectively and successfully support and expand the ReStart program. The geographic distribution of the community includes all areas within the perimeter of the main Emory campus, which is located in the 30322 zip code in Atlanta, Georgia (*Figure 1*).

![Figure 1: Map of the Emory University campus](image)

This figure illustrates the geographic border of the community.

**Definition of Recovery**

The ReStart program defines recovery as a minimum of nine months of sustained sobriety from a substance use disorder (Emory University, 2014b). The nine month minimum component of the definition is a strict eligibility criteria and application requirement for students seeking recovery services at Emory. The community needs assessment team will use this definition of recovery throughout all aspects of the assessment.
Literature Review

Definitions of Substance Abuse and Substance Dependency*

The official definition of substance abuse provided by the American Psychiatric Association is “a maladaptive pattern of substance use leading to clinically significant impairment or distress is manifested by one or more of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired)
- Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)”

The APA’s definition of substance dependency is “a maladaptive pattern of substance use leading to clinically significant impairment or distress is manifested by three or more of the following, occurring at any time in the same 12-month period:

- Tolerance, as defined by either of the following:
  1. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
  2. Markedly diminished effect with continued use of the same amount of the substance
- Withdrawal, as manifested by either of the following:
  1. The characteristic withdrawal syndrome for the substance
  2. Taking the same (or a closely related) substance to relieve or avoid withdrawal symptoms
- Taking the substance often in larger amounts or over a longer period than was intended

*The 2013 Diagnostic and Statistical Manual of Mental Disorders (DSM-5) replaces the use of the terms “substance abuse” and “substance dependency” with the overarching term “substance use disorder” (Rastegar, 2014).
Having a persistent desire or unsuccessful efforts to cut down or control substance use”  
(American Psychiatric Association, 2000)

Substance Use and Abuse

Substance use and abuse is a critical public health issue in the United States, especially among college-aged youth. Many students feel pressured to use alcohol and other drugs because of the high-stress environment of college, and these risky behaviors can lead to assault, sexual abuse, injury, academic problems, health problems, suicide attempts and even death (Centers for Disease Control and Prevention, 2014). Furthermore, The National Institute on Alcohol Abuse and Alcoholism (NIAAA) notes that specific aspects of the collegiate environment and atmosphere encourage drinking (NIH National Institute on Alcohol Abuse and Alcoholism, 2014). These include: unstructured time, widespread availability of alcohol, inconsistent enforcement of underage drinking laws, and limited interactions with parents and other adults (NIH National Institute on Alcohol Abuse and Alcoholism, 2014).

Incoming college freshmen are at a higher risk for substance abuse, as many freshman students are experiencing a life transition and therefore feel the need to experiment with alcohol and other drugs (Ross & DeJong, 2008). The National Survey on Drug Use and Health (2012) estimates that of respondents ages 18 to 25, 21.4%-21.6% use illicit drugs, and of college-aged students (18-22), 60.3% report heavy or binge drinking (U.S. Department of Health and Human Services, 2013).

Alcohol use on college campuses

Alcohol consumption is typically a large part of campus life, as college students are more likely to binge drink compared to non-college students (Gruca, Norberg, & Bierut, 2009). Binge drinking is defined as having more than four drinks in a night for a male and five drinks in a night for females (Centers for Disease Control and Prevention, 2014). The CDC estimates that roughly 90% of underage drinking occurs in the form of binge drinking, which can increase risk for unintended pregnancy, HIV, car crashes, violence and alcohol poisoning (Centers for Disease Control and Prevention, 2014). A study conducted by Foster et al. (2014) found that among undergraduate students, motivations for drinking influenced the degree to which alcohol was
considered part of the student’s self-identity. Of the various motivations for drinking, enhancement motives, or drinking to enhance a pleasant feeling, is the most strongly related to college alcohol behaviors (Foster, 2014). In an additional study by Presley et al. (2002), researchers found that differences in the drinking behaviors of college students often depended on housing, participation in athletics, and Greek life affiliation (Presley, Meilman, & Leichliter, 2002).

Illicit drug use on college campuses

While illicit drug use is less prevalent than alcohol use on college campuses, it still plays a critical role in campus life. In a longitudinal study conducted in North Carolina and Virginia, approximately 30% of students reported using marijuana at college entry, with current use of cigarettes and alcohol increasing the likelihood of initiating marijuana use (Suerken et al., 2014). Marijuana and other illicit drug use also reduce the chances of continuous college enrollment (Arria et al., 2013). Nonmedical prescription drug use is increasingly becoming an issue on college campuses; medications such as Adderall, Ritalin, and Concerta are three of the most common stimulants used by students to improve their academic performance (Arria & DuPont, 2010).

Collegiate Recovery Programs

Alcohol consumption affects not only students, but also their families and college communities. Therefore, universities and colleges have begun to take steps in supporting students in recovery from addiction through the establishment of collegiate recovery programs and collegiate recovery communities (CRC) (Appendix A). Recovery is an important process in overcoming substance abuse and dependency, and collegiate recovery programs are becoming more necessary as the frequency of binge drinking and use of illegal and prescription drugs increase (The National Center on Addiction and Substance Abuse at Columba University, 2007). The Association of Recovery in Higher Education (ARHE) defines collegiate recovery as “support for students in recovery from addiction seeking a degree in higher education.” “Collegiate recovery can consist of campus-based infrastructure to support recovering students by sharing
the goals of providing support, preventing relapse, and promoting academic performance. It may additionally consist of a community to the student population participating in recovery on campus through peer support” (Centers for Disease Control and Prevention, 2014; U.S. Department of Health and Human Services, 2008). Collegiate recovery programs provide a source of support for students recovering from substance abuse in a potentially difficult transition back into a collegiate environment. Student testimonials featured on the ARHE website include statements such as “The Collegiate Recovery Community (CRC) is a great safe haven” and “The CRC has been crucial in my academics; I probably would not even be [a student in college] if not for the CRC ”(Association of Recovery in Higher Education, 2014a).

However, one of the most significant barriers to establishing this type of program is the “pro-drug” culture that exists on most college campuses (Bell et al., 2009). This climate encourages excessive drug and alcohol consumption, promoting these behaviors as a “harmless rite of passage”(Bell et al., 2009).

Several studies have assessed the characteristics and effectiveness of collegiate recovery programs. For example, a study at Texas Tech University collected data on characteristics of students who utilize recovery services. In addition to housing the largest Collegiate Recovery Community (CRC) in the United States (Cleveland, Harris, Baker, Herbert, & Dean, 2007), the Center for the Study of Addiction and Recovery (CSAR) serves as a model CRC for other universities (Texas Tech University College of Human Sciences, 2014). The CSAR program provides a holistic approach to recovery. Specifically, the program enables students to seek out peer support in a way that helps balance the recovery process with academics (Texas Tech University College of Human Sciences, 2014). The study recorded both student demographics and substance abuse/use history. Results showed that most CRC members have successfully maintained their recovery and are succeeding in their academics (Cleveland et al., 2007).

Another study conducted at Texas Tech University considered the challenges that recovering students face while living on a college campus and assessed which parts of the CSAR program participants found most effective. Through qualitative analysis of semi-structured interviews, the researchers identified several barriers to recovery for students: balance of
recovery and academics, lack of sober student activities, and life in the residence halls. Students in recovery mentioned that the positive community environment, academic support, and social environment were aspects of the CSAR program that facilitated a positive recovery process (Bell et al., 2009). Overall, results of this study show that the program met the needs of recovering students, and the support they gained helped them overcome challenges in balancing university life and recovery (Bell et al., 2009).

**Collegiate Recovery Programs in Georgia**

It is noted on the ARHE website that, while Collegiate Recovery Programs are becoming more prevalent, they are still not common or universally known. However, each region of the United States has schools offering collegiate recovery programs. Within the South Region, these states include Alabama, Tennessee, Texas, North Carolina, Mississippi, Virginia, West Virginia, and Georgia. Schools offering collegiate recovery programs in the state of Georgia are Georgia Southern University, Kennesaw State University, The University of Georgia, and recently, Emory University (Association of Recovery in Higher Education, 2014b).

According to the National Survey of Drug Use and Health (NSDUH) Georgia’s rates of past year alcohol and drug dependence or abuse have been at or below national rates for the 18-25 year age group, the age range that would typically be utilizing collegiate recovery programs in Georgia (U.S. Department of Health and Human Services, 2008). Several schools in the state of Georgia offer well-established and successful programs for students in recovery from addiction. The Center for Young Adult Addiction and Recovery at Kennesaw State University (KSU) state that their mission is “to enable, support and encourage young adult recovery and wellness by providing programs and engaging in collaborative research and education.” The Collegiate Recovery Community (CRC) at KSU was established in January 2008 and provides a recovery program within the university system for college students recovering from addiction. The KSU collegiate recovery community provides a supportive peer community within campus culture to reinforce students’ commitment to recovery. Students are able to receive social and academic support while remaining a part of the collegiate community. The CRC further supports leadership, service, and community involvement for students in recovery,
as they work to achieve a college degree. Addiction Education and Prevention programs additionally provide a safe environment and individual and group support for students in the process of changing unhealthy patterns and behaviors. Weekly meetings are held for Alcoholics Anonymous, Eating Disorders Anonymous, Narcotics Anonymous, and Celebrations of Recovery (Kennesaw State University, 2013).

Georgia Southern University’s (GSU) Collegiate Recovery Community is a subsection of the Center for Addiction Recovery at the Jiann-Ping Hsu College of Public Health. The main goal of the CRC is to serve students and persons in long-term recovery from substance-use disorders. However, the chief focus is on the collegiate community. CRC at GSU serves approximately 40 students per semester. The program includes weekly seminars and a variety of benefits to aid in recovery within the collegiate environment. Benefits include financial awards, early registration, individualized advising, leadership retreats, and opportunities to serve as community service speakers and alcohol peer educators (Georgia Southern University, 2014). Each of the previously mentioned collegiate recovery programs requires application and admittance into the program.
Background of the Office of Health Promotion

Emory University Office of Health Promotion

The Emory Office of Health Promotion (OHP) is a division of Campus Life at Emory University. The mission of OHP is to “facilitate student flourishing and build capacity for a Healthy Emory” (Emory University & Office of Health Promotion, 2014c). To achieve this, OHP provides group education interventions to reduce risk while promoting health, public health mentoring, health promotion resources at a population-level, individual meetings to promote health, and a variety of training programs for students and campus leaders to enhance Emory’s overall health (Emory University & Office of Health Promotion, 2014b). These services are available to all enrolled students at Emory, including Oxford College and the many graduate programs.

Since its start in June 1991, OHP has expanded greatly. Students are seen as partners in Health Promotion, as opposed to just patients. Student partnerships have led to multiple health promotion campaigns through countless student organizations focused on health. Some of these groups are the Alliance for Sexual Assault Prevention (ASAP), the Sexual Assault Peer Advocates (SAPA), the Healthy Campus Coalition (HCC), and the Sexual Health Advocacy Group (SHAG) (Emory University & Office of Health Promotion, 2014b). Each year, OHP produces an annual report as a reflection of Emory’s health and wellness over the past year. In the 2012-2013 year, OHP conducted 115 educational programs that reached 3,150 students, 220 staff members, and 30 faculty members (Emory University & Office of Health Promotion, 2013). These programs encompass sexual health promotion, sexual assault prevention, general wellbeing, and alcohol and drug usage.

Alcohol/Substance Abuse and the Emory Office of Health Promotion

In 2000, Virginia Plummer, LCSW began at OHP as an Alcohol and Other Substance Abuse Prevention Counselor. This was the first alcohol recovery-related position. A few years later, in 2006, Willie Bannister, LPC, NCC started as an Alcohol and Other Substance Abuse Counselor (Emory University & Office of Health Promotion, 2014a). Currently, OHP is actively involved in alcohol and other drug prevention at Emory. In the 2011 National College Health
Assessment (NCHA), 70.7% of Emory students responded that they had consumed alcohol in the past 30 days. Additionally, 9.5% of students reported having used alcohol, but not in the last 30 days (Emory University & Office of Health Promotion, 2011). Emory’s messaging to students is not a message of abstinence – so, they do not simply tell students “do not drink.” Instead, OHP focuses more on preventing high risk alcohol use, and staying safe if students choose to use alcohol. OHP’s website has a variety of information, program details, and resources for those looking to learn more about alcohol use and abuse, Emory rules and regulations, and the Medical Amnesty Protocol (Emory University & Office of Health Promotion, 2011). However, until recently, there has been limited information or programming about recovery, particularly for recovering college students. The ReStart Program received a generous gift from an anonymous donor in 2014, to start a collegiate recovery program at Emory.
Overview of the ReStart Program

The ReStart program is an initiative of the Division of Campus Life and is managed and facilitated by the Office of Health Promotion (OHP). The ReStart community is comprised of students who are in the recovery process while attending Emory University. In addition to a series of alcohol-free activities, ReStart students partake in meetings, social events, and service through which they find affirmation.

One of the primary components of the ReStart program is the ReStart Recovery House. The house is considered the ‘hub’ of the program and provides living space for up to four students in addition to a housing director. The housing director serves as a resident assistant as well as a resource for substance-related issues and concerns.

Students must meet the following criteria to be considered for the program (Emory University, 2014b):

- A minimum of nine months of sustained recovery and sobriety from a substance use disorder
- A sincere desire to work their aftercare/recovery plan in a clean and sober space
- Completion of an application and interview
- Submission to random drug screening
- Willingness to provide mentorship and support to other members of the ReStart community
- Attend 12 step meetings, with the possibility of chairing meetings
- Participation in ReStart events

Potential residents can access the application on the ReStart webpage through the OHP website. The application covers topics including: applicant’s successes and challenges in their recovery journey, their reason for seeking recovery, strengths they believe they will bring to the recovery program, and their involvement in support groups. The ReStart program was debuted in the fall of 2014.
Community Profile and Assets

Level of Needs

As mentioned earlier, the community in this needs assessment is defined as undergraduate, graduate, and professional students attending Emory University. The geographic distribution of the community includes all areas within the perimeter of the main Emory campus, which is located in the 30322 zip code in Atlanta, Georgia. Table 1 below describes the three different levels of needs within the Emory community (Comeau, 2014). Level 1 represents individuals in the community who are receiving the service, such as Emory students who are in recovery, are contemplating beginning the recovery process, or who are struggling with substance abuse. Level 2 represents individuals who assist in providing services to individuals in level 1, such as program directors, residence housing directors, and substance abuse educators and counselors. Finally, Level 3 represents those in the community who have an influence in allowing individuals in level 2 to meet the needs of individuals in level 1, thus serving a broader role within the community. For the purposes of this needs assessment, the CNA team will assess level 1 and level 2 needs in depth, specifically focusing on the perceptions of students and substance use experts.

Table 1.
Level of Needs within the Community

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Application to CNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (Level 1)</td>
<td>Service receivers</td>
<td>Emory students</td>
</tr>
<tr>
<td>Secondary (Level 2)</td>
<td>Service providers</td>
<td>ReStart program directors and associates, residence housing director, substance abuse counselors and educators, national experts</td>
</tr>
<tr>
<td>Tertiary (Level 3)</td>
<td>Administrators, policy makers</td>
<td>Emory University policy makers and administrators</td>
</tr>
</tbody>
</table>
**Emory’s History**

Emory University was founded in 1915 after Emory College received seed money from the founder of The Coca-Cola Company and a charter from DeKalb County to expand into the Atlanta area. Since then, the university has developed into one of the nation’s leading universities, enabled by generous donations from the Candler, Woodruff, and Goizueta families (Emory University, 2014d). The university is renowned for its dedication to teaching, research, scholarship, health care, and social action and is ranked among the top 20 national universities by US News and World Report and 79th among the top 200 universities by the Times Higher Education World University Rankings (Emory University, 2014a).

**Community Demographics**

Emory boasts a student body that is the most ethnically and religiously diverse of any of the top-20 national research universities (Emory University, 2014a). In the fall of 2013, 7,836 undergraduate and 6,677 graduate and professional students were enrolled at Emory comprising 14,513 students in total and representing all 50 states and 121 countries (Emory University, 2014a, 2014c). The majority of students self-identified as Caucasian (47.7%) followed by Asian (25.9%), African American (10.9%), Hispanic/Latino (7.3%), Multi-race (3.3%), and American Indian/Alaskan Native (<1%) (College Data, 2013). Females represent a little over half of the student population. Emory offers four undergraduate programs including the Emory College of Arts and Sciences and the Oxford College as well as seven graduate programs in law, business, nursing, theology, medicine, public health, and graduate studies.

**Community Health Status**

According to the latest Emory University National College Health Assessment (NCHA) data, a majority of the respondents reported their general health as excellent (17.7%), very good (50%) or good (28.5%) (American College Health Association, 2011). The top three impediments to academic success reported by the respondents were stress, anxiety, and sleep difficulties with about 21.5% reporting sleep difficulties as being “traumatic” or “very difficult to handle”. Specifically for substance use, 16.7% of respondents reported having 5+ drinks two or more times in the past two weeks and 5.4% had used an illicit substance in the last 30 days.
**Community Health Systems**

Emory requires that all degree-seeking students either purchase the University-sponsored health insurance plan or have health insurance through an outside source. According to the NCHA data, 40.1% of respondents were enrolled in the Emory student health insurance plan, and 48.4% were on their parent’s plan. Students can access physical and mental health services through a variety of resources on and around Emory’s campus that are operate under the broader umbrella of Emory Healthcare such as Student Health Services, Counseling and Psychological Services, and the Office of Health Promotion. Students can also utilize the services offered by the Emory University Hospital, which is located on Clifton Road in close proximity to the Rollins School of Public Health, the Nell Hodgson Woodruff School of Nursing, and the CDC.

**Community Social and Cultural Environment**

Emory’s campus fosters a rich cultural and social environment that promotes diversity and healthy lifestyle choices. There are a variety of cultural and religious organizations on campus including the Asian Student Organization, Black Student Alliance, Chabad at Emory and the Hindu Student Association (Emory University & Office of Undergraduate Admission, 2014). Emory also hosts several exhibits, concerts, and cultural programs on campus to raise awareness of and promote diversity among students and the public. In addition, Emory is committed to several sustainability initiatives around campus such as energy conservation, water conservation, sustainable commute options, and waste minimization (Emory University & Sustainability Initiatives, 2014). Emory is also actively involved in community work and outreach, both within Atlanta and internationally. The Center for Community Partnerships “connects Emory’s resources with community needs within metro Atlanta” (Emory University & Center for Community Partnerships, 2014) while the Office of International Affairs works to ensure global engagement and collaboration across countries (Emory University & Office of International Affairs, 2014).
Campus Policies

In 2007, the Division of Campus Life at Emory administered a university-wide policy concerning alcohol and drug abuse on campus. The policy acknowledges the issue of alcohol and drug misuse on college campuses as a major public health concern. In section 8.8.1 the policy clearly states that all Emory faculty, staff, and students are “prohibited by the University from unlawfully using, possessing, manufacturing, dispensing or distributing alcohol, controlled substances or illegal drugs on University-owned property or at University-sponsored events” (Emory University, 2007). Emory complies with and upholds federal, state, and local laws related to alcohol, illicit drugs, and other controlled substances, especially laws and regulations specific to Georgia and DeKalb County. Among other tenets, the policy states that the university strives to create an environment that supports individuals who choose not to use alcohol and individuals who choose to use alcohol legally and in moderation. In regards to advertisements and promotions, the policy has strict guidelines for discouraging excessive or underage consumption or use, or underage purchase of alcoholic beverages or controlled substances. Within residence halls, activities and paraphernalia that promote the rapid and unsafe consumption of alcohol are prohibited. Emory also has a set of guidelines for university events that serve alcohol such as utilizing EmoryCard readers or another verification plan approved by Campus Life to verify each attendant’s age. The policy states that the university “seeks to create an environment of personal development and supportive community” and that it “supports individuals seeking services for alcohol, tobacco, and/or other drug misuse and makes confidential services available to them” (Emory University, 2007). Depending on the nature of the infraction, violations of the policy could result in a referral to the Office of Student Conduct, mandatory participation in an educational program, and/or loss of privileges. Additionally, individuals could face expulsion from the University and referral to the appropriate federal, state or local authorities for prosecution in the courts.

Geographic Location

The geographic border of the community will include all areas within the perimeter of the main Emory campus (Figure 2). Emory is located in Atlanta, Georgia. The city of Atlanta is situated within Fulton County and extends into DeKalb County where Emory is located. DeKalb
County is the third largest county in Georgia with approximately 713,340 residents (United States Census Bureau, 2013). Atlanta itself is known as the business hub of the Southeast and is home to ten Fortune 500 companies and organizations such as The Carter Center, the Centers for Disease Control and Prevention (CDC), the American Cancer Society, and CARE.

Emory’s main campus covers over 600 acres in the suburban Atlanta neighborhood of Druid Hills. The campus is bordered by North Decatur Road, Oxford Road, Eagle Row, and Clifton Road. The neighborhoods that surround the main campus include Decatur, Virginia Highlands, Midtown, and Little Five Points.

![Map of the neighborhoods surrounding the Emory University community](image)

**Figure 2:** Map of the neighborhoods surrounding the Emory University community

**Community Assets**

In this needs assessment, community assets are defined as resources and services available to Emory students for substance abuse risk reduction. An important resource that currently exists for students is the Office of Health Promotion (OHP). The OHP is “devoted to engaging students in the work of creating a healthier campus, building individual capacity for health, and advocating for students in times of crisis” (Emory University & Office of Health Promotion, 2014b). Aside from facilitating services that aim to prevent sexual assault and relationship violence, promote safe and healthy sexuality, and endorse emotional and mental
well-being, the OHP also offers programs and campaigns that address alcohol and other drug use. One such campaign is titled ‘If You Drink, Drink Like Dooley’ in which six colorful posters promoting safe drinking behaviors are displayed around various campus locations. The posters include a brief statement about an alcohol risk reduction strategy such as “drink water throughout the night”, along with a picture of Emory’s mascot, Dooley the skeleton exhibiting the relevant behavior.

The OHP website offers a wealth of information on safe use of alcohol and other drugs for students covering topics areas such as alcohol myths, talking to friends about alcohol, and alcohol poisoning. The website also directs students to Student Health Services and Counseling and Psychological Services. In addition, Willie Bannister, who is the Associate Director of OHP as well as a licensed professional counselor, provides free and confidential substance abuse screening, consultation, and referrals. He also gives presentations on helping students make lower risk choices if and when they choose to drink. Other substance abuse risk reduction services offered by the OHP include initial screening interviews, substance abuse education, counseling and case management, harm reduction, and recovery maintenance.

Finally, the most pertinent asset to the community is the substantial anonymous donation received by the OHP to establish a substance abuse recovery program for Emory students. Thus far, the Emory ReStart Collegiate Recovery Program, which debuted in the fall of 2014, includes a Recovery House which can house up to 3 students who are accepted into the program based on a set of eligibility criteria (ex. having a minimum of 9 months of sustained recovery and sobriety from a substance use disorder and submission to random drug screening). ReStart also provides opportunities for students in recovery to participate in community meetings, social events, and service opportunities. As mentioned earlier, the purpose of this CNA is to provide justification for supporting, expanding, and promoting the ReStart program at Emory.
Windshield Survey

Purpose

The purpose of the windshield survey was to investigate, assess, and gain a better understanding of the community in order to develop a more thorough community profile. Windshield surveys are an effective method of primary data collection that involve direct observation of the social and physical aspects of the community environment. Furthermore, information gathered in this windshield survey was utilized in the development of key informant interview questions and the primary data collection instrument.

Methods

For the purposes of this CNA, members of the ReStart team elected to explore the Gatewood Neighborhood, Office of Health Promotion, and Eagle Row on Emory’s main campus while taking notes on what was observed (Figure 3). To gather additional information, the ReStart website was also examined. The windshield survey of the Gatewood neighborhood was conducted on Thursday, September 18th 2014 between 10:45 and 11:15 PM by all team members. The windshield survey of Eagle Row was conducted immediately after, from 11:15-11:45 PM. This time was chosen because this is typically when Emory students engage in social activities involving alcohol. The ReStart team chose the Gatewood neighborhood for the windshield survey because housing provided for the students in Emory’s community recovery program is located in the Gatewood neighborhood. The team chose to survey Eagle Row because of the presence of Greek life housing and frequent social gatherings of students. Surveying these two areas provides a more thorough understanding of the environment that students in recovery might encounter on the Emory campus.
Findings from the Physical Survey of Emory’s Campus

The Restart team conducted the windshield on foot and initially noted that the Gatewood neighborhood (Figure 4) is easily accessible from campus by both walking and the shuttle. An undergraduate housing building, Woodruff Residential Center, is located at the corner of Gatewood and Clifton Road. With a high volume of vehicle and foot traffic, Clifton Road is one of the main roads running through Emory’s main campus. A group of four girls were gathered at the entrance of the neighborhood and appeared to be on their way to a social event. The team observed the group walking in the opposite direction of the Gatewood neighborhood. The overall atmosphere of the neighborhood was quiet and residential. As the team walked further down Gatewood, they noticed that the streets had poor lighting and many overgrown trees. Aside from the group at the cross section of Gatewood and Clifton, no other people were seen during the remainder of the windshield survey of Gatewood Road. As previously mentioned, while the neighborhood is within walking distance from the Emory campus, it is located across Clifton road and therefore is somewhat separated from any campus.
activities. No noises associated with the campus could be heard. A Ronald McDonald house is located at the end of Gatewood Road.

![Figure 4. Gatewood Road. Photo taken Friday, September 19, 2014 at 10:30](image)

After walking back towards Emory’s campus from Gatewood Road, the team walked one street over on Clifton Road and crossed the street onto Eagle Row (*Figures 5 & 6*), where several campus housing buildings and Greek life houses, specifically eleven fraternity houses and nine sorority townhouses, are located. The team immediately noticed a taxi turning on to Eagle Row from Clifton. As the team walked past the campus housing at the start of Eagle Row, they noted groups of students exiting the dorms who were dressed in short black dresses and high heels, indicating they were attending a social event. There were also groups of students congregated outside the dorms who were dressed more casually, such as in jeans and t-shirts.

As the team progressed down Eagle Row, they noticed several distinctive contrasts from the environment on Gatewood Road. The area was well lit with a large amount of activity. Several residents of the dorms were playing music that could be heard from the street and cars were constantly driving up and down the road, some with individuals yelling out of them. The area of Eagle Row where the fraternity houses were located appeared to be the hub of activity, and the team noted its close proximity to the dorms. A large group of students were observed
waiting to board a bus. Some of these students were carrying entire bottles of alcohol and many had plastic cups. Others were physically supporting their friends in order to help them remain standing. Certain fraternities stood out as having more activity than others. One fraternity house was blasting loud music, another was hitting beer cans off their lawn with golf clubs, and a third had their windows open with colored lights flashing and large groups of people gathered on their balcony. Some other details observed in the windshield survey were the numerous cabs driving up and down Eagle Row, red solo cups which are typically used to hold alcohol were scattered on the sidewalk, and glass shattered on the sidewalk outside of a fraternity house. Finally, the team noted that the various groups of students walking along the sidewalks throughout the survey seemed to be separated into groups of men and groups of women.


In addition to the windshield survey of physical locations on Emory’s campus, the CNA team also visited the Office of Health Promotion (OHP) where key informant Willie Bannister’s office is located. Inside OHP, there was a large amount of literature displayed that encouraged safe drinking behavior, for example the “Drink Like Dooley” campaign (Figure 7). However, there was no literature or fliers specifically mentioning the ReStart program or other substance abuse recovery resources.
Findings from the Online Survey of ReStart Webpage

In order to gain a better understanding of the ReStart program, the CNA team also examined the Emory University Restart Collegiate Recovery Program webpage, which is a subsection of the OHP website. The webpage includes a short description of the program and provides general information about the purpose of the ReStart program. Eligibility criteria and application requirements are also listed, along with the contact information for Willie Bannister. Finally, the ReStart webpage provides an application for Collegiate Recovery Program.

Figure 7. Drink Like Dooley campaign (Emory University & Office of Health Promotion)
Data Collection Methodologies

Key Informant Interview Methodology

Purpose

The purpose of the qualitative key informant interviews was to understand current practices of recruitment and assistance for substance abuse recovery in the United States and the effect these services have on students and their families. These interviews provided context for best practices to implement a collegiate recovery program and were used to inform the specific needs for and of the ReStart program at Emory.

Sample

Purposive sampling was used to select participants for key informant interviews for the needs assessment of the ReStart recovery program. The sample of key informants included members of the Emory community who are involved in alcohol and substance abuse work, housing and residence life coordinators, faculty members who have experience with recovery, and outside experts in recovery, specifically collegiate recovery. Willie Bannister, an Alcohol and Other Substance Abuse Prevention Counselor and the key contact for the Emory ReStart program, assisted in developing a list of individuals who meet these criteria. Because these individuals have different professional backgrounds, they could provide diverse perspectives on collegiate recovery programs. The following seven key informants were identified with the help of Mr. Bannister at the Emory Office of Health Promotion:

1. **Willie Bannister**, Coordinator, Emory ReStart Program, Alcohol and Other Substance Abuse Prevention Counselor, Emory University Office of Health Promotion
2. **Brooke Thyng**, Emory ReStart Housing Director
3. **Dr. James Spivey**, Faculty Advisor for Emory ReStart Program
4. **Lani Walsh**, Alcohol and Substance Abuse Counselor, Outside referral for Emory students
5. **Dr. Michael Huey**, Executive Director, Emory University Student Health and Counseling Services
6. **Teresa Johnston**, Director Center for Young Adult Addiction and Recovery, Kennesaw State University
7. **Jenna Parisi**, National Advocate for Collegiate Recovery, Collegiate Program Manager of Transforming Youth Recovery
Recruitment

Emails were sent out from one team member (Monika) to the key informants mentioned above, with a short description of the team, the purpose of the Community Needs Assessment (CNA), and the reason why the key informant was selected. The email asked if the key informant would be interested in participating in an interview and also included a brief overview of the interview topics. See Appendix B for an example of an email sent to the potential key informants.

Data Collection

*Setting:* The key informant interviews were conducted either face-to-face or via phone, depending on convenience for the interviewee. Key informants were asked permission to use their name and position title in the CNA final report. Each interview followed the same protocol.

*Protocol:* Prior to the interview, the key informant was asked to give verbal consent to participate in the interview and to have the interview recorded. If the interviewee gave permission to be recorded, the application Voice Record Pro was used on an interviewer’s cell phone. The recording was then uploaded to the group’s Dropbox account. Informants were notified that they could choose to stop the interview at any time. Two CNA team members were present for each interview, with the primary interviewer asking questions and the secondary interviewer taking notes and recording. In addition to recording the interviewee’s responses, the secondary interviewer also took note of body language (if the interview was conducted in person) and other non-verbal observations of the interviewee. After each interview, the two team members discussed the responses to ensure all the essential points were accounted for in the notes. Recordings were transcribed verbatim as needed.

*Instrument:* The interviewers used a semi-structured interview guide that was tailored for each participant. Questions were kept open-ended to cater to each participant’s individual perspective. Three interview guides were created—one for key informants directly associated with the ReStart program, one for informants who worked with other collegiate recovery programs, and another for administrators. Most of the questions were supplemented with
probing questions, which helped to facilitate discussion. After each session, the interview guide questions were edited to improve the quality of subsequent interviews as is typical in qualitative research methods. See Appendix C.

Data Analysis Plan

**Analysis:** Thematic analysis was utilized to analyze key informant interview data. Both deductive (themes within the interview guide) and inductive (themes that became apparent during analysis) coding was used to analyze the interviews. Three CNA team members independently assessed the same two transcripts to identify emerging patterns and themes in the data. These codes were defined and organized into a codebook (Appendix E). Next, the team members met to discuss the codes and definitions from the two transcripts as well as any coding discrepancies until consensus was reached and the codebook was finalized. Two team members then continued to use the codebook to code the remaining interviews. Finally, interviews were analyzed by reoccurring themes mentioned by the key informants.

**Data Management:** Members of the CNA team were the only individuals to have access to the recorded interviews, as well as notes taken during the interviews. Interview recordings, notes, and transcriptions were stored on password-protected laptops within a Dropbox folder. Once the project was completed, all recordings and notes were deleted to protect the confidentiality of the key informants. Consent to use the informant’s name was requested before each interview. All key informants gave permission for their full names to be used and their interviews to be recorded.

Primary Data Collection Methodology

**Purpose**

The purpose of the primary data collection for this Community Needs Assessment (CNA) was to understand the need for a collegiate recovery program at Emory and to gauge the perceptions of undergraduate and graduate students on substance abuse on campus. The results of the survey were used to inform the Office of Health Promotion on the need for
recovery programs. The survey also assisted in assessing students’ knowledge regarding
dangerous levels of substance use and students’ willingness to intervene on a friend’s risky
behavior.

A cross-sectional survey was chosen as the primary data collection instrument. A survey
will allow the team to assess students’ knowledge, attitudes, perceptions, and needs
surrounding substance abuse programming at Emory in a concise and anonymous manner.
Using this method will allow the CNA team to reach a larger population of students and
improve statistical power.

Sample

Emory students served as the target population for the primary data collection for this
needs assessment. The team administered this survey to undergraduate and graduate
students, focusing specifically on the Clifton campus.

Recruitment Methods

To recruit participants, the team used convenience and snowball sampling. With
permission from building facilities managers, three to four members of the CNA team set up
tables at various campus locations with laptop computers and approached nearby students to
ask if they were willing to complete a brief survey. Recruitment locations were Dobbs
University Center and the lobby of the Rollins School of Public Health. These locations were
chosen due to the high volume of students in between class periods and around meal times. As
an incentive, candy was available for those who completed the survey. The following script is an
example of how students were approached:

“Hi, would you like to take our short survey? We are students at the Rollins School of Public
Health, and we are conducting a Community Needs Assessment for the Office of Health
Promotion to assess the health needs of Emory students so that OHP can improve their
programs. The survey should only take 5-10 minutes, and it is completely anonymous. We have
computers set up for you to complete the survey. After you complete the survey, we will have
no way to identify your responses. Your responses will be used to inform the development of
programming on campus for Emory students. As a thank you, we have candy at our table!”
This recruitment method was used in place of a campus-wide survey distribution email due to low response rates in a previous on-campus study (Byrd et al. 2011). After low response rates resulted from in person survey administration, the research team also sent emails out to friends, student government representatives, and the BeWellExcel listserv.

**Data Collection**

The survey questions were developed based off of suggestions from Willie Bannister in the Office of Health Promotion. A data collection instrument focusing on sexual assault at Emory from a previous CNA was also utilized to assist in the development of effective language and question formation (Byrd et al. 2011). The survey contained questions relating to participant demographic information, knowledge of substance-use programming on Emory’s campus, perceptions of substance abuse on Emory’s campus, willingness to discuss substance abuse, definitions of substance-use terms, social norms around substance-use on Emory’s campus, need for substance abuse recovery programming, and finally, communication preference of students. See Appendix D.

The survey was pilot tested with five current undergraduate and graduate Emory students to ensure accurate measurement of constructs and overall flow of survey questions. Google Forms online software was used to conduct the self-administered survey.

**Plan for Data Management and Analysis**

Upon completion of data collection, the survey data were exported and downloaded from Google Forms into a Microsoft Excel spreadsheet. Comprehensive data analysis software, SPSS, was then used to analyze the quantitative data. Missing data were excluded from the analysis. Quantitative data analysis consisted of demographic frequency counts and percentages, means and standard deviations, frequencies of attitudes, perceptions, and knowledge, and frequencies of factors that influence the overall need for substance abuse recovery programming at Emory. Open-ended questions were analyzed manually by two team members who looked for patterns, themes, and unique information in responses. Data were stored on a password-protected computer that is accessible only to CNA team members. All data were deleted at the completion of the project.
Summary of Findings

Key Informant Interview Results

A total of seven key informant interviews were conducted, and each took between 30 to 40 minutes to complete. Key informants represented a variety of organizations within and outside of Emory, including the Office of Health Promotion, the ReStart program, Student Health and Counseling Services, Kennesaw State University Collegiate Recovery Program, and Transforming Youth Recovery. One interview was transcribed verbatim, and extensive notes were taken for all other interviews. A number of themes emerged through an analysis of the interview transcripts and notes. The four most prominent themes and relevant subthemes are described and exemplified below.

Theme 1: Alcohol and Drug Use

Two important themes relating to alcohol and drug use were identified during analysis: the prevalence of alcohol and drug use at Emory, and the general college environment around alcohol and drug use.

At Emory: The prevalence of alcohol and drug use at Emory was discussed at various points throughout the interviews. One key informant stated that “the vast majority of folks in the Emory community consistently make well-informed and low-risk decisions about their recreational social use of alcohol” and that many students “can speak to the harmful effects of drugs and can generally define the concept of high-risk and low-risk consumption patterns”. However, while many students drink and use substances socially, there is a small but real subset of students within this population who have addiction issues. Willie stated that these are the students who can’t manage their academic and social life successfully and have to take medical leave for disorders. Therefore he said, the challenge is to “mediate that knowledge base”, acknowledge that disconnect, and find a way to overcome that disconnect. In terms of subjective norms around alcohol use, informants described that many underclassmen have a perception that the social and drinking scene revolves around ‘Frat row’ and that drinking and
partying is what freshmen year is supposed to be like. In reality however, one key informant stated that there is a “good number of [students] on campus who [do not drink] and it’s not their main focus.” When asked about how many students would benefit from a program like ReStart, Willie stated,

“If we use the calculations that the ARHE (Association of Recovery in Higher Education) gives...the estimate was that there were probably 200-230 students who were diagnosable or could be diagnosed with a substance abuse problem and interested in getting some level of help. Now 230 [students] out of a campus of 16,000 may not seem very much and out of that, there are probably some who are doing okay and have managed to set up their own recovery network. [However] there are a percentage of folks who are isolated and are really struggling to find a balance between their academics and are a member of the Emory community socially and otherwise and trying to remain committed to recovery- even if it’s just 50% of that group, that’s 100 people who are struggling unnecessarily.”

General College Environment: Several key informants identified the general college environment as a place where students are often exposed to temptations. Several informants mentioned that higher rates of substance abuse and experimentation with new and different substances were both factors associated with the college experience. Key informants noted that in addition to addiction starting earlier in life, stress in school has the potential to encourage excess substance use. Particularly, incoming freshmen may struggle the most when transitioning to college. Additionally, the belief that social life is fueled by alcohol in college was identified as a common perception among students. Because college is a place where people try new things, one key informant stressed that there should be a place where students can go if they get in trouble. The informant went on to add that it is “ignorant to think that people don’t have problems when coming in to college.” Jenna framed the issue of recovery and addiction in terms of a disease and said:
Theme 2: Messaging and Promotion

Several key informants highlighted the importance of effective messaging and communication to promote ReStart services and substance abuse programming around Emory’s campus. This theme was categorized into three types of messaging and promotion: (1) de-stigmatization, (2) awareness, education, and outreach, and (3) presenting ReStart to Emory administration.

**De-stigmatizing recovery:** De-stigmatization of substance abuse and recovery was a recurring topic among all of the key informants. Identifying student champions on campus who understand the recovery process and who could advocate for and promote ReStart and its services was offered as a way to reduce stigma and shift the culture on campus, so people are more aware about and supportive of recovery. One key informant noted that students who have gone through recovery are often empowered and are willing to speak out about their own experiences. Brooke Thyng, the ReStart Housing Director, spoke of the importance of de-stigmatization for Emory as whole:

”I think it would benefit Emory has a whole, and their image to their community and the world, to start breaking down that social stigma as well, that alcoholics or drug abusers cant contribute to society, ya know, like I said before, alcohol abuse can happen to anyone it just gets out of hand sometimes.”

In response to a question about addressing challenges and barriers to collegiate recovery and reducing stigma, Dr. Spivey said that the first step is for everyone in the Emory community to be honest and open it about substance abuse issues. Additionally, he stressed that every campus in the U.S. needs to have awareness, needs to be honest
and open about the recovery process, and acknowledge that substance abuse and recovery have nothing to do with one’s upbringing, race, religion, or GPA.

**Awareness, Education, and Outreach:** More effective advertising of ReStart was suggested as a way to reduce stigma around campus. When asked how the CRC was promoted at Kennesaw State University (KSU), Teresa Johnston stated that postcard-sized fliers were distributed during freshmen orientation, promotional advertisements were displayed on digital monitors throughout the campus, and peer educators presented on risk-perception in classes and to fraternities and sororities. Three key informants also cited conducting outreach in conjunction with education to not only students but to faculty, deans, resident assistants, and parents as an effective method to increase awareness of substance abuse and recovery. Similar examples and suggestions were given by Jenna from Transforming Youth Recovery, a national collegiate recovery organization. She added that information about the program should be readily visible in areas that students frequent most often. In addition to promoting ReStart, education about substance abuse behavior was identified as important, especially for students who may not realize they have a problem. More specifically, Dr. Spivey suggested that education around language and behavior such as “blackouts, violence, and personality changes” should be done to associate such “catch phrases” with substance abuse.

**Presenting ReStart to Emory administration:** To garner support from administration, a few of the key informants suggested presenting information that was data-driven and based on evidence, as well as statistics from other successful CRC organizations and/or universities. This includes highlighting the higher rates of graduation and retention rates amongst universities with CRC programs. Brooke Thyng recommended involving students in the presentation:
This recommendation was further reinforced by Brooke when she added that student voices would be most effective in convincing administration that there is a real need for the program, especially students who have lived through recovery or who are in need of a recovery program on campus. Her experiences as both an undergraduate student at Emory and as an Emory staff member have provided her with multiple perspectives, and she strongly believes that students should be the ones expressing their need for this type of program at Emory.

“\textit{I think the students are going to have to be the ones to say we want this, we need this. That has been my experience overall with anything on campus, you know, other staff members can have great ideas, but unless the students are like we want this, that’s when you actually see the ball moving quicker. That’s just my experience with working with the university as well as being a student. The student voice matters much more typically than the staff members voices.”}"

\textit{Theme 3: Needs}

Many of the key informants described needs that could be addressed to effectively respond to substance abuse and recovery concerns at Emory. These were student needs as well as needs relating to the university as a whole.

\textbf{Student and Emory Needs:} Recognizing that substance abuse and recovery is a concern at Emory was identified as a prominent need by several key informants during the interviews. Once recognized, Lani Walsh suggested having a sacred place on campus where students can retreat to, a place that isn’t associated with alcohol or drugs because “if you don’t have a place to go where [alcohol and drugs] aren’t allowed, it’s hard.” Brooke Thyng commented that having a recovery program was ethically sound and that it was weird to send students away and not make it easy for them to come back. A couple of informants also touched on the idea that it is really powerful and brave for students to leave and come back so Emory should help serve them because when students leave to get the help they need and return, there is no system to welcome them back, check on how they are doing, and identify ongoing needs they
might have. Willie Bannister expanded on this need and noted that returning students may have to forge their way through the rest of their years at school, both socially and academically. While some of these returning students are supported by their peers and are comfortable finding their own support groups within Atlanta, there is a larger group that seeks a program within the Emory community to help with their transition. To serve these students, Willie says that Emory should be thoughtful about re-integrating them back into the community in a way that enhances the students’ ability to finish their degree program. Both Willie and Dr. Spivey encapsulated the overall need for a supportive recovery program for students at Emory with the following statements:

“Increased comfort in being able to talk about difficult things should be part of what one’s experience at this university should be about” – Willie Bannister

“All regret a campus may have about being associated with the treatment of alcohol and addiction would be greatly overshadowed by one death from alcohol toxicity or exposure” – Dr. Spivey

**Theme 4: Benefits**

Benefits of establishing a recovery program at Emory were frequently mentioned by informants. During analysis, benefits were categorized into two groups: benefits for the Emory community and benefits for students.

**For Emory:** A major benefit noted by several key informants was the possibility of preventing students from having to leave the university to go on medical leave which could “save the university time and resources.” Jenna noted that having a CRC at Emory could also result in higher rates of graduation and retention, thus signifying it as an important investment to make. More broadly, Willie Bannister pointed out that the purpose of the recovery program aligns with the university’s broader mission in a lot of ways, as well as with the mission of Student Health and Counseling and Health Promotion. An additional benefit for Emory that was discussed in interviews was the potential to be on the forefront of a rapidly evolving field. Jenna elaborated on this by saying that not only could Emory set
the stage for recovery programs to be an expectation on every campus, but the university could also contribute evidence to the importance of providing recovery support in educational settings. Jenna illustrates this benefit with the following statement:

“We’re also seeing a rapid rate of growth in these programs – so for people to tap into the exciting movement that’s happening, to be able to show that they can be sort of in the forefront of what is happening.”

One informant also noted that investing in a recovery program would show that Emory cares about the well-being of its students and that it is a community that talks about difficult topics such as sexual assault, partner violence, and substance abuse.

**For Students:** From past experience and observations, a few of the key informants revealed that the number one thing that students say about having access to a recovery program is that it gives them a place they can call ‘home base’ and a place that fosters community connection. More importantly, informants explained that a recovery program allows for students to gain peer support because they are amongst fellow peers who are experiencing the same struggles. This also facilitates a sense of accountability and a sense of being a part of something that is larger than themselves. When asked what types of skills students learn while in a recovery program, Jenna noted that balancing academics with recovery was perhaps one the most meaningful skills. She stated that students shouldn’t feel that they have to choose one or the other, and that finding supportive peers, avoiding triggers, and developing healthy lifestyle habits are all components that recovery programs aim to instill in students. Recovery programs also give students resources and support they need to succeed after graduation. Dr. Huey elaborates:

“But people do come here, and they do have problems, and, you know, really if we’re going to make the commitment to help them succeed, excel and go out and, you know, positively transform the world, then we gotta have the support here that they need. So I think that [for] an Emory student who goes through [the] recovery process and is ready to come back, this is a really good thing for the university to do.”
Dr. Huey also added that “young people need to mature in their sobriety, otherwise they can’t function in society”. When probed about the number of students that would benefit from a recovery program at Emory, Dr. Spivey commented on the higher rate of substance abuse on college campuses. He stated that statistics show the prevalence of substance abuse on college campuses is greater than the prevalence of the general population, demonstrating that approximately 10-20% of Emory students would benefit.
Survey Results

A total of 68 Emory University students completed online self-reported surveys.

Demographics

The mean age of student participants was 21.1 years (SD=2.6), with an age range of 18 to 30 years. The majority of participants (76.5%, N=52) were female, while 22.1% (N=15) were male. One student preferred not to answer. The distribution of participants by race was Caucasian/white (43.3%, N=29), African-American (19.4%, N=13), Asian (17.9%, N=12), Hispanic (4.5%, N=3), Biracial (11.9%, N=8), and other (3.0%, N=2).

30.9% (N=21) of participants were graduate students. Distribution of undergraduate students was 14.7% (N=10) freshmen, 17.6% (N=12) sophomores, 20.6% (N=14) juniors, and 16.2% (N=11) seniors (Figure 8).

Of the 68 surveyed Emory students, 80.9% (N=55) answered “Yes” to the question “Are you involved in any extracurricular organizations associated with Emory (i.e. sports teams, clubs, etc.)?” Responses included intramural sports, Theatre Emory, Volunteer Emory, Sexual Health Advocacy Group, Mock Trial, Flourish Emory, Academic Fellows, and Student Government. Of the undergraduate respondents, 21.3% (N=10) reported that they were involved in a sorority or fraternity on the Emory campus. When asked “Do you currently live in on-campus housing (i.e. housing where you pay the university directly)?” 52.9% (N=36) of students responded “Yes.”

Figure 8: Year in School
Identifying Effective Communication Methods for Students

In order to determine the best method for disseminating information about the ReStart program, the CNA team asked students their preferred methods of communication with Emory. Students were prompted to check all that apply. A strong majority of participants 97.1% (N=66) preferred email, 38.2% (N=26) selected social media, 13.2% (N=9) selected the Emory website, and 19.1% (N=13) chose flyers (Figure 9).

Figure 9: Effective communication methods

Awareness of Substance Use Programming

Emory students’ awareness of substance use programming on campus was assessed using two questions. When asked if Emory has campaigns or programs specifically addressing substance use (alcohol and other drugs), 70.6% (N=48) of respondents said, “Yes, I do know programs exist.” However, when asked if Emory has a Substance Abuse Recovery Program, the majority of participants responded that they did not know of a substance abuse recovery program (36.8%, N=25) or were not sure (32.4%, N=22) (Figure 10).

Figure 10: Students’ awareness of substance use programming
Perceptions of Substance Abuse

When questioned about their perceived knowledge of substance abuse on the Emory University campus, 52.9% (N=36) of students surveyed agreed or strongly agreed with the statement “substance abuse is a problem on Emory University’s campus” (Figure 1). Furthermore, only 13.2% (N=9) of participants answered “Yes” to the question “Do you think Emory is effective at addressing substance abuse?” (Figure 12). Participants were asked to explain their response to the question and responses included, “I believe they could do more to create more visibility of its programming”, “…it’s seen as acceptable and therefore it’s hard to address the issue”, and “I don’t believe substance abuse is a problem on Emory’s campus because I haven’t seen any evidence of it.”

![Figure 11: Student perceptions of substance abuse at Emory](image1)

![Figure 12: Student perceptions of Emory's ability to address substance abuse](image2)
Comfort Level in Discussing Topics Relating to Substance Abuse

Participants were asked to indicate their comfort level in talking with their friends and peers at Emory regarding their [friend’s or peer’s] high-risk use of substances and whether the participant was comfortable talking with a friend or peer about seeking help for their substance abuse behaviors. High-risk substance use was defined as consistently using alcohol and/or other drugs in ways that could result in impairment and higher risk for personal injury, injury to others, accidents, etc. The majority of participants (53.7%, N=36) responded that they were “somewhat comfortable” or “very comfortable” discussing their friend or peer’s high-risk use of substance with them (Figure 13). Additionally, 52.2% (N=35) of participants were “somewhat comfortable” or “very comfortable” talking to friends or peers about seeking help for addressing their substance abuse behaviors (Figure 14).

Figure 13. Student comfort level in discussing topics related to substance abuse

Figure 14: Student comfort level in discussing a peer’s need for help to address his/her substance abuse behaviors
Extent of Substance Use on Emory’s Campus

When participants were asked if they knew anyone who is dependent on a substance at Emory, 30.9% (N=21) responded with “Yes.” Furthermore, 47.1% (N=32) answered “Yes” to the question “Do you know anyone who abuses a substance at Emory?” (Figure 15).

Respondents were asked four questions regarding their own substance use behaviors. The majority of participants reported consuming 1-3 drinks (defined as 1 shot, 12 oz. of beer, or 5 oz. of wine) during an average week (39.7%, N=27) and 32.4% (N=22) reported having 0 drinks in an average week. When prompted to indicate why they choose to drink, 56% of participants responded with “because their friends were drinking” or “they were in a social situation.” When asked “Do you use marijuana on a regular basis (defined as once per week or more on average), 73.5% (N=50) of participants answered “I don’t use marijuana ever.” The majority (92.6%, N=63) of participants reported that they never use prescription amphetamines without a doctor’s prescription or any other illicit drugs.

Need for Substance Abuse Recovery Programming

Perceived need for substance abuse programming was assessed for Emory students. 67.6% (N=46) of participants believe the Emory community would benefit from a collegiate recovery program (Figure 16). Additionally, 42.6% (N=29) of participants reported knowing someone at Emory who would benefit from a collegiate recovery program.
At the conclusion of the survey, participants were asked to share any other thoughts or concerns, or suggestions related to substance abuse and recovery on Emory’s campus. Suggestions included “It’s important to offer alternatives to alcohol, etc. at Emory events so that recovering abusers can still feel included”, “…more opportunities to talk to people about substance abuse problems without the fear of getting in trouble, or that someone will look down on them”, and “examining the culture of substance abuse”. Other responses included “network[s] [are] vital to staying sober and it would be good to have maybe an on-campus [Alcoholics Anonymous/ Narcotics Anonymous] meeting” and “A culture of shame pervades substance use at Emory.”

**Triangulation of Results**

After analyzing the primary data collection results and the key informant interviews, seven common themes were identified: College Environment and Atmosphere, Alcohol and Drug Use at Emory University, OHP Emory, Messaging, Need for a Recovery Program at Emory, Benefits for Students, and Challenges and Barriers. This process allowed the CNA team to synthesize all of the data collected and formulate evidence-based needs and recommendations for the ReStart program. It also helped to prioritize these recommendations by their importance and feasibility. See Appendix G for the full triangulation table.
College Environment and Atmosphere

The data revealed that the college environment and atmosphere has a strong impact on Emory student drinking behaviors. Key informants and students emphasized that social situations and the desire to experiment with new drugs facilitated alcohol and drug use on campus. Over half of Emory students reported drinking in social situations as a major reason for choosing to drink. Additionally, one key informant mentioned,

“College is where people try new things. College should have a place where they can go if they are in trouble.”

Students who choose not to participate in activities involving substance use are often ostracized from many social situations. Another key informant felt that a substance abuse recovery program would facilitate a more accepting culture at Emory, stating,

“I think it would benefit Emory has a whole, and their image to their community and the world, to start breaking down that social stigma as well, that alcoholics or drug abusers can’t contribute to society...”

Evidence from the CNA shows that the college atmosphere is conducive to drinking, and students feel social pressures to do so; in fact, some may face ridicule and isolation if they choose not to participate in these activities. In order to address these issues, the CNA team recommends that Emory provides housing alternatives for students in recovery and identifies ways to de-stigmatize substance abuse and recovery.
Alcohol and Drug Use on Emory’s Campus

Both key informants and Emory students indicated that alcohol and drugs are commonly used on campus; moreover, the campus culture encourages and facilitates substance use. More than half of students reported drinking at least one drink in the past week and 53% of students felt that substance abuse is a problem at Emory. One student discussed the use of other drugs, stating,

“Underage drinking is rampant, and harder substance abuse (cocaine) occurs on the campus, which is unsettling for me.”

Key informants also discussed the prevalence of alcohol and drugs on campus. One key informant mentioned,

“The culture at Emory...seems like it revolves around frat row and parties and all that sort of stuff.”

Another informant highlighted that in addition to substance use, NCHA data shows that there is a small, but real, subset of students who have addiction issues. Implementing educational programs and resources for students to address substance abuse and recovery could help reduce unsafe substance use behaviors.

OHP Emory

The Office of Health Promotion educates students on high risk and low risk consumption patterns, risk reduction strategies, and the harmful effects of drugs. Key informants, specifically employees of OHP, noted the importance of these programs in addressing substance use concerns on campus; furthermore, 71% of students are aware that these programs exist. However, only 13% of students think that Emory is effective in addressing substance abuse. In order to improve current substance use programming, an evaluation could be conducted to assess changing student needs. In addition, ReStart can sponsor events on campus to raise awareness about substance abuse recovery resources.
Messaging

Students reported that email and social media were the most effective means of communication with Emory. One key informant from Kennesaw State University’s collegiate recovery program suggested the distribution of promotional flyers during orientation, conducting outreach and education to classes and Greek life, and use of digital monitors throughout campus for advertising the CRC program to raise awareness about ReStart.

Need for a Recovery Program at Emory

Key Informants and students both recognize the need for a collegiate recovery program at Emory University. One key informant noted,

“You don’t have to go out and find the need—the need is there. If someone says prove it, that’s a stone wall. You know it’s there.”

About half of students mentioned that they are comfortable or very comfortable addressing a friend or peer’s high-risk use of substances and suggesting they seek help. Students are willing to have these conversations and are in need of a safe place to do so. Another key informant mentioned,

“But people do come here, and they do have problems, and...really if we’re going to make the commitment to help them succeed, excel and go out and, you know, positively transform the world, then we gotta have the support here that they need.”

Students agree, as over two-thirds reported that they think the Emory community would benefit from a collegiate recovery program. Gaining administrative support is an imperative step in establishing the ReStart program.

Benefits for Students

Key informants feel that a collegiate recovery program at Emory would benefit students in many ways. A collegiate recovery program would not only provide recovering students with
access to clinical services, but also social activities, safe places to go, and guidance and support resources such as academic advising and career counseling. An informant from Transforming Youth Recovery stated,

“If you have the empowerment, knowledge and the support, you will be able to move forward in the healthy way with your development.”

Providing more resources, both on and off campus, can facilitate the recovery process for students in need.

**Challenges and Barriers**

While key informants and students have highlighted the need for a recovery program on Emory’s campus, there are some challenges and barriers to establishing ReStart. Students noted that Emory turns a “blind-eye” to substance abuse and “…lacks the environment where it’s acceptable and open to talk about substance abuse issues.” Key informants had similar concerns, and also expressed the need for additional funding to sustain the program. Student-led initiatives and increased funding would help to overcome some of these barriers.
Needs & Recommendations

Data collected through key informant interviews and student surveys provide insight into the needs of students and the ReStart program. The CNA team identified 10 needs and several recommendations to address each need. Certain needs are specific to student awareness and education about substance abuse and recovery, while others are specific to the success of the ReStart program.

![Priority Matrix](image)

According to the importance and feasibility of each of the needs, as well as stakeholder approval, the CNA team has placed the needs in a Priority Matrix based on whether they were “high” or “low” in both of the categories *(Figure 17).*
Recommendations to Address Needs

For each need, we have produced multiple recommendations and suggestions for how to proceed, if desired.

Need addressed: Gain administrative support

Members of administration should be presented with data-driven evidence to support the need for a recovery program in order to garner their support for ReStart. For the purposes of this CNA, administrators include higher collegiate officials in a variety of capacities, particularly within student life and academic life. The process of obtaining administrative support would be augmented by support of students, who could voice their needs and desire for a recovery program on campus. In addition, the presentation to administration could incorporate input and suggestions from outside national experts and organizations (e.g. Transforming Youth Recovery) that specialize in developing collegiate recovery programs. The presentation could emphasize not only the immense benefits of ReStart, but also the alignment of this type of program with Emory’s mission.

In addition to an initial presentation, it will be important to share progress and evaluation results with administrators throughout the lifecycle of ReStart. This will be imperative in the beginning, as increased support will be necessary to keep the program running successfully. The CNA team suggests offering volunteer or board positions to interested administrators to keep them invested in the program.

Need addressed: Obtain and utilize more resources (on- and off-campus) such as personnel and campus resources

Emory University has many existing resources that ReStart can use to its advantage, including the Office of Health Promotion, Student Health and Counseling Services, and Housing and Residence Life. These organizations have qualified staff members and well-established resources that can aid in the success of the program.

It will also be important to acquire resources specific to ReStart students and other students in recovery. Equipping ReStart with an active student group advisor, space in the
student center, and consistent meeting times and locations will allow ReStart to prosper. 

Recovering students should be advocated for in the same way other minority students groups on campus are promoted. Similar to LGBT life or spiritual minorities, recovering students have needs that are different from those of the mainstream Emory population.

As ReStart develops, additional staffing will become necessary. Currently, ReStart only has two full-time staff members. The CNA team recommends hiring a graduate student assistant to manage ReStart programs and activities starting in the fall of 2015. Hiring a student with substance abuse or recovery experience would add an additional resource to the ReStart community. As a cost-effective measure, the CNA team suggests collaborating with the Rollins School of Public Health to create a Rollins Earn And Learn (REAL) position for ReStart.

**Need addressed: Establish and increase student-led initiatives**

In order to facilitate the success of ReStart on campus, the CNA team recommends recruiting student leaders on campus to be “the face of ReStart.” Having “student champions” who are comfortable discussing their experiences with substance abuse or recovery can help garner support from the student community. In addition, these student leaders can advocate the need for ReStart to administrators.

To encourage student participation, the CNA team suggests involving students in the development and implementation of ReStart. Additionally, utilizing existing resources and memberships on campus will encourage student leaders to maintain peer education efforts regarding substance abuse and recovery on Emory’s campus.

**Need addressed: Improve promotion, awareness, and messaging about Substance Abuse programs and resources on campus (specifically ReStart)**

The primary data collection results demonstrate a need for additional information about ReStart and other substance abuse programs on Emory’s campus. Students reported email as the most effective way that Emory communicates with them, with social media being the second most effective mode of communication. The CNA team recommends distributing fliers and pamphlets around campus as well. Furthermore, ReStart could be the main host of
Wonderful Wednesday, a weekly event that facilitates connections between student groups. Such events are popular among undergraduate students and would allow ReStart to network with student groups that share similar health-related missions.

To appeal to graduate students, the CNA team recommends creating a display and distributing information about ReStart on the bridge at the Rollins School of Public Health, particularly during Mental Health Awareness Week.

In order to inform students about ReStart before they begin classes at Emory, the CNA team recommends partnering with freshmen, transfer, and graduate student orientation committees. By incorporating a short discussion about ReStart during orientation, a large number of students can be reached in a short period of time.

**Need addressed: Provide more education for students about Substance Abuse and Recovery**

The primary data collection results also revealed the need to provide students with more education about substance abuse and recovery. The CNA team recommends enhancing the existing substance abuse programming through the Office of Health Promotion and conducting further research to understand how to best reach and educate students.

ReStart could develop a new campaign to target high-risk drinkers who are not addressed in the “Drink Like Dooley” campaign, such as students who are dependent on or abuse substances. This campaign could be advertised across the undergraduate and graduate campuses. The signs and symptoms of alcohol abuse and dependency can be part of this campaign, so students become aware of what to look for if they are concerned for themselves or a friend.

Additionally, the CNA team recommends presenting additional educational sessions to traditionally high-risk groups, such as Greek Life, freshmen, and athletic teams. By teaching these students how to identify signs of substance abuse and substance dependency and providing resources on how to seek help, students will be better prepared to identify and support peers who could benefit from the recovery process.
Need addressed: Housing alternatives

Currently, the “ReStart House” is located within walking distance to campus, in a quiet neighborhood off of Gatewood Road. The CNA team believes it would be beneficial to find an alternative housing solution for ReStart, primarily to decrease feelings of isolation due to living in the house and to increase student connectedness to the campus. A more centralized housing option would allow increased access to campus and facilitate social interaction leading to a greater support network.

ReStart currently employs a Housing Director, who lives in the house as a support system for the students. Moving forward, the CNA team suggests hiring a housing director with experience in substance abuse and recovery to address potential concerns, such as relapse. While the current housing director meets the needs of the program at this time, the CNA team foresees a need for a housing director with more recovery knowledge as the program develops over time.

The CNA team also recommends creating a “sober dorm” housing option for Emory undergraduate students to supplement the recovery house. Many colleges and universities have the option for incoming freshmen or transfers to select sober housing as an option on their housing forms. Sober housing implies that no alcohol or other drugs are to be used or held on the premises. Having this as an option could be valuable for students who come to campus anticipating that they would like to live in a substance-free environment from the start.

Need addressed: Destigmatize Substance Abuse and Recovery

Substance abuse and recovery are often stigmatized on college campuses, as college campuses can be “recovery hostile” environments. To combat this, the CNA team encourages ReStart to create more of a presence on campus by marketing substance use resources and distributing more information about ReStart.

As previously suggested, enlisting “student champions” on campus who are willing to advocate about their substance abuse and recovery experience is another way to reduce stigma. Partnering with student leadership groups on campus, such as Greek Life, Orientation Leaders and Resident Assistants (RAs), and campus community members will foster open
communication about this sensitive topic. In addition, the team encourages starting discussions about substance abuse and recovery with campus community members such as faculty and staff, administrators, and parents.

**Need addressed: Increase Funding**

In order for ReStart to be sustainable once the funding from the anonymous donor is depleted, the CNA team offers four suggestions for ways to secure additional funding for ReStart.

First, the CNA team suggests applying for a $10,000 grant through Transforming Youth Recovery. These grants are awarded to schools in the early stages of collegiate recovery programs. With the grant, Transforming Youth Recovery provides additional support and guidance to grantees.

Second, the team recommends reaching out to alumni and other community members who are involved in recovery efforts. Alumni and community members could include individuals from Emory or from organizations such as Alcoholics Anonymous or other recovery groups. It is hoped that these community partners will donate and support recovery efforts at Emory.

Third, the team suggests chartering ReStart as a student group on Emory’s campus to receive funding and certain privileges. Although funding starts at about two hundred dollars per year, more funds can be applied for depending on the event they will be used for. In addition, if ReStart partners with other student organizations for activities, they can receive additional funding from the Student Government Association (SGA). Chartered student organizations also have the opportunity to be present at Activity Fairs at the beginning of each school year, which can increase program awareness and recruitment.

Finally, the CNA team suggests partnering with the Rollins *Grant Proposal Writing* course to have a grant written for the ReStart program in some capacity. The grant writing course is offered every fall semester, so ReStart could contact Jessica Sales or Eric Nehl to partner with the course.
Need addressed: Increase the number of ReStart sponsored events on campus

By increasing the number of ReStart sponsored events on campus, ReStart will gain more visibility. By hosting campus-wide events, ReStart can become recognized by all Emory students, as an established organization. Such events could include sober weekend socials such as themed dances or movie screenings. Educational programs could include outside lectures or informational booths. In addition, sober athletic tailgates have been popular at other colleges who have collegiate recovery programs. ReStart could host programs similar to these on Emory’s campus, and have them planned and staffed by students to increase attendance and student involvement.

Need addressed: Conduct Routine Evaluation to assess changing program and student needs

To assess evolving ReStart program and Emory student needs, the CNA team suggests conducting routine process and outcome evaluations. Evaluation topics could include ReStart program needs, student knowledge and attitudes towards substance abuse and recovery, and student drinking behaviors. To have evaluation conducted at no cost to ReStart, the CNA team recommends partnering with a Rollins Conduct of Evaluation Research course. The evaluation results could subsequently be presented to administrators and donors to show progress and to garner their support.
Limitations

While the findings gleaned from this community needs assessment are informative and useful, there were several limitations that narrow the reach of the results:

**Time Constraints**

Since the time frame for this CNA was only three months, the key informant interviews could not be completed before the quantitative survey instrument was distributed to undergraduate, graduate and professional Emory students. This would have been ideal, since the key informants provided valuable insights into recovery programs and the health needs of Emory students.

Also, due to scheduling conflicts, the same interviewer could not conduct the key informant interviews every time. This may have caused some inconsistencies in the interviewing process, which could have altered the results.

Lack of time and resources also restricted the CNA team from conducting qualitative focus groups and/or interviews for students to complement the quantitative data from the survey. Analyzing these two types of data together could have allowed for a more in-depth analysis and increased richness of the findings.

Additionally, the windshield survey was only conducted at one time point. While the observations were useful in understanding how the nighttime campus environment may influence the residents of the ReStart recovery house, it may have been beneficial to see the neighborhood at different times of day.

**Sampling**

While purposive snowball sampling was an effective way to recruit key informants, it introduced some sampling bias into the analysis. Key informants tend to recommend people they know well, and it is possible that that the informants have similar characteristics and perspectives on the topic of recovery.

The CNA team also used convenience sampling to identify survey respondents. Many of the graduate students that participated in the survey were students at the Rollins School of
Public Health. These subjects were easy to reach because the CNA team members were also Rollins students. Since the undergraduate students were difficult to contact, members of the CNA team reached out to friends and acquaintances to take the survey. Sampling bias is another issue in this case and could imply that the sample of Emory students is not representative of the population.

Finally, the sample number for the survey was not very large; moreover the majority of the respondents were female. This further adds to the unrepresentativeness of the sample, making it difficult to generalize the results to the whole Emory student body.

Self-Report

All of the survey responses were self-reported, which introduces bias into the results. Since substance abuse recovery is a sensitive topic, it is difficult to know if all participants were completely truthful in their answers.

Language

The CNA team had originally decided to use the terms ‘substance abuse’ and ‘substance dependency’ to differentiate between substance use and its more severe forms. However, one of the key informants mentioned that the DSM-5 had recently replaced ‘substance abuse’ and ‘substance dependency’ with the term ‘substance use disorder.’ Since the proper language was not used during the data collection process, it is difficult to gauge whether the results would have changed had respondents been exposed to this terminology. For example, students may have felt that a ‘substance use disorder’ was less severe than ‘substance abuse’ or ‘substance dependency’ and may not have responded as strongly in the survey.
Lessons Learned

Conducting this Community Needs Assessment provided the team with the invaluable experience of understanding this intensive process. Each individual gained important skills and insights that can be directly applied in the field of public health in both community and small group settings. The team members identified the following lessons learned:

Flexibility & Time Management

Flexibility was key for the CNA team throughout this whole process. Unexpected occurrences are always possible, and it is important to be adaptable and open to changes in the original plan. Even though each person had an assigned section, all members of the CNA team were willing to step in and assist other group members if needed. Managing time effectively also helped to bounce back from any setbacks the group incurred.

Group Collaboration

Scheduling a weekly meeting allowed the CNA team to regularly check in with each other. These face-to-face meetings were important to ensure that everything was running smoothly. In addition, using a project management chart and Dropbox were helpful for planning and organizing all material relevant to the CNA.

Keep it Simple

Having manageable, obtainable goals for the project was essential for completing the project in the short time allotted. This allowed the team to develop clearly defined recommendations to align with our goals set at the beginning of the project.

Big Picture Perspective

Throughout the project, it was important to keep the big picture in mind. Many of the sections flowed into each other, and understanding this made the formatting and editing process much smoother. Additionally, being aware of due dates was important for ensuring
each group member had sufficient time to complete their section. Creating a project management chart (Gaant chart) helped to put each part of the project into perspective.

**Provide Better Incentives for Primary Data Collection**

The CNA team experienced some issues in recruiting participants for the primary data collection survey. Providing more enticing incentives could have helped increase the sample size and thus improve the power and generalizability of the results.

**Using the Right Language**

The team also learned the importance of language. While many people are familiar with the terms ‘substance abuse’ and ‘substance dependency,’ these are not the terms that are currently accepted by experts in the field of substance use and recovery, according to DSM-5. Using the proper terminology is important for communicating with collegiate recovery professionals and, in this case, reducing the stigma associated with recovering from a substance use disorder.
Conclusion

The purpose of this Community Needs Assessment (CNA) was to assess the need for ReStart services on Emory’s campus, explore best practices in communication and messaging at Emory, and identify collaborative partners in the Emory community who could assist in building safe, alternative spaces for recovering students. To accomplish this, the CNA team conducted a windshield survey, seven key informant interviews, and a survey of Emory students. The CNA team also reviewed literature and collegiate recovery programs at other universities. Results from the key informant interviews presented the themes of prevalent alcohol and drug use at Emory as well as in a general college environment, messaging and promotion regarding substance abuse and ReStart, the needs of the Emory community relating to substance abuse, and the benefits a substance abuse program would provide students and the Emory community. These key informant interviews also helped to identify individuals on campus who are particularly interested and passionate about the topic of substance abuse and are willing to work with the Emory community to facilitate the development of ReStart.

A total of 68 students completed the primary data collection survey, which consisted of 24 questions to assess students’ knowledge, attitudes, perceptions, and needs surrounding substance abuse programming at Emory. Overall, students were aware of substance use programs at Emory; however, they did not feel that these programs effectively addressed substance abuse. Students also felt that a collegiate recovery program would be beneficial for the Emory community, and the majority of students knew someone who they felt would benefit from such a program. The results from the key informant interviews and the student survey were triangulated to investigate consistent themes across the various data sources. From this analysis, the CNA team identified ten needs and developed corresponding recommendations for the Office of Health Promotion and ReStart. These include a need for housing alternatives, administrative support, de-stigmatization of substance abuse and recovery, funds for the program, ReStart-sponsored events, substance abuse and recovery resources, student-led initiatives, routine evaluations, increased promotion, awareness, and messaging, and education for students about substance abuse and recovery.
The guiding questions for this needs assessment were: 1) do students feel that recovery programs are needed at Emory University; 2) how do members of the Emory community perceive the need for recovery programs at Emory University; and 3) how should the ReStart program begin to facilitate open communication around recovery from substance abuse? The results of this CNA demonstrated that students feel that recovery programs are needed at Emory University. Additionally, students and staff key informants think a collegiate recovery program would benefit the Emory community. Finally, the team found that to facilitate open communication around recovery from substance abuse, Emory should work towards destigmatizing substance abuse, recruit student champions to speak about their recovery experiences, and educate student leadership on substance abuse on college campuses.
References


Emory University, & Office of Health Promotion. (2013). Office of Health Promotion Annual Report 2012-2013. Atlanta, GA.
# Appendices

## Appendix A: Recovery Programs in the U.S.

### Western Region
- University of California, Santa Barbara (California)
- University of Nevada–Reno (Nevada)

### Southern Region
- University of Georgia College of Pharmacy (Georgia)
- Emory University (Georgia)
- Georgia Southern University (Georgia)

### Northeast Region
- University of Vermont College of Medicine (Vermont)
- Brown University (Rhode Island)

### Midwest Region
- Augustana College (South Dakota)
- University of Michigan College of Pharmacy (Michigan)
- Ohio University (Ohio)
- Indiana University (Indiana)
- Case Western Reserve University (Ohio)
- Northern Illinois University (Illinois)

### Other Regions
- Virginia Commonwealth University (Virginia)
- West Virginia University (West Virginia)
Appendix B: Template for Email to Recruit Potential Key Informants

Subject Line: Interview Request – Emory University Rollins School of Public Health

Dear ___________________,

Hello! I hope you are having a good week. My name is Monika Ramnarayan, and I am a second year graduate student at the Rollins School of Public Health. I am part of a team conducting a Community Needs Assessment in collaboration with the ReStart Program, through the Office of Health Promotion (OHP) at Emory University. Willie Bannister, an Alcohol and Other Substance Abuse Counselor at OHP, referred you to us as a potential key informant who can offer insight and information that will enhance this assessment. We are interested in your perspective on collegiate recovery, particularly the needs of students on the Emory University campus.

Myself and another team member are interested in organizing a one-time meeting with you during the first three weeks of October. The meeting would last approximately 30 minutes. Please let us know if you would be willing to participate, and if so, what dates and times you are available.

Thank you so much! We look forward to hearing from you.

Sincerely,

Monika Ramnarayan
MPH Candidate 2015
monika.ramnarayan@emory.edu
Appendix C: Key Informant Interview Guide

Introduction
Hello, (key informant’s name), my name is (primary interviewer’s full name), and this is (secondary interviewer’s full name). Thank you for taking time out of your busy schedule to speak with us. We are enrolled in a Community Needs Assessment course at the Rollins School of Public Health, and part of our class involves working with an Atlanta-based community organization to conduct a complete needs assessment. We are collaborating with the Office of Health Promotion at Emory University to assess student need for substance abuse recovery services at Emory University, in addition to identifying messages that bring attention to these services and potential administrative partners at the university. We will be focusing on a new collegiate recovery program, ReStart. This interview will help us understand the process of collegiate recovery, learn about existing resources for recovery, and identify new methods of communicating with students who will benefit from recovery services. As we mentioned in our email, Willie Bannister at the Emory Office of Health Promotion referred you to us, and we believe you can contribute a great deal to this assessment process. All of the information you share with us will be confidential in the reports. If you prefer us not use your name, this is completely fine; however, if you are comfortable, may we associate your name and/or title with your comments? This interview is voluntary, and please feel free to stop the interview at any time if you feel uncomfortable. (Monika/Kate) will be taking notes on our discussion, but is it all right if we record the interview? If you would prefer to not be recorded, that is OK as well! Before we begin, do you have any questions or concerns about our interview? We can begin whenever you are ready.

Background questions (for all)
* First, please tell us a little about yourself and how you became involved with [ReStart, collegiate recovery in general].

Probes: How did you learn about the program? What is your role in ReStart?

Rationale: This question starts off the conversation in a comfortable way and allows the interviewers to learn about the key informant’s background.
ReStart Affiliations

1. Tell me a little about substance abuse concerns on Emory’s campus.
   Probes: How common do you think substance abuse is on campus? What do students know about substance abuse? How much do you think substance abuse affects students?

   Rationale: This question inquires about the key informants’ perspective on substance use at Emory and how substance use affects students.

2. What is your definition of recovery?
   Probes: At what point does an individual go into recovery? What constitutes a successful recovery? How long do you think recovery lasts?

   Rationale: This question will help us understand how the definition of “recovery” varies, depending on one’s experiences. It will be important to understand the foundation on which our key informants base their understanding of college students struggling with a chemical dependency.

3. What background or experience do you have in recovery, specifically collegiate recovery?
   Probes: Has your interest in participating in ReStart stemmed from personal/friend/family experiences? Can you tell us more about those? Has your interest stemmed from academic experiences?

   Rationale: This question will shed light on personal experiences these key informants may have had with recovery and how these experiences have contributed to their work with ReStart. It also assesses key informants’ experience with recovery specific to a college population.

4. What are your thoughts about recovery in a college environment?
   Probes: What are the challenges? Barriers? Opportunities for success?

   Rationale: This question will provide insight into whether college-aged students are able to enter and sustain the recovery process. The answers vary, as there is a range of key informants who work with different aspects of the student experience (i.e. some in health services, some faculty members, etc.)
5. What types of programs and assistance do you believe are necessary for college students to have a successful recovery?

   Probes: College assistance? Outside assistance? Academic support? Peer support?

   Rationale: This question highlights which assets the key informant believes are necessary for a collegiate recovery program, specifically ReStart. This feedback will be essential when providing recommendations on how to improve the program.

6. In your experience, how has Emory contributed to college students in recovery?

   Probes: Do you think Emory adequately supports recovering students? In what areas could Emory improve? What are some weaknesses? In what areas does Emory excel?

   Rationale: This question will give us perspectives and opinions about what Emory has done to support its recovering students. We anticipate a range of answers, given the amount of interaction the varying key informants may have with students.

7. What do you think is the best way to go about getting support from Emory administrators for the ReStart recovery program?

   Probes: Do you think there currently is support from Administration? Why or why not?

   Rationale: This question allows key informants to consider administrative support, even if they had not previously done so. This particular issue is something Willie was concerned about; hearing different perspectives on how to gain that support will be very beneficial.

8. About how many Emory students do you think would benefit from a program such as ReStart? Why?

   Probes: Have you had discussions with students about this? Can you describe any needs on campus that have not been spoken about?

   Rationale: This question will allow us to understand the degree to which each key informant has already discussed the ReStart program, or collegiate recovery in general. We anticipate that these answers will vary. Additionally, since recovery is a subject that is not frequently or openly discussed, it will be interesting to see how much discussion is occurring among those directly involved in the program.
9. What challenges do you foresee for the ReStart recovery program?
   
   *Probes:* Recruitment? Administrative challenges?

   *Rationale:* Since key informants play different roles in the ReStart program, this question will aim to understand problems that may arise in different areas (ex. recruitment, administrative, financing).

10. Where would you like to see the ReStart program in one year?
   
   *Probes:* What types of programs would be happening? How many students would be involved? How much of a presence would it have on campus?

   *Rationale:* This question will highlight goals and ambitions for the program, through different lenses of those involved.

11. What would be the reward of having a collegiate recovery program at Emory?
   
   *Probes:* How might this be linked to the larger institutional mission? How can this help with student academic success?

   *Rationale:* This question provides an opportunity for the key informant to discuss how a recovery program could positively impact the Emory community and student success.

12. What other information do you feel would be helpful for us? Any other thoughts?

   *Rationale:* This question provides an opportunity for the key informant to disclose any other information they see fit, or to expand upon statements made earlier if they chose to do so.

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**Collegiate Recovery Professionals**

1. What is your definition of recovery?
   
   *Probes:* At what point does an individual go into recovery? What constitutes a successful recovery? How long do you think recovery lasts?

   *Rationale:* This question will help us understand how the definition of “recovery” varies, depending on one’s experiences. It will be important to understand the foundation on which our key informants base their understanding of college students struggling with a chemical dependency.
2. Why is the recovery process important, specifically for college students?
   
   Probes: What types of skills do recovery programs teach students? How can students benefit from having this resource on campus?

   Rationale: These questions will help us understand why recovery is important from the perspective of the key informant.

3. What resources or programs do you provide for students?
   
   Probe: How often do student meetings occur?
   
   Probe: Does the recovery process involve collaboration with organizations outside of campus?
   
   Probe: Who are some of your staff members (i.e. job titles) and what do they do?

   Rationale: It is important to understand what resources are available to students, as these can differ from program to program.

4. Can you share some of your expert advice on organizing a collegiate recovery program?
   
   Probes: What are some things that work well for you? What are some things that could go better? Is there anything in your approach that you would change?

   Rationale: This question allows the key informant to share his/her personal experiences with establishing a collegiate recovery program.

5. What are some of the challenges you have come across in establishing [collegiate recovery program]?
   
   Probes: Can you give some examples?

   Rationale: This question gives us an idea of the process of establishing a collegiate recovery program. Since the ReStart program is fairly new, this can provide insight into challenges ReStart may face in the future.

6. What are some of your recommendations for overcoming these challenges?
   
   Rationale: We would like to understand the key informants’ ideas about how to overcome challenges in establishing/running a collegiate recovery program.
7. How have you garnered support from your school’s administration?
   Probe: Can you give us some examples?

   *Rationale:* The ReStart team is interested in receiving support from the Emory administration. Learning how other schools do this can help ReStart plan how they will approach the administration for program support.

8. What were some of the challenges to collaborating with the school’s administration?
   *Rationale:* This question gives us an idea of the process of collaboration with school administration. Since the ReStart program is fairly new, this can provide insight into challenges ReStart may face in the future.

9. How do you ‘advertise’ [collegiate recovery program]?
   Probe: What are some ways of spreading the word about [collegiate recovery program]?
   Probe: What types of messaging have been successful in recruiting students? What has been the response to these messages?

   *Rationale:* ReStart is interested in finding new ways to spread the word about substance abuse recovery without over advertising the program. This question provides information about how other schools do this.

10. How do you think students have benefitted from this program?
    Probe: What is the response from students in this program? Do they find it helpful?
    Probe: What are some concerns they have voiced?

    *Rationale:* This question allows us to see the student response to collegiate recovery programs from the key informants’ point of view.

11. What other information do feel would be helpful for us? Any other thoughts?
    *Rationale:* This question is the opportunity for the key informant to disclose any other information they see fit, or to expand upon statements made earlier if they chose to do so.
1. Tell me a little about substance abuse concerns on Emory’s campus.
   Probes: How common do you think substance abuse is on campus? What do students know about substance abuse? How much do you think substance abuse affects students?

   *Rationale:* This opening question inquires about their perspective on substance use at Emory and how substance use affects students.

2. What is your definition of recovery?
   Probes: At what point does an individual go into recovery? What constitutes a successful recovery? How long do you think recovery lasts?

   *Rationale:* This question will help us understand how the definition of “recovery” varies, depending on one’s experiences. It will be important to understand the foundation on which our key informants base their understanding of college students struggling with a chemical dependency.

3. Why is the recovery process important, specifically for college students?
   Probes: What types of skills do recovery programs teach students? How can students benefit from having this resource on campus?

   *Rationale:* These questions will help us understand why recovery is important from the perspective of the key informant.

4. In your opinion, how important is having a substance abuse recovery program on campus?
   Probe: Do you feel there is a large student need for recovery programs? How would it benefit the institution?

   *Rationale:* In trying to collaborate with administrators, it is important to know how they feel about having a recovery program in order to gauge their support for ReStart.
5. What are some of the challenges you have faced or anticipate as an administrator when collaborating with collegiate recovery programs (i.e. ReStart)?

   *Probe:* Can you give us some examples?

   *Rationale:* This question gives us an idea of the process of establishing a collegiate recovery program. Since the ReStart program is fairly new, this can provide insight into challenges ReStart may face in the future.

6. What are some of your recommendations for overcoming these challenges?

   *Rationale:* We would like to understand the key informants’ ideas about how to overcome challenges in establishing/running a collegiate recovery program.

7. How do you think students have benefitted from this program?

   *Probe:* What is the response from students in this program? Do they find it helpful?

   *Probe:* What are some concerns they have voiced?

   *Rationale:* This question allows us to see the student response to collegiate recovery programs from the key informants’ point of view.

8. What other information do you feel would be helpful for us? Any other thoughts?

   *Rationale:* This question is the opportunity for the key informant to disclose any other information they see fit, or to expand upon statements made earlier if they chose to do so.
Appendix D: Primary Data Collection Instrument and Rationale

Student Health Needs at Emory University- Survey

This survey will take 5-10 minutes to complete and has been designed by a team of graduate students at the Rollins School of Public Health in collaboration with the Office of Health Promotion at Emory University. The purpose of this survey is to assess the health needs of Emory students. The results of the survey will be used to develop health programming and services targeted towards Emory students. This survey is completely anonymous and your responses cannot be linked to you in any way. This survey is also voluntary and you may skip any questions you do not feel comfortable answering.

Instructions: Please answer the following questions by circling or writing in the most accurate response.

1) What is your age? ______________________

2) What year are you?
   Freshman
   Sophomore
   Junior
   Senior
   Graduate Student

3) Are you involved in any extracurricular organizations affiliated with Emory (i.e. sports teams, clubs etc.)?
   Yes  No  If yes, which ones?
   __________________________________________________________________________
   __________________________________________________________________________

4) If you are an undergraduate student, are you currently involved in a sorority or fraternity on campus?
   Yes  No  I am not an undergraduate student
5) Do you currently live in on-campus housing (i.e. housing where you pay the university directly)?

Yes  No

6) What is your gender?

Man
Woman
Transgendered
Prefer not to answer

7) What is your race/ethnicity? (Circle as many as apply)

Caucasian/White
African-American/Black
Asian
Native Hawaiian or Pacific Islander
Alaska Native/Native American
Hispanic/Latino
Other, please specify _______________________

8) As a student, how does Emory communicate most effectively with you? (Circle all that apply)

Email
Emory websites
Social Media (i.e. Facebook/Twitter)
Flyers posted around Campus
Other
The following questions are related to your perceptions relating to health programming offered at Emory.

9) To the best of your knowledge, does Emory have campaigns or programs that specifically address substance use (alcohol and other drugs)?

Yes, I do know programs exist

No, I do not know of any programs

Not sure

9a) If yes, what message do these programs most closely relay to students?

“Just say no to substance use”

“Safe use of substances”

Not sure

Other: ____________________________

10) To the best of your knowledge, does Emory have a Substance Abuse Recovery Program (Recovery is defined as a minimum of nine months of sustained rehabilitation and sobriety from a substance abuse disorder)?

Yes, I am aware of a Substance Abuse Recovery Program

No, I do not know of a Substance Abuse Recovery Program

Not sure

The following questions are related to your knowledge on various health terms.

11) How would you define “substance dependency”? (ex. Type of substance, amount, duration of use)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

12) How would you define “substance abuse”?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Please consider each statement carefully and circle your level of agreement.

13) Substance abuse is a problem on Emory University’s campus

Strongly disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

14) Emory University is effective in addressing substance abuse.

Strongly disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

14a) Please explain your response.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How comfortable are you talking about the following topics with a friend or peer at Emory University?

15) Their high risk use of substances (i.e. Consistently using alcohol and/or other drugs in ways that could result in impairment and higher risk for personal injury, injury to others, accidents, etc.).

Very uncomfortable
Somewhat uncomfortable
Neither uncomfortable or comfortable
Somewhat comfortable
Very comfortable
16) Seeking help for addressing their substance abuse behaviors

Very uncomfortable
Somewhat uncomfortable
Neither uncomfortable or comfortable
Somewhat comfortable
Very comfortable

The following questions are related to the behavior of your peers.

17) Do you know anyone who is dependent on a substance at Emory? (i.e. alcohol and other drugs)

Yes  No  Unsure

18) Do you know anyone who abuses a substance at Emory? (i.e. alcohol and other drugs)

Yes  No  Unsure

The following questions are related to your behaviors.

19) How many drinks do you consume during an average week? (One drink = 1 shot, 12 oz. of beer, 5 oz. of wine)

0  1-3  4-6  More than 6  I don’t drink alcohol ever

19a) If you do drink, why do you choose to? (circle all that apply)

My friends drink/social settings
To loosen up
To fit in
To relieve stress
To celebrate something
Other (please specify):
20) Do you use marijuana on a regular basis? (i.e. once per week or more on average)

Yes  No, not regularly  I don’t use marijuana ever

20a) If you do use marijuana on a regular basis, why do you choose to? (circle all that apply)

My friends use marijuana
To loosen up
I use it when I drink
To fit in
To relieve stress
Other (please specify):

21) Do you use prescription amphetamines (ex. Adderall, Vyvanse) without a doctor’s prescription on a regular basis? (i.e. once per week or more on average)

Yes  No, not regularly  I don’t use these drugs ever

21a) If you do use other prescription drugs on a regular basis, why do you choose to? (circle all that apply)

My friends use prescription drugs
I use them when I drink
To fit in
To relieve stress
Other (please specify):
22) Do you use any other illicit drugs (illegal drugs not including marijuana) on a regular basis? (i.e. once per week or more on average)

Yes No, not regularly I don’t use any other illicit drugs ever

22a) If you do use other illicit drugs on a regular basis, why do you choose to? (circle all that apply)

My friends use illicit drugs
I use them when I drink
To fit in
To relieve stress
Other (please specify):

23) Do you think the Emory community would benefit from a collegiate recovery program? (Recovery is defined as a minimum of nine months of sustained rehabilitation and sobriety from a substance abuse disorder)

Yes No I don’t know

24) Do you know somebody at Emory who would benefit from a collegiate recovery program? (Recovery is defined as a minimum of nine months of sustained rehabilitation and sobriety from a substance abuse disorder)

Yes, I know somebody who would benefit
No, I do not know anybody who would benefit

25) Please share any other thoughts or concerns related to substance abuse and recovery on Emory’s campus (i.e. suggestions for types of services Emory could offer to better address substance abuse needs):

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Thank you for completing the survey!

If any survey questions caused you to experience uncomfortable or difficult emotions, please feel free to contact the Alcohol and Other Substance Abuse Prevention Counselor at the Office of Health Promotions at 404-727-0395 or wbannis@emory.edu.

**Question Rationale**

Questions 1 through 7 ask participants to provide demographic information. This is important because participant responses may differ due to age, race, and gender. Education level is also an important factor to consider when developing programming for university students. Housing location may influence the exposure students have to campus programming and campus life. Involvement in extra-curricular activities may also be a predictor for exposure to campus programming.

Question 8 seeks to understand effective communication methods for students. The Office of Health Promotion wants more information on how to best communicate with students.

Questions 9-10 aim to address awareness of substance use programming at Emory University. This will help the CNA team determine the level of promotion that needs to be done in the future.

Questions 11-12 ask students to define substance dependency and substance abuse in their own terms. This will help inform the development of educational messages.

Questions 13-14 seek to understand participants’ perceptions of substance abuse on Emory’s campus and Emory’s response to substance abuse issues. These questions will help answer whether students think there is a need for substance abuse recovery programming at Emory.

Questions 15-16 seek to understand participants’ comfort level in discussing topics relating to substance abuse. These questions will help see if students are open to talk about and use these programs.

Questions 17-22 help to determine the extent of substance use on campus and participants’ reasoning for their behaviors. Understanding social norms will help guide the way substance use is approached in programming.

Question 23-24 seek to understand the need for substance abuse recovery programming at Emory University.

Question 25 is an open-ended question that allows students to share any thoughts or concerns related to substance abuse and recovery on campus.
# Appendix E: Codebook

<table>
<thead>
<tr>
<th>CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. KI Demographics</td>
<td>Provides details about the interviewee’s demographics. This may include information about the interviewee’s credentials, the organization they are a part of, or other general information about the background of the interviewee.</td>
</tr>
<tr>
<td>2. Program Overview</td>
<td>Provides details about the program or organization the interviewee work in. This code is specific to recovery programs. This code includes information about how the program got started, how it was expanded, or other general information about the background of the recovery program.</td>
</tr>
<tr>
<td>3. Program Quality</td>
<td>Provides details about the components of a successful recovery program. Can also include negative components of a recovery program such as feelings of isolation. This code is not meant to be used to capture components specific to ReStart.</td>
</tr>
<tr>
<td>4. Funding</td>
<td>This code captures information the interviewee provides related to funding for recovery programs. This may include comments on funding as a barrier, funding as a resource, or outside opportunities for funding.</td>
</tr>
<tr>
<td>5. Alcohol &amp; Drugs @ Emory</td>
<td>Provides details on use of alcohol and drugs on Emory’s campus. This may also include comments on abuse and addiction on campus, and programming related to alcohol and drugs offered on Emory’s campus.</td>
</tr>
<tr>
<td>6. External Resources</td>
<td>Defined as any resources that would be beneficial to expanding ReStart. Examples include ReStart staff, and other external resources such as resources from other programs and counselors.</td>
</tr>
<tr>
<td>7. Definition of Recovery</td>
<td>Use for discussion about interviewee’s perception of the definition of recovery.</td>
</tr>
<tr>
<td>8. ReStart Program Specifics</td>
<td>Provides details on the components that comprise the ReStart program specifically. This can include information program eligibility, information on the recovery house, and any messaging that is currently being done for the program.</td>
</tr>
<tr>
<td>9. Need for a Recovery Program at Emory</td>
<td>This code should be applied to capture interviewees’ perceptions of the need for a recovery program at Emory. For example, the recovery field is a rapidly growing field.</td>
</tr>
<tr>
<td>10. Challenges/Barriers</td>
<td>Captures information on the challenges and barriers to establishing a successful recovery program such as lack of community or administrative support.</td>
</tr>
<tr>
<td></td>
<td><strong>11. Benefits for Students</strong></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>12. Recommendations &amp; Future Directions</strong></td>
</tr>
<tr>
<td></td>
<td><strong>13. College Environment &amp; Atmosphere</strong></td>
</tr>
<tr>
<td></td>
<td><strong>14. Good Quote</strong></td>
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### Appendix F: Additional Data

To the best of your knowledge, does Emory have campaigns or programs that specifically address substance use (alcohol and other drugs)?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>68.1%</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>12.8%</td>
<td>2</td>
</tr>
<tr>
<td>Not Sure</td>
<td>9</td>
<td>19.1%</td>
<td>3</td>
</tr>
</tbody>
</table>

To the best of your knowledge, does Emory have a Substance Abuse Recovery Program?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>23.4%</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
<td>38.3%</td>
<td>7</td>
</tr>
<tr>
<td>Not Sure</td>
<td>18</td>
<td>38.3%</td>
<td>4</td>
</tr>
</tbody>
</table>

Substance abuse is a problem on Emory University’s campus.

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly Disagree/Disagree</td>
<td>4</td>
<td>8.6%</td>
<td>2</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>19</td>
<td>40.4%</td>
<td>7</td>
</tr>
<tr>
<td>Strongly Agree/Agree</td>
<td>24</td>
<td>51.0%</td>
<td>12</td>
</tr>
</tbody>
</table>

Emory University is effective in addressing substance abuse.

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Strongly Disagree/Disagree</td>
<td>23</td>
<td>49.0%</td>
<td>3</td>
</tr>
<tr>
<td>Neither Agree or Disagree</td>
<td>19</td>
<td>40.4%</td>
<td>14</td>
</tr>
<tr>
<td>Strongly Agree/Agree</td>
<td>5</td>
<td>10.6%</td>
<td>4</td>
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</table>
### Student comfort relating to discussing a friend’s high risk use of substances

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=46)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=67)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Very uncomfortable/</td>
<td>17</td>
<td>36.9%</td>
<td>3</td>
</tr>
<tr>
<td>somewhat uncomfortable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither uncomfortable or comfortable</td>
<td>9</td>
<td>19.6%</td>
<td>2</td>
</tr>
<tr>
<td>Very comfortable/</td>
<td>20</td>
<td>43.5%</td>
<td>16</td>
</tr>
<tr>
<td>somewhat comfortable</td>
<td></td>
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</tr>
</tbody>
</table>

### Student comfort relating to discussing a friend’s need to seek help for addressing his or her substance abuse behaviors

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=46)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=67)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Very uncomfortable/</td>
<td>20</td>
<td>43.5%</td>
<td>3</td>
</tr>
<tr>
<td>somewhat comfortable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither uncomfortable or comfortable</td>
<td>6</td>
<td>13.0%</td>
<td>3</td>
</tr>
<tr>
<td>Very comfortable/</td>
<td>20</td>
<td>43.5%</td>
<td>15</td>
</tr>
<tr>
<td>somewhat comfortable</td>
<td></td>
<td></td>
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</tbody>
</table>

### Do you know anyone who is dependent on a substance at Emory?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>36.2%</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>63.8%</td>
<td>17</td>
</tr>
</tbody>
</table>

### Do you know anyone who abuses a substance at Emory?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>51.1%</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>48.9%</td>
<td>13</td>
</tr>
</tbody>
</table>

### Do you think the Emory community would benefit from a collegiate recovery program?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students (n=47)</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>66.0%</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>I don’t know</td>
<td>16</td>
<td>34.0%</td>
<td>6</td>
</tr>
</tbody>
</table>
Do you know somebody at Emory who would benefit from a collegiate recovery program?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Students</th>
<th>Graduate Students (n=21)</th>
<th>Total (n=68)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>51.1%</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>48.9%</td>
<td>16</td>
</tr>
</tbody>
</table>
### Appendix G: Triangulation Table

<table>
<thead>
<tr>
<th>Theme</th>
<th>Data Source</th>
<th>Finding</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College Environment &amp; Atmosphere</strong></td>
<td><strong>Students</strong></td>
<td>56% of students chose to drink because their friends were drinking or because they were social situations.</td>
<td>Housing/alternatives/De-stigmatization of substance abuse/recovery</td>
</tr>
<tr>
<td></td>
<td><strong>Key Informants</strong></td>
<td>“...But there’s definitely that isolation, if you’re not really familiar with the group of people who aren’t trying to just go out every single weekend...”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“College is where you try new things. College should have a place where they can go if they are in trouble.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I think it’s awesome that we have this rehab house...but I think it’s an isolating as well...just because it’s right now...there’s only 1 student living in the house and it’s not a campus.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I think it would benefit Emory has a whole, and their image of their community and the world, to start breaking down that social stigma as well, that alcoholics or drug users and contribute to society...”</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol &amp; Drug Use at Emory</strong></td>
<td><strong>Students</strong></td>
<td>On average, 55% of students have at least one drink. 24% of students reported using marijuana, but not regularly. 53% of students agree or strongly agree that substance abuse is a problem at Emory. “Underage drinking is a rampant, and the harder substance abuse, cocaine use in the campus, which is not unsettling for me.”</td>
<td>Education for students about substance abuse/recovery</td>
</tr>
<tr>
<td></td>
<td><strong>Key Informants</strong></td>
<td>“But...the culture at Emory...seems like it evolves around frat row and parties and all that sort of stuff.” The NCHA study shows that there is a small, but real, subset of students who have addiction issues.</td>
<td></td>
</tr>
<tr>
<td><strong>Office of Health Promotion (OHP) at Emory</strong></td>
<td><strong>Students</strong></td>
<td>Only 3% of students think that Emory is an effective in addressing substance abuse. 71% of students are aware of OHP and programs that specifically address substance use, but only 31% of respondents are new to substance abuse recovery program. 50% of respondents believe that OHP programs promote safe use of substances.</td>
<td>ReStart sponsored events on campus/ Evaluation to assess changing program/student needs</td>
</tr>
<tr>
<td></td>
<td><strong>Key Informants</strong></td>
<td>OHP programs educate students on high risk and how to risk consumption patterns, risk reduction strategies, and the harmful effects of drugs.</td>
<td></td>
</tr>
<tr>
<td><strong>Messaging</strong></td>
<td><strong>Students</strong></td>
<td>97% of students reported that small was one of their preferred methods of communication with Emory. 38% of students reported social media is an effective means of communication with Emory.</td>
<td>Improvement in promotion, awareness &amp; messaging about substance abuse</td>
</tr>
<tr>
<td>Theme</td>
<td>Data Source</td>
<td>Finding</td>
<td>Need</td>
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<tr>
<td>Need for a Recovery Program at Emory</td>
<td>Key Informants</td>
<td>• Suggestions for promotion include flyers distributed during orientation, outreach and education to classes and Greek life, and digital monitors for advertising the CRC program.</td>
<td>programs &amp; resources on campus (especially ReStart)</td>
</tr>
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<td></td>
<td>Students</td>
<td>• 53% of students said they are comfortable or very comfortable addressing a friend or peers’ high risk use of substances • 52% of students said they are comfortable or very comfortable suggesting their friend or peer seeks help to address their substance abuse behaviors • 47% of students know someone who abuses a substance at Emory. 31% of students know someone who is dependent on substances at Emory. • 68% of students think the Emory community would benefit from a collegiate recovery program.</td>
<td>Garner Administrative Support</td>
</tr>
<tr>
<td>Benefits for Students</td>
<td>Key Informants</td>
<td>• “You don’t have to go out and find the need—the need is there. If someone says prove it, that’s a stone wall. You know it’s there.” • “But people do come here, and they do have problems, and...really if we’re going to make the commitment to help them succeed, excel and go out and, you know, positively transform the world, then we gotta have the support here that they need.” • “When those students get the help they need and start to return, there is no system to welcome those students back...so they return into the population and they, in many cases, and forge their way through their last few years of school”</td>
<td>More resources (on and off campus) such as personnel &amp; campus resources</td>
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<tr>
<td>Challenges &amp; Barriers</td>
<td>Students</td>
<td>• “Emory just lacks the environment where it’s acceptable and open to talk about substance abuse issues...Therefore, people don’t seek help unless they’re forced into it...” • “I think Emory turns a blind eye to [student drinking behaviors] until someone gets EMS called because they overdosed. Even then it’s as if they go to the hospital, get fixed up, and then come back to start the cycle all over again.” • “Also, abuse and use of other drug substances is not acknowledged although it occurs on campus.”</td>
<td>Funding Student-led initiatives</td>
</tr>
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<td></td>
<td>Key Informants</td>
<td>• “I think the challenges are most invariably financial.” • “Emory doesn’t really want to deal with the subset of like, binge drinkers or like whatever other sort of heavily drinking sort of group there is.”</td>
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Appendix H: Final Presentation Slides

ReStart Collegiate Recovery Program: A Community Needs Assessment
Kate Chasan | Julia Jribi | Maryka Kamranian | Annya Satung: Emily Will

Welcome!

Overview
- Background
- Key Informant Interviews
- Primary Data Collection Instrument
- ReStart Needs & Priorities
- Recommendations
- Limitations
- Lessons Learned
- Acknowledgements

Definition of Recovery ReStart
Minimum of 9 months of sustained sobriety from a substance use disorder

What is ReStart?
- Initiative of the Division of Campus Life
- Managed by the Office of Health Promotion (OHP)
- Students in the recovery process while attending Emory

What does the literature say?
- Alcohol Use
- Elicit Drug Use

- Substance use - n=262/262
  - Perceived benefits of being a college student
    - 72% of college-age respondents reported use of illicit drugs
  - Alcohol use on college campuses
    - 1984-1994: 20.5% of college students reported alcohol use at least once a week
    - College students experience higher rates of alcohol use than their non-college peers
  - Georgia's rates of incidence and prevalence (59.9%) for both alcohol and drug use

- Elicit Drug Use
  - “12% of college-age respondents reported use of illicit drugs, n=262/262
  - In a longitudinal study conducted in NC and PA, roughly 50% of students reported marijuana use when entering college (n=262/262)
  - Marijuana and other drug use reduce chances of continuous college enrollment (n=262/262)
  - Increasing prevalence of nonprescription opiate use (n=262/262)
  - Adolescents’ health concerns

Criteria for joining the Recovery Process
- Minimum of 6 months of sustained recovery & sobriety from a substance use disorder
- Ongoing contact with primary care provider
- Ongoing contact with personal support system
- Ongoing contact with recovery program
- Ongoing contact with school counselor
- Ongoing contact with academic advisor

- 12 step meetings with possibility of sharing meetings
- Participation in ReStart events
### Substance Abuse vs. Dependency

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Dependency</th>
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<tr>
<td>Recurrent substance use resulting in failure to fulfill obligations at work, school, or home.</td>
<td>Tolerance, i.e., need for increased amounts of substance to achieve desired effect.</td>
</tr>
<tr>
<td>Recurrent substance use in situations in which it is physically hazardous.</td>
<td>Diminished effect with the same amount of substance.</td>
</tr>
<tr>
<td>Recurrent substance-related legal problems.</td>
<td>Withdrawal, i.e., characteristic withdrawal syndrome.</td>
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</table>

### What does the literature say? Collegiate Recovery Programs

- Support for students in recovery from addiction seeking a degree in higher education.
- Association of Recovery in Higher Education (ARHE) definition
- Campus-based support is provided through a positive social and community environment, relapse prevention, and promotion of academic performance (ARHE 2014)

### What does the literature say? Collegiate Recovery in Georgia

- Schools offering collegiate recovery programs:
  - Emory University
  - Georgia Southern University
  - Georgia College
  - Mercer University
  - Georgia State University
  - Augusta University
  - University of Georgia
  - Kennesaw State University
  - Morehouse College
  - Georgia Institute of Technology

### Office of Health Promotion (OHP)

- **Mission:** “to facilitate student flourishing and build capacity for a Healthy Emory”
- 2012 – 2013
  - 115 educational programs
  - Contact with 3,220 students, 220 I&F members, 39 faculty members
- Program focus areas:
  - Sexual health promotion
  - Sexual assault prevention
  - Alcohol and drug usage
  - Nutrition
CNA Purpose
- Assess need for a collegiate recovery program at Emory University
- Explore types of messaging that could improve the ReStart program
- Identify potential collaborative partners in the Emory community who may be able to help build safe, alternative spaces for recovering

Guiding Questions
- Do students feel that recovery programs are needed at Emory University?
- How do members of the Emory community (faculty, staff, program directors, administrators) perceive the need for recovery programs at Emory University?
- How should the ReStart program begin to facilitate open communication around recovery from substance abuse?

Community Definition
- Undergraduates, graduate and professional students attending Emory University

Community Profile
- Emory Community
- Geographic location

Geographic Location
- Map of Emory University Campus

Community Assets
- Office of Health Promotion
  - Willie Bannister & Jessica Bell
  - OHP Website
  - Drink Like Beasley
  - Donation to establish ReStart
Windshield Survey

- **Purpose:** to gain a more thorough understanding of the environment students in recovery might encounter on the Emory Campus and the current programming available to them
- **Areas surveyed:**
  - Gatewood Neighborhood
  - Eagle Row
  - Office of Health Promotion
  - ReStart webpage

Windshield Survey
Gatewood & Eagle Row

- Gatewood Road: Friday, September 13, 2013 at 3:30 PM
- Eagle Row: Friday, September 13, 2013 at 3:30 PM

Key Informant Interviews

- Understand current practices of recruitment and assistance for collegiate substance abuse recovery programs
- Interviews informed best practices for ReStart

**Key Informants:**
- Willa Rambo, Coordinator, ReStart
- Brenda Young, ReStart Housing Director
- Dr. James Speary, Faculty Advisor for ReStart
- Linda Walsh, Office of retention for substance use for substance use counseling
- Dr. Michael Hens, Executive Director, Student Health and Counseling Services
- Teresa Blandeau, Director Center for Young Adult Addiction and Recovery, Emory University
- Sonya Randle, National Advisor for Collegiate Recovery

ReStart Affiliations

- What types of programs and assistance do you believe are necessary for college students to have a successful recovery?

Collegiate Recovery Professionals

- Can you share some of your expert advice on improving collegiate recovery programs?
- How do you support recovery students from your school's academic environment?
- How do you advocate for separate recovery programs?

Administrators

- What are some challenges you have faced or anticipate as an administrator when collaborating with collegiate recovery programs?
Themes
Alcohol & Drug Use

"Collegiate recovery programs are critical in terms of neuroscience and what we know about the brain. I think it’s also critical for the environment and the context that students find themselves in because often campus are recovery hostile. There is a lot of stigma and culture that makes it very difficult for people to maintain sobriety when they aren’t being supported by their peers or talked about by their institutions."

James Aczel, Transforming Youth Recovery

Themes
Messaging & Promotion

"I think the students are going to have to be the ones to say we want this, we need this... The student voice matters much more typically than the staff members’ voices."

-Brooke Ying, ReStart Housing Director

Themes
Needs

"Increased comfort in being able to talk about difficult things should be part of what one’s experience at this university should be about."

-Willie Bonnistre, Coordinator of ReStart

Themes
Benefits

"But people do come here, and they do have problems, and, if we’re going to make the commitment to help them succeed, we need to do that. We need to be there for them, and we need to be there for them."

-Dr. Michael Ramsey, Director of Emory University Student Health

Primary Data Collection
Survey Instrument

- Assess need for a collegiate recovery program at Emory
- Understand students’ perceptions of substance use
- Determine students’ knowledge of substance use
- Gauge students’ willingness to intervene in friends’ substance abuse behavior
- Identify students’ communication preferences
**Primary Data Collection Protocol**

- Recruitment: Sympathetic sampling & sequential sampling
  - Table set up in the DUC & satellite
  - Surveys sent via email to undergraduate & graduate students
  - Sample: all students total
  - Undergraduate students (n=471)
  - Graduate students (n=42)

- Protocols with Google Forms:
  - Verbal consent
  - Other notes
  - IRB approval

- Literature agreement:
  - Google Forms data exported into a password-protected Excel and心理学
  - Once the project is complete, all data will be destroyed.

**Gender**

- Prefer Not to Answer: 2%
- Men 22%
- Women 76%

**Race & Ethnicity**

- Caucasian 43%
- Asian 18%
- African American 19%
- Hispanic 5%
- Other 3%

**As a student, how does Emory communicate most effectively with you?**

- Email 97.1%
- Emory Website
- Social Media
- Flyers

**Does Emory have campaigns or programs addressing substance use?**

- Yes 70.8%
- No
- Not Sure

**Substance Abuse is a problem at Emory University**

- Strongly Disagree/Disagree
- Neither agree nor disagree
- Strongly agree/Agree 52.9%
**Emory is effective in addressing substance abuse**

- Strongly Disagree/Disagree: 13.2%
- Neither agree nor disagree
- Strongly agree/Agree

**Comfort discussing high risk use of substances with peers**

- Very uncomfortable/Uncomfortable: 53.7%
- Neither uncomfortable nor comfortable
- Very comfortable/Comfortable

**Comfort discussing a peer's need for help to address his/her substance abuse behaviors**

- Very uncomfortable/Uncomfortable: 52.2%
- Neither uncomfortable nor comfortable
- Very comfortable/Comfortable

**Student Responses**

**Definitions**

- Substance Abuse:
  - Overuse
to
  - Healthy limits:
  - Intentionally taking 
  - Drug of substance
  - Use of substances
  - Use of substances beyond
  - Recreational use

- Substance Dependency:
  - The need to consume substances
dependent
  - The need to consume substances
  - Experiences physical withdrawal symptoms

**Do you know someone who is dependent on/abuses substances?**

- Depends: 47.1%
- Abuses

**Does Emory need a Substance Abuse Recovery Program?**

- Yes: 67.6%
- I don't know
**Data Triangulation**

**Needs:**
- Education
- Support
- Resources

**ReStart Needs:**
- Housing Alternatives
- Administrative Support
- De-stigmatization of Substance Abuse & Recovery
- Funding
- ReStart-sponsored events
- Substance Abuse & Recovery Resources
- Student-led initiatives
- Routine evaluations
- Increased promotion, awareness & messaging
- Education for students about Substance Abuse & Recovery

**Priorities**

**ReCommendations**

**Administrative Support**
- Have students present to voice need & desire for recovery program
- Emphasize how recovery program aligns with Emory's mission
- Share program progress, evaluation & results with administrators to keep them informed

**Substance Abuse & Recovery Resources**
- Utilize current campus resources
- Faculty & Staff
- Office of Health Promotion
- Counseling Services
- Housing & Residence Life
- Advocate for recovering students the same way in which other minority (e.g. LGBT, religious minorities) student groups are promoted
- Increase ReStart Staffing
- RA\'s student

**Recommendations**

**Student-led Initiatives**
- Recruit student leaders to speak about their experiences
- Have students address administration directly
- Involves students in ReStart program development and implementation
- Peer education about substance abuse & recovery
Recommendations
Increased Promotion, Awareness & Messaging for ReStart

- Email & social media
- Distribute fliers and pamphlets around campus
- Host a table at Wonderful Wednesday with information about ReStart
- Create a display and distribute information about ReStart on the Rollins School of Public Health bridge during Mental Health Awareness Week (Spring)
- Utilize student orientations to distribute information about ReStart

Recommendations
Education for Students about Substance Abuse & Recovery

- Utilize the Office of Health Promotion
- New campaign to target high-risk drinkers
- Advertise across undergraduate and graduate campuses
- Disseminate information to high-risk groups (e.g. Greek life, incoming freshmen, etc.)

Recommendations
Housing Alternatives

- Provide alternative housing options for ReStart
- New ReStart residential option to decrease isolation
- Hire a housing director with experience in substance abuse & recovery and equip them with resources for possible relapse

Recommendations
De-stigmatization of Substance Abuse & Recovery

- Educate student leadership
- Create a stronger presence of ReStart on campus
- Enlist “Student Champions” to advocate for recovery efforts and needs

Recommendations
Funding

- Apply for $10,000 grant through Transforming Youth Recovery
- Rollins Grant Proposal Win/ Win course
- Reach out to Alumni & other community members
- Charter ReStart as a student group on campus

Recommendations
ReStart-Sponsored Events

- Increase awareness of ReStart through campus-wide events
- Sober weekend socials
- Educational Sessions
- Outside Lecturers
- Have some events staffed by student leaders to increase attendance and student involvement
**Recommendations**

**Routine Evaluations**
- Conduct evaluations to assess changing needs.
- Roles Conducted/Evaluated/Research/course.
- Present results to administration for continued support.

**Limitations**
- Time constraints:
  - A whole QA in 1 month?!
  - Scheduling conflicts.
- No qualitative focus groups and/or interviews to complement quantitative data.
- Windshield survey only at one time point.
- Sampling:
  - Purposive sampling (snowball)
  - Convenience sampling
  - Small sample size
- Graduate students are underrepresented.
- Self-Report.

**Lessons Learned**
- Flexibility & time management.
- Keep it simple.
- Group collaboration is key – and we are the lucky ones! >
- Provide better incentives for primary data collection.

**Acknowledgements**
- Dr. Dawn Comau
- Jessica Hampton
- Willie Bannister
- Dr. Michael Huey
- Dr. James Spivey
- Lani Walsh
- Jenna Paris
- Brooke Thying
- Teresa Johnston
- Heather Ziegler
- Jessica Hill
- Our supportive friends & classmates.

**Questions?**

**References**
- [1] Campbell's law: The law that says that for every policy there is an opposite and equally powerful counter-policy. Why we are so confident in this law is not clear.