The Scholar-Practitioner

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A publication o f R is for Thursday   ●   Editor: Liz Neria-Piñ   ●   Oklahoma State University

The Scholar-Practitioner is a monthly publication of invited research summaries that target the research-to-practice gap for U.S. scholar and practitioner advocates for college students with experiences in foster care and other hidden college student populations.

This publication reinforces the work of the **National Conference for Engaged Scholarship on Hidden Student Populations (NCHP)** by providing a space to share research applications for practice. NCHP was the first research conference dedicated to this multidisciplinary area of study. The NCHP 3rd conference will be held at Oklahoma State University, September 14-16, 2022.

NCHP 2022 registration closes on August 31. Click here to register.

The Cost-Effectiveness of Collegiate Recovery Programs

Castedo de Martell, S., Steiker, L. H., Springer, A., Jones, J., Eisenhart, E., Brown, H. S. (2022). The cost-effectiveness of collegiate recovery programs. *Journal of American College Health*, 1-12 https://doi.org/10.1080/07448481.2021.2024206

Research Summary by Sierra Castedo de Martell

Substance use disorder (SUD) is especially concentrated among young adults (18 to 25 years old), with about 14% of young adults meeting the criteria for SUD, compared to 7.4% of the general population (Substance Abuse and Mental Health Services Administration, 2020). Because many young adults also attend some college (National Center for Education Statistics, 2017; Ryan & Bauman, 2016), programs that engage students with SUD and help them find and maintain recovery long-term have great potential to help this population. These collegiate recovery programs (CRPs) engage students with SUD or in SUD recovery and build peer-oriented communities of recovery on college campuses. While many elements of CRPs remain under-studied, current research demonstrates that CRPs have lower rates of returning to chaotic substance use than specialty SUD treatment alone and that this protective effect continues after students graduate (Brown, 2011; Dutra et al., 2008; Laudet, Harris, Kimball, et al., 2014, 2015; Laudet, Harris, Winters, et al., 2014; McLellan et al., 2000).

One of the largest gaps in CRP research – and across many SUD interventions – is in economic evaluation. Economic evaluations help us answer questions about the balance between the resources we put into an intervention and the positive outcomes we get from the intervention. Interventions driven by peers – people with personal experience of SUD helping others currently struggling with SUD – are largely absent from the economic evaluation literature. Our study sought to help fill that gap using a method of economic evaluation called cost-effectiveness analysis.

Cost-effectiveness analysis estimates how much more (or less) a new intervention costs compared to the standard alternative, relative to how much of the desired health outcome the intervention produces. In the case of a CRP, we set up our comparison (also called treatment as usual) as a student attending specialty SUD treatment and then returning to campus. After returning to campus, a student could either engage with a CRP (the intervention) or rely on the protective effects of the specialty SUD treatment episode alone (treatment as usual). We then divide that difference in costs by the difference in the beneficial effects of the intervention and treatment as usual. Thus, the basic cost-effectiveness formula is:

Cost of the Intervention — Cost of Treatment as Usual
Effects of the Intervention — Effects of Treatment as Usual

The result is called an incremental cost-effectiveness ratio (ICER) and is expressed as a dollar amount per unit of health outcome (for example, $10 per year of life added). It is established convention to examine cost-effectiveness from the societal perspective and the health system perspective (in our case, a college campus stood in for the health system; Weinstein et al., 1996; Sanders et al., 2016). Outcomes are traditionally assessed in terms of quality-adjusted life years (QALYs) added by an intervention, so that interventions that might be very different can be more readily compared (Weinstein et al., 1996; Sanders et al., 2016). A QALY captures the idea that a year of life with one health condition may negatively impact someone's quality of life compared to not having that health condition. In addition to QALYs, outcomes meaningful to the intervention's stakeholders must also be considered, so we also used students retained at college instead of lost to substance use-related attrition as an outcome. Once the construction of the models was finalized, we then examined the uncertainty in the components of our models to see what happened if different parts of the intervention changed, such as changing the number of participants.

We found that CRPs are cost-effective from both the societal perspective and the perspective of college campuses. Under most circumstances, CRPs are both cost-effective and cost-saving to both society and college campuses. When we examined uncertainty in our models, we found that these programs were still cost-effective and cost-saving under a wide variety of conditions.

One of the major limitations of our study was the availability of data about CRPs outcomes and how CRPs are staffed and funded. Available data on CRPs were of good quality but were limited, so our analytic models can continue to be improved as new studies are conducted and new results are published. Because of this limitation in available data, we converted our analytic models into a Cost-Effectiveness Calculator for CRPs. This is a free, Excel-based calculator publicly available at https://collegiaterecovery.org/media, along with links to the article, the MPH thesis upon which the paper is based, and a tutorial about how to use the calculator and interpret the results. Because the Calculator relies on user-input information about an actual CRP, these results may be more accurate for a specific CRP, while our full paper offers more preliminary, general results for an "average" CRP. Advocates interested in starting a CRP at their campus or who wish to advocate for funding or visibility of CRPs are also welcome to use the calculator to estimate the cost-effectiveness of a proposed CRP.

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