Phoenix Rising: CrossFit, Sport for Recovery, and the Sober-Active Community

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Socio-Cultural - Community (Community Sport)  
20-minute oral presentation (including questions)  
Abstract 2019-049  
Thursday, May 30, 2019  
1:45 PM  
Room: Napoleon A3

Alcohol use and abuse continues to be an issue on college campuses (National College Health Assessment, 2015). According to the 2014 National Survey on Drug Use and Health (SAMHSA, 2014), 60 percent of college students ages 18-22 drank alcohol in the month prior to the survey, and almost 2-out-of-3 of them engaged in binge drinking at least once during that same timeframe. Moreover, Higginson et al. (2014) reported that approximately 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries each year, about 696,000 students are assaulted by another student who has been drinking, and about 97,000 students report experiencing alcohol-related sexual assault or date rape.

Numerous alcohol prevention programs exist on college campuses; however, recovery programs for those who develop substance use disorders are less common outside of community-based programs (such as AA) or medical treatment centers. That said, there is a recent rise in what might be termed ‘sport for recovery’ programs; that is, programs that feature sport as a key component to recovery. This project critically examines one such program, called The Phoenix, which is a free sober active community program founded in 2006 that provides free classes in boxing, climbing, CrossFit, strength-training, yoga, and similar activities for individuals in recovery from alcohol and drug addiction. The program utilizes a peer support model to help members heal and rebuild their lives while also striving to eliminate stigma around recovery. The only membership fee is a self-reported 48-hours of continuous sobriety.

The Phoenix program in this study is located in a college town in the southeastern United States, in a county in which only 22% of students are able to access health care that provides treatment or support. As the research project is currently in progress, findings cannot be reported here. In the presentation, however, data regarding the program’s implementation, use, and potential efficacy will be reported as drawn from a survey of participants as well as semi-structured interviews.