Illicit drug use in universities: zero tolerance or harm reduction?

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About the authors

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Introduction

The much vaunted 'war on drugs' is a war that cannot be won. The evidence for this is illustrated by the continuing and growing market for illicit drug use. Notions of 'zero tolerance' may give the impression of robust policies and practices in place to tackle the epidemic of illicit drug use at higher education institutions. Although declarations of zero tolerance may reflect entirely understandable concerns, their effectiveness must surely be called into question. Just as with other challenging areas, such as sexual violence, not talking about it will not make it go away.[3] We need students to come forward if they have problems, whether in relation to drugs or as survivors of sexual violence. Concerns about mental health at universities have perhaps never been greater, further exacerbated with the advent of COVID and its related impacts on student and staff wellbeing.

Our understandable institutional intolerance of illicit drug use may well have unintended consequences if those who need help and support do not come forward for fear of being judged or otherwise sanctioned. If our students do not come forward we cannot help them, because we will not necessarily know that there is a problem.

In everyday speech, tolerance may seem virtuous. But perhaps one fear with drug misuse is that, if we are seen to be tolerant, this will show a lack of moral courage and failure to consider any legal implications for largely public-funded bodies such as universities. To permit is to promote, as the argument goes. Although some institutions purport to have policies and practices of zero tolerance, in reality many will

rightly put student health and wellbeing first and try to be of assistance to students rather than default to a more punitive approach. We all want the best for our students. In practice, this reflects an increasing prioritisation in support of the mental health and wellbeing of students. And such assistance may sometimes, however uncomfortable this may sound to many readers, be aimed at more safely using drugs, while also providing educational materials on how to address drug habits with a view to either reducing illicit drug use or ceasing it. Such engagement also opens up another potential access point to services for students experiencing mental health problems. Students suffering with mental health problems are more likely to withdraw from higher education, academically underperform and less likely to secure higher level employment or go onto postgraduate study. Tragically, in the 2017/18 academic year, 95 students died by suicide.[4]

There are public health campaigns for addressing nicotine and alcohol use. This is because of their known negative mental health impacts. Stimulants and depressants respectively can both result in harms. What is fundamentally different between these drugs and illicit drugs more generally is their legal status. Even some of those responsible for directly upholding the law have argued in recent years how pointless and ultimately destructive it is to maintain a so-called war on drugs characterised by intolerance and criminalisation.[5] There are no perfect solutions. This is an uncomfortable area for university communities and university leaders. But one test of any such solution is in terms of the outcomes. In this paper, we argue that the societal and individual outcomes are likely to be better with tolerance, intervention and kindness than they are with a war on drugs.

So the issue of illicit drug use cannot, in our view, sensibly be viewed in isolation from our approach to mental health and wellbeing. If we are going to address the issue of drug use at higher education institutions, then it seems to us that we need to take a public health based approach rather than a fundamentally criminal justice based one. Some universities and students' unions are already moving in this direction – examples include the University of Bristol, the University of the West of England and Leeds University Union – by adopting harm reduction policies and practices for drugs.[6] We argue that one of the reasons we are experiencing the difficulties we are is because we have previously taken a misplaced approach based on flawed behavioural assumptions where the punitive gets to trump student mental health and wellbeing considerations.

In this report, we seek to reframe the conceptualisation of our problem with illicit drug use at universities and situate the problem as a public health issue. This has two key elements. First, it is about encouraging students who misuse drugs to trust and engage with services. This can be another gateway for access to mental health and wellbeing services too. Secondly, it is about harm reduction, both for those who wish to seek help to address their habit and also those who do not. This is an important distinction because for each of these groups there is a need for different interventions and support. One impact of engaging with students in this way is that those who wish to give up their illicit intake of drugs are much more likely to come forward if they know that our default position will be to help rather than to judge. Knowing that they can trust their institution to support and assist them in getting the help they need is a marked improvement on the zero-tolerance narrative.

Whereas there may be wider support for encouraging students to come forward if they want to get off drugs – and it is important that we work with them in such cases – there is trickier territory for a number of us, which is supporting a current drug habit less unsafely. If we do nothing or rely on detection, we may well not even get to hear of such cases most of the time. Also, such contact gives the potential for future engagement should the student subsequently wish to come off drugs. Helping students in this way can potentially preserve health and save student lives: we would trade our feelings of discomfort for better mental health outcomes for our students.

If we give students what has come to be called 'safe spaces', both physically and psychologically, then we have the opportunity to engage with them now and in the future. This may result in ongoing communications so that we have the opportunity to influence students' behaviour such that they are taking illicit drugs as safely as feasible, or better still, we are able to give them help with coming off drugs. We have a much better chance of achieving this if there is mutual trust. These are not just our conclusions: prominent proponents of this approach have been making similar arguments for some time across society. For example, Mike Barton, the former Chief Constable at Durham Constabulary has said:

> *Universities should be centres of learning. All the learning about the 'war on drugs' is it is not working. It is certainly not reducing the amount, range and strength of drugs available. Surely of any sector, those who espouse academic rigour should embrace the learning rather than the rhetoric.*

This paper is intended as a clarion call to the sector to drop the zero tolerance approach to illicit drug use for personal users. We recognise there are some strong arguments for handling dealers differently and with a criminal justice lens too. But especially in view of mental health concerns and wellbeing, we really need a more nuanced approach in this challenging area.

Drug-related deaths, which occur every year within universities, are largely preventable if the right policies and practices are in place. However, a lack of evidence-informed best practice in this area makes it challenging for universities to know what works and what does not.[7] When it comes to drug use, there is a large gap between what the decision-makers can observe and what the reality is for students, which can hinder the accurate framing of the drugs problem. The extent of the drug problem is also unknown, due to the limitations on drug use disclosure and engagement with students who use drugs, resulting in the deprioritisation of this issue. It is surely time for higher education institutions to have a closer look at this problem.

The wider framing of drug use based on criminal justice reduces what is a complicated problem into the presence and absence of drug use, while policies are simplified to being 'tough' or 'soft' on drugs. In our view, the toughness or otherwise of such policies and practices may be judged in terms of outcomes. University leaders can lead the way to bring more nuance to the framing of this problem and set an example for other institutions to follow while safeguarding students and protecting lives. There can, and should, be different approaches to illicit drugs for personal use and dealing. The focus of this paper is on individual students using illicit drugs and encouraging them to come forward for help.

Throughout this publication, we use the term 'illicit drugs' to describe illegal substances such as MDMA as well as illicitly used legal substances such as Xanax. We believe that using the scientific definition of drugs, which includes substances such as alcohol, nicotine and caffeine, helps reduce the stigma associated with drug use and students who use drugs. An understanding that any drug which students put into their body can cause both benefits and harms is important to be able to promote their overall wellbeing and health. Students should have the knowledge and tools to make informed decisions about their health, whether it is about having an alcoholic drink while on anti-depressant medication or trying cannabis for the first time. We recognise that a key distinction here is around not just the health impacts of drugs but their legal stautus too. Such educational initiatives also need to make explicit the legal position with such drug use.

We are clear that we are not excusing illegal behaviour, but we are acknowledging that it happens and appears widespread. Our collective failure to fully acknowledge that will not help us address the problem. Talking about it and encouraging students to come forward is, we argue, the first step in beginning to make some real differences for students and broader society in this historically challenging area. We recognise that there are public relations risks associated with taking this approach. That is what many commentators said, and some still claim, about talking about our problem with sexual violence, where students are at a greater level of risk of being subjected to sexual violence than other groups.[8] Increasingly, it seems to be recognised that not talking about it and not addressing such thorny and challenging issues

will be the source of far more reputational harm than a more open and problem-solving approach, as advocated in this paper. As this paper went to press, Universities UK announced a new taskfore, chaired by the Vice-Chancellor of Middlesex University London, Professor Nic Beech, 'to help universities understand and address drug use' among students.[9]

1. Illicit drug use: a matter of criminal justice or health?

Deconstructing the concept of drugs, drug use and drug harm

The word 'drugs' in the university context is usually associated with illegal substances and viewed within a legal as well as a moral framework. However, from a scientific perspective, all substances that affect how the mind works are psychoactive drugs, including caffeine, nicotine and alcohol.[10]

The human interaction with mind-altering and potentially addictive drugs dates to at least 8,000 years ago and was not socially defined as problematic or morally wrong.[11] Throughout history, drugs have been used not only to treat illnesses, but also to enhance wellbeing, performance and social interactions, blurring the lines between different reasons of use.

Only after the classification of drugs within legal frameworks, based on their pharmacological functions and historical backgrounds, were boundaries placed about which drugs should be used medically, recreationally or not at all. Since then, using drugs for pleasure has become a moral taboo – except perhaps for alcohol, nicotine and caffeine – while socio-cultural factors for understanding the relationship between drugs and human behaviour have been largely disregarded. Alcohol, nicotine and caffeine became the only drugs widely appreciated for their pleasurable, cultural and social effects. Others such as psilocybin, the main substance found in magic mushrooms and used for religious communion and healing purposes by indigenous cultures, or khat, a plant whose

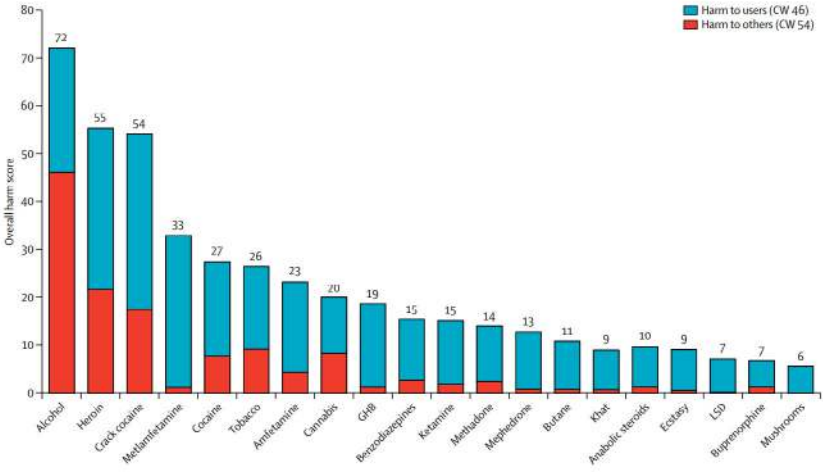
leaves are chewed for its stimulant effects and is analogous to drinking coffee, were often deemed to be more dangerous than the value they could offer.[12]

A common reason given for why some drugs are illegal follows a circular argument: drugs are bad because they are illegal, and drugs are illegal because they are bad. Such tautologies do little to progress the field and indeed may inhibit progress. It is also often assumed that the reason some drugs are illegal is based on how dangerous they are to individuals as well as society. However, the reasons are more based on historical precedent than drugs' relative risk and harm.[13]

Alcohol is a good example to demonstrate the inconsistency between the potential risks and harms of a drug and its legal status. A study that ranked 20 legal and illegal drugs according to their overall harm to users and others, including factors such as health impacts, economic cost and crime, concluded that alcohol was the most harmful while MDMA and magic mushrooms were among the least harmful.[14]

As Figure 1 shows, drugs are more harmful to the user than the people around them, except for alcohol. This, in our view, provides further support for our case that a public health based approach is best.

Figure 1: Drugs listed in order by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others



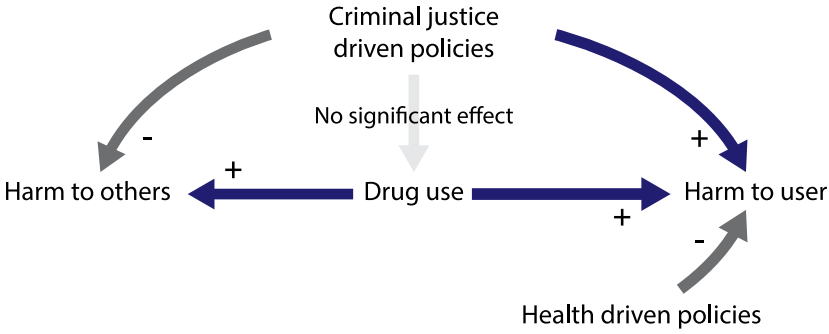
Source: David J Nutt, Leslie A King, Lawrence D Phillips and Independent Scientific Committee on Drugs, *Drug harms in the UK: a multicriteria decision analysis*, 2010, pp.1558-1565.

What considerations drive our policies and practices?

Drug use harms students due to the short and long-term impacts on health. Depending on how drugs are consumed, drug use might also harm people other than the students who use drugs, as drug use can lead to antisocial behaviour. This is especially so for alcohol misuse. Existing policies in most universities appear to be driven by the Criminal Justice System (CJS) and focus on preventing drug use in order to reduce all drug-related harm (Figure 2). However, this is an ineffective way of addressing the various harms caused by drug use, especially compared to health-driven policies that directly

aim to reduce drug harms. For us, outcomes are key. A CJS-based approach rests on an assumption that deterrents such as fines and contacting the police will prevent drug use, hence perhaps the well-intended but ultimately vacuous, statements of zero tolerance.

Figure 2: Policies designed to tackle drug-related harm in universities



A number of factors ensure the failures of CJS-driven policies in preventing drug harms.

- First, such policies have unintended consequences which may well negatively impact students' lives more than the drug itself.
- Secondly, as demonstrated by numerous studies, not all drug use can be prevented by punitive practices.[15] This is why even well intended wars on drugs are ill-conceived. For instance, even in strictly controlled environments such as prisons, drug usage has been on the rise despite the availability of more advanced technologies and practices to detect and deter drug use.[16] There is the wider availability of drugs which are not illegal too.

- Thirdly, increasing the severity of punishment further is not a solution to the ineffectiveness of punitive practices as the severity of punishment and the deterrence effect are not meaningfully correlated.[17]

Individual students who want to use drugs will generally tend to find new ways of supplying and consuming drugs. In this context, trying to prevent drug harms by deterring drug use through punishment is unrealistic and can lead to more harm overall through, for instance, a lack of detection.

While health-driven policies also exist within universities, such as signposting students to drug treatment services, these are usually designed to reduce harm to students at the point where a student's relationship with a drug becomes problematic – a term used when drug use results in serious social, financial or health problems. These policies do not focus on reducing the negative health impacts of all types of drug use such as experimental use or self-medication, which may well represent the majority of drug use among students. If university leaders and governing bodies have a goal to keep students safe from drug harms, all drug use is perhaps best addressed from a health perspective. Some drugs are made illegal on the basis that they are harmful to health, thus, in this sense, drug use is fundamentally a health issue too.

2. Illicit drug use prevalence in universities

What do we know and what are the limitations to what we know?

Accurately estimating the proportion of students who use illicit drugs in universities is challenging as the prevalence of illicit drug use varies both within and across universities. Factors such as gender, age, ethnicity, academic year and the university attended significantly influence the prevalence of drug use.[18] In the last two decades a number of studies from both traditional academics and other sources have attempted to estimate the illicit drug use prevalence among students. However, most of these were published prior to 2017 and do not reflect recent, or current, drug trends, as drug use among young adults aged 16-to-24 appears to have been on the rise since 2016.[19] Meanwhile, the studies published in the last five years report different results due, perhaps, to limitations associated with sampling and disclosure of illicit drug use.

National population-based estimates of illicit drug use – Crime Survey for England and Wales (CSEW) – give a glimpse into the prevalence of illicit drug use among young adults aged 16-to-24 years. However, a peer-reviewed study comparing the findings of the 2017 CSEW with a birth cohort (Avon Longitudinal Study of Parents and Children, ALSPAC) concluded that national population-based estimates significantly underestimate the prevalence of illicit drug use.[20] This study found that lifetime illicit drug use is 63 per cent among adults aged 23-to-25 compared with 41 per cent in the 2017 CSEW. Similarly, past-year drug use was 16 per cent in CSEW, compared with 37 per cent in the longitudinal cohort.

These findings have serious implications for how accurate and honest self-reporting of illicit drug use is.

In this context, lifetime use among adults aged 16-to-24 years in the 2020 CSEW was found to be 36 per cent, and 21 per cent of these young adults reported use in the past year.[21] Surveys that specifically target university students also suffer from limitations similar to those found in the 2017 CSEW. Based on the networks and demographics these surveys are restricted to, they can show different results. For instance, a peer-reviewed study published in 2017 surveyed 7,855 students from seven Welsh universities during the academic year 2015/16 and found that 27 per cent of all students used cannabis, 14 per cent used ecstasy and 13 per cent used nitrous oxide.[22] In 2018, a survey of 2,810 UK-based students carried out by the National Union of Students (NUS) and the campaigning organisation Release found the lifetime and current use of any illicit drug to be 56 per cent and 39 per cent respectively.[23] The same year, a poll undertaken by YouthSight for the Higher Education Policy Institute (HEPI) and the University of Buckingham found 25 per cent of undergraduate students (n=1,059) had used an illicit drug in the previous year, with 4 per cent not wishing to disclose any information.[24] Clearly different methodologies will often produce different results. But the fundamental point is that across such studies, illicit drug use is shown to be a widespread phenomena among young people in education.

Two other studies were conducted during the academic year 2020/21, a period that had significant effects on students' drug behaviour, with some interesting findings. Notably, socio-economic stressors caused by the COVID-19 pandemic appear to have globally increased the use of cannabis and

the non-medical use of pharmaceutical sedatives.[25] A survey conducted by NeuroSight on 1,080 university students found the prevalence of illicit drug use since the start of the academic year 2020 to be 58 per cent, while Students Organising for Sustainability UK (SOS UK) found the lifetime and current illicit drug use to be 30 per cent and 13 per cent respectively among UK-based students (n=1,505).[26] The stark differences between these findings can be partly explained by the demographics of the respondents and partly by the methodology of sampling in addition to limitations around disclosure. For example, NeuroSight's survey mostly consisted of students from Scotland and North West England, areas with relatively higher drug use, while SOS UK's sample was primarily from the West Midlands and lived with their parent(s) / guardian(s). Likewise, HEPI's sampling was through YouthSight's database whereas the networks NUS advertised its survey to included organisations whose followers are arguably more likely to use drugs compared to those on the YouthSight panel.

What appears overwhelmingly to be most likely is that, following a downward trend between 1995 and 2013, illicit drug use is on the rise again, having increased by 28 per cent between 2013 and 2020.[27] This trend is likely to continue against the backdrop of the legalisation or at least the decriminalisation of cannabis as well as the medicalisation of drugs such as MDMA and psilocybin globally. In a world connected virtually by the internet and connected physically by convenient methods of transport, such changes to drug laws and policies influence individuals' perception of harm and justification of use. These, combined with easier access to drugs through the Dark Web and social media, will drive the

demand of students who choose to use or experiment with illicit drugs.[28]

What can we conclude about the existing data?

Although the existing data are not likely to give us an entirely accurate estimate of what the overall prevalence of contemporary illicit drug use among students in the UK is, it does give us a picture of different groups of students in different locations. The large differences found between studies suggest the norms, beliefs, attitudes and consequent behaviours may well be different across student groups. For instance, surveys consistently find higher levels of drug use among LGBT+ students and students with disabilities.[29] These differences create concerns around marginalisation – which manifests itself as stigmatisation of drug use and students who use drugs – and as barriers preventing effective engagement with these students. So, in short, and this is a very important point for anyone concerned about the broader issues of Equality, Diversity and Inclusion (EDI) in university communities, drug use is an EDI issue too.

The high prevalence and associated normalisation of drug use within certain groups of students imply that drug-related harms are also concentrated within those groups. It should be noted that most drug use within those groups is occasional, and that frequent or everyday drug use is comparatively rare.[30] Overall, frequent drug use leads to more harm in the long-term – although this does not mean that students do not face a risk of death from one-time use – and therefore students who use drugs frequently for reasons such as self-medication may be at the most risk of drug-related harms. So the prevalence of

drug use, we would argue, does not represent overall harm to students. How students use drugs gives a more accurate picture of the extent of drug-related harm among students. This has implications for policies which focus on reducing the prevalence of drug use.

So drug use appears more prevalent within certain groups of students. Thus, one unintended potential consequence of both more punitive and supportive drug policies is that they are likely to affect groups who are already more likely to be subject to a range of discriminations. It is crucial for university leaders and governing boards to identify these groups of students and better understand the root causes of such potential drug-related harms and how they can be most supportively and effectively addressed. This requires a closer inspection of students' drug behaviour and the motivations behind it, yet the existing evidence falls short in effectively informing policies and practices. Research on drug use in higher education has the potential to go beyond quantitative studies which focus on 'what', to include qualitative studies investigating 'how' and 'why', especially among students with higher drug use. If we have good reasons to believe there is the potential not only to save lives but to provide some level of equity of support for students in groups most likely to be already subject to disadvantages due to being subjected to discrimination, this is surely a positive opportunity to further enhance strategies to address our broader problems with discrimination at higher education institutions.

3. Why do students take illicit drugs?

The reasons why students take illicit drugs can be broadly categorised into fun and experimentation, self-medication and performance enhancement. The motives are not always as straightforward and distinct as these three categories assume, since the lines between different reasons for use may blur. For instance, a student might take a drug with his or her peers for recreational purposes without realising this behaviour has become a maladaptive strategy for dealing with stress. Students may also use drugs for different reasons at different times.

Fun and experimentation

> *Sex and drugs and rock and roll.*
> *Is all my brain and body need.*
> *Sex and drugs and rock and roll.*
> *Are very good indeed.*
>
> Ian Dury and the Blockheads

It seems that students predominantly take illicit drugs for social purposes – drug taking can be pleasurable – which might include having fun with friends on a night out, to enhance social interactions and sex and to fit in as part of an experimental period in their lives to explore different experiences. Indeed, the surveys conducted by the NUS and HEPI found that around 80 per cent of students who use illicit drugs took them for recreational purposes. The connection between music and drugs appears to be strong, as drug use is consistently high among people who attend music festivals and nightclubs.[31] Drugs enhance emotions evoked by music, and together, they are powerful ways of strengthening social

bonds as they provide an identity and a sense of connection between people.[32]

The social aspect of drug use is one of the main reasons why students choose to take illicit drugs despite prohibitive laws and policies. The social rewards of taking drugs with friends can be high, and some students feel the risks related to drugs' health impacts and getting caught are worth it. In fact, among students who use illicit drugs, 41 to 80 per cent say drug use has led to making new friends, 35 to 80 per cent report becoming closer to existing friends and family and 23 to 53 per cent enjoy having sex while on drugs.[33] These large ranges show that, although the specific numbers may have a low level of accuracy, they nonetheless represent significant proportions of students even at the lower end of the broad estimates. It is not surprising that a reported 55 per cent of students who use illicit drugs believe the risks and harms are worth it, while 33 per cent neither agree nor disagree.[34] Young people are often characterised by irrational and impulsive behaviours that involve excessive risk-taking. However, in the context of maturing into a social world, the social risk of being rejected by peers may outweigh other potentially negative outcomes and therefore these behaviours can arguably be interpreted as adaptive and rational.[35] If students come forward for help or assistance it provides the opportunity to explore other ways of securing peer acceptance. Zero-tolerance policies do not afford us with this additional educational opportunity.

Self-medication

Mental health issues such as anxiety, stress and depression co-occur with drug use, and the direction of causality can go

both ways.[36] In view of the links between mental health and drugs, our approach to illicit and licit drugs needs surely to be incorporated into a whole institution approach to addressing mental health issues. Illicit drug use is part of that wider picture. Self-medication is a term used when individuals use drugs to deal with their mental health challenges. This behaviour might be a conscious response based on an individual's previous experience with drugs or it might be influenced by the trend of therapeutic uses of certain illegal drugs. It might also be an unconscious adaptation caused by an increase in drug use or a change in the reasons for using drugs, as observed among students during the COVID-19 pandemic. During the lockdowns there appears to have been a general increase of drug use as well as an increase in reports of using drugs to deal with mental health issues, alongside a decrease in using drugs for social purposes.[37]

Most student drug use is unproblematic for the individual. However, stressors such as disconnection from friends and family and uncertainty of the future caused by COVID-19 may lead some students to develop a more problematic relationship with drugs. A survey conducted by NeuroSight during a national lockdown screened students for psychological distress and investigated their drug behaviour.[38] The results showed that, among the students who reported using drugs to cope with mental ill-health conditions, students with high psychological distress scores were more likely to use drugs regularly. Moreover, students who used drugs regularly were more likely to feel dependent on a drug. The feeling of dependency was more common among regular users if the reason for use was related to mental ill-health,

compared to other reasons such as fitting in with friends or enhancing performance. So, in short, there is not merely one fixed relationship between drug usage and mental ill-health. But where drug usage exacerbates mental health problems, it is important that such students feel able to come forward for help rather than to feel that their behaviour will not be tolerated.

Dependency and addiction refer to different states and dependency occurs prior to the progression to addiction. Dependent individuals rely on a drug to feel a certain way, whereas addiction refers to compulsive drug taking despite negative consequences. The majority of students who use drugs do not become addicted but they are at increased risk of developing dependency and being subjected to the associated harms. For instance, 30 per cent of students who report using drugs felt dependent on a drug and 8 per cent felt addicted during COVID-19.[39] These are concerningly high self-reported numbers and may very well reflect a lack of adequate support both for drug-related and mental health-related issues. It is therefore vital for university leaders to be able to engage with students who are potentially self-medicating and are at an inflated risk of becoming drug dependent.

Performance enhancement

Certain prescription drugs, which typically include Modafinil, Adderall and Ritalin, are used by students for their cognition-enhancing properties. Students might obtain these drugs illegally or through their GP. Especially during exam periods, students might take these drugs to enhance their focus and maintain alertness when they are sleep deprived. The

use of these drugs does not seem to be especially common, with student surveys finding consistent prevalence rates, which vary between 4 and 6 per cent among students who use drugs.[40] While many students believe these drugs help them complete coursework or perform better in exams, the evidence is mixed, with most studies appearing to indicate that they do not improve learning, memory or academic grades.[41] The underlying reasons for use is more concerning than viewing the use of these drugs simply as an attempt at cheating. The risk factors for use include low perceived self-efficacy or enjoyment on their course, poor accommodation of special needs, reliance on external validation and experiencing a mental health issue.[42] These are all areas that we can directly target for practical help if students feel enabled to come forward and ask for it without feeling judged, or worse still, potentially criminalised on the basis of zero tolerance.

4. What are the main sources of harm?

Drug use is not only an EDI issue, it is also fundamentally a safeguarding issue. In this section, we outline some of the specific harms that student drug users may be exposed to. Students are at risk of harm to their health when they choose to use drugs, but some of the existing policies that deal with drug-related issues also result in further harm.

Drugs

Harms related to using drugs can be categorised into the following:

(1) the physiological effects of drugs on the brain and the rest of the body, which is analogous to alcohol's effects on the liver;

(2) harms caused by the unregulated nature of drug supply, which is similar to methanol found in illegal alcohol; and

(3) harms related to the way drugs are consumed, like binge drinking alcohol which can lead to both direct health impacts on the body such as alcohol poisoning, and also the more indirect impacts such as being more vulnerable to being subjected to sexual violence.

With illicit drugs, the greatest direct harms to students appear to arise from the unregulated supply of these drugs and students not being informed of ways to stay safe while using drugs. The harmful physiological effects of drugs cannot be ignored and should always be communicated to students clearly but, arguably, the most severe consequences of drug use do not directly result from these effects. For example, we

may draw a parallel with alcohol consumption, as many people can drink without experiencing significant short or long-term health effects, but the lives of a subset of people will be affected by issues such as addiction, serious health problems and difficulties with friends and family.

The unregulated production and supply of drugs can lead to them having much higher doses than claimed or containing additives that can often be more harmful than the drug itself. For instance, ecstasy pills are commonly found with double or triple doses, which can lead to life-threatening physiological states due to the drug's effect on the body's temperature and water regulation systems.[43] Cocaine is usually adulterated with substances such as levamisole, which is found in between 40 to 90 per cent of cocaine depending on where you live and which can be extremely harmful for some people who have a genetic vulnerability to the toxic effects of the drug.[44] It is also not uncommon to be sold a completely different drug to what one wants to buy, a situation which may have occurred more often due to the impact on drug supply chains during COVID-19. For example, there were many drug incidents at festivals in 2021 which were associated with batches of 'party drugs' that contained drugs other than MDMA.[45]

These issues are amplified for new students who have just arrived in an unfamiliar environment and do not have the safeguard of knowing specific suppliers. Such students may well be more likely to consume higher doses than intended and experience adverse effects since the dose and purity of drugs vary across cities and dealers. Consuming drugs in unfamiliar environments also comes with additional risks. Studies show that the absence of familiar cues paired with a

drug decreases one's tolerance to that drug.[46] This in turn can result in new students overdosing even when they take the same amount of a drug but in a new environment.

The greatest harms related to how drugs are consumed include mixing drugs and taking higher doses than intended, which mainly happen due to a lack of knowledge. In most party environments and gatherings, students drink alcohol when they consume other substances. Almost all drugs become more harmful when mixed with alcohol. This might be due to their combination creating a more harmful substance, synergistically acting or masking each other's effects – a situation which can lead the user to consume more of each drug without realising they might be overdosing. For instance, alcohol and cocaine is a very popular combination which leads to the formation of cocaethylene, a substance that is toxic to the liver and heart and can cause sudden death. Other examples include mixing alcohol with benzodiazepines (the most popular being Xanax) which can lead to respiratory depression because they both depress the nervous system and try to balance the effects of amphetamine (also known as speed) with alcohol. All these drug-related harms are avoidable with appropriate behaviour-change strategies in cases when practices to prevent drug use fail to avert all use.

We do not seek to underestimate the potentially very negative impacts that illicit drug use can have. We can readily see that on *prima facie* evidence this may lead to a conclusion, for some, that perhaps we should have a zero tolerance based approach. In one sense the judgements we make about the best approach depends upon how we balance the risks. If zero tolerance means fewer people coming forward for help, and

potentially life-saving information is not communicated to those unwilling or unable to cease illicit drug taking, then for us that is a matter of concern. It concerns us precisely because of the sometimes devastating impacts of illicit drug use. It concerns us because we simply do not want to create, implicitly or otherwise, barriers to secure assistance. We predict that institutions simply will not be able to create a whole institution response to the mental health and wellbeing of students unless drugs policies and practices are also looked at afresh. We have seen how experienced senior police leaders have lost confidence in a CJS-centric approach characterised by zero tolerance. Our views are based on our appraisal of available evidence from a perspective of focusing upon outcomes, independently of whether or not we approve or disapprove of particular illicit drug use. For us this is not an ideological issue but rather one of a relentless focus upon what is likely to achieve the best outcomes for students and ultimately wider society.

Policies

A zero-tolerance policy appears to have been a commonly adopted approach in universities, students' unions and halls of residence and we believe that to be ultimately ill conceived. Although an absolute position of zero tolerance in practice seems increasingly rare, with institutions moving towards a more pragmatic approach with an apparently growing emphasis on the importance of good mental health and wellbeing. So, there are some early indications that the actual practice may be ahead of such policies.

In terms of the balance of risks as outlined above, for us the unintended consequences often lead to more harm than

the impacts of drug use in students' lives. Most student drug use goes unnoticed, because it is not practically possible to monitor all drug use and also because drug use does not usually lead to anti-social behaviour that is visible to others.[47] For instance, only 14 per cent of students who use illicit drugs have come into contact with the CJS as a result of their drug use and only 5 per cent have been found in possession of drugs.[48]

Most drug-related incidents are resolved via a formal warning or another type of sanction, such as a fine.[49] When individual cases are assessed, some tolerance and support is found to be required to ensure the best outcome for an individual student. So this leads us to conclude that, in reality, the sector is already pragmatically beginning to move away from a strictly zero-tolerance approach. However, there seems to be a lack of standard procedures for addressing the challenges of illicit drug misuse both across and within higher education institutions, which may lead to inequities in the way students are treated following a drug-related incident.

Students sometimes report not disclosing drug use in cases even where they may need help – which can make the difference between life and death in an emergency – due to a fear of punishment and other potential repercussions. Indeed, in one study, 16 per cent of students who use illicit drugs reported having a 'scary experience' but not going to a hospital or seeking help.[50] Of all students surveyed, only 29 per cent agreed that they would feel confident in disclosing information to their institution without fear of punishment.[51] Although zero tolerance is not always implemented, students fear that disclosing their use could affect their fitness to study

or practise, lead to a criminal record or result in disciplinary action, which can negatively impact the rest of their academic life or career. As a sector we cannot risk missing opportunites to get students the help they need in a timely fashion.

Interventions aimed at educating students on drugs, if there are any, can tend to inform students from a criminal justice perspective and focus on the legal aspects of drugs, the rules and associated consequences of drug use and the dangers of using drugs. This approach may be effective at deterring drug use for a subset of students who are unlikely to use drugs, but is unlikely to be effective at keeping the rest safe, especially if these students were already using illicit drugs before entering higher education and are unwilling or feel unable to stop their drug use. They may, for example, simply learn they need to get better at avoiding detection.

Most drug deaths and other drug-related harms are avoidable if appropriate harm reduction strategies are implemented. However, information on how to stay safe when using drugs or where to find such information does not appear to be routinely provided to students. Students may turn to unreliable sources, where such misinformation can lead to further harm, if they cannot find helpful and relevant information through their institution. For example, students' most commonly reported drug information resources are their peers (62 to 70 per cent depending on which survey is reviewed) and online forums (49 to 63 per cent), while 77 per cent of students report that because their institutions' support services did not meet their needs, they accessed information outside of their institution instead.[52]

When institutions provide one-sided and partial drug information, we risk losing our credibility and legitimacy regarding drug-related matters from students' perspectives. This in turn reduces our ability to communicate risk effectively and therefore to influence students' risk perceptions. For example, in one study, 39 per cent of all students reported believing that cannabis is harmless – a concerningly high number for a belief that has the potential to effect drug behaviour significantly.[53] Still, around 51 per cent of all students, it appears, feel confident that their university would deal with their drug use appropriately if they required support.[54] This is a very slim majority indeed, but it is a start and something to build upon.

5. How can we keep students safe from drug-related harm?

The concept of harm reduction

Approaches based on the concept of harm reduction have the potential to support the wellbeing of students who might choose to use drugs while also helping some stop or reduce their illicit drug use. Harm reduction is a strategy referring to policies and programmes that aim to reduce drug-related harms without the requirement to abstein (although it is a key option) from drug use.[55] Harm reduction is rooted in public heath practices and fits within the framework of health promotion, as the minimisation of risks and harms is one part of the strategies used to promote health and avoid disease.[56] Harm reduction has a long and successful history and, for example, already forms an established part of the alcohol field. The main difference of harm reduction from other prevention strategies is that it emphasises practical rather than ideologically based goals.

The principal feature of harm reduction is accepting the uncomfortable truth that some students will use illegal drugs despite even punitive prevention efforts. The essence of the concept is that where individuals are not willing or feel unable to cease illicit drug taking, to reduce adverse consequences of drug use while it continues – at least in the short-term.[57] Also, importantly, to work with those who come forward wanting help and ensure they do not face punitive sanctions. None of this means that a harm reduction approach in the short-term rules out abstinence in the long-term. Crucially, such an approach is by no means a statement of approval for illicit drug

use. Rather it is a pragmatic approach to address a challenging set of policy and practice problems. Harm reduction practices can be a key first step in reducing and even ceasing drug use.[58] Indeed, harm reduction practices, such as testing drugs at festivals, have been shown to reduce drug use as well as admissions to hospitals.[59] At its core, harm reduction can be summarised with the following statement: 'If a person is not willing to give up his or her drug use, we should assist them in reducing harm to himself or herself and others'.[60]

Harm reduction applied

Implementing a harm reduction strategy requires an understanding of what constitutes a harm, who is harmed and what drug-related harms should be given priority. However, there is no data or substantive research on the full extent of drug-related harms at higher education institutions.

Harm reduction strategies do not replace prevention strategies: they are complementary. If prevention is, among other things, also about outcomes such as reduced hospital admissions rather than simply 'use', harm reduction can also be viewed as one element of prevention strategies. An approach based on harm reduction implies a primacy for a health-focused framing of drug use and involves support pathways as an alternative to punishment for drug use and possession.

Drug laws do not require institutions to adopt a zero-tolerance approach. Historically, the UK pioneered harm-reduction interventions, such as needle exchange programmes, within the existing legal framework. The number of police-led diversion schemes is also rapidly growing around the UK. As an alternative to arresting, prosecuting or formally cautioning

people for minor drug possession offences, these schemes offer to divert them to an assessment, and / or targeted support, such as drug education, harm reduction or treatment.[61] So the legal context for drug use and possession allows enough discretion to institutions to implement various harm reduction policies and practices. Higher education institutions are not criminally liable if students are in possession of controlled drugs.[62] Higher education institutions are also not legally obliged to report drug use or possession to the police and can instead implement escalating warning systems alongside the provision of appropriate support.

Empowering students to make informed decisions to maximise their health is an important aspect of harm reduction. Therefore, educating students on how to stay safe when using drugs plays a very important role in enabling students to protect themselves from drug harms. Indeed, a large majority of students who take drugs (around 80 per cent) report wanting to learn how to stay safe and reduce harm.[63] Interventions such as drug-testing services, where people bring substances to be analysed and receive personalised harm-reduction advice, create opportunities to change the harmful behaviours of students who use drugs by trading their attention for test results.[64] These opportunities include providing a highly focused and interactive education, directly engaging at-risk groups and reaching out to students who are ordinarily difficult to engage with through standard practices. Also, monitoring the local drug market and working with external partners can inform any broader risk communications through warnings and reports on dangerous drugs.[65]

Any educational intervention would surely include strategies to deter drug use, drug dealing and anti-social behaviour. Thus, it is by no means solely about keeping existing student drug users safe. That is just one part of a broader range of interventions. Harm reduction practices are highly unlikely to increase drug use; young people do not decide to take illicit drugs, or drink alcohol, because they know how to do it safely. Other factors involved in the commencement and maintenance of a drug-taking habit, such as sensation seeking, impulsivity, family history of drug use or negative life events can be important.[66] Indeed, even decriminalisation and legalisation of cannabis in the Netherlands and Canada did not lead to an increase in cannabis use despite potentially sending the message that cannabis is not as harmful as initially predicted.[67]

It is not sufficient to design harm-reduction interventions for specific problems and specific student groups. Harm-reduction strategies should address all drug-related behaviours, including those students who are considering whether or not to try a drug for the first time. The fact that a student's drug use is not problematic or frequent does not mean the related harms should be ignored as it only takes one extremely strong pill to cause severe harm, including death. Creating an environment in which students can talk about their drug use, even if it is their first time, is essential to minimise the potential harms. When students self-medicate with drugs or shift to problematic patterns, sharing how and why they use drugs with their peers or mentors allows early intervention. Framing drug use from a health perspective and offering harm reduction is key to creating an environment where students do not need

to worry about being stigmatised or facing disproportionate consequences for disclosing drug use. It also opens an avenue of communication whereby students may seek help for their illicit drug use and / or wider mental – and sometimes physical – health issues too. Our responses to illicit drug use policies are very much part of whole institution approach to addressing mental health promotion and support.

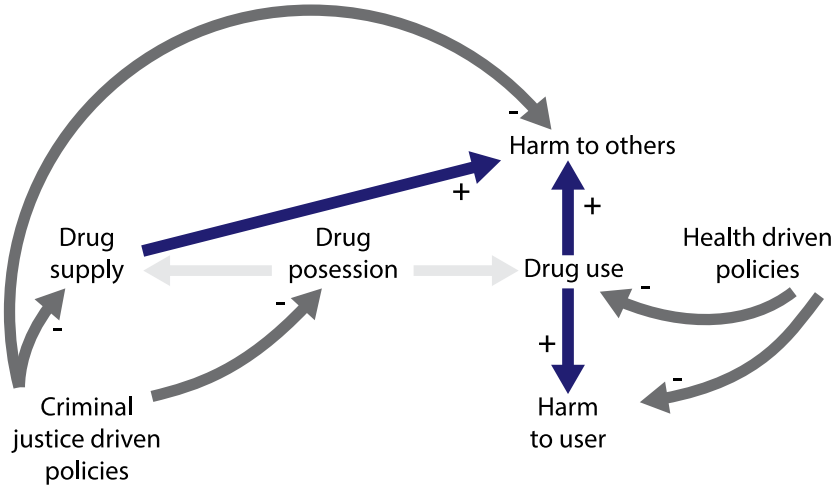
Conclusion

Hopefully, we have provided readers with food for thought in relation to the complex issue of illicit drug use in higher education. We all want the best for our students and this paper is one contribution to debates around how we can best achieve help for our students, whether they wish to give up drugs or take them as safely as they can. We think that how we address illicit drug use should be part of the wider institutional narrative, with a whole institution approach to the mental (and physical) health and wellbeing of students and subsequently wider society too.

Policy recommendations

- Frame drug use as a health issue, linked in with a broader institutional approach to supporting students with their mental health and wellbeing. Actively encourage disclosure of drug use and provide support that seeks to safeguard students against drug harms. This can be largely achieved by addressing drug use and drug-related harms that affect the user through health-driven policies, while drug possession, drug supply and drug-related harm to others – such as anti-social behaviour – are approached from a criminal justice perspective. Institutions should utilise the discretion available to them to implement escalating warnings instead of immediate draconian actions (Figure 3).

Figure 3: Framing drug use as a health issue within a university setting



- Drop zero tolerance and adopt harm reduction as an institution-wide goal to allow for better policy outcomes. For example, drug use matters may be much more helpfully integrated into mental health and wellbeing strategies, rather than being viewed as a predominantly criminal justice issue.
- Collaborate with other educational institutions, external organisations and the police to share resources, outsource services and design interventions. The approach we advocate is not inconsistent with that of a number of police forces. Students are more likely to feel relaxed about disclosing their drug use and ask questions to an organisation separate from their place of study, such as a local drug service. What these services can offer should be well communicated, as students may not necessarily

believe such services are relevant to their drug behaviour. Co-funding of certain services, such as drug testing by multiple institutions within the same geographical area, may also be helpful.

- Conduct focus groups with different groups of students to understand the needs, wants and concerns of students before designing new policies and interventions. Working with students' unions, so often the pioneers in our need for change, can be helpful to build a trusting relationship with students around drug-related issues.
- Have drug policies that are clear, accessible and incorporated into wider health, wellbeing and student conduct policies. All drug-related policies should describe standardised procedures with sufficient flexibility to assess incidents individually.[68] Individual assessments should consider why and how a student uses drugs and evaluate both the harms to themselves as well as others. In any outcome, relevant support should be provided to students who use drugs. For instance, even in situations where a student is evicted from their accommodation, support to find new accommodation should be provided.
- Provide information on drugs through campaigns, workshops, talks, online materials and signposting to relevant resources. Campaigns, workshops and talks can be delivered during key periods within the academic year such as freshers' week and the end of exams. The provided information should be honest (mentioning both the positive and negative effects of drugs), practical (giving tips on how to stay safe when using drugs), non-judgemental (accepting the different reasons and ways of using drugs) and informed

by evidence (not scaremongering). Educational resources and interventions can be co-created with students to ensure engagement. They can also be designed to increase general literacy around drugs, including alcohol and prescription medicines, to help students avoid developing problematic relationships with any drug in the future.

- Train staff to improve their understanding of what harm reduction entails and to provide them with information and support for planned harm-reduction policies, initiatives and procedures.
- Design active and passive systems to identify students who use drugs to self-medicate, are physiologically or psychologically dependent or take drugs in a way that can potentially become very problematic or dangerous. Active systems can include staff such as accommodation wardens or personal tutors to initiate informal conversations when they observe behaviours or psychological states related to drug use, or procedures to engage with students about their potential drug use when they seek help for mental health issues. Passive systems can include the availability of peer support, anonymous helplines or confidential drop-in sessions. For any system, information sharing among stakeholders is essential to enable early identification and intervention.
- Communicate drug-related policies, policy goals and initiatives effectively as most students are not aware of these. Methods such as simply sharing relevant links through emails or including a leaflet in the induction pack are insufficient. Ongoing communication through various social media channels, different media outlets and

strategically placed informative resources around campus is likely to be more effective at reaching a greater number of students.

- Evaluate policies, programmes and procedures by partnering with academics. In-house expertise and capacity such as researchers from relevant fields and PhD or Master's projects can be utilised to ensure ongoing assessment and identify best practices.

Endnotes

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In this HEPI Debate Paper, Arda Ozcubukcu and Professor Graham Towl explore how higher education institutions might approach illicit drug use within their student populations, suggesting that a zero-tolerance approach may cause more harm than it prevents as those who need help do not come forward for fear of punishment. The report instead proposes a more tolerant and outcomes-based approach to illicit drug taking on campus, prioritising the prevention of drug harms and shifting the focus from criminal justice to health and wellbeing.

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