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University Students’ Experiences of Recreational Class A Drug Taking and Perspectives on Personal, Social, and Health Education (PSHE) Drug Education

Purpose: Research suggests that student drug use is substantially higher than that of the general population and whilst the UK Government’s current Drug Strategy emphasises the importance of PSHE in preventing young people from becoming drug users, there is a lack of research investigating the longer-term effectiveness of drug prevention education, and students’ views using qualitative methods. The research aim was to gain a holistic understanding into university students’ lived experiences of recreational class A drug taking and the drug education taught in English secondary schools.

Design/methodology/approach: Five interviews with university students were undertaken and thematically analysed using an ideographic case study approach alongside a qualitative content analysis of publicly available drug education resources and policy documents.

Findings: The normalisation of drug taking at university and social micro-pressures to assimilate group norms were key contributing factors to participants drug use. Whilst the content of drug education in PSHE is grounded in theory, but its implementation is not.

Originality/value: This study extends upon existing theories of normalisation of drug use at university through the concept of micro-pressures to offer an explanation of the process by which students assimilate group norms through the implicit threat of not fitting in.

Keywords: drug education; university students; recreational class A drugs; young people; drug use; PSHE

Introduction

Between 2011 and 2019, the Crime Survey for England and Wales (Home Office, 2019) has reported a statistically significant rise in Class A drug use among young people from 6.2% to 8.7%. Class A drugs as classified by the UK Government are: crack cocaine, powder cocaine, ecstasy/MDMA, heroin, LSD, magic mushrooms, methadone, and methamphetamine/crystal meth (Gov.uk, 2020). Of these Class A drugs, crack cocaine, heroin, methadone, and methamphetamine/crystal meth are described by Bennett and Holloway (2014, p.3) as “drugs associated with addictive use” whereas powder cocaine, ecstasy/MDMA, LSD, and magic mushrooms are described as “drugs associated with recreational use”. In a recent survey by the National Union of Students (NUS) and Release (2018), 39% of respondents [n=2810] reporting

that they had used drugs in the last year with cannabis (a class B drug), MDMA and cocaine (recreational class A drugs) being the most popular. Despite cannabis being the most popular drug used recreational by both students and young people more broadly (Bennet and Holloway, 2014; Home Office, 2019; NUS and Release, 2018), Helmer *et al.* (2014) found cannabis use amongst students had decreased in the decade preceding their study, but the use of other illicit substances was unchanged with cocaine and ecstasy as the next most popular. Between 2018 and 2019, Crime Survey for England and Wales (Home Office, 2019) reported that 6.2% of young people had used powder cocaine and 4.7% had used ecstasy/MDMA in the last year. These figures appear to increase substantially for university students with McDermott *et al.* (2020) [n= 506] reporting that 23.% of students in their survey had used powder cocaine and 25.5% had used ecstasy/MDMA in the last year.

Whilst adolescence has often been identified as a stage when risk taking behaviours, such as drug use, start (Waller *et al.*, 2017), Schwartz and Petrova (2019) note these behaviours tend to peek during emerging adulthood; the stage of the life course between the late-teens and early twenties; characterised by identity exploration, instability, and increased risk-taking (Arnett, 2000; 2007; Schwartz and Petrova, 2019). Whilst all emerging adults face renegotiating their identity and relationship to wider society, students transitioning to university must do so within the context of university where they are exposed to new social norms, beyond the control and supervision of their parents and under a great deal of pressure – all of which can contribute to drug use and in some cases, drug-related deaths, particularly from the use of recreational class A drugs (Ansari *et al.*, 2015; Arnett, 2000; BBC News, 2020; Bennett and Holloway, 2014; 2015; Denovan and Macaskill, 2017; Parker *et al.*, 2002; Patton, 2018; Shildrick, 2016).

The UK Government's Drug Strategy (HM Government, 2017, p.2) aimed to prevent "people – particularly young people – from becoming drug users". The report highlights the important role that evidence-based Personal Social and Health Education (PSHE) plays in preventing young people from using drugs (HM Government, 2017). Despite being at the core of the government's Drug Strategy (2017), PSHE has not historically been a statutory subject in schools. Thus, the PSHE Association (2015) argue that it has not been held to the same rigorous standards as other subjects. With no central curriculum for PSHE education, the drug education young people receive varies greatly between schools (Davies and Matley, 2020; PSHE Association, 2016). Similarly, several systematic reviews highlight a number of different approaches to drug prevention education (Agabio *et al.*, 2015; Demant and Schierff, 2019; Faggiano *et al.*, 2008). Irrespective of intervention type, mixed results with regard to effectiveness and lack of long-term follow-up raise further questions as to the longevity of the effects of interventions (Agabio *et al.*, 2015; Evans and Tseloni, 2019; Faggiano *et al.*, 2008). Moreover, Coggans (2006) argues that universal prevention programmes, like PSHE drug education, tend to have the greatest impact on those who are least at risk and that even when universal school-based programmes do prevent drug use, they are only delaying the onset of first use from adolescence to emerging adulthood, from school to university, rather than preventing young people from ever using drugs.

Despite emphasis being placed on education institutions by the UK government to provide drug education that prevents and reduces young people's drug use, the existing evidence from systematic reviews about the effectiveness of drug education and prevention programmes in the UK, is inconclusive (Agabio *et al.*, 2015; Coggans, 2006; Faggiano *et al.*, 2008; Stead *et al.*, 2010). Moreover, the long term impact of school-based programmes has yet to be comprehensively investigated (Evans and Tseloni, 2019; Faggiano *et al.*, 2008).

Therefore this study will fill a gap by focusing on Class A drugs associated with recreational use and school-based prevention in the form of PSHE drug education; by investigating students experiences of prevention education and perspectives on what should be included in prevention education for longer-term effectiveness. Secondly, existing literature regarding student drug use is lacking (Ansari *et al.*, 2015; Bennett and Holloway, 2015; Patton, 2018). Having conducted searches of Health Systems Evidence and Social Systems Evidence, there are no systematic reviews in either database investigating student drug use. Holloway and Bennett (2018) conducted a comprehensive search of both databases (Web of Science, ASSIA, PsycInfo, PubMed, Medline, Google and Google Scholar) and grey literature and found 13 studies conducted in the UK in the last decade, however all were using surveys, quantitatively analysing the data. As Patton (2018) notes student drug use is not homogenous, to better understand nuances and diversity in both the normalisation of drugs and student drug use patterns, qualitative studies are needed. This suggests a need for qualitative research to gain a more holistic understanding of students' lived experiences, and how they make sense of these experiences and therefore, a qualitative study investigating students' experiences of recreational Class A drug taking will address a much needed gap in the literature. Moreover, as Helmer *et al.* (2014) note that cannabis use has fallen whilst the use of popular recreational Class A drugs has not changed, research on the use of Class A drugs associated with recreational use is a priority and as PSHE is central to the government's Drug Strategy, the research will also focus on university students' experiences of PSHE education to understand the effectiveness of prevention programmes in the long-term.

The aim of this research is to gain a more holistic understanding of university students' lived experiences of recreational class A drug taking and perspectives of PSHE drug education taught in English secondary schools, and how they make sense of their experiences by answering the research questions:

(1) What factors contribute to university students' decisions to take Class A drugs associated with recreational use?
(2) How does PSHE drug education influence students' recreational Class A drug taking behaviour?

Methodology

This study explores university students' experiences of recreational class A drug taking and perspectives of PSHE drug education through a lens of Interpretive Phenomenological Analysis (IPA) situated within a constructivist paradigm. This approach allows researchers to get as close as possible to the individuals' perception of their experiences, gaining insight and understanding into how individuals think, feel, and understand their experiences, whilst recognising the importance of reflexivity in ensuring awareness of any biases

that could influence the analysis and help to ensure participants words are not misrepresented (Rabbidge, 2017; Smith and Osborn, 2015).

Ethics approval for this study was granted by the UCL Research Ethics Committee. Participants' names were also changed and any named places or events mentioned also anonymised to ensure that participants cannot be identified.

Recruitment

Students were recruited from a university in the north of England with a large student population, not attended by the researcher to reduce the likelihood of knowing the participants and thus reducing the likelihood of bias in the sample (Devlin, 2017). To recruit students, a gatekeeper posted the study information in a Facebook group for students from their university as they held connections with the target population that otherwise would not have been accessible to the researcher (Andoh-Arthur, 2019). The post attracted a purposive sample of university students who responded to the post who were willing to discuss their experience of PSHE and recreational Class A drug taking (Kosinski *et al.*, 2015). Whilst 12 students responded to the Facebook post, only five students agreed to take part in interviews. This was still a suitable sample size for using IPA and allowed for the examination of each participant's responses with greater depth, which is crucial to IPA's commitment to idiography (Hefferon and Gil-Rodriguez, 2011).

Data Collection

Due to Covid-19 and social distancing measures, it was impossible to conduct interviews face-to-face. Instead participants were offered the choice of virtual face-to-face, instant messenger, or asynchronous email interviews. Allowing the participant to choose how the interview is conducted gives more control to the participant, reducing some of the power imbalance between researcher and participant (Råheim *et al.*, 2016). This has the potential to make participants feel more comfortable; resulting in a more open interview and facilitating the generation of richer data (Hanna and Mwale, 2017). One student opted to take part in a virtual face-to-face interview and the other four participants chose to take part via asynchronous email interviews.

Virtual face-to-face interviews are very similar to conducting traditional face-to-face interviews although they have the advantage, particularly in terms of researching sensitive issues, of participants being able to take part in an interview in a private space without the interviewer having to be there in person (Hanna and Mwale, 2017). The virtual face-to-face interview was audio recorded and then transcribed verbatim. Asynchronous email interviews involve sending participants a list of questions which they can respond to in their own time, thus producing textual data which does not need to be transcribed (Golding, 2014). Without the requirement for instantaneous real-time responses, participants have more control over their responses and are protected from over-disclosure, which is an important ethical issue to consider when researching socially undesirable behaviours (Gibson, 2017).

An ex- drug user was sought to comment on the design of the information sheet, consent form, and interview schedule to gain an understanding as to how these materials might be received, and amendments made in line with their

suggestions. The interview schedule was piloted to ensure appropriateness and suitability; adjustments were then made for the purpose of clarity before undertaking research with the participants (Devlin, 2017; Mikuska, 2017).

Alongside qualitative interviews, PSHE guidance, policy documents, and resources were also collected to provide an insight into what PSHE drug education should be like in theory based on the government guidance and available government recommended resources. These included the guidance from the Department of Education (2019) and the programme of study for PSHE education devised by the PSHE Association (2020) and sample resources available from The Christopher Winter Project (2020) who provide training, support, and resources for schools that are approved by the Department for Education.

Data Analysis

An ideographic case study approach (Smith *et al.*, 1999) was used to analyse the data from the qualitative interviews. The data was open coded to look for codes that could be categorised and further analysed through closed or selective coding to generate distinct categories which were then developed into broader overarching themes (Rivas, 2012). Once this process had been completed for each transcript, shared themes across transcripts were identified and analysed along with patterns or tensions between participants' responses (Smith *et al.*, 1999).

A qualitative content analysis of the PSHE guidance, policy documents, and resources followed the 12-step process outlined by Altheide and Schneider (2013), with the unit of analysis defined as a single document. The codes or categories used to guide the data collection were derived from the categories that had been identified from the analysis of the interviews. Key similarities and differences between the documents were then compared and findings triangulated with those from the analysis of the interviews.

Results

The five students (aged 21-22) who took part in interviews had first taken Class A drugs associated with recreational use between the ages of 17 and 20. Ecstasy (MDMA) was the first Class A drug associated with recreational use that had been tried by all of the participants; other Class A drugs associated with recreational use that three of the participants had used included powder cocaine and LSD. All the participants had also taken cannabis and four of the participants had used ketamine (both Class B drugs associated with recreational use). Nitrous oxide (a psychoactive substance not currently controlled as a Class A, B, or C drug) had also been used by all the participants. Two of the participants had their first experience of taking Class A drugs associated with recreational use before starting university, the other three had not used recreational Class A drugs until they started university. The mean length of time used was three years with a range of one to five years. Two overarching themes were identified in the data: 'opportunity, belonging, and micro-pressures' and 'PSHE: useful in theory, ineffective in practice'.

Opportunity Belonging, and Micro-Pressures

Participants spoke of being curious about drugs before their first-time use and nearly all the participants' experiences were at least partly premeditated.

However, there appears to be considerable ambiguity about their decision to take drugs being premeditated or a spur of the moment decision with their stories often being self-contradictory. It could be said that they are dabbling with drugs, with their use being occasional and reactive and their drug use often tied to going out and the night-time economy:

> I: Why did you decide to take class A drugs?
>
> John, 22: I was curious about how a substance could make you feel a particular way.
>
> Sarah, 21: I was drunk when I decided to take class A drugs, I had previously not had a desire to take any, so I shocked myself in my decision to take it.

> I: Was this first experience pre-meditated or a 'spur of the moment' decision?.
>
> John, 22: Kind of both. I wanted to try ecstasy but only if I could test it first.
>
> Harry, 22: Yes, this was planned before. Because I haven't taken it before I wouldn't have just decided to do it on the spot […] I've taken it 3 times in two years and all of them were just spontaneous decisions.

In addition to their curiosity, being provided the means and opportunity through their situation is clearly a significant factor for first-time drug use, and this was often linked to moving away from home and away from the control of their parents for the first time and the transition to university and the normalisation of drugs within university culture often provided both the means and opportunity:

> Steven, 21: At a club in first year, one of my friends just kind of offered to give me some MDMA and he said it was great, so I was like oh yeah why not like, and it was a good time

Harry, 22: It happened in second year of university. It was MDMA, I was really worried at the time because I hadn't done anything like that before.

> Thomas, 21: I was at a music festival. […] I stayed up all night talking to strangers at their campsites

Social pressures were likely a key contributing factor alongside curiosity. Whilst none of the participants in this study suggested that direct peer pressure was a factor in their drug use, participants still experienced indirect more subtle social pressures or ‘micro-pressures’, through the assimilation of group social norms and pressures to fit in with their peer group, even though they did not perceive this as a form of pressure influencing them:

> Harry, 22: It was mainly because the people around me were [taking drugs], and I didn’t want to be left out of the fun
>
> Steven, 21: One of my friends just kind of offered to give me some and he said it great so I was like oh yeah why not.

> Sarah, 21: My first experience took place with a friend who had bought a bag, […] She had previous experience of taking different class A drugs and took them semi-regularly, to me this meant that as a friend I could trust her and her judgement on what it was like.
>
> Thomas, 21:There were 5 of us taking it. 3 of my friends had taken it before but were not regular users.

These 'micro-pressures' suggest that these students are facing an internal dilemma; to stay a part of their friendship groups and take drugs to fit in, or not to take drugs and potentially leave their friendship group. This led to participants trying drugs for the first time and often continuing to use drugs, rather than deal with their feelings about fitting in and feeling left out.

PSHE: Useful in Theory, Ineffective in Practice

The statutory guidance for PSHE drug education emphasises knowledge-based approach and primarily focuses on the risks and consequences associated with drug use. The sample curriculum resources from the Christopher Winter Project also heavily focus on knowledge relating to risks and consequences as well as the effects of drugs, whether the positive and negative effects of drugs are discussed is not made clear. These sample resources also include pressure scenarios for students to discuss or role-play, to provide them with some skills to resisting pressure. Learning outcomes within the sample scheme of work also relate to learning about the legal consequences as well as the risks and negative effects associated with health. This suggests that the predominant focus of the curriculum is to promote abstinence from drugs. However, other learning outcomes within the sample resources include knowing how to get and give help, suggesting the inclusion of harm reduction education.

All the students interviewed in the current study had similar experiences of PSHE drug education. Despite what is suggested by sample resources, in practice it appears that harm reduction is not taught, and that drugs are only presented in a negative light:

> Thomas, 21: I remember it being mainly about the harmful effects of drugs and why you shouldn't take them
>
> Steven, 21: I don't remember a huge amount I just remember I just know that they're painted to be like just stay away from these.

Some participants felt that PSHE drug education acted as a useful deterrent whilst they were teenagers, but held very little relevance to them now as adults:

> Sarah, 21: […] it was useful as a deterrent away from drugs, but overall I don't find it useful to me now.

> Steven, 21: I think everything I've learnt outside of school has been much more helpful just because when you're being taught it they kind of have like the incentive to um they don't want you to take anything so its painted as like a do not do this sort of thing and then obviously as people get older some people decide whether they want to try it.

Participants also noted that the fact-based education they received had been somewhat helpful, but felt it relied too heavily on scare tactics about the harms of drugs to only promote abstinence. They also felt that it was unrealistic to only discuss the negative effects of drugs and suggested that the positive effects of drugs should also be covered. Some participants highlighted that PSHE drug education failed to acknowledge that some young people are likely to try drugs even if they have been taught about the risks and harms. They felt that teaching harm reduction could help to mitigate harms associated with young people's drug use:

> Thomas, 21: "[PSHE drug education] was unhelpful in the sense that I was never taught about how to take drugs safely […] A lot of the risks of drug taking can be mitigated if the user knows how to take them safely

> John, 22: There needs to be a realistic understanding about drugs and the current attitude towards them – telling people that they are bad, and they shouldn't do them, and expecting them not to is not realistic at all. By telling people that drugs are bad, it creates a certain 'coolness' factor […] Teach them real harm reduction methods, but also teach them the risks and harms of drugs. The stupid false scare tactics like those used in Stop Smoking campaigns shouldn't be used and should be realistic around the harms.

Participants also felt that PSHE drug education could be improved by more time being dedicated to drug education within the curriculum and that it needed to include more knowledge about different drugs and both the short-term and longer-term effects. Teaching of the subject often felt impersonal and despite the scheme of work emphasising the importance of young people being able to make their own decisions, students did not feel like PSHE drug education provided them with the opportunity to develop their own views or opinions as it only provided negative information:

> Sarah, 21: I found that in general, PSHE lessons focused more on sex education, I don't remember spending much time on the subject of drugs, therefore I would like to see more lessons on the subject. Also, I think it would have been beneficial to hear the story or experience of a young person, or a person in their early 20s rather than an adult, just to make the subject of drugs and taking drugs more relatable.

> Harry, 22: They specified that drugs belong in 3 different categories, and emphasised that one drug leads to another so we should never meddle with them in case we get "hooked" […] To be honest, I cannot exactly remember what was in the curriculum, but I would [want it to] further emphasise what to do when someone around you had taken the drug and you are looking after them.

Discussion

This research aimed to gain a holistic understanding into university students' lived experiences of recreational class A drug taking and the drug education taught in English secondary schools. The findings illustrate the impact of the transition to university and the micro-pressures linked to university culture and group norms on student drug use. All participants had similar perspectives of PSHE drug education with regard to its over emphasis on fact-based education and it was not effective as a preventative intervention in the long-term for any of the participants.

The students who took part in this study were emerging adults or on the cusp of emerging adulthood (Arnett, 2000) when they first used Class A drugs associated with recreational use and as Holloway and Bennett (2018) found Ecstasy to be the Class A drug associated with recreational use with the highest prevalence estimates in their survey of seven UK universities, it is perhaps unsurprising that this was the first Class A drug associated with recreational use that all the participants had used. Their experiences show similarities to previous research (Ansari *et al.* 2015; Arnett, 2000; Bennett and Holloway, 2014; 2015), whereby the transition to university and participation in the night-time economy provided greater freedom for them to experiment and take risks. The easy accessibility of drugs, that Patton (2018) notes has contributed to the normalisation of drugs within university culture, in part also provides students with the opportunity and means to be able to try drugs for the first time.

Findings from the National Union of Students and Release (2018) suggest that 16% of students in their survey felt direct pressure to take drugs at university, but none of the participants in this study suggested that peer pressure was a factor in their drug use. The social pressures that participants discuss experiencing can instead be understood as micro-pressures. In the same way that micro-aggressions are often more subtle and implicit compared to direct forms of discrimination such as racism or sexism, micro-pressures are indirect pressures that derive from societal or group norms or expectations. Emerging adulthood is characterised by identity exploration and formation (Schwartz and Petrova, 2019) and whilst at university, Bennett and Holloway (2015) argue that students' exposure to their peer group and the established group norms for prolonged periods of time can explain drug use. However, prolonged contact with same age peers does not fully explain the process by which students become drug users. The concept of micro-pressures extends the work of Bennett and Holloway (2015) to offer an explanation of the process by which students assimilate group norms through the implicit threat of not fitting in. Here, social norms and pressure to fit in with their peer group act as hidden micro-pressures which are particularly significant in contributing to drug use at university, even though participants did not perceive this as a form of pressure influencing them.

The statutory guidance for PSHE drug education suggests PSHE drug education is likely to fall into the information-based or check-based primary prevention approach category typified by Demant and Schierff (2019), only emphasising the facts relating to the risks of drug use. However, the content of the curriculum resources suggest that if used as intended, PSHE drug

education could fall into their second category: primary prevention approaches incorporating skill-training components (Demant and Schierff, 2019) as they include role-play elements to help young people develop confidence and resilience. Learning outcomes within the sample scheme of work also relate to learning about the legal consequences as well as the risks and negative effects associated with health but, despite what is suggested by sample resources, based on the young people's experiences in this study, in practice it appears that harm reduction is not taught, and that drugs are only presented in a negative light through knowledge-focused programmes or information/check-based approaches to prevention (Demant and Schierff, 2019; Faggiano *et al.*, 2008). Moreover, findings relating to the participants who did not use drugs until university align with the argument made by Coggans (2006), that school-based programmes may be an effective drug prevention intervention for some young people but only prevent drug use in the short-term, which just delays the onset of first use from adolescence to emerging adulthood.

Students highlight their dislike of fact-based education underpinned by the health belief model (Janz and Becker, 1984; McWhirter, 2009) which over-emphasises harms and promotes only abstinence and their suggestions for what they would like to see change in PSHE drug education suggests they would prefer PSHE drug education underpinned by a health action model (McWhirter, 2009; Schwarzer and Luszczynska, 2008). However, as PSHE resources suggest that harm reduction should be taught if the curriculum resources are followed, as well as skill-based and affective intervention elements (Faggiano *et al.*, 2008), it is likely that the issue lies in the implementation of the prevention education, which echoes findings from Stead *et al.* (2010) and Waller *et al.* (2017). Davies and Matley (2020), Stead *et al.* (2010), and Waller *et al.* (2017) all highlight lack of teacher training and inappropriate or lack of resources as negatively influencing implementation of prevention education. The PSHE Association (2015) attribute this in part to the non-statutory status of PSHE. As PSHE became a statutory subject from September 2020 (DfE, 2020), it is possible that this may change in the future.

Strengths and Limitations

Due to COVID-19, there were some difficulties in recruiting participants, and whilst five participants is still a suitable sample size for research using IPA (Smith *et al.*, 2009), as a particularly small sample, it does place some limitations on the weight which these findings have in informing policy. Counteracting the low numbers, the use of IPA as a methodological lens is a strength as it enabled a deeper understanding of individuals' experiences and the meanings ascribed to them from just a small number of participants.

With such a small sample, the findings are not statistically generalisable to the wider student population, however, analytical or theoretical generalisations (Firestone, 1993; Polit and Beck, 2010) may be drawn from the findings. The results from this study can thus be generalised through the established theories and concepts discussed (Polit and Beck, 2010; Smith, 2018) such as emerging adulthood (Arnett, 2000; Schwartz and Petrova, 2019). Nevertheless, due to a significant lack of qualitative research in this area, it is clear that further research is still required to provide a fuller understanding of student drug use across the UK, as participants in this study were all from the same university. However, as theoretical generalisations are not fixed or tied to specific

populations or contexts, they are able to evolve alongside further research as fluid ideas that extend our understanding of individuals lived experiences (Smith, 2018).

Conclusion

From this research, there appears to be a significant gap between evidence and policy and practice in the PSHE drug education experienced by the research participants. Whilst PSHE drug education content appears grounded in theory, its implementation is not and thus it fails to acknowledge the social context in which drug taking occurs in emerging adulthood and university which Schwartz and Petrova (2019) note is necessary for drug prevention programmes to be effective. Educating young people on how to stay as safe as possible if they do choose to take drugs will reduce the likelihood of adverse consequences in those cases where drug use was not prevented, especially with drug use having become increasing normalised in relation to youth transitions.

The normalisation of drug taking in universities (Patton, 2018) was experienced by the students. However, explicit peer pressure (NUS and Release, 2018) did not materialise, rather this study highlights how first-time drug use occurs at university as part of conforming to group norms without recognising the effect of accumulating micro-pressures. This study extends research by Bennett and Holloway (2015) about students' lifestyles and deepens our understanding of different types of social pressures, such as more friendly invitations that hold implications for group belonging and identity. For those participants who did not take drugs until university, PSHE only delayed first-time drug use, confirming Coggan's (2006) argument that school-based interventions only delay drug taking from adolescence to emerging adulthood, from school to university.

Despite the similarities in the experiences of the participants, neither student drug use (Patton, 2018) nor drug prevention education provision (Demant and Schierff, 2019) are homogenous. Therefore further qualitative research is required to provide a more detailed picture of university students' heterogenous experiences of both drug prevention education and drug taking, and how they make sense of these experiences. Research investigating perspectives and experiences of PSHE drug education from students who do not go on to use drugs may also be useful to identify protective factors to better inform prevention interventions.

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