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*Title:*  
**"They're doing it anyway, let's have a conversation about it"**

*exploring student and stakeholder attitudes towards Drug Education Programmes for university students*

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“They’re doing it anyway, let’s have a conversation about it”:  
Exploring student and stakeholder attitudes towards Drug Education  
Programmes for university students.

By

Lilli Waples

A dissertation submitted to the University of Bristol in accordance with the  
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# ABSTRACT

Drug use among university students in the United Kingdom is estimated to be widespread, with the prevalence of illicit drug use among students increasing at a higher rate than among same-age non-student peers. The use of drugs (including alcohol) among the student population has been associated with adverse consequences including lower academic performance and self-reported health. Drug Education Programmes (DEPs) have the potential to reduce drug-related harm by providing students with practical information to help them make safe and informed decisions pertaining to drug use. However, there is a sparsity of literature exploring the use of DEPs in higher education settings.

Based on the guidance of the Person-Based Approach to intervention development, the aim of this thesis was to explore student and stakeholder perspectives on the use of DEPs in university settings, with a view to inform the development of future educational interventions. I conducted semi-structured qualitative interviews with twenty university students and four individuals identified as being involved in the development and/or implementation of drug education services for university students. These interviews explored students' experiences of drug use at university and the perceived barriers and facilitators for implementing DEPs in higher education settings. Using reflexive thematic analysis, I developed the following five themes from the interview data: 1) A culture of drug use; 2) Balancing risk and reward; 3) Drug use as a coping mechanism; 4) The current approach is failing students; and 5) A new approach.

My findings indicate that DEPs are a promising intervention to reduce drug-related harm among university students. However, students' fears of judgement, punishment and criminalisation, which are compounded by punitive drug policies, may prevent them from fully engaging with such interventions. Successful implementation of DEPs would therefore require changes on a structural level to encourage students to access any future interventions.

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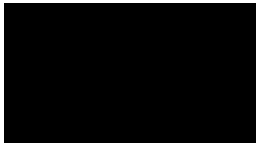
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Finally, this work would not have been possible without the support of my friends and family. To my mum and dad, my sister Lauren and my partner Gunchit, I cannot thank you enough for your endless patience and unconditional encouragement.

# **AUTHOR'S DECLARATION**

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's *Regulations and Code of Practice for Research Degree Programmes* and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED:



DATE: 23/07/2022

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# CHAPTER 1: INTRODUCTION

## 1.1 INTRODUCTION

In this chapter I will present the reader with a background on the key topics relevant to this thesis: drug use among UK university students; approaches to student drug use; and intervention development approaches. I will then state the aims of this thesis and provide an overview of the thesis structure.

## 1.2 DEFINING TERMINOLOGY

When discussing drug use, it is imperative first to define one's terminology. The definition of the term "drug" is highly contentious; its' use and meanings vary over time, across cultures, and according to laws, conventions and social norms (Wadley, 2016). Often, "drug use" is discussed in reference to the use of illicit drugs (i.e., those whose production, supply and possession are defined as criminal offences). However, the legal status of a given substance has little to do with any chemical property of the substance, nor with the level of risk or harm its' use poses to the user and/or to others (Nutt et al., 2010). In fact, the prohibition of drugs (including alcohol) is viewed by many as a reflection of dominant cultural values as opposed to the effects of the drugs themselves (Kushner, 2011).

In the following body of work, the term "drug" (along with "drug use") is used in reference to any substance which produces a psychoactive effect upon the user – therefore including alcohol and other "licit" drugs. Using this terminology in this way, as illustrated by Wadley (2016), emphasises the shared underlying properties of all psychoactive substances without reinforcing arbitrary distinctions between different drugs. Theoretically this definition extends to include nicotine and caffeine, however these are not within the scope of this work. Specific terminology will be used where appropriate – for example, when specifically referencing alcohol as opposed to drugs "in general".

## 1.3 BACKGROUND

The use of drugs (including alcohol) is a major global risk factor for mortality and disability, accounting for hundreds of millions of disability-adjusted life-years (Peacock et al., 2018). In the UK alone, the illicit drugs market is worth an estimated £10 billion per year, with 3

million users – including 300,000 opiate and crack cocaine users (Black, 2021). The prevalence of illicit drug use among university students aged 20-22 is estimated to be higher than that of their same-age, non-student peers (Bennett, 2014), suggesting that this population may be a risk group for drug-related harm. Student drug use is therefore an area of interest for researchers and policymakers alike.

### *1.3.1 Students and drug use: Prevalence*

Estimating the prevalence of drug use among university students in the UK is challenging. Some of the most frequently cited statistics on illicit drug use in this population are those taken from national population-based surveys such as the Crime Survey for England and Wales (CSEW), in which UK residents are asked to self-report their experiences of crime over the previous 12 months. However, a recent study comparing data from a well-established longitudinal birth cohort study (the Avon Longitudinal Study of Parents and Children; *aka* ALSPAC) to CSEW data found that these official statistics may be substantially underestimating drug use among young people (Charles et al., 2021). For example, prevalence estimates of lifetime illicit drug use among young people were 22% lower in the CSEW (40.6%) than in the ALSPAC study (62.8%). It has long been suggested that official statistics may underestimate the prevalence of illicit drug use – and indeed, of other forms of crime – as people are likely to be fearful of reporting their own criminal behaviour (Harrison, 1997).

There is significant variation across universities in the prevalence of drug use, and demographic factors such as gender, age and ethnicity also significantly influence the prevalence of the use of certain types of drugs (Holloway & Bennett, 2018). For example, one study based on CSEW data showed that male students are more likely than female students to report past-year use of “any drug”, and white students are significantly more likely than non-white students to report “any drug” use (Bennett & Holloway, 2015). However, given the challenges associated with accurately estimating student drug use prevalence, it is difficult to draw any conclusions from these findings.

Alcohol has been consistently identified as the most commonly used drug among university students. One review reported that alcohol is consumed by a very large proportion of students at European universities, with male students drinking more frequently and in larger amounts

than female students (Wicki et al., 2010). More recently, findings from the National Union of Students' (NUS) Students & Alcohol Survey showed that 50% of students drink alcohol at least once per week, with a sixth of respondents reporting drinking alcohol with the deliberate intention to get drunk about once per week (National Union of Students, 2021).

Perhaps the most recent and relevant estimate of drug use prevalence among UK students comes from a survey conducted by NeuroSight to examine student drug behaviour and mental health during the COVID-19 pandemic (NeuroSight, 2021). This survey was completed by 1080 students between October and December 2020. In this sample, the majority (58%) of students reported having used any drug recreationally (defined as “for enjoyment” or other purposes rather than medical reasons) during the first term of the 2020 academic year, with a further 33% reporting having used alcohol, tobacco or caffeine only. Of those who reported having used an illicit drug, cannabis (86%), ketamine (50%) and cocaine (42%) were the most popular drugs for these students. It is, however, important to consider the potential role of self-selection bias in these findings; arguably, a survey exploring student drug use is likely to attract respondents who feel they have relevant experience (i.e., students who use drugs) and therefore these estimates may be overrepresenting drug use among university students.

Despite such variation in results, what is clear is that many students do use illicit drugs during their university years, and that even larger proportions of students frequently use alcohol. Thus, this should be a population of interest for researchers interested in drug use among adolescents and young adults.

### *1.3.2 Students and drug use: Associated risks and harm*

Drug use has been found to peak during young adulthood, declining to moderate levels thereafter (Bachman et al., 2001). An implication of this is that young adults may be at heightened risk of experiencing adverse consequences and outcomes resulting from drug use.

The use of illicit drug use among university students may place these young people at risk of experiencing unintended consequences with implications for public health as well as their own long-term health and wellbeing. For example, in a survey of UK university students, respondents who reported having ever used illicit drugs were more likely to report having had

a sexually transmitted infection (Vivancos et al., 2008). Student drug use has also been associated with negative health and social outcomes such as poor sleep quality (Fadhel, 2020; Kushkestani et al., 2020), unbalanced diet (Aceijas et al., 2017) and poor academic performance (Bajwa et al., 2013). Drug use also has significant implications for students' mental health – however the relationship is not straightforward. For example, in a recent survey of illicit drug use in UK university students, of students who reported experiencing some form of health impact from drug use, two-thirds argued that their drug use had a positive impact on an existing mental health condition, while an additional one-third of students claimed that their drug use had worsened a mental health condition (Release & National Union of Students, 2018).

Additionally, students may be at risk of developing patterns of risky drug use which pose a threat of developing into dependence or addiction. Indeed, the recent NeuroSight survey found that 30% of students surveyed who reported using illicit drugs had felt dependent on a drug at some point (where dependency was defined as “being reliant on a drug to feel in a certain way). 8% had felt addicted to a drug at some point (defined here as “compulsive drug taking without negative consequences”), 18% reported experiencing “unexpected adverse effects”, and 16% reported having a “scary experience” as a result of taking illicit drugs but were not brought to hospital and did not seek help. Many students also reported that their use of illicit drugs had exerted negative impacts on their finances, mental health and academic work (NeuroSight, 2021).

Alcohol consumption also poses a significant public health risk: an estimated 3.8% of all global deaths and 4.6% of global disability-adjusted life-years can be attributed to alcohol (Rehm et al., 2009). Alcohol has been identified as a contributory cause for a number of diseases including cancer, heart disease, stroke and liver disease (Lopez, 2006). Notably, a model created by the UK's Independent Scientific Committee on Drugs rated alcohol as the most harmful drug based on its detrimental effects both on the user and on others – ranking significantly higher than many common illicit drugs including cocaine and ketamine (Nutt et al., 2010). These risks increase with increasing levels of alcohol consumption (Plotnikoff et al., 2019). With alcohol being the most prevalent drug among university students, this suggests that many may be at a significant risk of experiencing alcohol-related harm.

Indeed, a survey using the Alcohol Use Disorders Identification Test (AUDIT) found that 40% of students recruited from seven English universities were identified as hazardous drinkers, with an additional 11% being found to display harmful drinking patterns and a further 10% displaying probable alcohol dependence (Heather et al., 2011). The authors concluded that one in five of the students in their sample showed “a likelihood of having a diagnosable alcohol use disorder” – and that even this may be an underestimation of the true figure. This has significant implications for students’ long term health; although evidence suggests that drug use decreases for many adults upon leaving higher education (Bennett, 2014), some data from American longitudinal research suggests that for many people, problematic drinking behaviours in late adolescence continue well into adulthood (McCarty et al., 2004). Therefore, students who develop patterns of problematic drinking during their university years may be at a heightened risk of experiencing problems with alcohol later in adulthood.

## 1.4 APPROACHES TO STUDENT DRUG USE

Given the above findings, universities may view preventing drug-related harm as a priority in safeguarding their students. However, while the UK’s most recent drugs strategy sets out guidance for secondary schools to educate pupils about drugs and to safeguard vulnerable children (HM Government, 2021), no such guidance exists for Higher Education Institutions (HEIs). Universities are therefore left to make their own decisions about how to approach student drug use – provided they are acting within the law.

### *1.4.1 The national policy context*

Universities may well look to national drug policies to inform their own institutional policies and practices. In the UK, substances defined as “controlled drugs” via the UN Single Convention on Narcotics (and its amendments) are criminalised under the Misuse of Drugs Act (MDA; 1971). The MDA defined the production, supply and possession of controlled drugs as specific criminal offences, as well as creating a system which organises drugs into “classes” (A, B and C), supposedly based on their potential to cause harm (Class A being the most harmful, Class C being the least). The severity of punishment for drug offences is related to their classification, with offences involving the more “harmful” drugs carrying harsher penalties.

The Psychoactive Substances Act (PSA, 2016) was then introduced in response to a growing market of synthetic substances which mimicked the effects of illicit drugs but, due to differences in their chemical makeup, were not controlled by the MDA. The PSA outlawed the production and sale (notably, not the possession) of any substance “capable of producing a psychoactive effect” – i.e., able to affect one’s mind or behaviour. The Act sets out exceptions, however, for certain commonly used drugs including alcohol and nicotine. By contrast, these substances are extensively regulated in the UK, with age restrictions on who can purchase them, and regulations to monitor the strength and safety of products.

#### *1.4.2 Punitive drug policies in universities*

In 2018 the “Taking the Hit” report was published, examining student drug use and how universities respond (Release & National Union of Students, 2018). As well as surveying 2,810 UK-based students on their attitudes towards, and experiences of, drug use; the authors of the report also conducted a review of the policies and practices in place at 151 UK universities with regard to student drug use. It is important to note that this report did not include alcohol or tobacco under their definition of “drugs”.

Approaches to student drug use varied across institutions. The report authors found that when a student is found to be in possession of a controlled drug, there are three possible outcomes: no further action; resolving the matter informally; or initiating formal disciplinary procedures. While most cases of student misconduct involving drugs are resolved without punitive measures, the report found that in the 2016/17 academic year there were at least 21 permanent exclusions from higher education for drug possession. Additionally, in this period, 531 student misconduct incidents for drug possession were reported to the police, despite there being no legal requirement for universities to do so<sup>1</sup>. Additionally, over half of institutions adopt policies which allow them to discipline students for drug-related behaviour which does not constitute a criminal offence – for example, possession of a drug controlled by the PSA, or possession of drug-related paraphernalia. A number of institutions also adopt surveillance measures to detect drug use among students, such as drug detection dogs, despite

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<sup>1</sup> Under UK drug laws, universities are not criminally liable if students are found in possession of illicit drugs. They are required, however, to have procedures in place to deter such incidents from happening, and to prevent the production supply of controlled drugs on university premises (Garius, 2021).

the fact that such measures have been found to be an ineffective deterrent and, in fact, encourage riskier drug use behaviours (Dunn & Degenhardt, 2009; Grigg et al., 2018). Such punitive approaches to student drug use are often referred to as “zero-tolerance” policies (e.g. Garius, 2021).

As we have already seen, relatively large proportions of students use illicit drugs every year. It would therefore be reasonable to conclude that punitive university drug policies are not having the desired effect of reducing or preventing student drug use. In fact, universities who adopt these policies may be unintentionally creating a more harmful environment for their students:

Firstly, the finding that one in four incidents of student misconduct for drug possession resulted in a police referral is particularly concerning, as being entered into the criminal justice system for possession of a controlled drug can have extremely detrimental effects on a person’s wellbeing and their prospects for the future. Possessing a criminal record can limit a person from enrolling on certain university courses, traveling abroad to certain countries, and pursuing their chosen career. Formal contact with the criminal justice system is also inherently stigmatising and can lead to discrimination in many areas of the individual’s life (Creaney, 2012). Moreover, there is a chance that an individual who is convicted for possession of a controlled drug may receive a custodial sentence: for example, possession of a Class A drug could result in the individual being sentenced to up to seven years in prison. The cost of this to the criminal justice system (and thus to UK taxpayers) is substantial: the UK government spends an estimated £6.9 billion per year across the criminal justice system in England alone on dealing with drug offences and drug-related crime (Transform Drug Policy Foundation, 2022).

While diversion schemes have been introduced in certain areas of the UK (such as Avon & Somerset, Durham and Leicestershire), in which minor drug offenders are referred for drug education or treatment as an alternative to facing criminal charges, these schemes have not been rolled out nationally. This means that each year, thousands of individuals face severe legal repercussions for minor drug offences – with 80% of all drug offences in the UK being for personal possession (Office for National Statistics, 2022). Therefore, by referring students into the criminal justice system for personal possession of a controlled drug, universities may be seriously limiting the young person’s future prospects.



There are also stark inequalities in the severity of consequences for individuals referred to the criminal justice system for drug offences. A report commissioned by the Sentencing Council in 2020 revealed that male offenders were 2.4 times more likely to receive an immediate custodial sentence for a drug offence than female offenders, and on average would receive a 14% longer sentence (Sentencing Council, 2020). Individuals from minority ethnic backgrounds were also more likely to receive a custodial sentence: the odds of an Asian offender receiving a custodial sentence were 1.5 times higher than for white offenders; for black offenders, the odds were 1.4 times higher; and for individuals from an ethnic group other than white, black or Asian the odds were 1.5 times higher. On average, custodial sentences received by Asian offenders were 4% longer than sentences received by white offenders. There is no data available as to the gender or ethnic background of students reported by their universities to the police, nor on the actions taken by the police following the referral. However, given such disparities in sentencing, by referring students to the police, universities may be placing certain students at an enhanced risk of experiencing inequality at the hands of the criminal justice system.

Secondly, by representing themselves as being intolerant of student drug use, universities may be creating barriers preventing students from accessing support or advice where it is needed. Given the severity of some institutions' disciplinary responses to student drug use, it is perhaps unsurprising that 40% of students surveyed for the Taking the Hit report stated that they would not feel comfortable disclosing their illicit drug use to their institution without fear of punishment (Release & National Union of Students, 2018). This may also go some way toward explaining NeuroSight's finding that 16% of students who used illicit drugs had had a "scary" experience but did not seek help (NeuroSight, 2021). In a recent debate paper, it was argued that a student not disclosing their illicit drug use due to fear of negative repercussions from their university could be "the difference between life and death in an emergency" (Ozcubukcu & Towl, 2022). It is in the best interests of universities to safeguard their students, and it is imperative that their policies and practices relating to student drug use reflect this. Indeed, almost half (47%) of respondents in the Taking the Hit survey agreed that universities should not punish students who take drugs, compared to 27% who disagreed (Release & National Union of Students, 2018). Therefore, universities may benefit from exploring alternative approaches to student drug use, besides punitive policies.

### *1.4.3 Drug education programmes*

Drug Education Programmes (DEPs) are developed to educate individuals about drugs and their potential risks. These are intended to reduce the harms associated with drug use. Perhaps the most famous example of an established DEP comes from the United States: the Drug Abuse Resistance Education programme (Project DARE), a school-based drug curriculum designed for 11-year-old children (Clayton et al., 1996). Project DARE originated in the early 1980s as a joint initiative between the Los Angeles Police Department and the Los Angeles school district. The programme was delivered to children by uniformed police officers. The DARE curriculum utilised psychosocial theories to target students' self-esteem, social competencies and peer pressure resistance skills (Rosenbaum, 2007). The primary aim of Project DARE was to teach children to “Just say No” to drugs (Mertens, 2003).

Evidence has overwhelmingly indicated that Project DARE was an ineffective programme. A meta-analysis of studies assessing the effectiveness of Project DARE in achieving its primary aim (preventing the onset of drug use in its participants) concluded that there was no evidence that exposure to the programme had any effect on participants' later drug use (West & O'Neal, 2004). Critics of the programme attribute DARE's failure with its use of police officers as educators, with little-to-no input from addiction specialists or individuals with lived experience of addiction. This meant that the program was more likely to be associated with a punitive approach to drug use, rather than a focus on minimising drug-related harm through education and awareness (Landmark Recovery, 2020). Since 1998, the Project DARE has been replaced by the “keepin' it REAL” (kiR) programme, a series of interactive lessons delivered by schoolteachers, which aim to enhance children's social and emotional skills to empower them to “resist” drug use. Evidence has generally supported the effectiveness of the kiR programme in influencing students' attitudes towards drugs and enhancing their use of drug resistance strategies (Hecht et al., 2003).

### *1.4.4 Harm Reduction*

As an alternative to abstinence-focused programmes such as Project DARE, DEPs may benefit from a harm reduction focus. While there is no universally accepted definition of the term “harm reduction”, it has been described as “a public-health approach to dealing with drug-related issues that places first priority on reducing the negative consequences of drug

use rather than eliminating drug use or ensuring abstinence” (Riley et al., 1999). Although harm reduction is compatible with abstinence from drug use, abstinence is not the primary goal. Instead, the primary goal of harm reduction is to minimise the negative effects of drug use for the user and for others (Marlatt, 1996).

Though it is unclear when ‘harm reduction’ emerged as an approach to drug use, it gained in notoriety throughout the 1990s, which can be attributed to public health responses to the spread of human immunodeficiency virus (HIV) among people who inject drugs (Inciardi & Harrison, 1999). Since injecting drug use is a primary risk factor for the spread of HIV, as well as other blood-borne viruses such as hepatitis C (Kaye & Darke, 2000; Mathers et al., 2008), harm reduction approaches began to receive attention in areas such as North America and the United Kingdom (Inciardi & Harrison, 1999). Although the spread of HIV can be seen as a catalyst for the emergence of harm reduction approaches to drug use, harm reduction is a global public health approach which seeks to address many of the causes and consequences of drug-related harm, through the development of systems and services such as needle exchange programs, opioid substitution therapy, and - most relevant here - harm reduction-based drug education (Stone & Shirley-Beavan, 2018).

Harm reduction approaches recognise that many people will continue to use drugs despite efforts to prevent or prohibit drug use, and therefore it is necessary to implement policies and practices which aim to mitigate the negative consequences of drug use (Stone & Shirley-Beavan, 2018). Harm reduction is strongly rooted in concepts of social justice and human rights, with advocates campaigning against capital punishment and extrajudicial executions of people who use drugs (Harm Reduction International, 2021), over-incarceration and arbitrary detention for drug-related crimes, and inadequate health services and provisions for people experiencing addiction (Transform Drug Policy Foundation, 2015).

Harm reduction approaches have been shown to be a cost-effective method of managing drug-related harm and mortality (Anderson et al., 2009; Wilson et al., 2015). However, some institutions may be reluctant to implement harm reduction policies and strategies due to a belief that by encouraging people to use drugs in a safer and healthier way, this may increase population drug use. While it is difficult to assess this claim empirically due to the dynamic nature of drug use, with individuals increasing and decreasing their drug use over time

independently, studies which have explored this hypothesis have found very little evidence to suggest that harm reduction ‘encourages’ drug use (Hunt, 2003).

#### *1.4.5 Harm reduction and drug education*

DEPs with a harm reduction focus therefore serve to provide participants with evidence-based strategies to promote safer drug use. An example of one such intervention is the Australian School Alcohol Harm Reduction Programme (SHAHRP), a classroom-based programme which explicitly aims to reduce the harms that young people may experience from their own, and from other people’s use of alcohol (McBride et al., 2002). A longitudinal study assessing the effectiveness of the SHAHRP programme over 32 months post-intervention found that the programme produced significant effects on students’ knowledge, attitudes and behaviours early in the study, with some of these effects remaining until the final follow-up period (McBride et al., 2004). Some effects on students’ drug use behaviour were short-lived: for example, while intervention students consumed less alcohol than the control group during the intervention period by 17 months after delivery, the difference between the groups was converging. However, the intervention was successful in reducing self-reported alcohol harms experienced by intervention students compared to controls at all follow-up stages.

Similar findings were achieved in a randomised controlled trial examining the effectiveness of the Drug Education in Victorian Schools (DEVs) programme: a DEP with similar goals to the SHAHRP programme which educated Australian secondary school children on illicit drugs as well as alcohol (Midford et al., 2014). Students who received the intervention were found to display a significantly greater increase in their knowledge about drugs compared to the control group 9 months post intervention. They were also more likely to communicate with their parents about alcohol and experienced a lesser increase in harms associated with their drinking. There were, however, no significant differences between the intervention and control groups in the proportion of drinkers.

These findings suggest that while school-based DEPs may not be effective in reducing or preventing drug use among young people, they may be very effective in increasing knowledge and reducing drug-related harm among their participants. Educational settings

seeking to introduce DEPs may therefore benefit from targeting harm reduction as opposed to abstinence-based education.

Educational settings have long been shown to be a good environment for health promotion (Lister-Sharp et al., 1999). Additionally, students are a captive audience: universities could reasonably incorporate drug education as a mandatory part of their curricula, thus engaging large numbers of students. There is also evidence that students would be interested in receiving this type of educational intervention: for example, in the NeuroSight survey sample, the majority of students agreed that they wanted to learn about how to stay safe and reduce harm while using illicit drugs (44% “Strongly agree”, 37% “agree”; NeuroSight, 2021). These findings suggest that higher education settings may be well-placed to deliver DEPs to students.

While there is extensive research examining drug education in schools (for a review, see McBride, 2003), research exploring how DEPs may be used in universities is extremely limited. In order for DEPs to be effective, they should be relevant based on the needs of the people who will be receiving the intervention (McBride et al., 2004). While secondary-school-based drug education is likely to be aimed at preventing drug use among those who have little-to-no personal experience of using drugs, university students are likely to have more experience of drug use – if not through their own personal use, then through witnessing their peers using drugs (NeuroSight, 2021). In order to implement DEPs which are effective in reducing drug-related harm among university students, along with being interesting and engaging for the target audience, more research is required to understand the needs of this particular population. This information could then be used to tailor the intervention to be more relevant to the students’ experiences.

## 1.5 INTERVENTION DEVELOPMENT

*To understand the whole it is necessary to understand the parts. To understand the parts, it is necessary to understand the whole. Such is the circle of understanding.*

*(Ken Wilber)*

In the past, the term “complex interventions” has been used to describe interventions which contain many interacting components, target numerous groups or organisational levels, and require a high level of skill from those delivering and receiving the intervention (Craig et al., 2008). More recently however there has been a shift towards the use of complex systems approaches to intervention development. These approaches recognise that complexity lies not only in the intervention itself, but in the broader social systems in which the target population exists (Rousseau et al., 2019). It has been argued that health interventions should not be viewed in isolation, but as events within complex systems which seek to create change within these systems (Hawe et al., 2009). In this instance, it is important to consider the wider context in which a university-based DEP would be implemented: in particular, how this wider context may be shaped by policy and organisational structures.

Minimising drug-related harm among university students requires these students to modify their drug use behaviours and adopt practices which maximise their safety and wellbeing. There is an extensive body of literature to suggest that health education interventions which are tailored to the individual circumstances of the recipient can produce meaningful behaviour change among a variety of populations (Lustria et al., 2013; Wanyonyi et al., 2011). Therefore, there is a need for good quality research to explore students’ experiences of drug use at university in order to inform the development of effective educational interventions.

The Person-Based Approach to intervention development (PBA) provides guidance for designing and implementing effective health interventions by eliciting the needs and priorities of the intervention’s target population, thus ensuring that the intervention is attractive and impactful for those who use it (Yardley, Ainsworth, et al., 2015; Yardley, Morrison, et al., 2015). While there is extensive literature exploring how behavioural science theories and models can be incorporated into interventions to facilitate healthy behaviour change (Davis et al., 2015), the PBA serves to complement these approaches by providing contextual information about the unique psychosocial circumstances of the target population in order to maximise the acceptability of interventions. The PBA has a strong evidence base of over 1000 interviews with intervention users, and has informed the development of a variety of health interventions (Yardley, Morrison, et al., 2015).

The process of developing an intervention using the PBA follows four phases: planning; design; development and evaluation of acceptability and feasibility; and implementation & trialling. The body of work presented in this thesis is situated in the first two phases – planning and design.

In the planning phase, developers draw on theory, evidence and the target population's perspectives in order to identify potential intervention features which may be acceptable (or unacceptable) for the intervention users (Yardley, Morrison, et al., 2015). At this stage, it is useful to synthesise any existing qualitative research specific to the intervention type being used and the intended target population. If no such good quality evidence exists, it is appropriate for the researcher to conduct their own. This enables the researcher to elicit the target population's views on the planned intervention, potentially drawing on their experiences of previous interventions. At this stage, it is also useful to consult with stakeholders who are likely to be involved in the implementation of interventions of this type. Not only can this help by providing some contextual information about power and organisational structures within the intervention's setting, stakeholders can also provide some insight into what is feasible and acceptable for them to implement (Nitsch et al., 2021; O'Cathain et al., 2008).

Second, in the design phase, guiding principles are developed. These comprise of: intervention design objectives, which aim to address the needs and challenges identified in the planning phase; and intervention features which aim to achieve these objectives (Yardley, Morrison, et al., 2015).

In the following body of work, I will use the PBA to understand university students' needs from a university-based drug harm reduction intervention, and create preliminary guiding principles for the development of a university-based harm reduction DEP. By applying this well-established approach, I intend to provide some valuable insight into how an intervention of this kind can be implemented in a way that is attractive to users and feasible for stakeholders.

## 1.6 BRISTOL'S HARM REDUCTION APPROACH TO STUDENT DRUG USE

Bristol is a city in the South West of England with two universities (the University of Bristol and the University of the West of England) and a student population of over 35,000, making up 8.3% of the city's total population (Bristol City Council, 2019). The South West of England has the highest rate of illicit drug use of any region in England and Wales (Home Office, 2019) and Bristol itself has been dubbed “the cocaine capital of Europe” (Barnes, 2019) since being found to consume more cocaine per capita than any of the other 69 European cities sampled (European Monitoring Center for Drugs and Drug Addiction, 2020).

Bristol ROADS (Recovery Orientated Alcohol & Drugs Service) is an organisation which oversees the provision of drug and alcohol treatment services in Bristol. ROADS is a partnership between three key service providers: Bristol Drugs Project (BDP); Developing Health and Independence (DHI); and Avon & Wiltshire Mental Health Partnership NHS Trust.

In recent years, the University of Bristol (UoB) and the University of the West of England (UWE) have been working as part of a multi-agency partnership with local drug treatment providers, along with Avon & Somerset Police and Public Health England, to create a novel approach to student drug use (Torrance et al., 2020). Since 2019 (UWE) and 2020 (UoB), the universities have committed to a harm reduction stance on student drug use, meaning that students will be provided with support and advice as an alternative to punishment if they “admit” to illicit drug use at university. This approach was pioneered by the two universities in response to growing concerns among stakeholders that disciplinary approaches to student drug use may be increasing drug-related harm and further marginalising vulnerable groups of students (Busby, 2021).

To my knowledge, the Bristol universities were the first in the UK to formally implement a harm reduction policy. Since this was implemented, institutions including the University of Manchester and the University of Bath have adopted similar approaches – and student groups are campaigning for other universities to follow suit (Doughty, 2022). Very recently, in February 2022, Universities UK and other Higher Education stakeholders launched a new taskforce to tackle student drug use, with a particular emphasis on harm reduction (Blake, 2022). This potentially has implications for the entire Higher Education sector, therefore there is a need to further establish the evidence base around student drug use, to inform the implementation of such changes.



As part of their approach, UoB has commissioned BDP to provide harm reduction services for students, including one-to-one harm reduction advice sessions and the provision of reagent testing kits where appropriate. Additionally, the university began offering a DEP for students, designed by the local police in partnership with the local mental health services, and facilitated by an NHS professional. This DEP was adapted from a similar diversion scheme adopted by Avon & Somerset Police and contains information on the risks of different drugs (including alcohol) and the legal implications of drug use. For the purpose of this research, I invited study participants to attend and discuss this DEP - further details are provided in Chapter 2. Since beginning the research presented in this thesis, the university has ceased to provide this DEP for students.

### 1.7 AIMS OF THE THESIS

The aims of the body of work presented in this thesis are to elicit an understanding of students' needs from a university-based harm reduction DEP, and their perceived barriers and facilitators for engaging in this type of intervention. Conceptualising DEPs as “events within complex systems” (Hawe et al., 2009), I also seek to understand the context in which these interventions would be implemented.

While it is beyond the scope of a Masters thesis to design a novel intervention, the purpose of this body of work is to provide the contextual knowledge required to understand the needs of the target group and what may be feasible and acceptable to implement – in line with the “planning” and “design” phases of the PBA (Yardley, Ainsworth, et al., 2015). In addition to intervention development, the findings will have implications for policy and practices both at an institutional and a national scale.

### 1.8 THEORETICAL ORIENTATION

My epistemological approach to this research fits within a “critical realist” orientation. Critical realism assumes that an objective reality exists and is a legitimate field of enquiry, but that representations of this reality are characterised by factors such as culture, political interests, race, class and gender (Collier, 1994; Ussher, 1999). In this piece of research, I utilised a critical realist approach to understand the reality of student and stakeholder

perspectives on student drug use, as well as to locate these experiences within the wider context these perspectives and experiences are situated in. By attempting to conceptualise students' experiences of drug use within the wider social and environmental context, I hope to produce the contextual information necessary to inform the development of a complex intervention for this user group (Yardley, Ainsworth, et al., 2015; Yardley, Morrison, et al., 2015).

## 1.9 THESIS OVERVIEW

The next chapter will present the findings of a piece of primary research I conducted to address the above aims, using qualitative interviews with UoB students and stakeholders. In the final chapter, I will provide preliminary guiding principles for the development of university-based DEPs. I will also discuss these findings and their implications for policy and future research.

# CHAPTER 2: STUDENT AND STAKEHOLDER INTERVIEWS

## 2.1 INTRODUCTION

In this chapter, I will present the findings from my primary qualitative research. I conducted interviews with 20 University of Bristol students and 4 stakeholders (individuals involved in the development or delivery of drug education services for university students) between April and June 2021.

This study sought to address the following research questions:

1. What are students' experiences of drug use while at university?
2. What do students need from an educational drug use intervention? What are their specific concerns?
3. What would make an educational drug use intervention attractive and relevant for students?
4. What are stakeholders' perspectives on what could be feasible and acceptable to implement in a university setting?

## 2.2 METHODS

### *2.2.1 Study design*

To address these research questions, I conducted semi-structured qualitative interviews with University of Bristol students and stakeholders involved in the development and/or implementation of drug education and harm reduction services for university students in Bristol. Qualitative research designs allow the researcher to obtain rich and detailed insights into the perspectives and experiences of an intervention's target population (Ayala & Elder,

2011; Braun & Clarke, 2014). As demonstrated in the previous chapter, there is a sparsity of qualitative literature examining UK university students' experiences of drug use and the potential use of DEPs as a harm reduction intervention in this population. The person-based approach to intervention development states that where there is little or no good-quality qualitative research examining the perspectives of an intervention's target population, it is recommended that the researcher conducts their own (Yardley, Morrison, et al., 2015).

The student interviewees were asked to attend a university-run DEP prior to their interview. Contextual information about this DEP can be found in Chapter 1.6. There were two purposes to asking students to attend this session: firstly, I was able to collect feedback about the DEP which I reported back to the organisers; and secondly, the DEP acted as an important stimulus to facilitate meaningful discussions with participants around what they would want or expect from a university-based DEP. It was anticipated (based on feedback from DEP facilitators) that most students would not have experienced attending a DEP before participating in this study, and therefore using the DEP as a discussion stimulus allowed participants to identify aspects of the intervention they liked (or disliked), which in turn would help generate ideas for future DEPs.

### *2.2.2 Study Setting*

In the previous chapter I provided an overview of the broad context of the study's setting in Bristol, including the organisational structure within the University of Bristol which guides its approach to student drug use. Due to COVID-19 restrictions and considerations, this study was conducted remotely. The 2-hour DEP took place over Microsoft Teams videoconferencing software, and follow-up interviews were conducted virtually. Participants were provided with detailed instructions on how to access both parts of the study, and I was available to help with any technical difficulties to ensure accessibility for participants.

### *2.2.3 Ethics*

Ethical approval was obtained from the University of Bristol's School of Psychological Sciences Research Ethics Committee prior to commencing data collection (ethics approval code: 140421117134).

#### *2.2.4 Research co-production*

Stakeholder engagement in health research is increasingly recognised as a means of maximising the impact of research findings (Boaz et al., 2018). When designing this piece of research, ensuring that the research questions were aligned with the priorities of the individuals and organisations who may ultimately be affected by the outcome of the research was of great importance. One individual who is closely involved with the delivery of drug education services supported the study at all stages. This enabled me to identify concerns for stakeholders in similar settings, and how they feel that research could help them to understand how they could improve their services for students. This individual also assisted with recruitment by circulating study advertisements and identifying other stakeholders who they felt would be relevant to approach for an interview. Upon completion of the study's analysis, I reported my main findings to this co-production stakeholder. This meant that they were able to receive feedback which could be incorporated into their practice relatively quickly, in comparison to waiting for the study's findings to be published.

#### *2.2.5 Sample Size Considerations*

When considering sample size in qualitative research the focus is less on gathering a large sample to 'validate' findings (as in quantitative research), and more on gathering enough participants with enough relevant knowledge to provide rich data for the research questions (Marshall, 1996). However, it is often pragmatic to have an idea of the projected size of your sample prior to study commencement. The concept of "information power" states that the more information the sample holds that is relevant to the study, the fewer participants are required (Malterud et al., 2016). In quantitative studies, power calculations are used to determine the minimum number of subjects required in a given study. Similarly, Malterud and colleagues have provided five parameters which determine the sample size necessary to achieve information power in a qualitative research study. These are: the study's aims; the sample specificity (fewer participants are required where the participants hold characteristics which are highly specific for the study's aim); the use of established theory; the quality of the dialogue between the participant and the interviewer; and the researcher's chosen analysis strategy.

While this study had narrow aims and high sample specificity, there was limited theoretical background and, as a novice qualitative researcher, I anticipated that the study may require more participants to achieve good quality dialogue. Based on these parameters, I planned to recruit a reasonable sample of twenty students and ten stakeholders. Throughout data collection, I continuously reviewed the data (by reading and conducting initial coding on the interview transcripts) to assess whether the planned sample sizes were still suitable. From reviewing the students' interviews, I concluded that twenty was an appropriate sample size to achieve rich, nuanced data with a variety of experiences and perspectives. Given the stakeholders' high level of knowledge and experience specific to the research questions and the study's context, after four stakeholder interviews, I deemed that I had enough detailed data for my research questions, and I ceased data collection.

### *2.2.6 Participant Recruitment*

#### **2.2.6.1 Eligibility criteria**

Students were eligible to take part in the study if they: were currently studying at the University of Bristol; were over the age of 18; are fluent in English; and had ever consumed alcohol and/or any illicit drug.

Stakeholders were eligible to participate if they: were over the age of 18; are fluent in English; and had been identified as being involved at any stage in the development and/or delivery of drug education services for university students in Bristol.

#### **2.2.6.2 Recruitment procedures**

I created a study advert inviting University of Bristol students to take part in a study exploring how drug and alcohol education programmes could be developed to help students have a "safe and enjoyable time" while at university. This advert was circulated using social media and Bristol Tobacco and Alcohol Research Group's communication channels. The study was also advertised using the University of Bristol's Experimental Hours Scheme, in which Psychology students choose research studies to participate in, in exchange for course credits. Potential participants would contact me via email if interested, and then would be sent the electronic participant information sheet and consent form.

I identified stakeholders involved in the development or delivery of drugs education or support services for university students. The co-production stakeholder assisted with recruitment by contacting individuals they felt would hold relevant information and experience for the study. If these individuals were interested in participating, they would contact me via email. I would then provide them with the electronic participant information sheet and consent form.

### *2.2.7 Interview Design*

One-to-one interviews are generally favoured over other qualitative methods such as focus groups where the interview may cover sensitive content, as participants may feel less comfortable divulging certain pieces of information in a group setting in which their confidentiality cannot be guaranteed (Braun & Clarke, 2013; Clifford et al., 2016). Students may be reluctant to honestly discuss their drug use behaviour in a group due to fear of stigmatisation (Adlaf et al., 2009). Additionally, there would be ethical concerns with conducting focus groups with the stakeholders as there is a possibility they would know each other, and thus they may wish to preserve their anonymity for personal or professional reasons. I therefore made the decision to collect my data using semi-structured one-to-one interviews.

I worked alongside the co-production stakeholder to create initial topic guides, to ensure that not only were my research questions being met, but their priorities were also being considered in the interview design. These topic guides were used flexibly to allow me to explore emergent topics in greater detail where appropriate. I continuously reviewed the topic guides throughout data collection, to ensure I was capturing rich insights into the participants' perspectives. For example, a number of students, unprompted, were bringing up their perceived issues with the mental health support available at the University. As this topic was frequently emerging in the interviews and is relevant to the broader scope of the research, I adapted the topic guides to incorporate questions exploring students' perceptions of the mental health and wellbeing support available to them at university. Additionally, over the course of data collection, the context around the study was changing as COVID-19 restrictions were beginning to ease, so in the later interviews I began asking participants to consider how the return to "normal" life may affect students' drug use.

I designed separate topic guides for the students and the stakeholders. The student interviews focused on their thoughts on the DEP they had attended, their thoughts on university drug policies and practices, and their experiences of drug use at university. The stakeholder interviews focused on the barriers and facilitators for implementing a harm reduction approach and drugs education services for university students.

### *2.2.8 Procedure*

While the interview procedures were identical for students and stakeholders, the student participants were required to attend the University's DEP prior to their one-to-one interview. The procedures for both groups of participants are detailed below.

#### **2.2.8.1 The DEP**

After completing the consent form, the student participants were provided with joining instructions for the DEP, and prompted to book a slot for their one-to-one interview to take place within two weeks of attending the DEP.

Participants were made aware via the participant information sheet that they must be available to attend the DEP at a specified date and time (when the DEP was scheduled to be running as usual) in order to participate. I obtained permission from the DEP facilitator for students to attend the DEP so they could share their thoughts with me as part of a wider study examining drug education for university students. The DEP took place online using videoconferencing software, and participants were informed that they were not required to have their cameras or microphones on during the DEP, and they could answer questions/contribute to the session if they wished but they should not feel obliged to do so. They were told they may wish to make notes during the session to jog their memory for the interviews, but this was not a requirement. The DEP took place on two occasions, with three participants attending on the first occasion and the remaining seventeen attending the second. I attended the session as an observer each time but did not participate in the session to ensure the DEP was running as usual. The DEP lasted two hours including a question-and-answer section. The content of the session loosely followed this structure:

1. Local context: drug use prevalence and associated issues in Bristol
2. Drug identification and categorisation



3. Risks and harm reduction
4. Motivations for drug use
5. Support available for people who use drugs

#### **2.2.8.2 The interviews**

The follow-up interviews took place over Zoom. Participants were informed that having their camera on during the interview was optional – almost all participants chose to do so. Creating a positive rapport with interview participants is essential in order to encourage participants to “open up” and provide honest, detailed answers. I therefore began each call with a “pre-interview chit-chat” (Braun & Clarke, 2013) to help participants to settle in before the interview commenced. I would then check that the participant had read and understood the participant information sheet, and re-stated the purpose of the study, the interview procedure and data handling/confidentiality considerations. I gave participants the opportunity at this point to ask questions, and then asked for consent to proceed with the interview.

The interviews generally lasted between thirty minutes and one hour. I verbally re-established consent to record the interviews, after which I would start the recording. I made efforts to ensure that the participant felt in control of the interview, reminding them at the outset that they only needed to share information they were comfortable with and that they were welcome to ask for a break or stop the interview at any point without giving a reason. In instances where participants brought up any sensitive information (for instance, one participant spoke about the death of a close friend), I would ask if they would like to take a short break and ensure they were not distressed before continuing the interview.

Upon completing the interview, I would stop the recording and thank the participant, then explain the debriefing procedures. Participants were then sent an electronic debrief sheet and final consent form to sign. They were reminded via the debrief sheet that they could contact me or my research supervisor by email with any questions and/or concerns. Students were reimbursed for their time with either £25 via bank transfer, or 2.5 Experimental Hours credits. Since the stakeholders were requested to arrange their interview within their usual working hours, they were not reimbursed for their time.

One stakeholder privately contacted me following their interview with a point they had forgotten to raise during our conversation, but that they felt was important to include in my

data. After checking with my supervisor and with the Research Ethics Committee, I agreed to include this within the interview data.

### *2.2.9 Data analysis*

I approached the analysis of the interviews from a critical realist perspective. As described in Chapter 1.8, critical realism accepts that there is an objective ‘reality’, but individuals’ perceptions of this reality are shaped by many external and internal factors (Collier, 1994; Ussher, 1999). Therefore, the perspectives offered by the interview participants are not necessarily a true reflection of reality; rather, they offer informative insights into how these individuals view their reality which can be interpreted as existing within, and shaped by, a complex wider social context. Additionally, my analysis is shaped by my own knowledge and experiences. Thus, through my analysis I was not seeking to draw conclusions about the participants’ ‘reality’, but to generate an understanding of their subjective experiences through the interview data, and to analyse this using my wider knowledge of the context in which these experiences exist.

To analyse the interview data I used Braun and Clarke’s Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019, 2021). Thematic Analysis (TA) is a well-established approach to qualitative data analysis, in which the researcher actively identifies patterns – known as “themes” – across the dataset. I chose this analytic approach due to its theoretical flexibility – Braun and Clarke argue that TA “can be used to answer almost any type of research question” (Braun & Clarke, 2013) – and its suitability for researchers who are new to qualitative analysis. I chose to analyse the student and stakeholder interviews together, after briefly reviewing the content of both sets of interviews and concluding that combining the two sets together would provide the most sensible and meaningful data for my research questions.

I analysed the dataset following Braun and Clarke’s (2006) six stages of TA:

1. Data familiarisation
2. Systematic data coding
3. Generating initial themes
4. Developing and reviewing themes
5. Refining, defining and naming themes

## 6. Writing the report

### 2.2.9.1 Data familiarisation and systematic coding

The first step after completing each interview was to transcribe the audio recording verbatim. I anonymised the data at this stage by removing all names and personal details – I later allocated a pseudonym to each transcript. As I transcribed the interviews myself, this process gave me an opportunity to listen back to each interview multiple times, allowing me to familiarise myself with the data. At this stage, I began to make early notes on each interview with ideas and topics which were of interest to my research questions, as well as highlighting quotes which I found surprising or particularly effective.

I then coded the transcripts using QSR NVivo (QSR International Pty Ltd, 2021) qualitative data analysis software. Coding is the process whereby the researcher identifies aspects of the data which are relevant to their research questions (Braun & Clarke, 2013). Broadly, codes can be *semantic*: descriptive codes which provide a summary of the explicit content of the data; or *latent*: codes where the researcher has provided their interpretation of the data, beyond what is explicitly stated (Braun & Clarke, 2012). Some codes may also contain both semantic and latent elements. I created a combination of semantic and latent codes to capture the content of the data as well as my interpretation of the implicit meanings beneath the data.

### 2.2.9.2 Generating, reviewing and refining themes

When generating themes, the researcher goes beyond the initial ideas they have captured in their coding, and seeks to identify broader patterns within the data, each with a central organising concept (Braun & Clarke, 2006, 2013). Upon completion of the systematic data coding, I printed out my 154 codes and began to search for similarities and overlap between the codes, organising the codes into groups which cluster around a common topic or concept. I then named each of the themes according to their central organising concept. I reviewed these themes several times: first by returning to the raw data to ensure that the candidate themes were appropriate and faithful to the original data I had collected; and then by discussing these themes with my supervisors. This process allowed me to refine my candidate themes, for example by splitting a broad theme which attempted to capture multiple complex

ideas into two more precise themes with better-defined central organising concepts. On completing this process, I had developed five themes.

Braun and Clarke argue that good practice in TA involves “a good balance between analytic commentary and data extracts” (Braun & Clarke, 2013). In defining and writing my themes, I therefore sought to go beyond the surface of the data and provide a critical analysis of the meaning and implications of the data.

#### *2.2.10 Reflexivity*

In recent years, Braun and Clarke have highlighted the importance of reflexivity in TA - hence the name of the approach, “Reflexive Thematic Analysis” (Braun & Clarke, 2019). Reflexivity is regarded as an essential component of qualitative research (Gough, 2017). It is important for the researcher to consider how personal, professional and disciplinary (i.e. theory and method) factors each impact our work (Wilkinson, 1988). Additionally, as previously discussed, the critical realist approach accepts that an objective reality exists but is not directly accessible. Therefore, it is important to acknowledge how my own knowledge and experience has influenced my interpretation of these findings. Braun and Clarke (2013) recommend the use of a research diary in which the researcher should regularly reflect on the “*progress and process*” of the research.

In keeping with this, I kept a research diary in which I kept notes on my thoughts and feelings throughout the duration of this study. I found this process particularly helpful during data collection. I made notes after each interview, in which I recorded the key points discussed by the participant, as well as my feelings on *how* the interview went: my rapport with the participant, and aspects of my interview technique to address before the next interview.

It is important for qualitative researchers to “own their perspective” (Elliott et al., 1999): to specify their own beliefs about the phenomenon they are studying so that the reader can better understand how the researcher arrives at their conclusions. In contrast to positivist-empiricist research, where researcher bias is seen as something to be avoided to maintain the objectivity of the research, qualitative research paradigms value the subjective experience of the researcher (Braun & Clarke, 2013). I am an advocate for evidence-based drug policy

reform, and a member and Chapter leader of the grassroots drug policy campaign group Students for Sensible Drug Policy (SSDP). My personal viewpoint, that drug policy should promote social justice and compassion for people who use drugs, has undoubtedly influenced the focus of this research project and my decisions to explore the perspectives of students who use drugs.

## 2.3 RESULTS AND DISCUSSION

### *2.3.1 Participant characteristics*

#### **2.3.1.1 Students**

Twenty students were interviewed, eight of whom identified as female, and two of whom identified as non-binary. The students' ages ranged between 18 and 25, with a mean age of 20. Sixteen of the students stated that they were undergraduates: eight in their first year of university, seven in their second year, and one in their third year. The remaining four participants stated that they were postgraduates. The majority (n=16) of the sample were Psychology students: the rest studied Law (2); Anthropology (1); and Biology (1). Students' characteristics are displayed in Table 2.1 alongside their pseudonyms.

#### **2.3.1.2 Stakeholders**

Four stakeholders were interviewed. Given the high likelihood that stakeholders could be identified based on their demographic information, job title or organisation, I did not collect any demographic information from the stakeholder sample.

**Table 2.1***Student participant characteristics*

Pseudonym	Age	Gender	Year of study	Level of study*	Programme of study
Beth	22	Female	3	UG	Psychology
David	22	Male	Masters	PG	Law
Megan	20	Female	2	UG	Psychology
Kayleigh	19	Female	1	UG	Psychology
Caroline	20	Female	1	UG	Psychology
James	20	Male	1	UG	Psychology
Luca	20	Male	2	UG	Psychology
Gina	20	Female	1	UG	Psychology
Joe	18	Male	1	UG	Psychology
Alex	21	Non-binary	2	UG	Psychology
Sophia	18	Female	1	UG	Psychology
Ella	20	Female	1	UG	Psychology
Milo	19	Male	2	UG	Anthropology
Diego	19	Male	1	UG	Psychology
Patrick	25	Male	Masters	PG	Psychology
Matt	21	Male	2	UG	Psychology
Natasha	22	Female	Masters	PG	Biology
Adam	22	Male	Masters	PG	Law
Charlie	20	Non-binary	2	UG	Psychology
Ryan	18	Male	1	UG	Psychology

\*Abbreviations: UG = Undergraduate; PG = Postgraduate

### 2.3.2 Overview of themes

Figure 2.1 shows the five themes I identified and developed from the interview data. These are as follows:

1. A culture of drug use
2. Balancing risk and reward
3. Drug use as a coping mechanism
4. The current approach is failing students
5. A new approach

These themes are presented below along with some illustrative quotes. Students' quotes are presented along with their age and gender (Male = M; Female = F; Non-binary = NB).

Stakeholders have an identifying number presented alongside their quotes (SH01, SH02, etc).

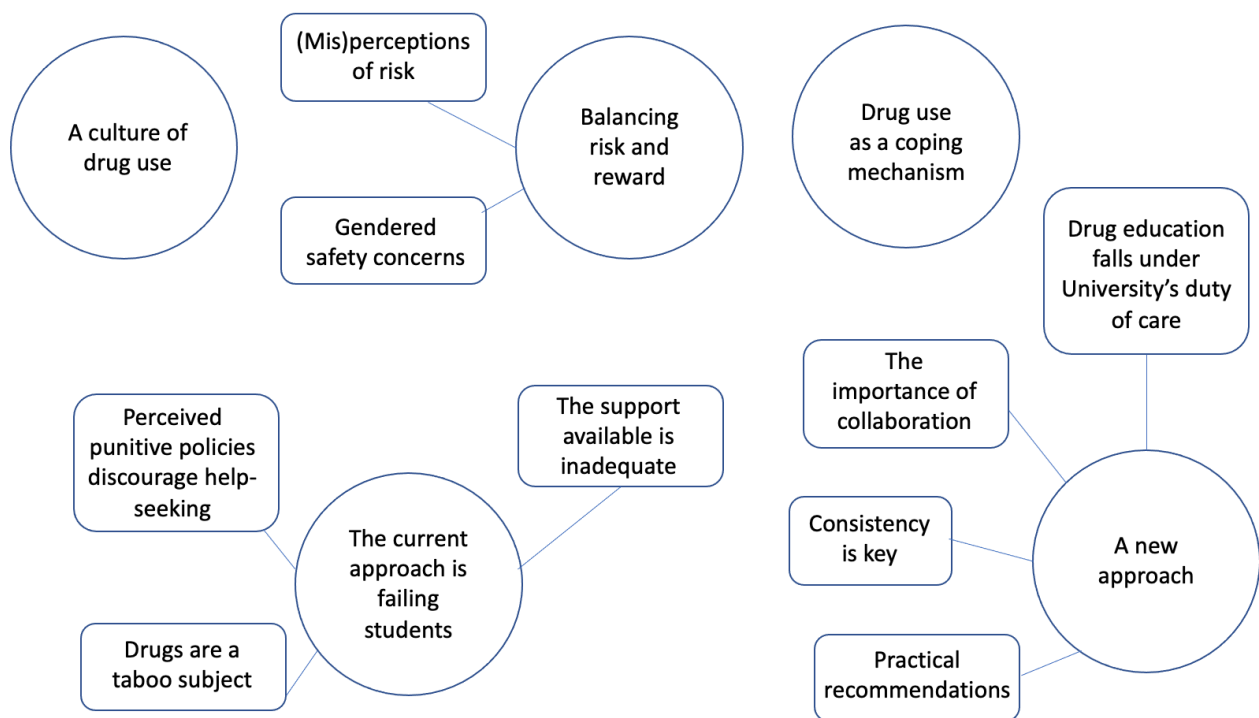


Figure 1.1. Overview of themes and subthemes developed from student and stakeholder interviews.

### *2.3.3 Theme One: A culture of drug use*

This theme relates to students' descriptions of UK universities as having a culture of drinking and drug use, meaning that drug use is highly prevalent and seen by students as an ingrained part of university life. Within this environment, a number of students reported feeling a certain pressure to engage with drug use in order to conform with their peers.

Alcohol was described as the most commonly used drug among students, with several participants reporting that they drink at least once per week. This is perhaps unsurprising given previous research into alcohol use among UK students: for example, a survey of student drug use at the beginning of the 2020-2021 academic year found that 21% of students reported drinking alcohol once a week, and a further 34% drank 2-3 times per week (NeuroSight, 2021).

A number of participants stated that they, and the majority of their peers, had also tried a drug other than alcohol at some point during university. For instance, Matt (21, M) explained: "I don't know a single person who hasn't seen someone do drugs or anything like that at Uni, if not participated themselves. It's everywhere."

Alcohol in particular was seen by students as being ingrained into university culture. The topic of university societies, particularly sports clubs, was frequently discussed by participants in terms of their perceived association with heavy drinking: "Drinking's just part of the culture at university, and then there's also certain societies where it just revolves around drinking." – Megan (20, F). Beth (22, F) referred to male students in particular being involved in "hazings" – a form of initiation ceremony in which individuals are subjected to humiliating and potentially dangerous experience, such as coerced alcohol consumption (Marchell et al., 2022) – in order to be accepted into societies and sports clubs.

Research has increasingly recognised that alcohol consumption is often not simply an individual lifestyle choice: that it is also rooted in social norms and identities (Livingstone et al., 2011). A recent study of Australian university students showed that individuals' intentions to binge drink are greater when they perceive other members of their social group to engage in binge drinking, and that individuals' intentions to binge drink were predictive of their binge drinking behaviour (Willis et al., 2020). In the context of the present study, as



many students expressed that heavy drinking is a defining feature of university life, it is possible that some students may be inclined to engage in heavy drinking as this is normative among their peers (as demonstrated in Livingstone et al., 2011).

Indeed, social pressure around drinking and other drug use was a salient topic in the student interviews. With many of their peers regularly using drugs, several students described feeling a need to 'fit in'. As Sophia (18, F) explains: "It's so easy to just get influenced by others and be like, 'Okay, everyone does that, so let me try it.'" This perceived need to conform with others is particularly prominent among first year students, who are in a new environment among new people, and who may feel a great sense of pressure to make new friends. Diego, a first-year student, explained:

*There is definitely a certain social element of 'I don't want to be the person who's not involved.' Especially in first year, it's a mad scramble to find groups and find friends. You might not necessarily be the type of person to go out of your way to take drugs, but because everyone's doing it, and you don't want to be ostracised, you indulge in them.*

*- Diego (19, M)*

Rather than 'peer pressure' in the sense of being actively encouraged by friends to join in, the need to conform is defined more as an internalised desire not to feel like an outsider. Another first-year student, Ella, provided an insight into how this pressure manifests itself:

*That's how you bond with friends: you see people, you take drugs together, you drink together, that's the way it is. It's university culture. It is peer pressure, but it's not like how you think peer pressure would be – you know, like 'Go on! Take some! Don't be a whimp!' It's not like that. Everyone's really nice about it. It's just an internal thing.*

*- Ella (20, F)*

Some students expressed concerns that the culture at universities may influence some students to engage in drug use behaviours when they otherwise may not have done. This concern was particularly common among the international students in the sample, who indicated that attitudes towards drug use at UK universities can be surprising for students coming from different cultural backgrounds:

*I am from a different country where you can go out and not drink. In parties, people from my culture, they are like, 'Okay, let's go party!' Whereas here my flatmates might say, 'Okay, let's go drinking!' which for me, it's different.*

*- Sophia (18, F)*

Students coming from cultural backgrounds where drug use is discouraged or prohibited may be faced with a choice either to join in or to feel excluded when their peers are using drugs:

*Students who might be Muslim and who don't drink, or students who just choose not to drink... I think the alcohol culture in the UK, or maybe in Bristol, will put a lot of pressure on these students to engage in drinking and then to engage in other drug taking behaviour perhaps.*

*- Alex (21, NB)*

In the 2020-2021 academic year there were 605,130 international students studying at UK HEIs, making up 22% of the total number of enrolled students, with the majority originating from China, India and Nigeria (HESA, 2022). There have been well-documented concerns that some international students may feel marginalised and excluded by the culture of binge drinking which appears prevalent within UK universities (Forestier, 2013; Thurnell-Read et al., 2018). There is, however, a sparsity of literature exploring international students' use of drugs other than alcohol, or how the prevalence of these drugs in UK universities may impact their sense of social integration at university. One cross-sectional survey found that international students at UK universities were generally more likely to drink more moderately (compared with "home" students) and less likely to use recreational drugs (Vivancos et al., 2009). However, with the number of international students enrolled at UK universities increasing year upon year, there is a need for more recent research to reflect international students' experiences of drug use. There is also a need to explore how these experiences vary by culture and nationality, rather than grouping students into either "international" or "home" (Montgomery, 2010). The findings of the present study indicate that it may be pertinent to explore the impact of perceived drug use norms on international students' sense of social integration at university, and their intentions to use drugs themselves.

The above findings indicate that many students may benefit from the provision of activities which are not centred on drinking, as a means of promoting the inclusion of students who

choose not to drink or use other drugs. As well as international students, this may be beneficial for students who are having difficulty managing their own drug use. When asked what the university could do to support students who are struggling with the effects of drugs, one student suggested:

*Maybe promoting some sober societies so that students who typically wouldn't drink that much, don't join a society and then feel like they have to drink out with peer pressure. Like, having some that are revolved around being sober for people who would want to be sober, and kind of promoting that in the SU [Students Union].*

*- Megan (20, F)*

There would need to be careful consideration as to how best to promote these activities, to avoid a further divide between students who attend “sober” activities and those who choose to participate in activities which may involve drugs. The activities should be appealing and accessible for both groups of students. Universities and Student Unions may therefore benefit from consultation with their students to identify potentially acceptable activities.

### 2.3.3 Theme Two: *Balancing risk and reward*

This theme relates to students' experiences of trying to balance the perceived risks and rewards of drug use while at university. Drug use is often functional: driven by certain motives, to elicit some form of reward (Boys et al., 2001). However, drug use also involves a level of risk which students must navigate in order to ensure a safe and enjoyable experience. The interview findings suggest that educating students on strategies to help mitigate drug-related risks and harms, while acknowledging potential rewards and motivations, may guide them to make better informed decisions around drug use.

Students reported a range of motivations for drug use, the most common being a desire to have fun and experiment. University is described by these students as a time where they have fewer responsibilities, and often a lot of free time, and so is seen as an opportunity to try new things.

*Students just want to have fun, and there's less responsibilities - nobody's sort of giving them a bedtime, or really commenting on their behaviours, like they would when you're at home with parents. So a lot of it is just fun, and more freedom.*

*- Charlie (20, NB)*

A great deal of student drug use is also driven by social motives – to improve social interactions or to bond with others (Biolcati & Passini, 2019). In particular, alcohol and 'party drugs' such as MDMA were described as 'social drugs' most typically enjoyed among friends on social occasions. Drinking is, in this context, seen as good way to lower social inhibitions and overcome shyness, particularly during the early stages of university life when students are surrounded by new people. According to Ella (20, F), "Some students feel better meeting people and interacting with people when they're not sober – be it through social anxiety, or it's just more fun if they're not sober... it can make things easier." Charlie (20, NB) described alcohol as a "social lubricant" and suggested that "with social anxiety, having a drink or two can make you feel almost normal".

Similarly, Beth described MDMA as a positive way to facilitate bonding between friends:

*That's natural human instinct, to form these deep-rooted bonds with another person. And people know that MDMA is the 'love drug'. So why would they not do MDMA and get high and tell their mates that they absolutely adore them?*

*- Beth (22, F)*

These findings illustrate some of the perceived rewards students expect from drug use: pleasure, excitement and bonding. However, students did also discuss a variety of drug-related harms that they had experienced (or seen others experience) throughout their time at university. For example, while students acknowledged the positive role of drug use in social bonding, some also described negative effects of drug use on their personal relationships. James discussed how his relationships with his housemates had been put under strain due to a change in their behaviour, which James attributed to their drug use:

*Their personality change was quite drastic. All they seemed to care about was just doing drugs. It played a really big impact on my mental health... we were really starting to resent these people, and being like, "Do we even like them?"*

*- James (20, M)*

In addition, a number of students described their experiences of more acute drug-related harms, such as: accidents and injuries; 'blacking out' and forgetting parts of the night; risky sexual behaviour; vomiting; and, on rare occasions, overdosing. Rather than actively seeking out risk, a certain level of risk was seen as part-and-parcel of drug use.

Some interviewees argued that students therefore make an effort to educate themselves on the potential risks of a drug before deciding to use it, then make an assessment based on these risks versus their motivations and the perceived rewards of taking the drug:

*If you're doing drugs for the fun, for the experience – like let's say you're doing a pill at a rave. You've planned ahead. I think you're likely to look at the harm reduction strategies and be like, "Okay, so how can I experience this in a fun, safe way and not cause harm to myself or to others?"*

*- Natasha (22, F)*

These findings suggest that for some students, drug use is based on a rational appraisal of the perceived risks and rewards of using a specific drug in a specific set of circumstances, as opposed to being “a passive reaction to the context in which a substance is available” (Boys et al., 2001, pg. 458). An implication of this is that these students may be open to learning and engaging in harm reduction strategies, as this could help to ensure they can experience using drugs in a “fun, safe way” (Natasha, 22, F). Indeed, a number of students suggested that drugs education could play a useful role in helping them to make informed decisions around drug use:

*When you hear the risks involved, I feel like most people are like, “I should probably take this on board.” Most people at this university are quite bright. They can weigh up the risks to the benefits of a drug. And if they’ve got the information, they should be able to take it on board.*

*- Megan (20, F)*

Not every student agreed with this conceptualisation of student drug use. In contrast, Milo raised concerns that students do not spend time considering the risks associated with their behaviour – particularly when multiple drugs are involved:

*I think if they’re new to a substance, they’ll say, ‘Yeah, screw it, let’s try it.’ Especially considering a lot of those instances will happen after being drunk or being high on something else. And nobody will ever consider the implications of taking it.*

*- Milo (19, M)*

Drug education may therefore be more effective for some students than for others. Ella suggested that there is a distinction between students who want to “push the limits” and would perhaps be less receptive to harm reduction education, compared to students who may be more concerned about safe drug use:

*People who take drugs fairly often – they’re comfortable with it, but they know their limits. They don’t overstep. They don’t want to get so far gone that they’re an embarrassment, or they hurt themselves or other people. But then you have the minority of people who just want to push the limits and see what happens. I think [drugs education] is not incompatible, it’s just going to be less effective for the people who are pushing boundaries.*

- Ella (20, F)

### 2.3.3.1 (Mis)perceptions of risk

It was evident from the findings of the student interviews that students may have gaps in their knowledge around drug use which prevent them from making accurate appraisals of risk. For example, certain drugs are seen by students as less harmful than they really are.

In particular, students seem to perceive alcohol as being fairly harmless. Beth (22, F) suggested: “Alcohol is by far the biggest harm that students face... but it all gets disguised as lad culture, or university culture.” As outlined in the previous theme, alcohol is seen as a normative feature of university life. This may lead to students underestimating the potential risks and harms of alcohol use. Indeed, previous research conducted among Australian university students reported that students have poor knowledge about alcohol risks and see themselves as invulnerable to alcohol-related harm (Hasking et al., 2005). In the present study, Patrick explained that the accessibility and social acceptability of alcohol contributes to this misrepresentation of alcohol risk:

*You can just walk into a pub and get it, but alcohol is so dangerous. I feel that it's one of the worst offenders. But it's so embedded into our culture, drinking, that we kind of just accept it.*

*But alcohol kills people all the time.*

- Patrick (25, M)

This quote also alludes to how the legal status of alcohol (i.e., the fact that “you can just walk into a pub and get it”) can make it appear less harmful in comparison to illicit drugs. Interestingly, it appears that some students do not see alcohol as a drug at all. For example, David (22, Male) stated: “I don't really do drugs. I mean, I do drink... but I would never touch drugs.” As discussed at the very beginning of this thesis, the definition of what constitutes a “drug” is socially constructed (Bancroft, 2009). Although alcohol, by scientific standards, is far more harmful than many illicit drugs such as cocaine and ecstasy (Nutt et al., 2010), mainstream prohibitionist discourse generally does not regard alcohol as a drug, which can lead to alcohol being misrepresented as being less harmful than other drugs (Taylor, 2016). David's willingness to disclose his use of alcohol, while insisting that he “would never touch drugs”, is indicative of this hierarchical distinction between alcohol and other drugs.

It is important that DEPs avoid reinforcing the misperception that alcohol is somehow less harmful than other drugs. By educating students on the risks of alcohol use, universities could support students to make better informed decisions around drug use.

### **2.3.3.2 Gender and vulnerability to risk**

Drug use (and its associated behaviours) is a social practice shaped by culture and social norms (Ettorre, 2004). Taking a critical realist approach to exploring student drug use, it is important to consider how gender intersects with these norms and values to shape students' experiences of drug use and how they express these experiences.

When discussing drug-related risks among university students, a small number of participants described female students as being of an enhanced risk of experiencing harm while under the influence of drugs and alcohol. These participants described women as being particularly vulnerable to the risk of sexual assault, unwanted pregnancy, and drink spiking. For instance, Megan (20, F) suggested that sexual assault is “quite common with alcohol and students”.

Indeed, the safety of female students is a topic of concern for universities and students alike. In 2018 Bristol SU reported that only 40% of female students felt safe walking home at night, compared to 90% of male students (Bristol SU, 2018). The CSEW shows that young women aged 16-24 are at a heightened risk of experiencing gender-based violence and crimes such as rape and stalking, with the prevalence of these offences declining with age (Office for National Statistics, 2021a). In May 2022 it was reported that the universities minister had launched a working group to tackle drink spiking on university campuses after an apparent spate of reported incidents (Weale, 2022a). The majority of spiking victims are women or a minority gender identity, with 15% of women and 17% of people identifying as “other” gender reporting having been spiked, compared to 7% of men (Alcohol Education Trust, 2021). In the present study, these concerns around drink spiking were echoed by Alex:

*I have several friends who have experienced sexual assault because they have been drugged. They didn't mean to take the drug, but somebody slipped something into their drink. So that's like a harm of drugs, [what] non-consensual taking of the drug might lead to. – Alex (21, NB).*



In the present study, it appears that some participants perceive female students as being at an enhanced risk of experiencing harm from others while under the influence of drugs. Thus, they may perceive drug-taking as ‘riskier’ for female students than for male students. Beth referred to this perception of a disparity in risk between male and female students when describing a concerning incident a friend had experienced in her first year of university:

*She had woken up in an alley and ended up in hospital because she was so drunk... She didn't know where she was. She was so disorientated... As a woman your main risks are the people around you. You're running the risk of STIs, of "was I even consenting?" ... I've never heard of any boys trying to get home and waking up in an alley. – Beth (22, F)*

By stating that she’s “never heard of” male students being in such vulnerable situations from drug use, Beth is perhaps alluding to an unfair imbalance between male and female students in which male students have a greater ability to enjoy themselves without fearing the risk of being victimised by others. Her assertion that “as a woman your main risks are the people around you” aligns with previous research indicating that young women, in attempting to balance the risks and rewards of drug use, employ various strategies to protect themselves from so-called “unsafe others” (Bancroft, 2009, pg. 101). As such, Beth’s use of language here indicates that she perceives female students as being especially vulnerable to drug-related harm.

Nonetheless, it is important to consider where this perception that men are less vulnerable to drug-related harm emerges from. Indeed, as previously discussed, gender-based violence against women and non-binary people is an area of concern in higher education settings. However, it is possible that male students are reluctant to be perceived as vulnerable due to social expectations of masculinity, and therefore may be unwilling to discuss experiences of victimisation or other drug-related harm. This may then result in, or contribute to, a social perception that male students are invulnerable to these types of harm.

Feminist scholars have argued that discourse around drug use and its associated risks and behaviours is often heavily gendered (Ettore, 2004). Although men use illicit drugs at a higher rate compared to women (Chen & Jacobson, 2012; Johnston et al., 2019), female vulnerability is central in conversations around drug use in both public health and popular

culture (Keane, 2017). Biological and neural differences between women and men's reactions to drug use are often explained using pervasive stereotypes and social expectations around male and female behaviour; for example, that male drug use is driven by 'sensation seeking' whereas female drug use is driven by a need to self-medicate (Keane, 2017). This enforced distinction between men and women, framing women as especially vulnerable to drug-related harm, is in opposition with evidence that men are susceptible to a wide array of drug-related harms (Slade et al., 2016). Although it is necessary to explore this issue further to draw any conclusions, Beth's statement on gender differences in drug-related risks, along with the other interviewees' discussions of gender-based violence and female vulnerability, could be indicative of this type of gendered discourse around drug use.

Therefore, while the finding that students see sexual assault in the context of drug and alcohol consumption as "quite common" (Megan, 20, F) indicates the need for robust institutional policies to safeguard students against gender-based violence, it is also important that conversations around female 'vulnerability' to drug-related harms do not serve to reinforce perceptions of male students as being invulnerable.

#### *2.3.4 Theme Three: Drug use as a coping mechanism*

This theme is concerned with students' discussions of drug use as a strategy to cope with various stressors. These ranged from poor mental health, to stress, to feelings of boredom and isolation stemming from the COVID-19 lockdown restrictions. During this time, drugs provided students with an 'escape' from their daily lives, acting as a distraction from everyday stress and, in some cases, a means of self-medication.

Students identified struggles with stress and poor mental health as being common throughout university. Several students described it as an isolating time, away from family and old friends, with newfound independence and responsibilities which can often feel overwhelming when accompanied by a full university workload:

*Students for the most part are more isolated than they were back at home. They're in new environments, a lot of the times they're moving into cities from rural areas. And there's obviously the stress and pressures of studying at university. It's not easy.*

*- Diego (19, M)*

Cannabis and alcohol were referred to throughout the dataset as methods of “loosening up” (Kayleigh, 19, F) and relieving some of the stresses of everyday university life. Students spoke positively about being able to drink and/or smoke with friends as a way of unwinding at the end of a busy week: “It can be a stressful time. And [people] can feel like drinking or using drugs can help them get through that.” (Caroline, 20, F)

There is a wealth of literature exploring how a desire to cope with negative emotions acts as a motivational pathway for drug use (for a review, see Cooper, 2015). Research has consistently demonstrated that coping motives for drug use are predictive of the development of later drug-related problems: for example, coping motives for cannabis use have been directly associated with cannabis-use related problems (Simons et al., 2005). While it was beyond the scope of this qualitative study to explore in depth students’ experiences of coping motives and how these linked to drug use behaviours and outcomes, the interviews did provide an insight into how some students appear to use drugs to self-medicate and mask the symptoms of more serious mental health issues. For example, Adam (22, M) said: “I know of a friend who uses alcohol to kind of manage his symptoms of depression and anxiety.” Some students also observed that an unintended consequence of this is that drug use can in fact worsen the very symptoms they are trying to cope with. James (20, M) described seeing a friend’s mental health being detrimentally impacted by their cocaine use: “it definitely highlighted some residual mental health problems, that really came to light in a big way when they were on it.”

Another prominent topic in the interviews was the impact of the COVID-19 pandemic on students’ drug use. The onset of COVID-19 lockdown restrictions in 2020 saw students studying remotely, either confined to their student accommodation or back in their family homes. Drugs were seen as a way of coping with an intense sense of boredom and monotony during this time:

*A lot of people don't have a lot to do in lockdown. So they'll go to fast fixes in a sense, and one of them is drugs. I feel like compared to before, if it wasn't lockdown, they could go out anywhere really, to the shops of something, but because they're not [going out], they're more inclined to try drugs.*

*- Joe (18, M)*

Unsurprisingly, this was a challenging time for many students. As well as coping with boredom, for some students, drug use was a way to deal with feelings of stress, depression and anxiety brought about by the pandemic and associated restrictions. Sophia described how experiencing difficult emotions during this period could have led students to cope by using drugs:

*I think that it is much easier in lockdown to drink more alcohol or use drugs. Especially to me, the lockdown and the [continuing restrictions] made me feel more intense emotions. If I was happy for something, I was even more happy than normal. And when I was sad about something, I was even sadder because I was like, "I am inside my room, I can't go out, I can't do anything."*

*- Ella (20, F)*

The long-term psychological effects of COVID-19 and the related restrictions on individuals' personal and social lives are still largely unknown. Research has shown a trend of increased use of alcohol and other drug use during the pandemic (Roberts et al., 2021). In the early stages of lockdown, experts warned that the enforced social isolation may lead to a spike in alcohol use disorders in vulnerable individuals (Clay & Parker, 2020). The findings of the present study indicate that a need to cope with the stress and loneliness of lockdown may have driven an increase in drug use among university students.

Interestingly, one student suggested that drug use is not always necessarily a maladaptive coping mechanism. Patrick described his use of psychedelics as a harmless way of improving his mental state during a difficult time – a way of escaping mentally while being physically confined:

*I want to get out of this house without actually getting out this house. So what do I do? Maybe take something, like a psychedelic or something like that, you know, go somewhere a little different for a bit. And I think actually, that probably has quite a lot of restorative, positive health benefits to that, you know?*

*- Patrick (25, M)*

This suggests that students' experiences of using drugs as a coping mechanism as highly individualised in nature. For some, like James' friend, drug use can worsen mental health-related symptoms. Indeed, there is a dominant narrative in drug use literature that "coping motives" are associated with problematic drug use behaviours and outcomes (e.g. Merrill et al., 2014). However, for others like Patrick, drug use can serve as an effective coping strategy without necessarily causing complications.

While findings of the present study are specific to the time period in which the study took place – a period of uncertainty, anxiety and ongoing lockdown restrictions – they still hold important implications for our understanding of student wellbeing and drug use in 'normal' times. Feelings of loneliness, isolation, depression and anxiety among students are not restricted to the pandemic (McIntyre et al., 2018). Understanding the relationship between student drug use and mental health is therefore key for developing good quality drugs education and minimising the harms of drug use on students' mental wellbeing. Furthermore, some students argued that drugs education should incorporate information on the effects of drugs on mental health:

*I think everyone knows the risks of certain things – you're all adults, you've all done GCSE biology, you know that drinking is bad for your liver and smoking is bad for your lungs. But people know less about the mental effects of these things... Things like that, I think need better education surrounding them, for sure.*

*- Natasha (22, F)*

It was also suggested that another useful element of drugs education would be to incorporate some practical advice for coping with stress and poor mental health which do not involve drugs. Students would then be equipped with coping strategies which would pose less of a risk of further exacerbating their mental health. When asked for her thoughts on the most important issues that drugs education should address, Megan suggested:

*I think maybe stress of students in general and giving them other healthier ways to deal with stress and anxiety [rather] than needing to take drugs. Maybe promoting stuff like mindfulness or yoga, or something other than that. Just kind of being like, there are other options to just drowning your sorrows or getting really high.*

*- Megan (20, F)*

### 2.3.5 Theme Four: The current approach is failing students

This theme concerns problems with current policies and practices which students and stakeholders identified as being unhelpful or even causing undue amounts of harm for young people who use drugs. Overwhelmingly, both groups of interviewees expressed that (perceived) punitive drug policies discourage help-seeking, limit the effectiveness of harm reduction and support services, and increase risky drug use behaviours.

#### 2.3.5.1 Perceived punitive policies discourage help-seeking

When asked what might prevent them from seeking advice or support about drug use, including attending a DEP or asking for help with problematic drug use, students described systemic issues relating to punitive, ‘zero-tolerance’ drug policies both within the University and beyond. One of their most prominent concerns was a fear of academic or professional consequences. Several students believed that they could face academic penalties, be suspended or even expelled from university if they expressed a need for help or support with their drug use. Although the University of Bristol adopts a harm reduction approach, students were largely unaware of this or uncertain about what it means in practice. This lack of clarity around university drug policies and practices increases students’ reluctance to seek support:

*I wouldn't be too open about whether or not I'd done drugs, because I'd be concerned that it might impact whether or not you get kicked off your degree, that sort of thing, like getting kicked out of university. I know that they say it's a harm reduction policy, but you can never be certain until you're in that situation when they know [about your drug use]. Then what happens?*

*- Diego (19, M)*

Here, Diego implies a lack of trust in the University. This sentiment was echoed among several students, who suggested that university staff may be more interested in ‘catching’ students who use illicit drugs, rather than supporting them:

*People might think that the University has an ulterior motive. And I feel like, even though you could tell someone a million times, "No, we are just trying to help you" I think it's really hard*

*to get over that [lack of trust], especially with students and especially in such a prestigious university.*

*-Beth (22, F)*

This perception that the University takes a zero-tolerance approach towards illicit drug use may stem from the fact that many other universities do: as discussed in Chapter 1.4, many students have faced severe disciplinary proceedings from their university relating to their drug use. These instances often generate media attention (Fagan, 2019; McGowan, 2021; Polianskaya, 2018) and are therefore likely to be noticed and remembered by students. Indeed, one of the stakeholder interviewees felt that there is a lingering perception among both students and staff that all universities take a punitive approach to student drug use:

*I think a lot of students, they have the assumption that all universities have a very zero-tolerance approach. And I think that's a fair assumption to make in the sense that most of them do. And we certainly did. And I think there's still some sort of leftover staff having it in their head that it's a zero-tolerance approach.*

*- SH02*

Regardless of the University's drug policy it is possible that, for some students, accessing support for drug use results in concerns about the impact this could have on their professional lives. For instance, students undertaking courses where they are accountable to a larger professional governing body (such as the General Medical Council or the Nursing and Midwifery Council) are held to more stringent standards than other students. These students may be subject to 'Fitness to Practice' hearings in which their ability to carry out their professional duties can be called into question. Adam argued that this serves as a further deterrent for these students from accessing support:

*If you're studying a course which is governed by an external body, and you're seen to be attending a drugs awareness session, you might be seen to be incompetent. It would filter back to Fitness to Practice, I think. So that is a massive deterrent for me to do that. But if I didn't study that course, then I probably wouldn't have any hesitation.*

*- Adam (22, M)*

Undoubtedly, Fitness to Practice procedures exist to ensure the safety of members of the public whom these students will interact with whilst on placements or upon entering the workforce. However, the suggestion that these measures might deter students from accessing support, or even simply attending an education session, is highly concerning. Previously, a cross-sectional survey of medical and law students from one UK university found that over half of first- and second-year medical students had an Alcohol Use Disorders Identification Test (AUDIT) score indicating a probable alcohol use disorder (Bogowicz et al., 2018). These students also showed high levels of anxiety. These findings suggest that medical students may be a high-risk group for developing drug-related problems, yet the findings of the present study demonstrate that these students may find it extremely difficult to get help. This indicates that there needs to be a careful reconsideration of Fitness to Practice policies regarding drug use among students studying professional courses, in order to protect the safety both of the students themselves and the members of the public they will be working with. Medical schools might also consider weaving DEPs into medical training, to enhance engagement from this group and prevent perceptions that they might be seen as “incompetent” for attending.

Another concerning finding was that students reported feeling afraid to access help even in an emergency, due to fear of punishment. For instance, three students described separate incidents where they felt they should have called an ambulance or sent for help, but uncertainty around the potential repercussions prevented them from doing so. These students were under the impression that paramedics could report them to the police for having taken illicit drugs, or even carry out searches of students or their homes to confiscate any illegal substances. Students in university accommodation were at particular risk, as they felt they would be required to alert residential staff who may then inform the university.

This indicates that fear of criminalisation is a major barrier to seeking help. While drug *use* in itself is not a criminal offence, several students expressed fear and uncertainty around the potential legal repercussions of disclosing personal drug use. This potentially undermines the impact of policy changes on a university level: while students and other young people continue to be criminalised for possession of illicit drugs, the ability of universities to effectively implement a harm reduction approach is questionable:



*I feel like the University can say it's a harm reduction approach and then the police can just be like, 'Yeah, no. It's still illegal, you can't do that.' I suppose that's why I'd probably be sceptical [about seeking help], the fact that the University's not in complete control.*

*- Matt (21, M)*

In the absence of clear guidance, students' fears around the potential consequences of help-seeking may be reinforced by their peers' beliefs. For example, Beth described her flatmates' reactions after she phoned an ambulance for a friend who was having a bad reaction after taking illicit drugs on a night out:

*Some of my other flatmates were mad that I'd rang an ambulance because it did cause Residential Life to come over and they had cannabis in their rooms, and they were like 'What if they got into our rooms?'. And I was like, 'I dunno!' ... so even though there wasn't necessarily a negative reaction from the ambulance or the university, there was still a negative reaction from my peers because they thought they were going to get in trouble.*

*- Beth (22, F)*

This is consistent with the previous finding that among UK students who reported using illicit drugs, 16% stated that they had at some point had a “scary experience” but had not gone to the hospital or asked for help (NeuroSight, 2021). The consequences of not accessing support in an emergency could be extremely serious, and even fatal. To combat this, several participants stated that they might feel more comfortable seeking help from the university if they received some reassurance that they will not get into trouble for doing so. An assurance of confidentiality, and the knowledge that their disclosure was not going to be used against them, was identified as a potential means of overcoming students' lack of trust in university staff:

*Make students more aware that the policy isn't to punish students, it's to help them, and that whatever they say is strictly confidential, and, you know, there aren't any serious consequences. I think that's the message they need to get across - that they just want to help, not punish anyone.*

*- Caroline (20, F)*

### **2.3.5.2 Drugs are a taboo subject**

In addition to causing a fear of punishment, punitive drug policies at universities may perpetuate a taboo around illicit drug use through the establishment of ideas of what is “right” versus “wrong” behaviour. Illicit drug use is perceived as “wrong” *because* it is forbidden:

*I know we're all adults, but there's always going to be that barrier between students and, like, a higher power, like discussing these sorts of things because, you know, drugs are illegal. As a student, you wouldn't want to – or even as an adult, you wouldn't want to, you know, tell people that you're doing these kinds of things, because it's illegal. There's always a judgement aspect to it.*

*- Luca (20, M)*

Consistent with the present study, previous research has shown that illicit drug use is a taboo topic – particularly between young people and people in perceived positions of authority (da Silva et al., 2021). This may act as an additional barrier preventing students from engaging with support and education services. For example, Beth suggested that a sense of stigma and shame prevented her from properly engaging with the DEP:

*When he was asking questions, I knew the answers, but I didn't want to tell him. I didn't want him to think I'm a drug user, or that I've used every drug under the sun. I didn't want to come across in a certain way. He did hammer home the point that you're not going to be in trouble for being there, but on the whole, did I still feel like a criminal? Yeah.*

*- Beth (22, F)*

Additionally, it was argued that the taboo around drugs does little to reduce drug use. In fact, some participants argued that it may have the *opposite* effect: “Sometimes, in fact, just outright telling them not to take drugs has the adverse effect. ‘Don’t press this big, red shiny button.’ What are they gonna do? They’re gonna want to press it now, out of curiosity, or defiance.” (Patrick, 25, M).

An interesting parallel was drawn by two stakeholders between drugs education and sex education in UK schools, which until the early 2000s was dominated by approaches that promoted abstinence and offered little-to-no information about ‘safe sex’ (Hirst, 2013). These

stakeholders argued that where universities do offer any drugs education, it is often rooted in this type of approach:

*It's just like sex education, isn't it? I can really remember all of those discussions, 'Don't talk to them about sex, because then they'll have sex'. And it's just like, no, they're doing it anyway, let's have a conversation about it. And I think sex education has moved on, but I'm not sure that drug education has moved on in the same way, and we need to look at it in the same kind of in the same way. Accept that for lots of young people, it is a reality. We've just got to deal with it.*

- SH01

Furthermore, it was argued by members of both the student and stakeholder samples that DEPs with a high level of fear-based content around drug use can reinforce stigmatising views around drugs and the people who use them. These individuals were concerned that there was an over-emphasis on “scare stories” (Adam, 22, M) in the university’s DEP, without adequate practical advice on how to mitigate drug-related harm:

*The person who ran the session, he brought up a lot of cases where somebody had overdosed and had died, somebody else landed in prison for engaging in drugs. And I think it will not ever prevent people from taking drugs, I think it will just make them feel like "Oh my god, I'm going to end up in prison, or I'm going to be dead".*

- Alex (21,NB)

### **2.3.5.3 The support available is inadequate**

This subtheme explores students’ perceptions of University support services and how these impact their willingness to access support or advice around drug use. The University’s wellbeing support services are likely to be students’ first port-of-call for advice around drug use: universities often offer counselling for students or can refer students to specialist services where appropriate. However, several students expressed dissatisfaction with the level of support available at their University – and this was identified as a barrier preventing them from reaching out for advice about drug use should they feel they need it.

Students' perceptions of the University's support services were overwhelmingly negative. A number of interviewees described these services as having a reputation for long waiting times, poor staffing, and a lack of adequate follow-up procedures. One student explained that this reputation discourages students from engaging with these services: "The University has a history of the mental health support systems – like when I did my undergrad there, it was just an absolute shambles. You couldn't get to talk to someone for weeks." (David, 22, M). David went on to explain that if the University is ill-equipped to support students with their general mental health and wellbeing, he considers it unlikely that they have adequate support systems in place for students experiencing problematic drug use.

Some students felt that this issue has been exacerbated by the impact of lockdown restrictions, which have created a disconnect between the University and its students. Many interviewees stated that they had never met their lecturers or tutors in person, and consequently did not feel as though they had anyone to speak to if they were struggling. Sophia argued that for her, the lack of human connection makes it even harder to reach out for support:

*I don't like speaking to someone and they say 'Okay, what you can do is go to that link, to that website, and look at the consequences that alcohol might have on you.' I know I can do these things, but I'm not in a good mood to help myself right now. I need someone to really help. I just want someone to be there for me and someone to be like, 'I care whether you will live or you will die.' I want someone to be there as a human. And sometimes these services are just services, unfortunately.*

*- Sophia (18, F)*

Sophia's quote suggests that for some students there is a real need to address the underlying issues behind their drug use, and to know that someone can "really help" by providing person-centred support as opposed to simply listing resources on a website. This has rather significant implications for the ways in which universities tackle student mental health and drug use: it may be that a greater investment is required into in-house services to ensure that students feel supported and that the university is taking a proactive approach toward their wellbeing.

### 2.3.6 Theme Five: A New Approach

This theme relates to students' and stakeholders' discussions of what they feel would be an ideal model to educate and support university students so that they are able to make safe and informed decisions about drug use. Both students and stakeholders expressed that a new approach on the part of UK universities is necessary to reduce drug-related harm among university students.

Whereas the previous theme described perceived barriers which discourage students from engaging in educational and supportive interventions, students and stakeholders also identified factors which may facilitate improved engagement from students.

Stakeholders were able to provide a detailed insight into the University of Bristol's shift to a harm reduction approach to student drug use, along with suggestions for other institutions re-evaluating their own approaches. The following findings indicate a need for a broad shift in the way higher education institutions approach student drug use, which may require little more than an investment of time and effort from university decision-makers.

#### 2.3.6.1 Drugs education falls under University's duty of care

When asked to consider whose responsibility it is to reduce drug-related harm among students, several participants referred to the University as having a duty of care over its students. They argued that ensuring students are equipped to make safe and informed decisions about drug use falls under this duty of care. For these participants, the role of a university extends beyond providing an academic education. While they felt that the University makes some efforts to support and guide students through their formative years (for example, students referenced receiving information from the university about living sustainably and being a responsible member of the local community), some felt that this could go further by providing students with balanced information which could empower them to make informed decisions about drug use. This sentiment was shared among both students and stakeholders:

*I'm a firm believer that the University has a duty of care over its students, and we are an educational institution. I kind of believe that it shouldn't just be like academic education, but*

*there should be much more included in that. And I don't see why drug education shouldn't be included in that as well.*

*- SH04*

*I feel like the university does have responsibility really, because at the end of the day they're responsible for our safety. Like, they'll have security outside accommodations. So they are responsible for our safety in that sense, and for our safety of having, you know, a safe kitchen and a safe place to live in because we pay them accommodation fees and tuition fees. I think they should also consider drug intake into that, and drug education sessions, because that's something that's often overlooked.*

*- Joe (18, M)*

There is a balance to be achieved; while the University is seen as being well-placed to provide guidance and support, many students expressed that as adults they feel that the responsibility ultimately falls upon them to make their own decisions. As David (22, M) put it: “There’s a thin line between autonomy and paternalism. At some point, you have to cut the umbilical cord. You can’t police them for the rest of their lives”. David went on to explain that while it is important for the University to show that they are making an effort to address drug-related harm, it is up to students to choose whether or not to engage with these services.

For many students, feeling as though they have been trusted to make sensible decisions is empowering – they do not want to feel “patronised” (Joe) or that the University is simply saying “Don’t do drugs, kids!” (David). Thus, a number of students felt that mandating attendance at a drugs education intervention may undermine its effectiveness; a better approach would be to make students aware of the support that is available, and perhaps to provide incentives for attendance (according to Megan (20, F), “If they want us to go anywhere, they just need to supply pizza.”)

### **2.3.6.2 The importance of collaboration**

For the stakeholders, the most important facilitator in implementing the harm reduction approach was the collaboration of both internal and external stakeholders. This has allowed them to gain perspectives from people with broadly ranging backgrounds and experiences, which was essential in the early stages of developing their new drugs strategy. Furthermore, a

collaborative approach allows for stakeholders to pool together their expertise and resources, reducing the burden on individual services.

*It kind of grew into this collaborative project that just made the most of everyone's expertise and time - and money, I suppose, as well. To me, it doesn't feel like it would have been possible without kind of everyone's involvement and everyone being really keen. Yeah, [it was] definitely a very joint effort.*

- SH02

In particular, the involvement of the Students' Union (SU) was praised by all stakeholders as a key facilitator in developing and implementing an effective new drugs strategy. The SU acts as a democratic representative for university students, and as such are well-placed to consult with students and ensure that their concerns are being addressed.

*Not in this space, but in a lot of spaces I've been in, the University will do stuff and think they understand the student experience, and think they understand what student life is like. But a lot of them haven't been to Uni for 20, 30 years, and they literally have no idea what's on the ground. There is real need to have student representation in this because otherwise, we don't capture what students need. And [the SU's] ear will always be much more to the ground than the University's is. They are usually students, or have just been students, they know what it's like.*

- SH02

The SU is also seen as having more credibility among students than the University. Students see themselves as being represented by the SU, and therefore messaging and promotional material is more impactful when it is disseminated or visibly supported by the SU:

*I think a reason why a lot of this work has been pioneered by the SU is because I think a lot of students want to hear it from the SU rather than the Uni. I think the University saying, 'You need to be educated about drugs' will never go down as well as the representatives of the students, the Student Union, saying 'We're doing this really cool campaign about drugs including alcohol.'*

-SH02

In a similar vein, involving students in the development of policies and practices that are likely to affect them is seen as hugely important. Student voice can help to improve the credibility and relatability of information that is disseminated among the student population. For example, one stakeholder explained that many of the students they speak to have used social media to purchase drugs. Some staff at Universities or from mainstream drug services may not be familiar with social media being used in this way and therefore may not be able to provide students with relevant advice:

*People talk to me all the time about 'Oh, I bought these drugs off Snapchat.' I've never even seen Snapchat, I don't know what it looks like. So it's hard to know what's happening on the ground, without including students in the planning and organising and all of that kind of stuff.*

*-SH03*

Furthermore, a student-led approach can avoid the perception of any intervention being prescriptive and top-down (as described in the previous subtheme); allowing students to contribute to any changes may allow students to feel a sense of “ownership” (SH03) and control over the new approach, which in turn may help to overcome the issues with trust identified in the previous theme:

*Trust is the main thing. You can spend all the money you want, but if the students don't trust the scheme or don't trust those delivering it then it's never going to get off the ground. Yeah, you can pay a graphic designer to make some fancy posters and all that stuff. But if the students don't trust it then it's a waste of time, and it's a waste of money.*

*- SH03*

The engagement of students as stakeholders in the development of new policies and practices has previously been demonstrated as a key predictor of success in relation to sustainability in higher education (Murray, 2018; Shriberg & Harris, 2012). The current study offers a novel insight into the benefits of engaging students in the development of drug policies and practices at universities. These findings indicate that university stakeholders wishing to change their university's approach to student drug use should ensure they consult with students and SUs, so that they can benefit from their lived experience and their enhanced credibility among other students. It has also previously been argued that student-led



initiatives are capable of creating pressure upon universities to enact social change in a way that universities cannot: universities depend on students' tuition fees to keep functioning, and therefore students have a level of bargaining power over university decision-makers (Brooks & Abrahams, 2020; Murray, 2018).

Another important opportunity for collaboration is with mainstream drug services. Stakeholders discussed three notable benefits to this: firstly, mainstream services have access to a wealth of specialist knowledge and experience. By outsourcing to external services for education and interventions, universities can reduce the need to provide specialist training for their own staff, thus dramatically decreasing the potential burden of time and funding.

Secondly, by creating a relationship with local drug services, universities can set up a referrals process where students requiring specialist drug use support can be referred to mainstream services. Again, creating a link between the university and external drug services may eliminate the need for the university to train or recruit specialist drug workers within their institution. Furthermore, a referrals system may help to engage more young people with mainstream services where necessary, ensuring that they have access to the most appropriate level of support.

*If you're going to have to have any kind of detox or rehab or you need that very specialist support... we might be a part of it, but I would see us doing kind of a referral, maybe bring some other guidance and support if somebody really needs to tackle some dependency issues.*

*So [the University] might provide something, but like really specialist drug and alcohol support you might need, I think that should be external personally.*

*- SH01*

Thirdly, the stakeholders credited the involvement of external drug services as improving students' engagement with brief interventions and education services for drug use. Their suggested reason for this is that students feel more comfortable discussing their drug use with an external organisation, due to their lack of trust in university staff and services as outlined in the previous theme.

*Realistically, we're bound by all the exact same GDPR, we all still have the same safeguarding responsibilities, it would all work exactly the same. But in people's heads, if*

*someone works for the University, what they put in their database they think is automatically going to also be accessible by their personal tutor, and the person who's marking their essays, and the person that decides if they can progress on to the Masters course. So [working with external services] has been really helpful.*

*- SH03*

One stakeholder pointed out that having the ability to pay external stakeholders for their time is an important consideration. They argued that in comparison to the funding that many universities have access to, it is rare for mainstream drug services to have a large budget to dedicate to harm reduction services and outreach. Ensuring that stakeholders are adequately compensated for their work helps to maintain their capacity to continue providing their services and expertise over a longer period, thus fostering an approach to student drug use that is consistent and sustainable.

*Most drug services don't have the resources to kind of dedicate to this kind of scheme. So it was really useful to have money from the University, the Uni gave us all of the funding to run this scheme. And that just takes a massive load of work off drug services.*

*- SH03*

### **2.3.6.3 Consistency is key**

Both students and stakeholders identified that consistency in messaging about university policies and practices would maximise the impact of any improvements and facilitate greater engagement from students with educational interventions and further support where necessary.

As seen in the previous theme, a lack of clarity around drug policy discourages students from engaging with drug use interventions. Both students and stakeholders suggested that a good way to mitigate this issue would be to promote transparency and clarity of the University's approach to student drug use. Knowing which procedures a staff member will follow if a student makes a drug-related disclosure, and having the assurance that engaging with a drug use education intervention will not result in the student receiving a disciplinary, may serve to promote trust between the student and the University and thus improve engagement with the

appropriate services and interventions. For example, when asked what might encourage them to speak to University staff about drug use, one student said this:

*I didn't know that they are committed to a harm reduction strategy. So that would be really great if that were in an email or something to students, not only for the sake of information, but also for the sake of students being able to hold the university accountable. I think they don't want to be too transparent because they don't really want to be held accountable too much.*

*- Alex (21, NB)*

Where Alex refers to accountability, they are suggesting that increased clarity around the University's approach to student drug use would enable students to ensure that the University is fulfilling its' commitments to students and that their approach is applied consistently and fairly. This may be another way to facilitate improved trust between students and the University.

In addition, ensuring that the University are being consistent in their approach to student drug use may be helpful in maintaining positive media and public perception of the University. The stakeholders in this sample identified that the risk of receiving negative attention from the press was a concern when they first began to discuss adopting a harm reduction approach. According to one interviewee, another UK university had been "absolutely lambasted in the press" (SH01) a few years previously for sharing harm reduction information with their students, and there had been concerns that the University of Bristol would receive the same kind of attention. In fact, media coverage of the University's harm reduction approach has largely been positive. The interviewees credited this in part to the fact that the University's approach is backed by external stakeholders such as the police and Public Health, as well as internal stakeholders at multiple levels of university management:

*Get your press and comms on board, get your local public health [on board], because then if you can quote your local Public Health teams. And talk to the police. And also, having something like the multi-agency drugs group [helps] because again, you can bring in those partners like Public Health and night-time economy. Then there's a bit of a safety in numbers.*

*- SH01*

Interestingly, all four of the stakeholders argued that fear of negative media coverage was not enough to deter them from working to implement this harm reduction approach. While public perception concerns may make it more challenging for stakeholders to obtain support from university management (“Stuff that would be engaging to students makes the ‘heads’ scared. They want everything to be serious and black and white.” – SH04), these interviewees felt that pushing for a harm reduction approach is the only way to ensure students stay safe at university:

*That feels like a huge barrier, is this idea of 'What would parents say?' My response to that is, parents would much rather kids have their harm reduction information, than not come home at Christmas. Sometimes we've got to hold these uncomfortable conversations. So I feel like it's a bit cowardly, really, and frustrating, when we see every new term some student has died. And it's unnecessary, in my opinion, all drug related deaths are avoidable.*

- SH04

In order to achieve consistency in university drug policies and practices, some interviewees felt that additional training for student-facing staff may be necessary. Discussions of what this training should entail varied between participants, with some arguing that University staff should simply have an awareness of how to signpost students to relevant support services, and others suggesting that some University staff (particularly those with a pastoral role such as personal tutors) should be able to identify the signs that a student is experiencing problematic drug use and to deliver brief interventions where necessary. One stakeholder argued that training more staff to be able to deliver harm reduction and education services will improve the accessibility and engagement of these services:

*I think it would be great to get more student-facing staff trained so they can do some harm reduction drop-ins and give out the [reagent testing] kits. So instead of it just being that only [certain staff] can deliver this – there's a bit of a bottleneck there – actually having it spread across the University, and across all the halls, so everyone can access it quite easily.*

- SH02

Implementing a new approach to student drug use, including the provision of additional training for student-facing staff and the introduction of educational interventions for students,

may seem expensive and labour-intensive. However, one stakeholder argued that in reality this approach can be inexpensive and achievable for many universities:

*Improving drug education and support at universities doesn't need to be expensive. So much drug-related harm at universities relates to structural issues, for example punitive disciplinary procedures. It costs nothing other than time and effort to change these. There's also such a vast array of information and advice freely available online. Not every university needs to reinvent the wheel. If they don't have the resources - whether skills or funding - in-house, then they just need to direct students to other reputable organisations. Even ambitious schemes, such as the one at Bristol Uni, cost next to nothing in the grand scheme of university finances.*

*- SH03*

### **2.3.6.3 Practical recommendations: What should drugs education look like?**

The above findings relate to wider organisational shifts in policy and practices which are required to enhance the acceptability of harm reduction DEPs for university students. However, having attended the University's DEP, the students also had a number of more practical recommendations for what they would like to see from a future university-based DEP. These are presented in Table 2.2. These suggestions will be discussed in more detail, in relation to the rest of the interview findings, in the discussion chapter.

**Table 2.2**

*Students' practical recommendations for university-based DEPs*

Recommendation	Illustrative quotes
<b>Must be well-publicised</b>	
Publicity around the DEP should make the aims of the session clear, so that students understand the intended audience	<i>“I think as long as it's being labelled, and you know what you're marketing it as. Is it deterrence? Is it safety? Is it just basic information that you can do what you want with? Then I think I'd recommend it for that purpose.” – Natasha (22, F)</i>
Incentives can boost attendance among students.	<i>“Maybe even put incentives in it, like if you complete a little quiz at the end, you get five credits, or something.” – Milo (19, M)</i>
<b>Virtual DEP is preferable to in-person</b>	
Holding the DEP online allowed students to maintain a level of anonymity by leaving their cameras off, which facilitated higher engagement in the session	<i>“I liked the fact that it was on Zoom, so that whoever participated, they didn't have to show themselves it was all anonymous. I think that was quite good.” – Caroline (20, F)</i>
Online is more convenient for students to fit around their busy academic and social lives	<i>“I think it might be good for it to be online because if it's in person, I don't know how many people could be bothered to walk all the way into Uni just to attend this talk. You might be able to attract a bigger crowd if it's online.” – David (22, M)</i>

**Table 2 Continued**

Recommendation	Illustrative quote
<b>Information must be tailored for a student audience</b>	
The original DEP was intended for adults in the Criminal Justice System. Some students felt that parts of the information were not relevant to student life.	<i>“[The facilitator] came in with experience of the legal system, the prison surrounding drugs, which doesn’t really seem helpful to the population this was targeting.” – Alex (21, NB)</i>
The DEP should be grounded in the reality that many students have already began using drugs, therefore should focus less on prevention and more on harm reduction.	<i>“They're not taking into consideration that the people in the session are the people doing drugs, so telling them not to do drugs when they clearly already do drugs is not helping anyone.” – Ryan (18, M)</i>
<b>A group education session is preferable to one-to-one</b>	
Holding the DEP as a group session helped students feel more relaxed and encouraged them to ask more questions	<i>“I liked that it was a group session, because I think I would probably be encouraged to ask more questions once other people are asking questions.”- Gina (20, F)</i>
A medium group size is preferable as it allows for group discussions where everybody’s points can be heard	<i>“I think maybe a sort of focus group setting would be good. Because it would get people more engaged, in maybe like a smaller group, but not too small so it's like an interview, and not too big where you can easily zone off.” – Charlie (20, NB)</i>

## 2.4 SUMMARY OF FINDINGS

These findings demonstrate that drug use is a prominent feature of student life and is driven by various motivations to elicit social and emotional rewards. Despite this, drug use is perceived to be a taboo topic between students and authority figures, such as tutors or wellbeing support staff. This is also reflected in the finding that students would prefer DEPs to take place virtually so that they can maintain a level of anonymity. Considering the drug-related harms reported by several of the students in this study (including sexual assault, “black-outs” and accidentally overdosing), it is clear that universities should be considering how to reduce drug-related harm among their students.

The evidence certainly indicates that students could benefit from drug education: firstly, drug education could help address gaps in students’ knowledge and therefore enhance their ability to make informed decisions around drug use; secondly, DEPs could be an opportunity to equip students with healthy coping strategies to manage their mental wellbeing. However, there is a need for changes on a structural level to improve engagement with these services. Where students perceive (correctly or not) that their university takes a zero-tolerance stance against drug use, they are deterred from accessing support or having honest conversations about drugs. Underpinning this is a fear of criminalisation due to the legal status of many of these drugs in the UK. Students also have overwhelmingly negative perceptions of the support that is available for them at university, which serves as a further barrier for asking for help.

The findings suggest that consistent messaging around the university’s drug policy would help to foster a collective knowledge of the university’ approach to student drug use, which may in turn encourage more students to access these services. Collaboration with students, Student Unions, and external drug services is also an essential avenue of exploration for universities when developing their drug strategy.

The implications of these findings for future research, policy and practice will be discussed in the following chapter.



## CHAPTER 3: GENERAL DISCUSSION

### 3.1 INTRODUCTION

In this chapter, I will present a summary of my findings and discuss their implications for policy and the development of university-based DEPs. I will also examine the strengths and limitations of this work and put forth my suggestions for future research. At the end of this chapter, I will provide my concluding remarks.

### 3.2 SUMMARY OF FINDINGS

The aim of this work was to provide the beginnings of an evidence base around the use of DEPs in UK higher education settings. I designed and conducted a piece of qualitative research with a view to address the following specific research questions:

1. What are students' experiences of drug use while at university?
2. What do students need from an educational drug use intervention? What are their specific concerns?
3. What would make an educational drug use intervention attractive and relevant for students?
4. What are stakeholders' perspectives on what could be feasible and acceptable to implement in a university setting?

A summary of my findings can be found in Chapter 2.4. Below, I will discuss my interpretation of these findings.

#### *3.2.1 Students and drug use*

Existing literature has demonstrated the high prevalence of illicit drug use among students compared to their same-age non-student peers (Bennett, 2014). This population has also been shown to display hazardous levels of alcohol consumption, with at least one in five students

showing “a likelihood of having a diagnosable alcohol use disorder” (Heather et al., 2011, pg. 274). Given the significant health burden attributable to problematic consumption of alcohol and other drugs (Rehm et al., 2009), and evident associations between student drug use and negative health and social outcomes (Dennhardt & Murphy, 2013), this population group can be seen as particularly vulnerable to experiencing drug-related harm. It has been argued that to address this, universities should provide students with educational resources and interventions “to increase general literacy around drugs, including alcohol and prescription medicines, to help students avoid developing problematic relationships with any drug in the future” (Ozcubukcu & Towl, 2022, pg. 48). However, there is no universal guidance available for universities on how best to approach this. The present study therefore aimed to generate a deeper understanding of UK students’ experiences of drug use while at university, with a view to inform the development of future DEPs for this population, in line with the Person-Based Approach to intervention development (Yardley, Morrison, et al., 2015).

While previous studies have provided estimates of the prevalence of drug use among university students, the use of a qualitative paradigm in the present study offers a novel insight into the role of drugs in students’ lives and social identities. The first theme, “*A culture of drug use*”, demonstrates how drug use is seen as being ingrained into university life. This was particularly true of alcohol, which was demonstrated in the student interviews to be integral to many student activities, such as participation in sports clubs or student societies. The second (“*Balancing risk and reward*”) and third (“*Drug use as a coping mechanism*”) themes also speak to the varying roles that drugs play within student life: students reported using drugs to enjoy themselves, to bond with friends, and to cope with negative emotions. This has implications for how universities might approach student drug use: any intervention should seek to address the underlying motivations behind student drug use.

For example, the findings presented in Theme One indicated that universities may benefit from exploring the use of alcohol-free social events. It has been argued, however, that alcohol misuse prevention interventions often fail to offer a replacement for the enjoyable benefits of alcohol use, such as relaxation and social bonding (Brown et al., 2021). Evidence has shown that when universities offer activities which provide students with an opportunity to enjoy these benefits without alcohol, such as board game/film nights (Layland et al., 2019; Patrick et al., 2010) and alcohol-free parties (Wei et al., 2010), alcohol consumption decreases.

Furthermore, research has shown that students rate alcohol-free activities such as going to the theatre, going to bars and parties, and eating at restaurants with friends as being as enjoyable as activities involving alcohol (Murphy et al., 2006). There are plenty of avenues for universities to explore alcohol-free activities which still offer students an opportunity to connect with their peers – for example, “sober raves” (also known as “conscious clubbing”); (Brown et al., 2021; Morning Gloryville, 2016). This may be a way to mitigate alcohol-related harms and reduce the sense of social pressure around drinking identified in Theme One, whilst still acknowledging the positive role of alcohol use within some students’ lives, as demonstrated in the present study.

Additionally, the findings presented in Theme Three demonstrated that for some students, drugs are used as a coping mechanism to deal with negative emotions and poor mental health. This is concerning as coping motives are linked to the development of problematic drug use (Cooper, 2015), which itself is linked to a range of negative health outcomes (Hall et al., 2016). It was suggested that these students may benefit from the provision of interventions which promote healthy coping mechanisms, such as physical activity (Tyson et al., 2010) or mindfulness meditation (Campion & Rocco, 2009). Indeed, universities are suitable environments for health promotion through their education, research and knowledge exchange practices (Innstrand & Christensen, 2020). Initiatives such as the Healthy Universities network aim to support universities in implementing whole systems approaches to health, wellbeing and sustainability (Dooris et al., 2010). The network has 99 UK HEI members, including the University of Bristol. However, there is limited evaluative evidence to speak to effectiveness of the Healthy Universities framework in promoting health behaviours among university students (Reis et al., 2018; Suárez-Reyes et al., 2019). Even so, given the growing consensus that individuals make decisions on their health behaviour based on their social, physical and economic environments, the whole systems approach toward health promotion in universities may be a promising avenue of exploration.

The overarching aim of this thesis was to develop our understanding of student drug use with a view to inform the development of educational interventions. However, these findings suggest that for any such intervention to be effective, change is required on multiple levels of the university ecosystem to support students to make safer decisions around their health behaviours, including the use of drugs. The implications of these findings for policy and intervention development will be discussed in greater detail later in this chapter.

### *3.2.2 Barriers and facilitators for implementing DEPs in universities*

The work presented in this thesis provides a novel and valuable insight into the barriers and facilitators for successful implementation of DEPs in university settings. These ranged from practical considerations, such as group size, to considerations of the wider context in which these interventions would take place. These findings help to situate DEPs as events within complex systems, which may in turn help to improve the effectiveness of these interventions (Hawe et al., 2009).

As shown in Theme Three, fear of judgement was identified by students as a potential barrier to engaging with university-based DEPs. This was also reflected in the finding that students would prefer future DEPs to take place online, so that they can retain a level of anonymity. Previous research has demonstrated that stigma can prevent young people from engaging with harm reduction services, due to stereotypical perceptions around people who use drugs (da Silva et al., 2021). These perceptions are reinforced by drug education practices which intend to scare young people away from becoming “drug users”, who are stereotypically represented as being sick and dangerous (Meehan, 2017). People who use drugs face stigma in many areas of life (Barry et al., 2014) which results in experiences of prejudice and discrimination (Paquette et al., 2018). It is vital that university-based DEPs avoid the use of stigmatising language and “scare stories” so as not to perpetuate such negative stereotypes. Furthermore, centring DEPs around fear-based narratives prevents an honest discussion around both the benefits and risks of drugs. For students who already use drugs, and enjoy doing so, the notion that people who use drugs “either end up in prison or dead” will not match up with their own experiences and therefore will dramatically reduce the credibility of the DEP. The findings of the present study further support the suggestion that DEPs should be grounded in the principles of harm reduction, providing individuals with practical strategies to keep themselves safe (Meehan, 2017). By presenting DEPs in this way, without perpetuating stigma or judgement, universities may be able to attract larger and more engaged student audiences.

The findings from this study demonstrate that many students are prevented from engaging in honest, productive discussions around drug use due to fear of punishment or criminalisation. Without an assurance that they cannot be punished for speaking openly about their drug use, it is unlikely that students will engage with DEPs in any meaningful or productive way.

By interviewing stakeholders involved in the development and/or delivery of drug education services for university students, I was able to explore factors which facilitate the successful implementation of such measures. Stakeholders particularly highlighted the value of taking a collaborative approach which engages students, Student Unions, and external drug services as stakeholders. Taking such an approach would allow universities to capitalise on the wealth of knowledge and experiences available to them, in order to maximise the impact of new interventions. However, one participant raised the importance of stakeholders being adequately compensated for their time. Despite the UK government announcing their “largest ever” increase in funding for drug treatment in 2021 (Department of Health and Social Care & Home Office, 2021), experts have warned that drug treatment services are struggling following a decade of austerity (Grierson, 2021). Comparatively, universities have access to much larger budgets (Adams, 2016). Given the level of drug-related harm experienced by students, universities should put serious consideration into investing in the development of DEPs alongside experts from treatment services.

### 3.3 IMPLICATIONS FOR POLICY

Here, I will apply the findings of the present study to my understanding of the wider policy context, in order to generate recommendations for policy changes on a university level and beyond.

#### *3.3.1 University policies*

Under UK common law, universities have a general duty of care over their students: this is a commitment that they will “act reasonably to protect the health, safety and welfare of its students” (AMOSSHE, 2015). While there is no clear definition of a university’s specific duties with regard to student wellbeing, universities who purport themselves as having a duty of care toward their students should consider the policies and practices they have in place to safeguard students from drug-related harm.

The findings of the present study provide support to the argument that zero tolerance drug policies in universities are failing students. Not only do these policies fail to prevent students from using drugs – as shown in the student interviews, drug use is deeply ingrained into

many aspects of university life – but zero tolerance approaches have also been shown to contribute to drug-related harm among students. Students reported that they would be afraid to access support if they felt they were experiencing problems with their drug use, due to fear of punishment. Universities are therefore missing opportunities to intervene early when students' drug use begins to become problematic – which is particularly concerning since early intervention is essential in preventing the development of harmful patterns of drug use (Wittchen et al., 2008).

These findings are particularly interesting given that the University of Bristol does *not* take a zero-tolerance approach to drug use. It was clear that the students held a perception that they could be punished severely – with suspension from university, eviction from accommodation, or a police referral – despite the fact that the University has formally adopted a harm reduction stance toward student drug use. These findings indicate that it is not only the policies themselves which require important consideration: how these policies are communicated to students determines how impactful they will be. As shown from the student interviews, a harm reduction approach is unlikely to reduce drug-related harm if students lack knowledge or understanding of it. Consultation with students may be beneficial to determine how information about university policies can be effectively disseminated. Opportunities for students to ask questions about any changes in policy would also help to de-mystify the university's approach to student drug use.

It is possible for universities to implement harm reduction approaches to illicit drug use while still acting within a legal framework. Universities are able to exercise some discretion in how they handle illicit drug use, so long as they are not seen as failing to take any action to deter it from happening: this means that while “draconian” punishments such as suspension or eviction are not legally necessary, universities must be seen to take some form of action when a student is found to be using an illegal drug on university premises (Garius, 2021). This can be achieved through the use of disciplinary warnings alongside the provision of information and support for the individual. Universities can therefore be seen to take a proactive approach toward student drug use, and to make efforts to mitigate the harms of drug use among students, without subjecting students to harsh punishments.

Additionally, universities must ensure they are investing into the support services available for students in order to meet their students' needs. As shown in the present study, students

were dissatisfied with the mental health support available at their university. This acted as a further barrier deterring them from asking for support with their drug use should they need it. Better investment into mental health support at universities, including training for student-facing staff to support students with problematic drug use, may be a way to encourage help-seeking.

Finally, according to the stakeholder interviewees, the University of Bristol has benefitted from its collaborative partnership with Bristol ROADS and other community partners in implementing new approaches to student drug use. Other HEIs should explore the potential to form partnerships with local organisations and to incorporate the expertise of these services into their staff training. There should also be clear procedures in place to refer students to these external services where the university's capacity to support a student has been reached.

### *3.3.2 National drug policies*

While university policies have the potential to reduce drug-related harm and foster sensible conversations around student drug use, a fear of criminalisation was clear among many of the student interviewees. As Matt (21, M) stated: "I feel like the University can say it's a harm reduction approach and then the police can just be like, 'Yeah, no. It's still illegal, you can't do that.'" (Chapter 2.3.5). The findings of the present study suggest that the effects of university-level policy changes will be limited in reducing drug-related harm among young people, while national drug policies still exist to criminalise them.

The findings of the present study further support the claim, put forth by various scholars and drug policy reform activists, that punitive drug policies exacerbate drug-related harms (e.g. Transform Drug Policy Foundation, 2022). The finding that some students were too afraid to call an ambulance in an emergency where drugs were involved, for fear of legal consequences, is particularly concerning. Although the MDA (1971) and PSA (2016) do not define drug *use* as a criminal offence, it is possible for an individual who has been found by emergency services and is in possession of a controlled substance to be sentenced and prosecuted under the MDA (Sentencing Council, 2021). The findings of the present study support previous research suggesting that fear of police involvement is a barrier to calling emergency services among people who use illicit drugs (Lankenau et al., 2013; Pollini et al., 2006).

To combat this, several American states have introduced “911 Good Samaritan laws”: laws which protect overdose victims and bystanders from certain criminal proceedings if they contact emergency services (Jakubowski et al., 2018). Evidence that Good Samaritan laws encourage people who use drugs to contact emergency services is limited and mixed, however there is some evidence that these laws are effective in increasing emergency calls to overdoses (Moallem & Hayashi, 2021). I would suggest that good-quality trials and evaluations of Good Samaritan laws may be useful in assessing whether these policies could protect people who use drugs from drug-related harm; particularly given the finding in the present study that students may be reluctant to call for emergency help due to fear of criminalisation.

A recent government consultation paper outlined the Home Office’s plans to target recreational drug users<sup>2</sup> with a sliding scale of punishments, ranging from a fixed penalty notice, to drug tagging, to confiscation of the individual’s driving license or passport (Home Office, 2022). This follows the Home Secretary’s warning last year that the government will “crack down” on “students who ignorantly take drugs with no thought to the criminality they are supporting and those they are exploiting” (Groves, 2021). The findings of the present study support the notion put forth by the National Union of Students, that such punitive measures will “discourage students from reaching out for harm reduction advice, support from staff or the contacting of emergency services.” (Sleigh, 2021). Based on the findings in the present study that fear of criminalisation is a significant barrier for students accessing support, I would argue that the responsibility for reducing drug-related harm among students does not rest solely with universities: support from policymakers is required to ensure that a fear of criminalisation is not preventing young adults from accessing support where it is needed.

### 3.4 IMPLICATIONS FOR INTERVENTION DEVELOPMENT

The purpose of the work presented in this thesis was to understand student and stakeholder perspectives on the use of Drug Education Programmes (DEPs) to address drug-related harms

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<sup>2</sup> The paper outlines a “new three-tier framework for adult drug possession offences... except where the individual has a drug dependence... and where treatment is the most relevant intervention” (Home Office, 2022, pg. 10). However, it is unknown who will make the judgement as to whether an individual has a “drug dependence” and which criteria this will be judged against.



in UK university students. In line with the Person-Based Approach to intervention development (Yardley, Ainsworth, et al., 2015; Yardley, Morrison, et al., 2015), I conducted a piece of in-depth qualitative research to provide the contextual evidence-base required to begin planning an effective DEP. By viewing DEPs as events within complex systems (Hawe et al., 2009), I considered the context in which these interventions would take place, particularly how university policies and organisational structures influence this context.

Utilising this approach allowed me to gain a novel perspective on students' experiences of drug use while at university, and their perceived needs from a university-based DEP, along with valuable insights from stakeholders involved in the development or delivery of such programmes. This work sits within the "intervention planning" stage of the PBA.

The next phase of the PBA is the "intervention design" stage, in which themes elicited from the previous phase are used to identify the key issues and challenges that the intervention must address. Below I present my preliminary "guiding principles", which draw on my understanding of the user group (students) to identify key intervention design objectives and intervention features intending to meet these objectives (Yardley, Ainsworth, et al., 2015). These guiding principles are subject to change and should be revisited throughout the intervention development process.

**Table 3.1***University DEP guiding principles.*

User Context	Key Design Objective	Intervention
Students often use drugs to cope with negative emotions and experiences, which has the potential to develop into patterns of problematic drug use.	Encourage students to employ healthier coping strategies, without relying on drugs.	<ul style="list-style-type: none"> <li>• Encourage students to explore their motivations for using drugs – for example by completing the Substance Use Recovery Evaluator (SURE) tool (Neale et al., 2016).</li> <li>• Promote activities which have been shown to improve student mental health, such as: physical activity (Tyson et al., 2010); meditation (Campion &amp; Rocco, 2009); and technology-based mental health interventions (Harrer et al., 2019).</li> <li>• Signpost students to mental health support services where appropriate.</li> </ul>
Students experience both positive and harmful effects of drug use. They respond best to a balanced representation of the positives and negatives of drug use.	Provide practical, non-stigmatising information around drugs and the people who use them.	<ul style="list-style-type: none"> <li>• Incorporate evidence-based information around the risks of drug use and strategies to mitigate these.</li> <li>• Address the positive benefits of drug use and the various reasons people may use them.</li> <li>• Avoid the use of stigmatising language and narratives around drugs and the people who use them. This could be achieved by co-creating content alongside people who use drugs, as well as drug treatment services.</li> <li>• Co-creation of content with students would also improve the perceived validity of the DEP, facilitating greater engagement from students.</li> </ul>

**Table 3.1 Continued**

User Context	Key Design Objective	Intervention
<p>Students reported feeling unable to speak openly about drug use, for fear of punishment. This:</p> <p>a) deters students from accessing support with their drug use where necessary</p> <p>b) prevents students from fully engaging with DEPs</p>	<p>Promote honest and open conversations about drug use between students, university stakeholders, and intervention facilitators.</p>	<ul style="list-style-type: none"> <li>• Facilitate engagement by conducting the DEP online, using software which allows attendees to maintain a level of anonymity (e.g. by switching off cameras and using pseudonyms).</li> <li>• Deliver the DEP in groups (rather than one-to-one): this is perceived by students as less intimidating and will facilitate open discussions.</li> <li>• Make students aware that the purpose of the DEP is to educate and support them, and that they will not face any detriment for attending.</li> <li>• Enhance trust in the DEP by opening with a statement of confidentiality between the DEP facilitator and the attendees.</li> <li>• Educate students on drug policy and how this affects them:             <ul style="list-style-type: none"> <li>a) Work with university stakeholders to create transparent guidance on institutional policies, such as the university’s harm reduction approach</li> <li>b) Inform students of the law surrounding (certain) drugs, and their legal rights should they come into contact with the police.</li> </ul> </li> </ul>

### 3.5 STRENGTHS

Through the use of a qualitative paradigm within an established intervention development framework, I have elicited a novel insight into the drug use behaviours and associated harms among UK university students, along with guiding principles for the development of university-based DEPs. While there have previously been calls for universities to implement harm reduction education approaches to student drug use (Garius, 2021; Release & National Union of Students, 2018), to my knowledge this is the first study to provide evidence-based guidance on how this can be achieved. This research has therefore provided the foundational, contextual knowledge to inform the development of future interventions.

In applying a critical realist approach to this work, I was able to reflect on how participants' perceptions of student drug use are shaped by their wider social, cultural and structural environments. The findings and my analysis show student drug use behaviour as a product of interactions between varying individual factors (e.g., motivations, fears), and contextual and structural factors (e.g., drug policies). I was also able to consider how my own knowledge, beliefs and experiences informed my interpretation of the findings; this was supported through the use of a research journal and discussions with my supervisors. While I therefore do not claim to have generated any objective 'truths' about student drug use or DEPs from this research, my epistemological position has allowed me in this way to provide a nuanced analysis of these students' experiences and how they are situated within their broader contexts.

According to the PBA, stakeholder consultation is valuable in the planning phase of intervention development (Yardley, Ainsworth, et al., 2015). Interviewing stakeholders involved in the development and/or delivery of drug education services for university students allowed me to ensure that the research would have the maximum impact for the individuals and organisations affected by it. These participants were able to draw on their experiences to produce meaningful insights into the barriers and facilitators of delivering such interventions in a university setting. Taking this approach will help to improve the acceptability and feasibility of the future intervention.

### 3.6 LIMITATIONS

The period in which the interviews took place (April-June 2021) was a period characterised by stress and uncertainty, owing to the continuation (and gradual removal) of COVID-19 lockdown restrictions. Students' experiences of drug use are likely to have been rather drastically different during this period compared to "normal" times due to the closure of bars, pubs and clubs, as well as restrictions on social contact with others. While this study offered an interesting insight into the impact of lockdown restrictions on student drug use, with implications for "normal" times, it is important to consider how the context of the study may have influenced the findings. Intervention developers should consider whether further consultation with students is required before applying these findings to the development of DEPs.

A further limitation of this study is that demographic information on the ethnicity, sexuality or disability status of the student interviewees was not collected. While qualitative research does not necessarily aim to be "generalisable" (as in quantitative research), it is useful to examine how such demographic factors may have influenced the participants' responses. For example, individuals from black or Asian ethnic backgrounds are disproportionately targeted by the police in "stop and search" proceedings (Medina Ariza, 2014), which will likely impact their attitudes toward drug laws and their enforcement. Additionally, LGBTQ+ and disabled students have been found to be more likely to use drugs to self-medicate for mental or physical health problems (Release & National Union of Students, 2018). While it was beyond the scope of this project to explore these issues in detail, future research should take care to consider how participant demographics influence their drug use behaviours, which may have implications for intervention development.

All student participants in this study were under the age of 25. This means that the experiences of mature students were overlooked in the current study. In the 2019/20 academic year, mature students made up 37% of all undergraduate and 50% of all postgraduate entrants to UK universities (Bolton & Hubble, 2021), however they are often overlooked in research into university students. Mature students are likely to have very different experiences of student drug use: for example, they are more likely (compared to their younger counterparts) to have significant financial and caring responsibilities (Saddler & Sundin, 2020). It would be pertinent to explore how these life stressors may impact drug

use in the mature student population, given the finding in the present study that many students use drugs to cope with stress. Additionally, many mature students choose to live off-campus, which can lead to a sense of disconnection from their peers (Read et al., 2020). Mature students may therefore have different perspectives on the overall “culture” of their university, compared to the younger students interviewed in this study.

### 3.7 SUGGESTIONS FOR FUTURE RESEARCH

The research presented in this thesis sits within the “planning” and “design” phases of the PBA (Yardley, Ainsworth, et al., 2015; Yardley, Morrison, et al., 2015). I have provided some preliminary guiding principles to inform the development of university-based DEPs. The next step should be to conduct further qualitative research to assess the acceptability and feasibility of the proposed intervention. A useful way to achieve this is through “think-aloud” interviews, in which participants are able to share their thoughts about an intervention as they work through it, and the researcher can observe how the intervention is used (van den Haak et al., 2007; Yardley, Morrison, et al., 2015).

The findings from the student interviews indicated that it may be beneficial to further explore students’ motivations for drug use and how these may impact drug use behaviours and the development of problematic patterns. While there exists a wealth of evidence on the topic of drug use motivations (Cooper et al., 2016), there is a sparsity of literature exploring this issue in university students. Given that drug use is more prevalent among students than their same-age, non-student peers (Bennett, 2014), and given the findings from the current study illustrating that the university environment has a culture of drug use, findings from the general population may not be generalisable to this group. Longitudinal research exploring students’ self-reported motivations for drug use, and subsequent behaviours and patterns, may provide further insight into the importance of drug use motives in the development of problematic drug use in the student population. This will have implications for the development of interventions to address drug-related harm in students.

Conducting this research within the University of Bristol, where a harm reduction approach to student drug use has already been implemented, allowed for some useful insights into the barriers and facilitators for bringing about such changes within a higher education institution. However, as Bristol’s approach is still unique, it would be insightful to conduct qualitative

research with stakeholders from institutions that do not adopt a harm reduction approach. This would help to elicit an understanding of their perceived barriers toward adopting such an approach.

### 3.8 CONCLUSION

This study offers a novel insight into university students' experience of drug use, with guiding principles to inform the development of university-based DEPs. For many students, university life is characterised by a culture of drug use in which drug-related harms are commonplace. The findings suggest that university students would benefit from educational interventions to help them make informed decisions around drug use and to equip them with strategies to minimise harm. However, a deep-rooted fear of judgement, punishment and criminalisation prevents students from having honest conversations about drug use with perceived authority figures, and therefore will limit their engagement with university-based DEPs. In addition to implementing DEPs, universities should ensure they adopt clear, robust harm reduction policies to help enhance students' trust in their institution and mitigate some of the harms of drug use.

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