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Enabling student health and success

Tackling supply and demand for drugs and improving harm reduction



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Foreword

In universities we are focused on research, our contributions to society through innovation and, at our core, the success of our students. One of the factors in student success is their wellbeing. Learning tends to be most effective when students are confident, motivated and in a learning environment of accumulative achievements. Many factors can militate against an ideal learning environment including financial worries, the need for paid work, a feeling of loneliness or a loss of hope, and on this list can also be a harmful use of alcohol and drugs.

This report focuses on the latter and for the first time draws together students and a range of experts from health, psychology, criminology, education, student welfare and accommodation provision. In a survey of over 4,000 students 12% reported having taken a drug in the last year. This figure is less than might have been expected from a stereotyped perception of students, but there are concerns for educationalists. Just below half of the 12% reported wanting to reduce their use but only a minority felt able to seek support from their university. One of the more commonly reported reasons for taking drugs was to deal with anxiety and mental health issues.

As well as tackling supply and reducing demand, if we want to help students succeed in education, we need to make it easier for them to access help where they need it, to be effectively informed and to retain the hope of success, which is a foundational motivation for learning. There are lessons from public health that can enable universities to provide the best environment for wellbeing and this report provides guidance on how we can better enable student health and success.

I am enormously grateful to the many students, academics and experts who have contributed to this work and to Unite Students who have supported the work throughout.

Professor Nic Beech,
Vice Chancellor at the
University of Salford and
Chair of the Universities
UK Drugs Taskforce

**This report provides
guidance on how we can
better enable student
health and success.**



Executive summary: the case for action

Higher education leaders and staff have long expressed concern about the impact of student drug use. This includes its effects on learning and mental health and on future job prospects, as well as the serious consequences of addiction and avoidable deaths.

However, there has historically been limited understanding of the prevalence of student drug use across the UK, and the extent of the harms that students experience.

The research commissioned by the Universities UK Drugs Taskforce makes a clear case for action. Our survey research¹ with nearly four thousand students found **that 18% said they have used drugs in the past and, within this group, two-thirds had used drugs in the past twelve months² – this equates to around one in eight (12%) of those surveyed.** This is notably lower than a rate of use identified by the Office for National Statistics, that 17.6% of 16–24-year-olds in England and Wales reported drug use in the year to March 2023³. Meanwhile, in Scotland, the Scottish Crime and Justice Survey covering 2018 – 2020 found that 23.5% of individuals aged 16-24 reported using drugs in the year prior to being surveyed, (compared with 14.7% of those aged 25-44)⁴.

However, UUK’s survey found that **44% of those who said they have used drugs in the last twelve months declared wanting to reduce their drug use.**⁵ The most common reasons for this include the impact of drug use on students’ mental and physical health, and on their academic performance.

Students are not alone in this. In 2019, Professor Dame Carol Black’s two-part independent review of drugs raised particular concern about the increasing prevalence of recreational drug use among young people and the resulting harms.⁶

“The rise in the use of recreational drugs, such as cannabis, powder cocaine and ecstasy, is a further pressing issue [...]. Many young people in treatment are there because they are struggling with cannabis harms, and there is a further worrying trend of increasing use of powder cocaine by young, often well-educated, males.”

¹ UUK and Unite Students, Survey to a representative group of 3,989 students from across the UK, in the field for two weeks between 29 November and 13 December 2022.

² A further three percent of respondents answered ‘prefer not to say’.

³ Office for National Statistics, [Drug misuse in England and Wales: year ending March 2023](#) (2023).

⁴ Scottish Government, [Scottish Crime and Justice Survey 2019/20: main findings](#) (2021).

⁵ A further 37% said ‘no’, while a further 20% said they were unsure or preferred not to say.

⁶ Home Office and Department for Health and Social Care, [‘Independent review of drugs by Professor Dame Carol Black’](#) (2021).

Universities must show they do not ‘suffer’ illegal activity, taking reasonable steps to prevent the use and supply of drugs in the context of the law, working closely with local police forces in doing so.

Higher education providers (hereafter ‘providers’) also work hard to provide safe and healthy settings for students to learn and succeed. That includes offering support to those experiencing difficulties with drugs and those in recovery. However, our research with providers found a lack of confidence across the sector about the right approach to tackling student drug use:

Our research found a lack of confidence across the sector about the right approach to tackling student drug use.

- What is the appropriate role for the higher education provider?
- How should providers navigate risks to students and staff?
- How should providers be working in partnership with others within and beyond the sector?

The providers we heard from expressed a clear need for evidence-based support and greater sharing of good practice to navigate the complex and sensitive issues involved in responding to student drug use. This framework aims to help higher education providers to develop their own approach to three related challenges: **tackling supply, reducing demand, and improving support**. It seeks to clarify the role of universities and the ways in which universities can act in partnership to reduce drug-related harms.

While evidence points to a need to give primary focus to reducing harm, further research will also be beneficial. As a next step, the taskforce will be seeking to establish a small number of pilot study groups, led by a group of individual universities but working with local partners, to test and evaluate the broad approach set out in this report. Findings from these pilots will further support universities’ responses.

About the Universities UK Drugs Taskforce

Universities UK (UUK) established a UK-wide taskforce in February 2022. Working in partnership with Unite Students, we aimed to explore the drivers of student drug use and put forward practical recommendations for universities.

The taskforce, chaired by Professor Nic Beech, Vice-Chancellor at the University of Salford, convened government departments, sector agencies, accommodation providers, public health, charities, and the police.

The group was supported by three Special Advisors:

- Professor Dame Carol Black, who led the independent two-part review of drugs
- Dr Ed Day, UK Government's drug Recovery Champion
- Professor Owen Bowden-Jones, Chair, Advisory Council on the Misuse of Drugs.

The taskforce agreed to provide recommendations covering all students in UK higher education, recognising the significant differences of health and education policy in the four nations. It also agreed to understand the impact of student drug use on students who do not use drugs, as well as those who do.

The scope of the taskforce's work includes all illicit drugs but excludes alcohol and tobacco.

The scope of the taskforce's work includes all illicit drugs but excludes alcohol and tobacco. The taskforce recognises the significant impact of alcohol on student life and wellbeing, including the important interaction between alcohol and illegal drug use. However, in order to provide a focused set of recommendations for higher education providers, it agreed to limit its findings to the use of illicit drugs. This includes substances classed as illegal as well as prescription drugs used without or against clinical advice.

Methodology

Strengthening the evidence base

In order to inform this framework, we developed a four-strand programme of research. This included:

1. A review of the existing evidence on student drug use

Researchers from the University of Strathclyde, the University of Glasgow and Middlesex University reviewed two-hundred sources of evidence into drug use and higher education produced between 2012 and 2022. The majority were peer-reviewed research studies. Fifty of the studies were carried out within the UK or Republic of Ireland. Where the review considered international literature, it focused on two key evidence gaps - the experiences of students with protected characteristics, and the effectiveness of interventions to support students to reduce their drug use.

2. A new large-scale survey with students

Our evidence review identified significant gaps in the current evidence-base around student drug use in the UK. Much of the existing research suffered from small sample sizes, low response rates, and the under and over representation of particular groups. To tackle these gaps, UUK and Unite Students worked with Savanta ComRes to design and disseminate a survey to a representative group of 3,989 students from across the UK. The survey explored use and non-use of drugs in higher education settings, how drugs are supplied, and students' experiences of support. The survey was in the field for two weeks between 29 November and 13 December 2022.

3. Student focus groups

To add context and insight to our survey findings, we held six focus groups with students from across England, Wales, Scotland, and Northern Ireland. These explored questions around drug use, supply, and support. They also allowed us to draw out perspectives of students who are in recovery, as well as to examine the impact of different institutional responses to drug use.

4. Research with higher education providers

We designed and disseminated a higher education provider survey to explore how institutions approach student drug use. The survey was shared with the memberships of UUK, GuildHE and IHE, with additional distribution through sector professional networks. The response rate was remarkably low with only twelve providers submitting completed surveys.

In view of this low response, we facilitated five roundtable discussions with higher education providers in England, Scotland, and Wales to understand how providers are currently approaching student drug use. The roundtables were attended by staff who currently work within universities, including heads of student support services, residence life managers, and Students' Union officers. Overall, 42 higher education providers were involved in this provider research package, with representation from devolved nations.

We are grateful to Unite Students, who supported the literature review and student survey.

Developing the framework

This framework draws on a wide range of advice and expertise, including:

- a dedicated Research Advisory Panel (RAP) to inform our research programme
- an independent Student Advisory Panel (SAP) supported by Middlesex University
- three policy development groups established to advise on our three core themes: tackling supply, reducing demand, and improving support

The full membership of the Taskforce can be found at [on our website](#).

Section 1:

Reducing harm

In this framework, we recommend that universities adopt a harm reduction approach to drugs. A harm reduction approach does **not** involve condoning or seeking to normalise the use of drugs. Instead, it aims to minimise the harms which may occur if students take drugs.

Harm reduction approaches:

- include efforts to inform students about the risks of drug use
- place the health, safety and wellbeing of students at the centre of a response
- recognise the need to work closely with the police to tackle harm from supply
- acknowledge that drug use is a complex health and social issue
- require close partnership with the health system and other support services

Some universities currently adopt a zero-tolerance approach to drugs. This is characterised by a focus on enforcement action for any student caught using or possessing drugs. This includes imposing fines and suspending or expelling students from their accommodation and course of study.

1.1 Evidence summary

Our survey research raised concerns that zero-tolerance approaches do not affect the prevalence of drug use, but instead deter students from coming forward for support. Students who attempted to address their drug use most often did so independently, for example by avoiding friends and peers who frequently use drugs.

Only one in five (20%) of those who have used drugs in the last 12 months have ever asked for support from their institution due to their own drug use. Of those students who did seek support, nearly half (46%) reported that their provider's policy on drugs was a barrier to doing so, with more than a third (37%) reporting that they feared the consequences of coming forward.⁷

Our roundtables with providers raised similar themes, with participants highlighting that the students often express fears over judgement and punishment which deter them from coming forward.

Furthermore, the literature review evidence indicated that expert opinion suggests it is important to move away from zero-tolerance to harm reduction. Among the most notable of recent analyses, HEPI research in 2022 recommended that universities drop zero-tolerance and adopt harm reduction as an institution-wide goal to allow for better policy outcomes, arguing that the societal and individual outcomes are likely to be better with tolerance, intervention and kindness than they are with a war on drugs.⁸

⁷ UUK, (2024)

⁸ HEPI, 'Illicit drug use in universities: zero tolerance or harm reduction?' (2022)

Authors Arda Ozcubukcu and Professor Graham Towl noted that “drug use matters may be much more helpfully integrated into mental health and wellbeing strategies, rather than being viewed as a predominantly criminal justice issue”.

There is a strong body of evidence supporting harm reduction interventions, especially for adults who use drugs or are drug dependent. Back in 2006, Ritter and Cameron reviewed the efficacy and effectiveness of harm reduction strategies and concluded that ‘There is sufficient evidence to support the wide-spread adoption of harm reduction interventions and to use harm reduction as an overarching policy approach in relation to illicit drugs’.⁹ The evidence supporting a harm reduction approach is summarised and evaluated in European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reports, for example an early monograph in 2010¹⁰ and a more recent background paper in 2017.¹¹

The focus on harm reduction within this framework aligns with the public health approach supported by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC).¹² Increasingly it is endorsed by UK police forces who, for low-level offences, are investing in diversion and routes into support programmes rather than prosecution.¹³

In practice, providers take a nuanced approach to how they respond to student drug use. Most say that the disciplinary consequences for drug-use would vary based on individual circumstances, with very few reporting that their institution would take what one participant described as a ‘one strike and you’re out’ approach. Instead, providers would consider the severity and frequency of drug use, the distinction between use and supply, and any ways in which students may be vulnerable.

Our evidence review found that there are few UK-based studies into effective interventions to reduce student drug-use. We would welcome further research, particularly evaluation of the outcomes of different institutional approaches to tackling student drug use.

⁹ Ritter A. and Cameron J., A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug and Alcohol Review* 25, pp611-624 (2006)

¹⁰ EMCDDA, Harm reduction: evidence, impacts and challenges. Monograph 10. Eds. Rhodes T. and Hedrich D. EMCDDA: Lisbon (2010)

¹¹ Sumnall H.R., Bates G. and Jones L. (2017) Evidence review summary: drug demand reduction, treatment and harm reduction. Background paper commissioned by the EMCDDA for health and social responses to drug problems: a European guide. https://www.emcdda.europa.eu/document-library/evidence-review-summary-drug-demand-reduction-treatment-and-harm-reduction_en

¹² World Health Organisation, ‘[The public health dimension of the world drug problem: how WHO works to prevent drug misuse, reduce harm and improve safe access to medicine](#)’ (2019).

¹³ Association of Police and Crime Commissioners, ‘[Tackling Drug Related Crime – Getting It Right For Future Generations](#)’, (2022).

Principles: enabling student health and success

Five principles have underpinned the development of this framework. We encourage universities to consider these when adopting and implementing the guidance.

Principle 1: Act on evidence

Universities should act on best evidence, gather robust data, and evaluate interventions to understand and address the issue of student drug use.

Principle 2: Co-produce with students

Students should play a central role in universities' approach to drugs. It is essential that students feel safe and supported to engage with their university about drug-related issues. This means embedding student engagement into design, implementation, and evaluation.

Principle 3: Empower staff

Staff should feel clear about their institution's approach and confident that they are able to understand and respond to concerns about drug use. In practice this means effective training, role support, clear and well-governed sharing of information, including reporting mechanisms.

Principle 4: Act in partnership

Drugs are a wider societal issue. Universities should act in close partnership with health and care services, the police, third sector bodies, and local authorities across the three domains of tackling supply, reducing demand, and improving support.

Principle 5: Demonstrate impact

Universities should evaluate the impact of implementing a harm reduction approach. This includes covering student wellbeing and success as well as community engagement and institutional reputation.

Section 2:

Reducing demand

Taking drugs increases risks to health and success and can never be entirely without risk. There is well-established evidence on the potential harms related to student drug use. Higher education providers have a role to play in supporting students to reduce their drug use, and to understand the risks and consequences involved in purchasing and using illegal drugs.

2.1 Evidence summary

The prevalence of drug-use among students

Around one in eight (12%) of students surveyed had used drugs in the past twelve months. This is notably lower than a rate of use identified by the Office for National Statistics, who found that 17.6% of 16–24-year-olds in England and Wales reported drug use in the year to June 2022. Nearly one in five (18%) respondents to UUK’s survey declared **ever** having taken an illicit drug. Of those who had ever taken drugs, the most commonly used in the last twelve months were cannabis (53%), cocaine (8%), prescription drugs (7%), ketamine (6%) and ecstasy (4%).

For those who had taken drugs, over half (49%) said they did so to have fun. A third reported relaxation (34%) and bonding with friends (33%) as motivations. However nearly one in four (23%) reported that they took drugs to cope with emotional distress or uncomfortable feelings.¹⁴

Interventions to reduce demand

Our evidence review found agreement in the international literature that increasing knowledge about drugs can be useful to prompt behaviour change and reduce demand. However, this alone is not enough. One US-based study found that students preferred conversational messages with subtle humour and references to realistic reasons for students using drugs or alcohol. It also found that students valued information about the way drug use can affect school, work, and relationships, as well as physical health.¹⁵

In our survey research, 61% of students said they feel either fully or very informed about the risks of using drugs. Over one third (34%) feel moderately informed, with one in twenty (4%) saying they know very little about the risks and less than 1% reporting that they know nothing at all.¹⁶

In our research with higher education providers, many believed that providers could be doing more to educate students of the risks around drug use. This includes building drugs education into the student registration process and the early stages of students’ time at university.

¹⁴ UUK (2024)

¹⁵ UUK (2024)

¹⁶ UUK (2024)

2.2 Student behaviour and trust

Universities should work to make sure that students trust their university when coming forward to seek knowledge about drug-related harms.

Embed trust between the university and its students

Our student survey and focus groups indicated that students who use drugs are unlikely to engage with their university to change their drug behaviour because they fear a punitive response. Of those who accessed support from their provider, more than a third (37%) reported that they feared the consequences of coming forward.¹⁷ Universities should reduce these barriers by demonstrating that they have students' wellbeing as their primary focus.

Communicate the university's commitment to enabling student health and success

Students report that a key reason for their reluctance to engage is a lack of communication and clarity from universities about their approach to drug use.

Our survey research found that half (50%) of students were aware of their provider's policy on drugs. The majority anticipated that the response would be punitive, with less than a third (30%) expecting their provider to respond to drug possession by referring them to an education programme.¹⁸ These perceptions were also reflected in our student focus groups.

"Universities have to accept that some students are struggling."

Participant, student focus groups

Students should be confident that their institution is focused on health, safety and wellbeing when dealing with drug-related issues. They should be encouraged to approach the university for knowledge and support. Universities should look to raise awareness of the support available via channels that are frequently used by students.

It is vital that universities partner with students' unions (SU) to improve communications and trust and to align their policies and approaches to drug use. It is preferable that universities and SUs are in agreement and can work together on the issue of drugs – otherwise this risks students not coming forward to seek drug education.

¹⁷ UUK (2024)

¹⁸ UUK (2024)

Case study: Keele University's journey

Traditionally, Keele University took a zero-tolerance approach to student substance use. Since embarking on the SOS-UK Drug Impact accreditation scheme, the university now has a more educational and supportive approach towards student drug use. One significant achievement was the development of the *Joint Approach to Student Substance Misuse*; a joint policy between the university and KeeleSU that outlines the university's harm reduction approach. Further achievements have included integrated working relationships with the local treatment and recovery service and drug testing kits for students.

Whilst Keele University and Students' Union are now one of three institutions to have been accredited with Drug Impact, it has not been an easy journey to get to this point, and they have faced significant barriers as part of this journey. One challenge they faced was balancing the need to offer harm reduction information and advice to students, whilst making it clear that the university does not condone drug use. Through thorough consultation with Keele's Strategic Communications and Brand team, Healthy Universities Group and Students' Union Senior Management Team, the partnership was able to find a way to deliver a harm reduction approach to students that everyone was comfortable with.

The university has since seen the positive impact that this has had on its student population. In the 2023 Keele Student Drug Survey data, the university noticed a 29% decrease in the number of students who were unaware of what support was available to them between 2022 and 2023.

2.3 Drug information and awareness

With just under two thirds (61%) of students reporting that they are either fully or very informed about the risks relating to drug use, there is clear scope for universities to support students' understanding and knowledge.¹⁹ Working with their students' union, universities should share trusted drug education to inform students about the risks.

Support students to understand the risks of using drugs

Universities should make sure that students have access to good quality, evidence-based information about the effects of using drugs. Information should be sourced from trusted and reputable organisations that seek to minimise harm for those who use drugs.

To reduce use, drug education should:

- emphasise that the main way to avoid harm is to not use drugs
- avoid downplaying the risks of using drugs
- follow the NICE Quality Standards (2018) to prevent problematic drug use.²⁰

¹⁹ UUK (2024)

²⁰ NICE, 'Drug misuse prevention' (2018)

Universities should also understand how different groups of students access drug education. Our research found that drug use is experienced differently by different groups of students including in relation to ethnicity, gender, disability, course type, and caring responsibilities. These factors can affect which drugs students use, where they use them, and how frequently. These differences should be recognised by universities when designing behaviour change initiatives.

Universities should communicate the wider implications of using drugs for students. For example, students wishing to travel to the United States as part of their studies would be asked about previous drug use and this may affect their ability to travel. Similarly, international students need to be made aware how even a single misdemeanour may affect their visa status.

Case study: Staying Safe Programme

The Staying Safe Programme (SSP) is an online course designed to reduce demand and the risks related to the use of alcohol and other drugs. Created by Professor Adam Winstock, a Consultant Psychiatrist and Addiction Medicine Specialist, it was launched in October 2022 with pilot evaluation funding from the NIHR programme and support from University of Manchester and University of South Wales.

SSP places substance use within the wider context of university life. Its approach aims to reduce demand and risk for those who use drugs and supports non-drug users to maintain abstinence. SSP consists of 32 modules covering drugs, their effects, potential risks, harm reduction, and personal vulnerability factors. As well as substance use issues, SSP addresses issues of mental health, policing, civic responsibility, drink-spiking, managing drug-related emergencies, sexual assault and consent.

The programme has been praised by students and university staff for its engaging, non-judgmental style and delivery by credible experts in the field. Knowledge gain is impressive across the course modules; with correct responses on a pre- and post- module assessment increasing from 14% to 85%.

V3 launching in September 2024 includes new modules on neurodiversity, women and drugs, LGBTQI populations, sexual assault, grooming domestic violence, prescription medication use, vaping and the risks of online drug purchasing.

To learn more about the programme, visit [the website](#).

Promote and inform students about drug checking

Students often do not know the contents and strength of illicit drugs at the point of purchase. The consequences of this can be fatal. Drug checking provides an independent service which encourages students to have any substances of concern tested by chemists, and the results discussed during a consultation with a health professional.²¹

Promoting drug checking does not mean condoning the use of drugs. Instead, it serves to make sure that students are aware of the risks of using drugs and are informed of substances of particular concern circulating in their local drug market. We encourage universities to work with specialist organisations such as [The Loop](#) to promote the use of drug checking facilities in their local areas, including perhaps in nighttime economy venues.

Students often do not know the contents and strength of illicit drugs at the point of purchase. The consequences of this can be fatal.

Support students who want to know about drug safety

Students report stigmatising attitudes to drug use as a key barrier to accessing support. Of those who sought help from their education provider, over half (54%) feared experiencing stigma.²² This was reflected in our focus groups with students.

“When I've been to the doctors on campus and used both NHS resources and university resources, both of them [...] treated drugs in a way that was very stigmatizing.

So, you just stop listening.”

Participant, student focus groups

Students who do have questions about drugs should be provided with evidence-based, accurate and non-judgemental information. There should be no disciplinary consequences for seeking that information.

²¹ Maghsoudi, Nazlee et al. [‘Drug checking services for people who use drugs: a systematic review.’](#) (2022)

²² UUK (2024)

Case study: Drug knowledge at the Academy of Contemporary Music (ACM)

The drug education programme is a three-stage initiative, initially developed to support the PHSE curriculum for the Further Education Diploma. It is now being deployed to support higher education students to develop their knowledge about issues including substance misuse.

As part of the programme, ACM provides students with resources through a range of media platforms to maximise student engagement, as well as issuing self-help guides. These topics benefit students' health, wellbeing and employability, and raise awareness of issues that are rarely openly discussed within peer groups.

During the final stages of the programme, each student has the opportunity to use their creative talents to bring a new level of understanding and accessibility to the topic. They are invited to attend a presentation on the issues surrounding substance misuse, complete a canvas module and assessment, and produce an educational resource to benefit the ACM community. This can include using different communications platforms to create awareness raising campaigns. These programmes increase students' confidence in approaching the institution if they are struggling with addiction.

The programme is currently being trialled within the HE student population, and ACM is looking to incorporate this into the HE curricula once the trial of the new course structure has been completed. Students were highly engaged with the course, and several came forward for support after presentations. Through the programme, the ACM were also able to build valuable connections with local addiction support services, which allowed for swift referrals and assistance for students in need.

2.4 The impact of drug use on students who do not use drugs

Initiatives to tackle harm from drug use typically focus on the experiences of students who use drugs. However, our research found clearly that the wider student community can experience harms from student drug use. In our survey research, nearly three quarters (72%) of students believed that drug use has a negative impact on student life, with 29% believing it has an extremely negative impact.

Nearly a third of students who do not use drugs report being harmed by anti-social behaviour from others (30%), with a similar proportion reporting harms to their mental health related to the drug use of others (29%). One in four (24%) also reported harm to their academic performance.²³ As part of efforts to tackle the impact on anti-social behaviour, universities should consider whether appropriate channels exist for students to voice their distress or concern.

²³ UUK (2024)

Universities should include students who do not use drugs in their work to reduce demand. This should include students who are in recovery. They should capture data on all students to understand the experience of harms and risks from drug use across the whole student population.

Universities should also engage with students who are in recovery to understand the support mechanisms that should be put in place for those who need help to stay abstinent. This should be done by liaising with peer-led services and recovery networks.

2.5 Partnerships

Universities should create effective and strong partnerships to deliver information for students to use. These should include the following partners:

Students' Unions (SUs)

Students' Unions can help reduce demand for drug use by understanding student groups, their patterns of use, and their particular needs. SUs have established channels for communicating with students and they can play a key role in delivering drug knowledge.

Accommodation providers

Students who had previously used drugs most frequently reported doing so in their own home or student accommodation (20%), followed by at a friend's or relative's accommodation (17%), and at a house party (15%).

Universities should partner with accommodation providers to deliver drug safety information and knowledge within these settings. In particular, universities should align their approach to drugs with those of purpose-built student accommodation (PBSA) providers.

Third sector organisations

Third sector organisations can support universities with delivering harm reduction initiatives around drug use, including drug information modules, drug checking, and safer use resources. These include [The Loop](#) and the Staying Safe course.

Night time economy

Working in partnership with key night time economy (NTE) organisations in local areas will offer greater protection for students from experiencing harms as a result of drug use. These organisations can support the deployment of harm reduction initiatives and support within venues.

Case study: Night time economy partnerships with University of Derby SU

1625Outreach's remit is centred around reducing drug and alcohol related harms and lessening the likelihood of recreational and experimental drug use becoming problematic among young adults. The service operates in an outreach capacity across a range of settings, including within further and higher education settings and the night time economy.

Working in partnership with local colleges, universities and Students' Unions, the service can provide a range of interventions to students, including:

- interactive workshops
- open access (advice and information)
- exhibition and stall space
- drop-in sessions
- support in accessing onward referral where required

This work brokers links into the night time economy, where the service is available to assist venues with a high student footfall in improving support within the premises. This includes ongoing training for staff on welfare, drug awareness and harm reduction, and access to risk reduction resources. During peak times such as Welcome Week, the services can provide additional support and staffing within the wider night time economy, offering students access to safe spaces, facilitating signposting and onward referral where required, and addressing issues relating to risk and vulnerabilities and safeguarding.

The service supports an average of 8,000 young adults across a range of education settings each year, with 100% of those engaging with the service reporting feeling 'safer' about drugs and alcohol and their associated risks. Around 70% report a greater awareness of how and where to access ongoing support should they need it.

Section 3:

Improving support

Universities and students unions have a central role to play in protecting the health, safety, and welfare of students. Drug use can lead to some students struggling with their academic work, their physical and mental health, and problems related to substance addiction. Universities should seek to empower students to seek support and be made aware of the help that is available to them.

3.1 Evidence summary

Motivation for seeking support

Nearly half (44%) of those who have used drugs in the last 12 months declared wanting to reduce their drug use. One in five (20%) of students in the sample said they have previously asked for support from their institution.²⁴ Students' motivations for asking for support include the impact of drug use on academic performance (32%), mental health and wellbeing (31%), and body image (29%).

When asking for support, students experience a range of barriers. More than half (54%) reported that stigma was a barrier, with 46% citing concerns about their provider's policy on drugs. For those who experienced support at university, 45% used a peer-led service, 44% used a recovery programme, and 42% used a specialist NHS service.²⁵

Effectiveness of different support interventions

Our evidence review considered 115 papers exploring the effects of interventions on student drug use.²⁶ However, many were based on small samples, or surveys conducted a considerable time ago. There were very few evaluated interventions and none in the UK. This leaves a significant gap in the existing evidence about what works when it comes to reducing the harm from drug use in higher education. Excluding work to educate students about the risk of drugs, the most commonly reported interventions fall into three categories:

1. Collegiate recovery programmes

Collegiate recovery programs (CRPs) aim to create a recovery-friendly campus environment through peer support, recovery housing, alcohol and drug-free events, counselling, and dedicated student drop-in centres. The majority of CRPs remain US-based; however two UK versions exist at Teesside and Birmingham Universities. Most of the literature was supportive of CRPs and developing recovery-based interventions, although the quality of the data varied widely.

²⁴ UUK (2024)

²⁵ UUK (2024)

²⁶ UUK (2024)

There is some quantitative evidence that these interventions lead to improvements in educational attainment, education, earning and measures of recovery.²⁷

2. Digital interventions

The use of digital approaches to identifying and managing alcohol and drug-related problems has become increasingly common. Reviews of effectiveness vary in their findings and the results are inconclusive. However, studies have regarded these approaches as promising because they are accessible, adaptable, and allow for student anonymity.²⁸

3. Brief interventions

Brief interventions generally include some form of screening and brief advice, often based on well-evidenced techniques such as motivational interviewing. These approaches have been evaluated with positive results in clinical settings and when applied to problems with alcohol. Out of 18 studies identified, there was some suggestion of improvements in alcohol-related outcomes (including alcohol consumption and perceptions to change drinking habits) in ten studies with various effect sizes.²⁹ In these studies, brief interventions were integrated into several treatment options addressing substance use. Our review identified no current UK studies of brief interventions for drug use among students.

3.2 Supporting students who seek help due to drug use

Students considering asking for help from their university because of drug use may find it difficult to reach out. Universities should offer clear and accessible services to any student who encounters issues relating to drug use.

Ensuring access to support

Universities should create a coordinated process through which a student can seek support. This ensures consistency across the university and protection of the student's health, safety, and welfare by ensuring equal access to support.

Universities should tailor support to an individual's circumstances and characteristics, as some students may require more support than others. Students' unions and societies can support universities with targeting specific student populations.

²⁷ Brown et al, 2019; Hennessy et al, 2021; Vest et al, 2021. Also see: Boden M; Day E. Illicit drug use in university students in the UK and Ireland: a PRISMA-guided scoping review, *Substance Abuse Treatment, Prevention, and Policy* 2023; 18: 18. <https://doi.org/10.1186/s13011-023-00526-1> and Day E; Trainor L. Recovery from addiction on a university campus - a UK perspective, *Alcoholism Treatment Quarterly* (In press).

²⁸ AIHaMBRA 2022; Schouten et al. 2022; EMCDDA 2017; Kaner et al, 2017

²⁹ Kaner et al, 2007

Case study: University of Bristol and Bristol Drugs Project

The University of Bristol adopted a harm reduction approach towards the use of drugs including alcohol in 2019, understanding that a zero-tolerance stance can be harmful as it prevents students reaching out as they may fear being punished. We believe that this stance is in the best interests of our student body and reduces barriers to accessing support. Access to support, accurate information and advice is essential to reducing harm.

The University has created a collaborative, multi-agency approach with students, colleagues, Students' Union, Bristol Drugs Project, Bristol City Council, the police, and the University of the West of England. The University provides Bristol Students' Union with funding from a range of harm reduction resources. The SU commission Bristol Drugs Project to provide harm reduction sessions for students, showing them how to use drug reagent testing kits alongside advice. Resources such as alcohol measure cups and anti-spiking gadgets are distributed during welcome week and at outreach events. This helps the University communicate to students that they can seek support for themselves or their friends about drug or alcohol use.

In 2022, the University worked with the Bristol Nights team to create a package of assets for the local night-time economy providing harm reduction advice for customers and guidance for staff on what to do in the event of a drug-related incident.

The University has increased training for staff and student workers and the Bristol Drugs Project are trialling information raising sessions for student clubs' and societies' committee members.

Providing support to students who arrive at the university needing help with substance use

Information about drug-related support should be made available to all students, with an emphasis on delivering information to new students during induction weeks. This might include information on prevention and early intervention to prevent escalation. Student support services should promote this information using communication channels that students engage with.

Universities should prepare and deliver support to students who need help with substance use upon enrolment. Universities should explore encouraging applicants to disclose this information before they join the university. They should utilise peer-led services which ensure a supportive network is in place throughout the student's university experience.

Tackling stigma for students who seek support

Students report stigma as a reason not to seek support from their university. Anti-stigma campaigns should include educational materials that share knowledge about the impact of using drugs, alongside testimonials from people who have experienced using a support service.

3.3 Encouraging students to ask for help

Students may consider reducing or stopping using drugs at university. Institutions should make sure that all students feel able to come forward and ask for help without feeling worried about the consequences.

Provide clear and accessible routes for students to seek help

A university should communicate its coordinated support mechanism to all students upon arrival at university to ensure students are aware of how they can ask for help with issues related to their drug use.

Student support services should provide information about the specific support that they offer to students who ask for help related to their drug use. This should include support with mental health and drug use, conversations with family and friends where requested, and connecting students with peer-led services and local recovery networks. Universities should not assume that students will be aware of their support pathway without clear and repeated communication about the support on offer.

Consider the language used when supporting students with drug-related concerns

Language should encourage students to ask for help and reassure them that their health, safety, and wellbeing is the university's primary focus.

Understand the consequences for students who declare issues with using drugs when seeking support

Universities should support students who seek support by adopting a harm reduction approach and educating students on the risks of using drugs. This includes the impact that their drug use can have on other students.

Our research with providers found a particular reluctance to seek support from students who are planning to join professions which have fitness to practice requirements. For students on such courses, universities have a responsibility to act within the relevant parameters of fitness to practice.

Universities should consider the specific requirements of relevant professional, regulatory, and statutory bodies (PRSBs) and communicate these to all students upon arrival at the university. This should include additional emphasis for students who are studying on medicine, nursing and allied health programmes. When universities are required to follow processes related to fitness to practice, they should offer students support at each stage.

Fitness to practice

Some behavioural requirements, including probity, sit with professional regulators not institutions. This is particularly significant for students on health courses.

Each health professional regulator sets its own requirements but, for the most part, students who have been disciplined or cautioned for drug use or supply will not necessarily be excluded from their chosen career. However, concealing the disciplinary process or caution or more serious conviction will lead to exclusion from their chosen profession.

Higher education providers are responsible to the regulators that students meet fitness to practice. It is essential that they make students aware of the professional and career consequences of student drug use. It is also important that universities understand the relevant regulatory requirements and embed support for the student's wellbeing and safety throughout any enquiry process.

3.4 Providing support within and outside the university

Students who ask for help may get support directly from the university or be referred to an external support service. Universities should look to resource or encourage access to effective services so that students can access care that best meets their needs. Given the significant financial pressures universities are experiencing, they may seek to work with neighbouring institutions to share these resources.

Establish specific drug support services within the university

For students who encounter difficulties with drug use and need support, universities may consider offering services including peer-led treatment services, recovery services, and student welfare services. For example, the Changing Unwanted Behaviours (CUBE) clinic at UCL is a specialist NHS mental health service within the University Clinic, offering assessment and treatment for students experiencing problems relating to their use of alcohol, drugs, and other addictive behaviours. Universities should consider facilitating recovery networks – groups of students who are committed to establishing recovery communities to support others.

Student welfare and wellbeing services should include drug education, supported referrals to external health providers, and academic and pastoral support related to their drug use.

Case study: Better Than Well, University of Birmingham

Better Than Well (BTW) started at the University of Birmingham in September 2021 and is an example of a 'Collegiate Recovery Programme' (CRP). CRPs were first developed in the 1970s and currently exist on more than 150 university campuses across North America. BTW is a university-led peer support service for students in abstinent recovery from any form of addiction. CRPs support students to meet the challenge of maintaining and developing their recovery whilst also establishing their identity as a student.

BTW is overseen by a clinical member of academic staff and run day-to-day by a full-time programme manager who is a recent graduate in long-term recovery. It provides a dedicated drop-in space on campus and a weekly timetable of one-to-one sessions, support groups and sober social activities.

Students are linked to peer support groups in the local community, including 12-step meetings and SMART Recovery groups. Support is provided to students with educational or fitness to study issues. All participating students are members of a dedicated WhatsApp group to facilitate the provision of peer support to fellow students. BTW runs a 'recovery flat' at the heart of the university residential village, which provides a sober living space and daily recovery support. It also delivers public education seminars every semester to raise awareness of addiction and recovery. A sustained social media and communications strategy means that the programme has a wide reach into all departments of the university, challenging the stigma of drug use and addiction.

For more information visit the [website](#).

Signpost students to existing external drugs services

Universities are not healthcare providers, but they play a key role in signposting students to other sources of support to protect their health, safety, and welfare. This includes NHS specialist services for drug use and third sector drug treatment services (though, in England, specialist services may be run by the NHS or a third sector provider). Acknowledging the possibility of long wait times for external care, universities must continue to support students during this process to avoid further harm and disruption to study. This may include providing evidence for a leave of absence or additional consideration in their academic work.

Universities should be aware of the specific needs of each student who seeks support, and understand what service is the most appropriate for them. This will differ for students who consider their drug use to be problematic and those who are unsure whether they have entered a problematic stage of use.

3.5 Staffing

University staff should feel well-equipped to deal with students who seek support because of drug use and informed about the process through which they should respond.

Deliver training to staff within the university to be able to deal with concerns around drug use

University staff who are likely to encounter student drug use should be given specialist training on how to respond to drug-related harms. This includes security, accommodation, and student support services staff. These staff must feel able to deliver immediate and emergency support, for example in instances of an overdose.

Make sure that all staff are aware of the university's approach to drugs

All staff within the university should be informed about the processes through which they can report concerns about a student's drug use, or how to signpost a student to an appropriate service if they ask for help. This should reflect the university's overall approach to drugs. Staff should be prepared to listen to students, acknowledge their concerns about drug use, and know where to refer them.

3.6 Working with statutory drugs services

Some students will need to access specialist drugs services. Universities should understand what they can expect from the NHS and public health in supporting students.

Work in partnership with the NHS to deliver effective treatment services to students who need help

Universities should not be expected to deliver specialist care services. It is essential that the NHS and public health act in partnership with universities to deliver primary and specialist care to students who require more specialist support in relation to their drug use.

Comorbidity

Comorbidity refers to the coexistence of other conditions such as mental health problems, alongside problems with substance use. Research indicates that poor mental health, physical health problems, and other difficulties such as adverse childhood experiences (ACE) can be both motivators for and consequences of drug use.³⁰ Our student survey found that students with mental health problems were among the most likely to experience problems relating to drug use. Universities should be aware of comorbidity when supporting students with concerns about their drug use. Students experiencing multiple conditions may require intervention from NHS providers. Mental health and substance use disorders will need to be treated simultaneously.

³⁰ UUK (2024)

3.7 Providing continuity of support

Support should be available to students throughout their experience at university, including upon enrolment until they graduate. Consideration should also be given to students who are unwell and take leave from their studies due to problems with drug use.

Design support services according to students' level of need

Students who use drugs and have crossed the threshold into addiction, may need targeted or specialist support. By contrast drug safety and education resources may be an appropriate intervention for students who do not consider their drug use to be problematic or who are using recreationally. Universities should determine the level of support they offer based on students' individual needs.

Make sure that students are supported upon completion of study

If a student has engaged with the university about drug use, the institution should make sure that they feel well-equipped to leave the university with access to an appropriate care service. This could include a recovery network or a drug treatment service external to the university.

3.8 Partnerships

Statutory drug treatment services

The NHS should be a key partner for universities who do not have the capacity to deliver specialist and primary care to students, particularly for students who have progressed into problematic drug use or addiction. In practice, there is significant variation in the availability of statutory addiction services. Existing services face constraints on their capacity, and often focus on heroin and crack cocaine, drugs less frequently used by students.³¹ Our research with higher education providers also found that, when accessing group support, students strongly prefer to be in cohorts with others of a similar age.³² Universities should liaise with local services to help plan local treatment pathways.

The NHS should be a key partner for universities who do not have the capacity to deliver specialist and primary care to students.

Students' Unions

Students' Unions can deliver campaigns to empower students to come forward and seek support from their university. SUs are working to eliminate the barriers many students face when seeking support and universities should work in partnership to engage students with support services.

³¹ Office for Health Improvement and Disparities, [Adult substance misuse treatment statistics 2021 to 2022: report](#) (2023)

³² UUK (2024)

Local authorities

Local authorities are influential in the commissioning of new treatment services and can support the creation of partnerships between universities and health services. Public health teams are also key partners in supporting the delivery of care to students.

Lived Experience Recovery Organisations (LEROs)

Where a university does not have an active recovery programme, LEROs can be effective partners in supporting students in recovery. LEROs provide local community support for those with a lived experience of recovery. They can help universities to make sure that students in recovery have a supportive network available to them.

Section 4:

Tackling supply

Universities have a role to play in tackling supply. This includes educating students about the risks relating to involvement in drug supply, building trust so that students can disclose difficulties, and working with police and local partners to keep higher education settings safe. This section should be read alongside the following sections on Legal Context and Working with police.

4.1 Evidence summary

Our review identified risks across all forms of supply. This includes what is sometimes called ‘social supply’ within friendship networks of students, and there is evidence of its normalisation. Over half (56%) of students who had previously used drugs said they source their drugs from someone they know well and one in four (26%) from a regular dealer. More than one in ten (16%) had sourced their drugs online. Our research with providers found that this trend is increasing.³³

In our focus groups with students, participants were aware of risks related to contact with criminal supply routes. Very few students experience these harms, however the consequences can be severe. These include “cuckooing”, money muling, and other forms of exploitation.^{34,35} Students may be less aware of the indirect risks of supplying drugs. These include the impact of a criminal record or caution on future employability, especially on courses requiring fitness to practice certification. There are also wider societal harms of the drug market to consider, including modern slavery, violence, and county lines criminal exploitation.

Universities and their partners, including accommodation providers, are not always clear what is expected of them in relation to tackling drug supply. This includes how to identify and respond to supply routes.

4.2 Reducing harm from supply

Better understand risks around drug supply

As education settings, universities should understand how their students live, work, and play to support their safety, health, and wellbeing. Although almost all students in universities are adults, institutions still need to act on key determinants of students’ safety, health, and wellbeing. These include preventing and responding to the consequences of involvement in drug supply.

³³ UUK (2024)

³⁴ Cuckooing is the practice where criminals take over a person's home and use the property to facilitate exploitation, to deal, store or take drugs or for sex work.

³⁵ Money muling is a type of money laundering. A money mule is a person who receives money from a third party in their bank account and transfers it to another one or takes it out in cash and gives it to someone else, obtaining a commission for it.

Universities can improve their awareness of local drug markets through close partnership with the police, local authorities, and local expert groups. They should take part in any local drug alert or early warning schemes which provide details of dangerous batches of illegal drugs.

Universities should work with students to collect data on drug supply routes and student experiences of supply-related harm. They can gather essential intelligence by working closely with their students' union and listening to students' experiences and concerns. For this to be effective, universities need to build trust among students by demonstrating their commitment to student wellbeing and safety.

Third party and police approaches to tackling drug supply can disproportionately target certain groups of students.

Diversity monitoring

Third party and police approaches to tackling drug supply can disproportionately target certain groups of students, including on the basis of ethnicity.³⁶ Universities should avoid replicating these dynamics in their own approaches. This should involve listening to students, ongoing monitoring and training, and regular liaison with local police and with third party providers.

Make a commitment to reducing harms related to drug supply

A clear statement that the institution is committed to harm reduction can give staff confidence to act. It can also encourage students to ask for support and to report concerns regarding drug supply routes.

Align university disciplinary procedures with an approach to respond to illegal behaviours and harm reduction regarding drugs

In their drugs policy, universities need not set out specific or fixed disciplinary consequences for drug use or supply - instead they should make sure that students and staff are aware of the universities' overall disciplinary policy and procedures. This approach will allow universities to consider the nature and impact of the behaviour when determining their response.

Respond to students involved in drug supply on an individual basis

Where universities become aware of students supplying drugs, they should deal with each situation on an individual basis, with any disciplinary consequences considering context, nature and impact. Where students are brought before disciplinary panels, these should include relevant expertise, and proceed with robust evidence.

³⁶ HMICFRS. ['Disproportionate use of police powers – A spotlight on stop and search and the use of force'](#), (2021).

Early discussions with police liaison officers will help define the threshold for police involvement. Even where, in more serious cases, police become involved, higher education support staff may continue to offer wellbeing support.

‘Social supply’

The concept of ‘social supply’ is widely recognised to describe drug distribution between friends, not for commercial motive. Currently, identifying ‘social supply’ may modify policing, prosecution and sentencing of drug supply or the supply of drugs for commercial reasons. There is increasing use of out of court routes. Higher education providers should work with police liaison teams to understand local practice. Universities should also consider informing students of the concept of social supply.

Partnerships

Close and constructive partnerships with police and with third party providers are essential. These should include regular operational liaison, as well broader agreement to align policies and put in place data sharing agreements. See Section 6 of this framework for more detail.

Section 5:

Understanding the legal context

Please note that this framework does not constitute legal advice. In cases of doubt, universities should seek their own legal advice. For more specific information on legal context please contact Release, the national centre of expertise on drugs and drugs law.

Drug legislation is not devolved. However, the treatment and prevention of drug problems is devolved, and Scotland and Wales have nation-specific drug strategies when it comes to treatment.³⁷

The Misuse of Drugs Act 1971 specifies that certain activities must not be allowed to take place within a university setting. Universities have some discretion on how to manage this requirement. The law does not require universities to adopt a zero-tolerance approach to student drug use. Nor does it place a duty on them to report drug possession. This means universities may develop their own policies and approaches to responding to drug use by students, in partnership with local police.

5.1 Taking reasonable steps to prevent the use and supply of drugs

Section 8 of the Misuse of Drugs Act 1971³⁸ makes it an offence for a person who is the occupier or concerned in the management of premises **to have knowingly permitted, or suffered**, any of the following activities to take place:

- producing or attempting to produce a controlled drug
- supplying or attempting to supply a controlled drug, or offering to supply a controlled drug
- preparing opium for smoking
- smoking of cannabis, cannabis resin or prepared opium on site.

This also applies where the student accommodation is being managed by another party, but the university still determines who is able to stay there.

Section 8 requires universities to take reasonable steps to prevent the use of drugs on their premises. This is not an absolute requirement to ensure that such activity does not take place. The university can take reasonable steps to show it does not permit students to take drugs on its premises in several ways. For example, many existing licence agreements for student halls already prohibit smoking tobacco inside, with processes in place for those who smoke inside. If a student is found smoking cannabis inside their accommodation, this could be dealt with through similar mechanisms.

³⁷ See <https://www.gov.scot/publications/rights-respect-recovery/>; <https://www.gov.scot/policies/alcohol-and-drugs/national-mission/> for Scotland and <https://www.gov.wales/sites/default/files/publications/2019-10/substance-misuse-delivery-plan-2019-22.pdf> for Wales

³⁸ Misuse of Drugs Act 1971, <https://www.legislation.gov.uk/ukpga/1971/38/contents>

5.2 Responding to the use or supply of drugs

Putting a clear policy in place

The university should have a policy setting out what it will do if drugs are discovered. There is a risk of criminal liability where a process exists but is not then followed. Simple processes and records should significantly reduce this risk.

Investigating the use or supply of drugs

The university should have processes in place to investigate reports of suspected supply in premises it operates or contracts. Suspicions might come from security staff patrolling halls of residence, or reports from other students in the accommodation. A suspicion does not mean an offence is actually taking place, but by keeping clear records of reports made and the investigations or actions taken it may assist the university in evidencing the activities are investigated and not permitted.

Sharing information with local police forces

If a student is found to be engaged in the specified activities, there is no automatic requirement to disclose it to the police. In many instances, local police forces will not respond to instances of minor possession. However, the university should keep a record of its actions, when such behaviours have been found, to show the police (if needed in the future) that it doesn't permit/suffer it to happen.

Disposing of controlled drugs

In all cases the drugs will also need to be confiscated and either provided to the police as soon as possible through a local agreement, or a record kept of their description and then destroyed – this latter process would benefit from being agreed with the local police force.

Warnings or disciplinary consequences

Universities can demonstrate that they do not permit or suffer the specified activities by implementing a system of warnings with increasing severity for repeat incidents in a specified timeframe. If a student is reasonably suspected to be supplying controlled drugs from within student accommodation, in some circumstances, a warning might be enough. This includes cases of social supply.

If a warning is used on the first occasion, then the university will need to have a process if it happens again. It might be that any further issue will need increasing severity to minimise the risk of the university being seen to permit/suffer the activity. Any ban or restrictions on student activity do not need to be permanent, or all encompassing. For example, a total ban might mean a student can't take part in events organised by student societies, which potentially could isolate the student. The university may wish to come up with policies it considers appropriate and proportionate to different circumstances.

Section 6:

Working with the police

It is essential that universities develop and maintain good strategic and working relationships with local police forces. This requires an understanding of some of the local and national drivers for those relationships.

6.1 Understanding the context of local police forces

The priorities of local police forces will be influenced by national drug policy as well as the specific demands of their geographic area. This means that students' experience of the criminal justice system may vary depending on location.

Some of the relevant drivers for police priorities in England (or England and Wales) include (at the time of publication and so subject to wider changes):

- **National strategy:** In 2021, the Government published a ten year national drug strategy. It sets out work to break drug supply chains, deliver a world-class treatment and recovery system and to achieve a generational shift in the demand for drugs.³⁹
- **National measures to tackle drug demand:** The 2022 Tough Consequences White Paper contained a range of proposals for tackling low-level drug possession offences. They included an expansion of Drug Testing on Arrest (DToA). This was to enable officers to test for substances following arrest where there is a reasonable belief that drug use contributed to the offending behaviour. Where a test is positive, this would result in a mandatory referral to a drug support worker.⁴⁰
- **Local partnerships:** Combating Drugs Partnerships (CDPs) are multi-agency forums, bringing together a range of local partners, including those in law enforcement, treatment, recovery, and prevention, to address shared challenges related to drug-related harm. Where possible, education partners, including those higher education partners are expected to engage in their local CDPs.⁴¹
- **Locally determined plans:** In England and Wales, local priorities are set by the 43 Police Crime Commissioners. Within national criminal justice frameworks and policing policy, they decide how police respond to different issues in their area. Some are deprioritising low-level drug offences, but this approach varies by area.
- **Diversion schemes:** These aim to reduce the amount of people who are in contact with the criminal justice system, by diverting individuals towards treatment or education. This can be done as pre-arrest diversion, on the street diversion, or using deferred prosecution. In the latter cases, individuals can avoid further involvement with the criminal justice system by engaging with the support offered.
- **Liaison officers:** in practice most university-police contact is mediated by liaison officers. Some universities pay for police liaison presence on campus.

³⁹ HMG, 'From harm to hope: A 10-year drugs plan to cut crime and save lives' (2021).

⁴⁰ Home Office, 'Swift, Certain, Tough: New Consequences for Drug Possession' (2022).

⁴¹ Home Office, 'Drugs strategy guidance for local delivery partners' (2022).

In Scotland, there are two key policy documents/strategies set out by Scottish Government over recent years focussing on harm reduction rather than a zero-tolerance approach. These are:

1. **Rights, respect and recovery: alcohol and drug treatment strategy**⁴², a strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths. Working in partnership is a key aspect:
 - In Scotland, **Integration Authorities** are responsible for the planning and delivery of alcohol and drug services, however they need to work in partnership through **Alcohol and Drugs Partnerships (ADPs)**, operating across each locality area, to develop person-centred services. ADPs are similar in format and function to Combating Drugs Partnerships (CDPs) in England and Wales.
 - There is the **Scottish Drug Forum (SDF)** considering how services and cultures can support or hinder harm reduction, and the **Scottish Recovery Consortium (SRC)** supports and champions recovery communities across Scotland.
2. **The National Mission to Reduce Drug Related Deaths and Harms**⁴³, Jan 2021. National Mission is to reduce drug deaths and improve the lives of those impacted by drugs. The Scottish Government emphasises taking a whole system approach, working in partnership across the government, local authorities and the third sector.

6.2 Strengthening partnerships with police

Universities should ensure close partnership with local police forces.

This should include strategic partnerships with Chief Constables and Police Crime Commissioners, as well as operational engagement.

Universities should be aware of their local policing and drug contexts.

This is best done by engagement with local police forces and awareness of the local Police and Crime Plan. Universities should note any differences in responses to young people and how these are defined, as well as any geographic areas affected by pilot programmes.

Universities should also engage in regular conversations with public health and third sector partners to keep informed about their local drug context. This might include being aware of any early warning systems operating in the area.

⁴² Scottish Government, Rights, respect and recovery: alcohol and drug treatment strategy (2018)

⁴³ Scottish Government, National mission to reduce drug related deaths and harms (2021)

Universities should work with local authorities and police forces to mitigate inequalities.

Universities should develop an understanding of how inequalities may be reflected through policing in their local area. This can be done by open conversations with local forces as well as reviewing local policing statistics.

Universities should listen to students' experiences of interactions with local police.

As well as close engagement with local policing, universities must also listen to student experience, raising issues of concern where necessary.

Universities must show they do not "suffer" illegal activity.

Universities must show they do not 'suffer' illegal activity. This can be managed by investigation and taking action to address issues. It need not always require involving the police. More detail is provided in the section on Legal context.

Section 7:

Supporting staff

In our research with providers, universities raised concerns that academic and professional services staff can lack the clarity, confidence and support needed to respond to student drug use.⁴⁴ These concerns include:

- Role legitimacy - staff feel that they lack the authority to intervene in a specialist area.
- Role adequacy - staff feel they lack the right knowledge or skills to respond effectively.
- Role support - staff lack support and access to specialist advice.

Universities should seek to ensure that relevant staff are confident in the knowledge that they are doing the right thing. This means providing non-stigmatising and accessible support tools for staff that align with university policies.

7.1 Creating a workforce development plan

Universities should start by identifying what resources, services, and support exist across wider local and national networks. They should listen carefully to those who know the landscape. This analysis will enable universities to create a workforce development plan.

A workforce development plan should include:

- which staff (including student union representatives) should be in scope
- what levels of training or support are needed - mapped to roles and responsibilities
- whether training should be mandatory or voluntary.

An effective development plan should also:

- make sure that a system-wide approach is taken, both within the university and across the wider community
- raise awareness and understanding of roles and responsibilities across academic and professional services staff
- provide for training key staff to offer low-level psychological interventions relevant to drug use and addictive behaviours
- include steps for collecting timely and reliable information to support future workforce planning

⁴⁴ UUK (2024)

Section 8:

Communications

The way in which a university's approach to drug use is communicated is central to its success. This includes external communications with local communities, parents and media, internal communications with staff, and crucially, communications with students.

Universities might consider setting out their approach to protecting the health, safety and welfare of their students in public communications to students, parents and other relevant stakeholders. Such a communication might make clear that focusing on harm reduction does not mean that the university supports or condones drug use. Instead, it should reassure prospective students and their parents, current students, university staff, and partners that the university places health and wellbeing at the centre of the student experience. Conversations around these issues will not always be easy, but there is increasing experience across the sector of how to set out and sustain a confident harm reduction approach.

Our research with students and staff indicates that effective communication with students underpins student engagement with drug education, their willingness and confidence to reach out for support with issues relating to their drug use, and their knowledge of policies and processes relating to drugs.

Universities should coproduce messages with student groups through close partnership with students' unions and guilds. They should consider the channels and platforms through which they share information about drugs with students to maximise impact. Most importantly, they should set out a confident and clear message about the institution's approach to drugs, and an honest account of the harms and risks that students may experience because of drug use. This will build trust and encourage students to reach out to the university for support.

Section 9:

Next steps

The taskforce recognised that its work to develop the framework and supporting evidence base would only be a first, small step towards addressing the issue of student drug use. As well as the recommendations set out in the framework, the group agreed that further work would be beneficial in the following areas:

Improving understanding

The evidence review, commissioned by the taskforce, indicated that significant gaps remain in our understanding of student drug use. These include in relation to prevalence and motivation, how students access drugs, the harms they experience, and the effectiveness of different educational and support interventions. Yet students in higher education form a significant proportion of the young adult population. Their approach to drug use may have lifelong consequences for wellbeing and productivity.

The taskforce strongly recommends that research funding starts to address these gaps in our knowledge. A number of members of the taskforce and Research Advisory Panel have committed to working with research funders and the wider research community to promote this aim.

In the first instance, interested researchers should contact the [Drug and Alcohol Research Centre \(DARC\)](#) at Middlesex University.

Leadership

Professor Nic Beech, taskforce chair, will be working with senior leaders to share evidence and identify their strategic role to set direction and support implementation efforts. Nic welcomes contact from fellow Vice Chancellors and senior teams.

While evidence points to a need to give primary focus to reducing harm, further research will also be beneficial. As a next step, the Taskforce will be seeking to establish a small number of pilot study groups, led by a group of individual universities but working with local partners, to test and evaluate the broad approach set out in this report. Findings from these pilots will further support universities' responses.

Wider resources

The Taskforce supports consideration of the SOS-UK Drug and Alcohol Impact accreditation programme.⁴⁵ The Drug and Alcohol Impact is a framework and support programme for students' union and university partnerships to move toward reducing harm related to student drug and alcohol use.

⁴⁵ SOS UK, ['Drug and Alcohol Impact'](#)

The programme:

- Provides a framework of 51 criteria to structure your approach and to drive change.
- Develops a strong partnership with the students' union.
- Connects you to a cohort of universities adopting the same approach, allowing sharing of good practice and collaboration.
- Provides ongoing 1-1 support and resources.
- Results in a nationally recognised accreditation following a student-led audit.

Drugs awareness

As educational settings, higher education providers have a role to help students understand and navigate the risks of using drugs. A number of national initiatives provide drugs information or are available to support their efforts.

- The [Talk to Frank](#) website, managed by the [Office for Health Improvement and Disparities](#), is a general service that aims to reduce the harm caused by drugs by providing free, confidential information and advice.
- The [Staying Safe Programme \(SSP\)](#) is an online course designed to educate university students about alcohol and other drug use.
- [Expert Self Care](#) and [Neurosight](#) are in partnership to co-develop a student drug and alcohol awareness app. They encourage institutions to join this development process.
- The [Better than well](#) Collegiate Recovery Programme at the University of Birmingham - presented as a case study in the section on Support - is a university-led peer support service for students in abstinent recovery from any form of addiction.
- Recovery Connections are working with higher education sector partners to promote the [Recovery Friendly University Pledge](#).

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